

HRD Plan

West Bengal Piped Water Supply Project (Purulia)

**Public Health Engineering Department, Government of West
Bengal (PHED)**

and

Japan International Cooperation Agency (JICA)



Submitted to



West Bengal

by

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Abbreviations Used in the Report

BDO	Block Development Officer
BRC	Block Resource Centre
DM	District Magistrate
DWSM	District Water and Sanitation Mission
GP	Gram Pradhan / Gram Panchayat
JICA	Japan International Cooperation Agency
LPCD	Litres per capita per day
M ³	Metric cube
O&M	Operation and Maintenance
PHED	Public Health Engineering Department
VWSC	Village Water and Sanitation Committee

1. Executive Summary

District Purulia in West Bengal is a water scarce district with high fluoride content – 17 out of 20 blocks are reported to have areas with fluoride contamination. In the summer months water shortages are acute. West Bengal government (Public Health Engineering Department) has decided to supply drinking water in rural areas through pipelines. For ten blocks in the district Japan International Cooperation Agency is supporting this project. (PHED-JICA project)

From the current coverage level of 16.75% of the rural population in the district, the PHED-JICA project aims to supply water at 70 lpcd with 100% coverage in the villages. Mostly individual house connections will be installed with very few public stand posts. Project details are given in the chapter titled ‘Introduction to the Project’.

Involvement of community from the planning stage is an important feature of the PHED-JICA project. Post its implementation the distribution system is to be handed-over to community for its day-to-day operation and maintenance (O&M). The village level water and sanitation committees will be responsible for O&M and subsequent collection of tariff.

Community involvement calls for preparation in-terms of both manpower planning and capacity building. A thorough interaction with various stake-holders has been used to develop the roles which they are expected to play. For each stakeholder’s role a competency matrix is also developed giving rise to the competency gaps to be taken care of through capacity building.

The stake holders’ roles, competencies, and capacity building plans are given under the chapter ‘HRD Plan’.

A IV List of NGOs in Purulia District

Water and Sanitation

1. Shipa bruto, Manbazar-1
2. RSRD, Manbazar-1
3. Jabala, Purulia - 1
4. Chakaltore Drutgami Mahila Samiti (SHG), Purulia - 1
5. Saklara 786 (SHG), Purulia - 1

Others

1. Mandra Lion's Club, Balarampur
2. PRADAN, Barabazar
3. Tapananda Rural Development Society, Barabazar
4. Vivekbahini Bratachari Sakha, Barabazar
5. Sabyasachi Club, Hura
6. Sarvik Gram Bikash Kendra, Hura
7. Co-ordination Liya, Kashipur
8. Marshal Dahar Gaunta, Kashipur
9. Nodal Research Centre, Kashipur
10. Dakakendu Society, Manbazar I
11. Gopalnagar Subhayan, Manbazar I
12. Jamgoria Sevabrata, Manbazar I
13. Nirman Sangha, Manbazar I
14. Bhamuria Social Welfare Society, Neturia
15. Manbhum Ananda Ashram Nityananda Trust, Puncha
16. Manbhum Laulara Bikash Mancha (MLBM), Puncha
17. Panipathar Pally Bikash Seva Samity, Puncha
18. Paschim Banga Kheria Sabar Kalyan Samity, Puncha
19. Purulia Nirmal Seva Sangha, Puncha
20. Purulia Pally Seva Sangha, Puncha
21. Purulia Pratibandhi Kalyan Samity, Puncha

22. Purulia Sabuj Sangha, Pancha
23. Bhatbundh Mahila Samity, Purulia I
24. Liberal Association Movement of People, Purulia I
25. Ramkrishna Vivekananda Mission, Purulia I
26. Sarada Ashram Welfare Home, Purulia I
27. Kalyan, Purulia II
28. Ramkrishna Society for Rural Development, Purulia II
29. Institute of Training & Development, Raghunathpur- I
30. Lokashiksha Parishad, Raghunathpur- I
31. Ramkrishna Mission, Raghunathpur- I
32. Women Interlinked Foundation, Raghunathpur- I

A V. Suggested Content for Capacity Building

1. Programme on Rural Drinking Water for Block Level Functionaries/ SAEs /PRI/ NGOs (Duration 2 days)
 - a. Water and sanitation scenario in the district as well as block
 - b. Relationship between Health, Water and Sanitation
 - c. Safe Drinking Water: Sources and Systems
 - d. Water Quality
 - e. Role of PRIs and Drinking Water and Sanitation Committees
 - f. Social mobilisation and Community participation
 - g. IEC
 - h. Technological option for both water and sanitation sector
 - i. School Sanitation and Hygiene Education and angwadi sanitation
2. Programme on Rural Drinking Water and Sanitation for GP/Village Level Functionaries (Duration 3 days)
 - a. Current Scenario of Drinking Water and Sanitation programme and facilities
 - b. Importance of safe drinking water, sanitation and health
 - c. Water and sanitation programme sustainability-source and system, water quality, operation and maintenance
 - d. Individual household toilets ,School Sanitation and Health Education
 - e. Anganwadi Sanitation and its importance – Health aspects
 - f. Role of different stakeholders in Drinking Water and Sanitation programme at village level
 - g. Role of CBOs, PRIs, Village Water and Sanitation Committees, Health Workers and Swatchadoots
 - h. Convergence of services
 - i. Interpersonal communication techniques and Participatory Learning and Action (PLA)/Participatory Rural Appraisal (PRA), Focus Group Discussion (FGD)
 - j. Sustainability of sources, systems and facilities
 - k. Relationship between Water, sanitation, hygiene and health

- l. Hand pump / power pump maintenance / pipelines maintenance
 - m. De-fluoridation units
 - n. Soak pit, vermi-compost, kitchen gardening
 - o. Water quality testing- monitoring Chlorination
 - p. Simple rainwater harvesting, storage and treatment
3. Programme on Rural Drinking Water and Sanitation for GP/Village Level Functionaries (Duration 3 days)
- a. Current Scenario of Drinking Water and Sanitation programme and facilities
 - b. Importance of safe drinking water, sanitation and health
 - c. Water and sanitation programme sustainability-source and system, water quality, operation and maintenance
 - d. Individual household toilets ,School Sanitation and Health Education
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 - g. Role of CBOs, PRIs, Village Water and Sanitation Committees, Health Workers and Swatchadoots
 - h. Convergence of services
 - i. Interpersonal communication techniques and Participatory Learning and Action (PLA)/Participatory Rural Appraisal (PRA
 - j. Financial Management: (Resource mobilization, Book keeping and Accounting, Records and Registers)
 - k. Sustainability of sources, systems and facilities
 - l. Relationship between Water, sanitation, hygiene and health
 - m. Hand pump / power pump maintenance / pipelines maintenance
 - n. Soak pit, vermi-compost, kitchen gardening
 - o. Water quality testing- monitoring Chlorination
 - p. Simple rainwater harvesting, storage and treatment

A VI HRD Plan for PHED-JICA Purulia Project

HRD Plan for PHED-JICA Purulia Project						
Year	Qtr	HRD Activity	Purpose	Outcome	Preparations Required	
2014	Jan-Mar	State Level Stakeholder' Workshop	Project enrollment, shared vision	Improved coordination and convergence at planning and implementation stages	Identify stakeholders for workshop, develop agenda, engage facilitators, logistics	
	Jan-Mar	PHED Communication and Mobilisation Training	Engineers appreciate the people mobilisation processes, understand advocacy, communication, and social mobilisation techniques	Field level engineers at PMU are able to engage communities	Identify stakeholders for workshop, develop agenda, engage facilitators, logistics	
	Apr-Jun	District Level Stakeholders' Workshop	Project enrollment, shared vision	Convergence of water and sanitation in annual district plan and in the block level plans, media awareness	Identify stakeholders for workshop, develop agenda, engage facilitators, logistics	
	Jul-Sep	Block Level TOT	To develop training resources at Block level	All project blocks have 2-3 Trainers, total 30 trainers	Identify potential trainers, develop agenda, facilitators manuals for GP/VWSC/Community programmes ready, engage facilitators, logistics	
	Oct-Dec	Block Level Stakeholders' Workshop	Project enrollment, shared vision	Convergence of water and sanitation in annual district plan and in the block level plans, media awareness	Identify stakeholders for workshop, Block level trainers available, develop agenda, engage facilitators, logistics	
The village and block level HRD activities to coincide with PMU implementation plan. The activities should precede the implementation in each block by 6-10 months before commissioning. Activities from 2015 till 2019 will be similar covering an average of 18-19 GPs every year.						
2015	18-19 GPs / year	Jan-Mar	Block/GP as per PMU Implementation Plan	Awareness, project brief, VWSC fotation and empowerment, flouride and its effects on health	VWSCs formed in the villages which are ready for coverage in next 12 months as per PMU plan	List blocks and villages as per PMU plan, list Saphapatis, GPs, UpGPs of those villages, develop agenda, engage facilitators, logistics
	Apr-Jun	VWSC Capacity Building	VWSC capacity building on communication and O&M, Flouride and its effects on health	VWSCs are able to manage O&M and are able to collect tarriff	Cover VWSCs whose GPs have been covered by training	
	Jul-Sep	Frontline (AWW, ANM, Swatchtadoots)	Awareness on water and sanitation, Flouride and its effects on health	Frontline functionaries spread awareness on Flouride, safe water, and improved sanitation	Inter-departmenmtal coordination at block level (as an outcome of Block level stakeholders' workshops) results in all frontline workers' participation	
	Oct-Dec	Community capacity on water safety and sanitation	Awareness on water and sanitation, Flouride and its effects on health	Community is aware of flouride and its ill effects, awareness on sanitation to make village ODF	Block level trainers ready, communication materils prepared and available	
2016 to 2018	Jan-Mar	Block/GP as per PMU Implementation Plan; Exposure visits to GPs with piped RWS	Awareness, project brief, VWSC fotation and empowerment, flouride and its effects on health	VWSCs formed in the villages which are ready for coverage in next 12 months as per PMU plan	List blocks and villages as per PMU plan, list Saphapatis, GPs, UpGPs of those villages, develop agenda, engage facilitators, logistics	
	Apr-Jun	VWSC Capacity Building; Exposure visits to villages with piped RWS	VWSC capacity building on communication and O&M, Flouride and its effects on health	VWSCs are able to manage O&M and are able to collect tarriff	Cover VWSCs whose GPs have been covered by training	
	Jul-Sep	Frontline (AWW, ANM, Swatchtadoots)	Awareness on water and sanitation, Flouride and its effects on health	Frontline functionaries spread awareness on Flouride, safe water, and improved sanitation	Inter-departmenmtal coordination at block level (as an outcome of Block level stakeholders' workshops) results in all frontline workers' participation	
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