

## Water aid conference\*

A conference on 'Safe drinking water in rural areas' was recently organized in New Delhi. Expert speakers in this field expressed their concern over the dismal condition of water quality due to microbial and chemical contamination and impacts on health in the country as the population grows and more people lack access to safe water. The mission of this event was to create awareness and ignite the spirits of people to take steps for safe drinking water.

In the welcome address D. S. Kapur (Country representative, Water Aid India) laid emphasis on the severity of the problems and the many possible solutions. He stressed that community-level efforts are needed to tackle the growing problem. According to him, providing safe and affordable drinking water is the biggest challenge before us today. And, therefore it is of utmost importance to sit at a common platform, share views and discuss ideas in this regard.

One of the guest speakers, Rajendra Singh (Tarun Bharat Sangh) stressed on the importance of community-based initiatives to conserve water. Singh mentioned that river encroachment, pollution and over-exploitation of resources had led to the crisis. He ridiculed development at the cost of ruining nature and said, 'The most progressive states are the most polluted ones'. 'Indian society must be integrated with Indian rivers as they used to be', he concluded.

A. K. Suseela (Fluorosis Research and Rural Development Foundation) described the ill-effects of fluoride on the masses. She said that fluoride poisoning leads to anaemia and impairs child development. She stated that the problem can be tackled in three ways: school-based, community-based and hospital-based approaches.

Indira Chakravarty (All India Institute of Hygiene and Public Health, Kolkata) talked about arsenic and biological contamination of water. She made an important point that not only contami-

nated drinking water but also contaminated irrigated water is causing health problems in many parts of the country. Chakravarty also raised an important point about energy loss. She cited an instance in developing countries, where a woman who takes an average of 1600 calories a day, uses 800 calories a day to collect water from far-flung wells and ponds. In such circumstances, you do not need to think about water purification but about conservation. She stressed the need for groundwater harvesting to arrange for safe drinking water.

Lizette Burgers (Chief WES, UNICEF) talking particularly about India, mentioned that one-third of the world's population without access to proper sanitation lives in India. She informed that 88% of diarrhoea-related deaths are caused by lack of access to water and sanitation. Therefore, it is important to have community involvement to get safe drinking water.

There was the launch of an on-line GIS-based tool for water quality monitoring, which covers nine geographical states. A total of 62 abstracts were divided in seven sessions, including: (i) Various dimensions of water quality management; (ii) Community-based approaches for water-quality monitoring and management; (iii) Role of sanitation, hygiene and socio-economic conditions; (iv) Health and economic burden of poor-water quality; (v) Water quality standards, mitigation and treatment technologies; (vi) Service provider accountability and (vii) Challenges in scaling-up safe water supply.

Among the seven sessions, a total of 55 lectures were delivered by speakers from different places in India and from countries like Sri Lanka, Bangladesh, Pakistan, Tanzania, etc. Some of the important lectures are summarized in the following:

Bharat Lal (Rajiv Gandhi National Drinking Water Mission, Department of Drinking Water Supply, Government of India) came out with several suggestions to involve communities in all the schemes for safe drinking water. Lal mentioned that communities should know their rights and what types of facilities are being provided and what improvements are be-

ing made and be aware of the Government obligations, such as quarterly testing of all water sources. Adopting a community-based approach does not abdicate the state of its responsibility; the investment in water quality must result in health improvement. 'The time has come to put pressure on the Government to ensure proper training of five people from each habitation. They should know about what kind of testing has been done so far or whether any further investigations are needed. People should utilize the power of Right to information Act for being informed'. Even college science laboratories can be converted into water testing laboratories.

K. J. Nath (Chairman of Arsenic Task Force, Government of West Bengal) highlighted the model used in West Bengal for institutional collaboration for effective water quality and sanitary surveillance. He noted that models need to be adapted to local and state contexts.

Dipanker Chakravarty (Jadavpur University) mentioned that in the arsenic areas of the GMB Plain, the crisis is not having too little water to satisfy our need, but of managing water effectively. He also highlighted the negligence of some Government organizations regarding the arsenic-affected areas.

On the second day of the conference, speakers and experts in various fields shared their views and experiences on the role of sanitation, hygiene and socio-economic conditions in the access to safe drinking water to the masses.

Ashok Bharti (National Conference of Dalit Organizations, Uttaranchal) mentioned that India's traditional water system was based on caste. It was controlled by power relations and political dynamics. Citing examples from the past and the present, he maintained that the lower caste and poor people had fewer water resources, because the upper classes would not permit access to the same source. To address this problem, Bharti suggested that the need to educate and mobilize the civil society is inevitable. He stressed that the Government authorities must take concrete steps to breach this caste divide.

Annie Namala (Indian Institute for Dalit Studies, Delhi) raised the issue of

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'exclusion' of low caste people from the society. She said that water sources were primarily located in the central village areas, whereas lower class people live on the edge or away from the village, and are often denied access to these water sources.

Shaukat Farooq (Institute of Environmental Sciences, Faisalabad, Pakistan) presented a model study for evaluating the sanitation conditions of two small villages in Pakistan. In the two villages few had proper sanitation, resulting in contaminated water resources. 'In Pakistan, a meagre 0.1% of total GDP is spent on safe water and sanitation compared to 1% in developed countries', he said, hoping that the officials will take steps to address the problem.

Bhasha Singh (*Outlook*) presented the case of manual scavenging. She said, 'The practice is barbaric and inhumane, and is based on the caste system and is the worst job on the earth'. About 90–95% of scavenging is done by women, resulting in various health hazards. She said that the Government must take strong steps to stop manual scavenging and enforce the 1993 Government Act calling for its abolition.

Carrying on the discussion Kurien Baby (Government of Kerala) related that despite high literacy and a high human development index, Kerala continues to have poor sanitation facilities that jeopardize safe water supply. 'We are

providing pipes without water and water without quality', he said. On a conclusive note he added, 'Water quality is more important than water quantity'.

Isha Prasad Bhagwat (Water Aid India) described the issues, challenges and dilemmas faced by those doing community-based water quality monitoring in India. He said the community should be made aware of all these issues, technical or social, so that the community itself can participate in overcoming these challenges. Bhagwat suggested that monitoring water quality should be an immediate priority, and to encourage this, testing kits should be made affordable to all.

In a country where a quarter of the population lives below the poverty line, equipping every household with an affordable device is a challenge for the Government. To overcome this, Deepak Saksena (Country Director, Academy for Educational Development) has proposed a micro-finance system which is being used by civil society organizations in Uttar Pradesh (UP). At the same time, he accepted the limitations of micro-financing related to the scale of achieving safe drinking water.

Addressing the issue related with water quality and disease surveillance, Seetharam (Swami Vivekananda Youth Movement, Mysore) stressed the need to treat the causes of diseases rather than treating diseases. This can be ensured by providing reliable information on incidence of

water-borne diseases and integrating the communities. Studies on the health impacts of arsenic and fluoride in the states of UP and West Bengal present a grim picture.

Abhijit Das (Jadavpur University) revealed that out of 2341 people who were assessed, 871 were found to suffer from some kind of arsenic-related disease, i.e. one-third of the population in affected areas is suffering from arsenic-related diseases. The same pathetic situation was confirmed by a study done by Saurabh Singh (Inner Voice Foundation, Ballia), that water in 15 out of 17 blocks has arsenic level more than what the Indian Standard allows and around 2.5 million people have some kind of disease due to it. Another dismal picture was given by Tapan Padhi (National Institute for Development, Bhubaneswar), that fluoride is the second largest contaminant in India, affecting around 28% of the population.

The third day of the conference saw discussions on several aspects, including service provider accountability, and challenges in scaling-up safe water supply.

Maitias Mulagwanda (People's Voice for Development, Tanzania) delivered a lecture on management of water and sanitation in Handeni district, Tanzania.

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