

Practitioner Input Form
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Input Record Number	009
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Organisation(s) Involved	Centre for Community Health Research
Geographic Area	Kerala State in India. Kerala State is located at the Southern-most part of India. The project was carried out for a period of three years (1999-2002). The report was published in 2004. This project was funded by the Government of The Netherlands. Website: http://krpcds.org/publication/downloads/56.pdf www.krpcds.org/restitle.htm www.krpcds.org/water.htm www.iwra.siu.edu/melbourne/melbourne6.html www.icms.com.au/worldwater/session/378.html As dissemination of this project we have launched a campaign in the region entitled: 'WASH Campaign' as part of the Global program; in order to empower the people in the area. http://www.irc.nl/page/13166 http://www.irc.nl/content/view/full/10969 www.irc.nl/content/view/full/10089
Dates	1999-2002 – Report published in 2004
Communities Involved	All communities (both rural and urban) in the municipal area included in the study. Following are the socio-economic classification of the communities in the area: very poor (10%); somewhat poor (34%); middle-class (43%) and rich (10%)

<p>Duties and Responsibilities/ Purpose of Project</p>	<p>The objective of the project was to assess the impact and implications of the existing water governance on the quality of life of the poor people in the area. Further to understand the actual position of quality, accessibility, availability of drinking water in the area/the relationship between quality, accessibility and availability with the socio-economic status of the people in the area/the relationship between drinking water quality and health status of the people/to evaluate the 'trust' of the consumers upon the authorities concerned (existing water governance).</p>
<p>Context of Intervention</p>	<p>It was reported acute scarcity of drinking water, high water-borne morbidity and mortality and poor people are said to be more vulnerable due to the existing situation. That was the context of the present intervention programme.</p>

Practitioner Reflective Case Study

Input Record Number	009 RCS - M K P Roy
<ol style="list-style-type: none"><li data-bbox="175 302 1316 448">1) Our approach is multi-sectoral and participatory. So all these mechanisms including financial, social, technical and institutional will be very vital in order to ensure the access and availability of safe drinking water for the poor people in the society.<li data-bbox="175 481 1316 817">2) Improvement of quality, accessibility and availability of drinking water will be achieved only with the sectoral co-operation including those concerned in the Water Supply Board, Health Department, Local Authorities (municipalities), political will from Governments, CBOs, NGOs and other Civil Societies. In poor countries, international organisations like the World Bank and other donor agencies may have a vital role in order to ensure the accessibility of water for the poor communities. Further, from our experience we can say that capacity building and advocacy are two other major factors for strengthening of the systems.<li data-bbox="175 851 1316 963">3) We mainly used the ‘voices’ of the consumer/people as criteria for measuring the success and failure. From our experience, the ‘trust of the people’ is considered as an important variable for measuring success or failure.<li data-bbox="175 996 1316 1108">4) Transparency, accountability and responsibility of all concerned in the implementation process is found to be an important factor. Participation of all stakeholders in the pro-poor interventions is crucial.	

Practitioner Input – Part II

Input Record Number	009II – M P K Roy
9)	<p>Periodic evaluation should be conducted in order to ensure the accessibility, availability and quality of water for the poor. From our experience, we can say that poorest of the poor in the society are more vulnerable in terms of accessibility and availability of water. Further, its impact and implications in the quality of life of the poor is very high. http://krpcds.org/publication/downloads/56.pdf</p> <p>10) Drinking water surveillance system is very important in order to ensure quality, accessibility and availability of water for the poor. The present water governance is the reason for the failure.</p> <p>Following are some of the links of our investigation in the sector: http://krpcds.org/publication/downloads/56.pdf www.gtz.de/ecosan/downloads/Bangalore03-Roy.pdf www.gtz.de/ecosan/english/publications-conferences.htm http://www.irc.nl/page/13166 http://www.irc.nl/content/view/full/10969 www.irc.nl/content/view/full/10089 www.irc.nl/page/10374-36k- www.water-forum3.com/ta/agenda/m16.htm www.world.water-forum3.com/wwf/SANI-181_SANI-18.doc www.water-forum3.com/ta/files/2-4.pdf www.iwra.siu.edu/malbourne/melbourne6.html www.icms.com.au/worldwater/session/378.html www.krpcds.org/restitle.htm www.krpcds.org/water.htm</p> <p>11) To conduct epidemiological survey along with evaluates the efficiency of the system periodically.</p> <p>12) Periodic survey procedure will be an effective mechanism to ensure and secure pro-poor interventions.</p>

13) Following are some of the links of our investigation in the sector:

<http://krpcds.org/publication/downloads/56.pdf>

www.gtz.de/ecosan/download/Bangalore03-Roy.pdf

www.gtz.de/ecosan/english/publication-conferences.htm

<http://www.irc.nl/page/13166.pdf>

<http://www.irc.nl/content/view/full/10969>

www.irc.nl/content/view/full/10089

www.irc.nl/page/10374-36k-

www.water-forum3.com/ta/agenda/m16.htm

www.world.water-forum3.com/wwf/SANI-181_SANI-18.doc

www.water-forum3.com/ta/files/2-4.pdf

www.iwra.siu.edu/melbourne/melbourne6.html

www.icms.com.au/worldwater/session/378.html

www.krpcds.org/restitle.htm

www.krpcds.org/water.htm