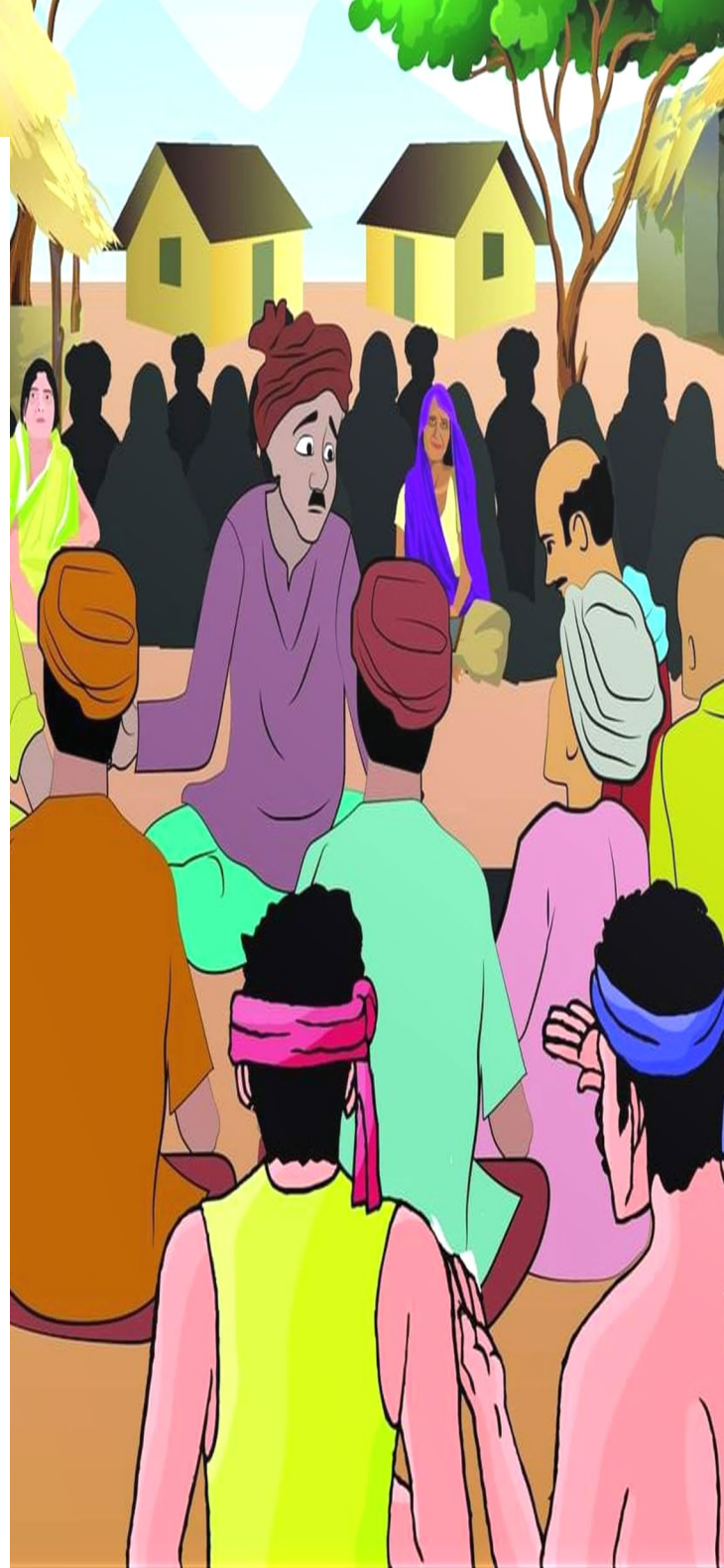


Training Needs Assessment of PRIs for WASH & Other Service Provision in India

2022

TOPLINE FINDINGS

LIHMR UNIVERSITY



Supported by

Ministry of Panchayati Raj,

Govt. of India & UNICEF

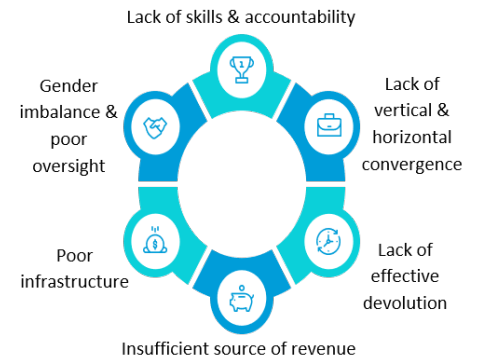


unicef 
for every child

Why this study

The role of Panchayati Raj Institutions (PRIs) is critical to bringing development to the grassroots and localizing SDGs 2030. The **Ministry of Panchayati Raj has taken laudable initiatives to build the capacity of PRIs to deliver quality WASH, Health and Nutrition services to the community in the past. However, the challenges of rapidly evolving conditions, including Global Warming, Climate Change, and an aspirational social mobility in rural India, make it incumbent to reassess the capacity needs of PRI functionaries for effective local self-governance.**

Fundamental challenges for PRIs

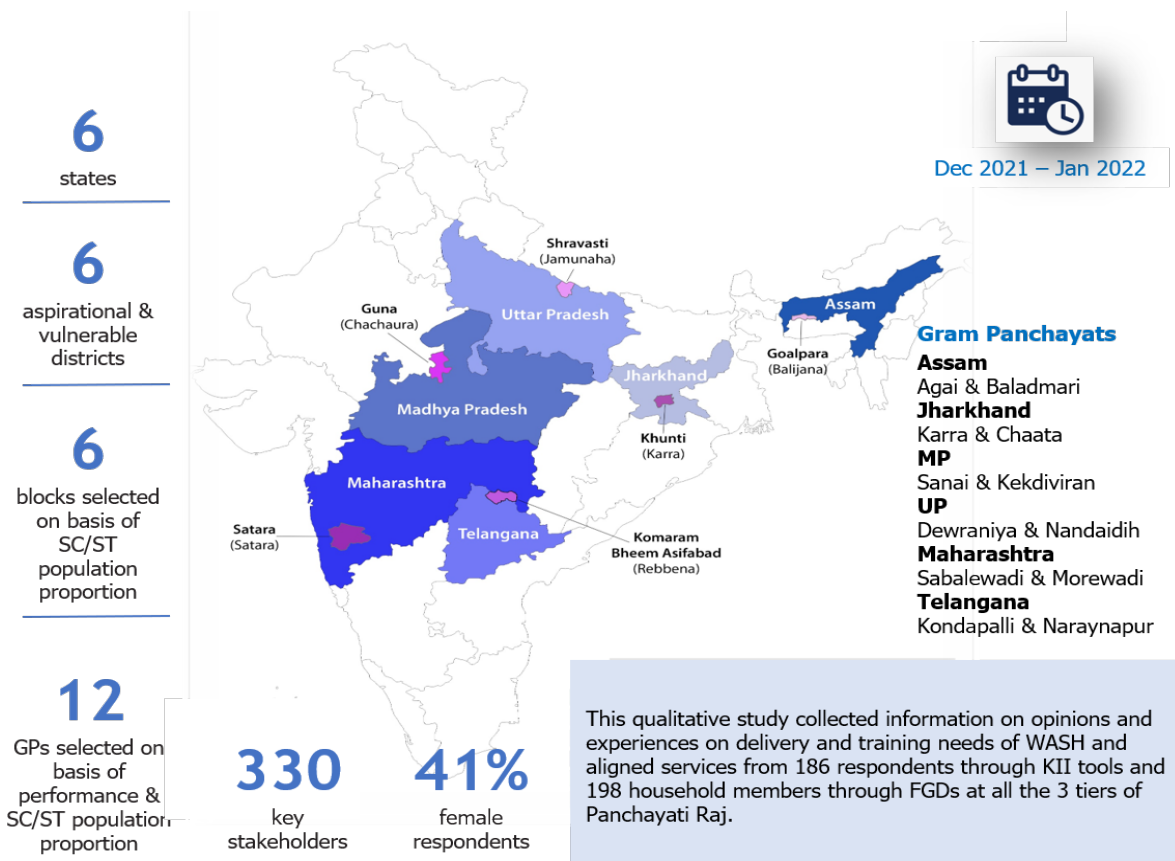


TNAs NEED TO BE MADE PART OF INSTITUTIONAL CULTURE: While a few PRI training institutes conduct TNA, there is no specific examination of their training methodology, tool kits and guidelines; and **there is no systemic method to translate TNA findings into training design.** Hence, PRIs members' capacity is not up to the expected level of knowledge and skills for service delivery of WASH and other crucial aligned services like Health, Nutrition, Education, Gender Equality, Disaster Management and Climate Resilience in the rural set-up.

Objectives

- 1 To assess capacity development needs of stakeholders to improve service delivery of WASH and health, nutrition and education.
- 2 To analyse institutional setup for training and monitoring, and existing content, modality and recommendations.
- 3 To identify issues hindering participation of women in GPs; as well as enablers to increase their participation and leadership.
- 4 To provide recommendations to strengthen training initiatives for incorporation in training content.

Study area



This qualitative study was conducted in collaboration with MoPR and UNICEF in six states — Uttar Pradesh, Madhya Pradesh, Telangana Maharashtra, Jharkhand and Assam — in different zones of India. Twelve high and low performing GPs of six blocks in six districts were selected on the criteria of aspirations or vulnerabilities.

186 key stakeholders were interviewed using pre-tested and approved qualitative tools of key in-depth interviews (KIIs) and 22 focus group discussions (FGDs) with 198 household members were conducted separately with men and women.

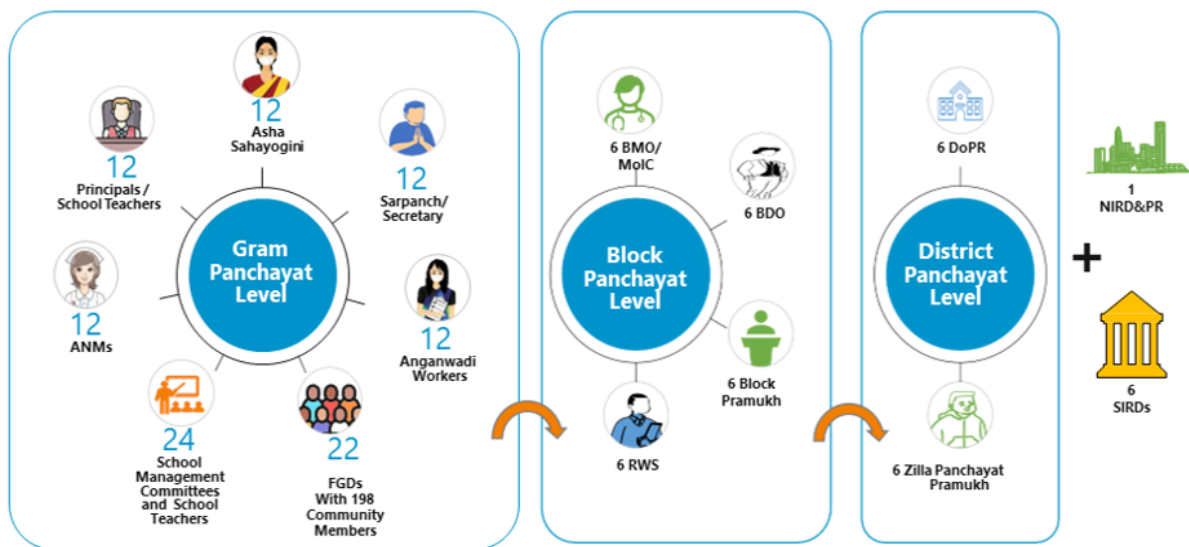


76 (41%)
Average age: 31 years
Period of association: 4 years



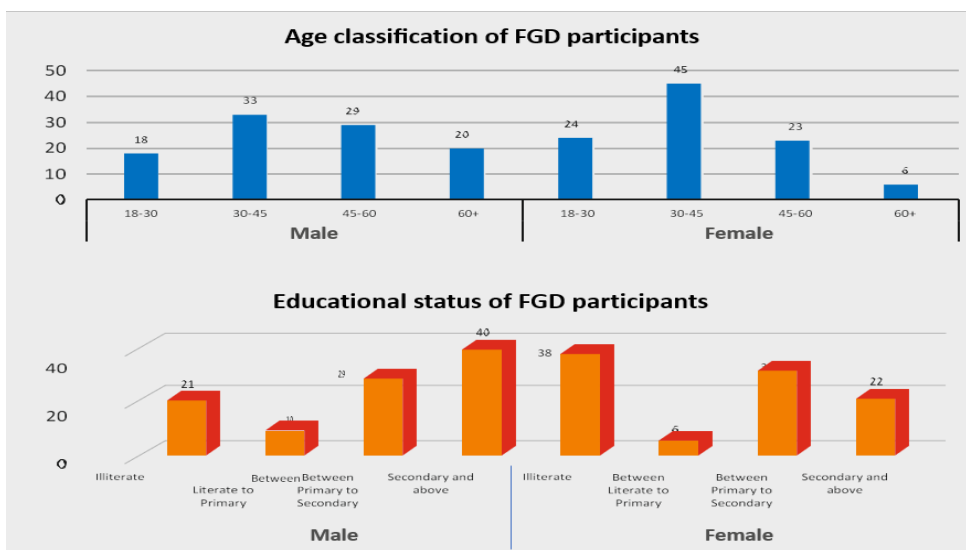
110 (59%)
Average age: 34 years
Period of association: 4 years

186 stakeholders consulted across 6 states through KIIs



Stakeholders' analysis was also done to gauge the competency level at different levels categorized as high, medium, and low on the basis of their individual composite scores of knowledges and attitude. It had been earlier decided to conduct one FGD per GP, but to elicit more information, it was later determined to conduct separate FGDS for males and females in every GP, which increased the number to 22 FGDs in 12 GPs. This raised the number of interviews from 186 to 330 and ensured greater, more exhaustive participation.

22 FGDs: 100 men (51%) and 98 women (49%)



A capacity building and training (CB&T) framework with inter-sectoral convergence can overcome the challenges to train PRIs in planning, coordinating, monitoring and regulating the implementation of WASH and other programmes for rural communities. While the Govt. of India has adopted a capacity building framework under the revamped Rashtriya Gram Swaraj Abhiyan (RGSA) of the Ministry of Panchayati Raj and Rural Development), CB&T is a complex task because of the huge and diverse number of actors within the PRI ecosystem.

Considering this, the existing infrastructure appears quite inadequate to train them frequently and qualitatively in a context-specific manner, and adequately develop their capacity for effective institutional functioning as well as preparation of the development plan. There is a requirement of at least two residential trainings, one foundation training, and one refresher training after two years of the first training apart from other theme-based trainings. In keeping with this study's objective of analyzing the institutional setup for training and monitoring, including training content and modality, the recommendations herein will help bridge the existing CB&T gaps more comprehensively and help achieve localized SDGs 2030 in rural India.

Capacity building and training of PRI stakeholders is a complex task in India



3.1 m

elected PRI representatives

1.3 m

women ERs

The challenge is to reach out to these diverse groups while ensuring high quality, context specific content.

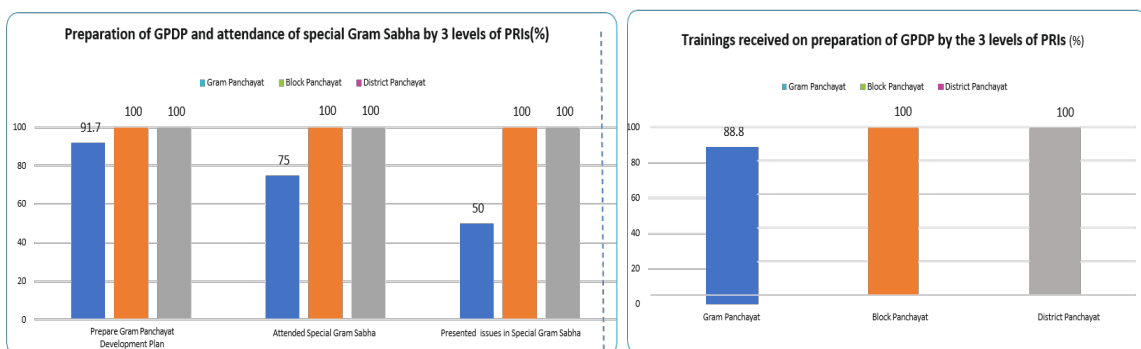


The key takeaways on the knowledge and capacity of PRI members in setting up and delivering WASH and other services at the GP level, are as follows:

- PRIs have moderate knowledge of WASH, Health, Nutrition, Education and Gender issues at the GP level and their role and responsibilities in the service delivery of these.
- But they lack clarity on how to meet these obligations sustainably through community participation and institutions like Village Water and Sanitation Committee (VWSC) or line departments. They have low to negligible information about DRR and Climate Change.
- Their high knowledge of preparing and executing Gram Panchayat Development Plan (GPDP) or the People's Plan Campaign is not matched by their implementation and monitoring of Nutrition, Education, Health, and Climate Change programmes. This negative attitude is a cause of concern for any training design.
- There is a visible gap in inter-sectoral convergence of schemes and trainings (related to the 29 subjects listed in the 11th Schedule of the Constitution of India) as well as a lack of coordination within the PRI system, which renders the GPDP less effective and out of alignment with localized community needs.



Knowledge and attitudes on developing GPDP is very good in all the six sample states.



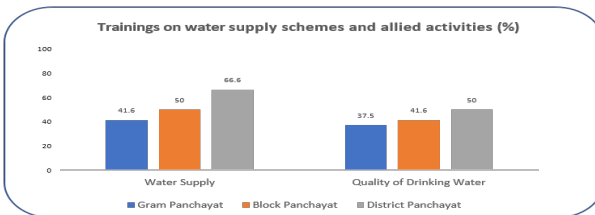
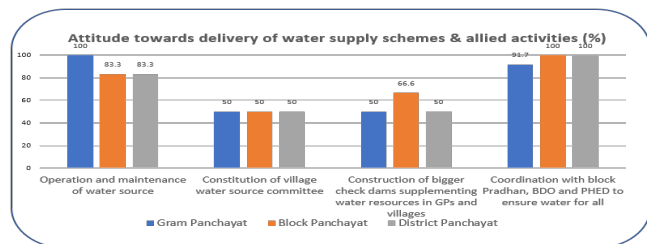
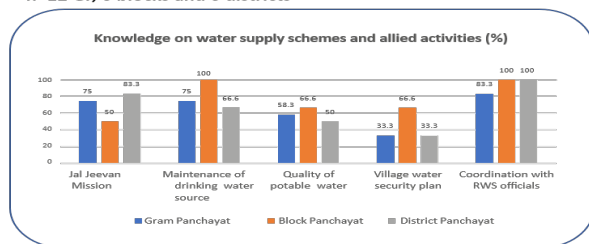
Water & PRIs

While PRI members possess knowledge of their responsibilities in water service delivery and benchmarks at different levels, there are still gaps in programme implementation. It can be concluded that **PRI functionaries and stakeholders' lack of knowledge** — about the role and constitution of VWSC, for example — **impacts practice at the GP level**. They are more aware of water schemes, such as Jal Jeevan Mission, and maintenance of water sources and systems than they are of water quality aspects or the criticality of rainwater harvesting (because the construction of big check dams to supplement water resources is not enough). **There is a mismatch between the demand and the training conducted by SIRDs and other aligned institutions:** the demand for critical training on harvesting, storage and treatment of rainwater for household use is one that came up from community after community in FGDs and needs to be addressed urgently by training institutions.

Only 33.3% stakeholders are aware of the role of village water and sanitation committee

Water

n=12 GP, 6 blocks and 6 districts



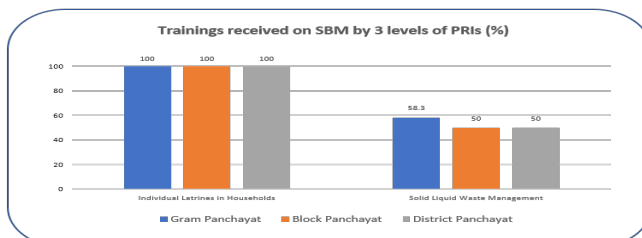
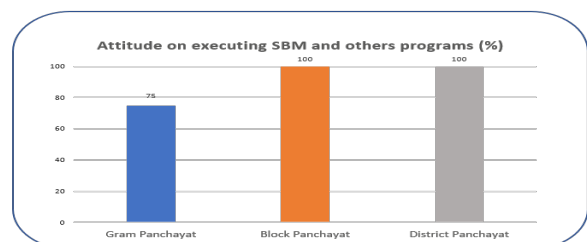
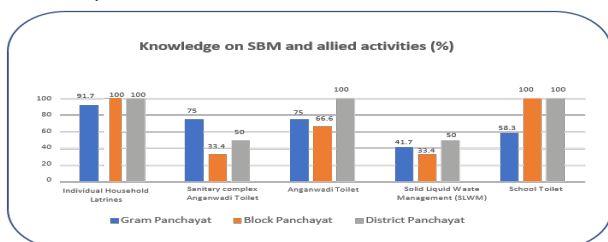
- The quality of the water is an issue in all sample states.
- Assam and Jharkhand are better skilled in preparing the water security plan as compared to the other states.
- The community wants knowledge on rainwater harvesting and treatment.
- Attitude and practices in water quality and O&M is very poor in Telangana.

Sanitation, Hygiene & PRIs

The knowledge of construction of individual household toilets is excellent at all three levels, which vouches for the success of the implementation of Swachh Bharat Mission-Gramin. However, **stakeholders' low awareness of school sanitation programmes, solid and liquid waste management, hand hygiene, operation and maintenance (O&M) of sanitary complexes, and Anganwadi toilet management, indicates a critical training need**. In Maharashtra, UP and Telangana, particularly, knowledge of sanitary complex is very low, while MP needs a relook at the SLWM (solid, liquid waste management) training module. The challenges of

Sanitation

n=12 GP, 6 blocks and 6 districts

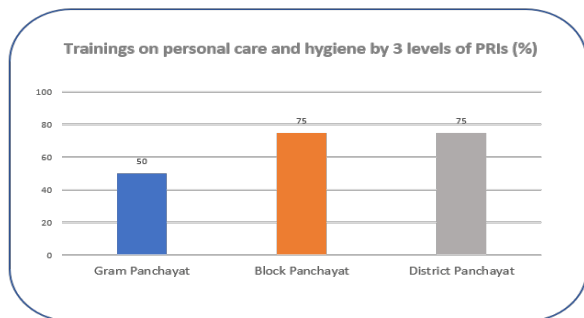
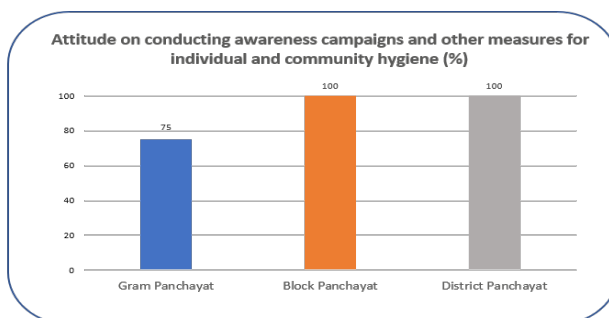
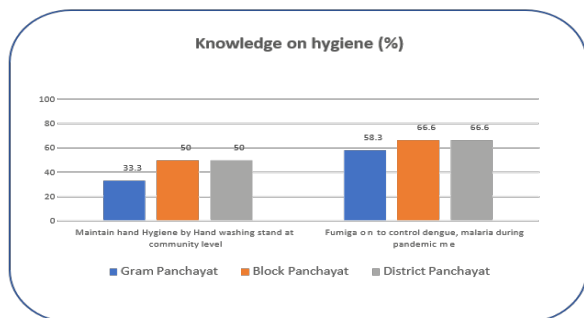


- SBM is well implemented across all sample states.
- Knowledge on sanitary complex is very low in Maharashtra, UP and Telangana.
- Training on SLWM needs to be looked at once again in Madhya Pradesh.
- Drainage systems are either non-existent or clogged.

sanitation are mostly around overflowing drains during the rainy season, and clogged community toilets: the drainage system is either non-existent or overflowing across all sample states.

Hygiene

n=12 GP, 6 blocks and 6 districts



- Hygiene knowledge is good in all sample states except Jharkhand and MP.
- The distribution of sanitary pads in Jharkhand has lowered the girls' dropout rate from school.
- Training on hand hygiene has been provided at block and district level, not at GP level.
- The challenges of hygiene are mostly around overflowing drains during rainy season and clogged community toilets.

Health & PRIs

As in WASH, the **key finding on the GP provision of health services is that implementation does not match conceptual clarity about role.** Capacity must be built in the identification of the 4Ds (defects at birth, deficiencies, diseases, and development delays, including disability) in children, formation of different committees, and mobilizing the community for greater visibility of the programme's outcome. More precisely, **knowledge and practice of referral services, conducting health camps, participating in VHSNCs (Village Health, Sanitation and Nutrition Committees), and facilitating rallies for mobilizing the villagers is low. Women's participation in various committees is also a concern and GP-level awareness of government health programmes and schemes is low** in all the sample states, and **particularly in Jharkhand, MP and Telangana.** The significant takeaways from COVID-19—of ramping up coordination, organizing camps, referral system, and distributing essential emergency supplies—need to be built into training programmes to mitigate future health vulnerability.

There is critical need of SLWM training: only 1.7% GP functionaries possess any knowledge of it

Nutrition & PRIs

Supportive supervision, convergence and facilitation are identified as a crucial area of training in nutrition. Apart from Jharkhand and some GPs of Telangana and MP, where PRI members are quite active in reviewing mid-day meals and Anganwadi centres, the practice of and training support for implementing Nutrition initiatives lacks on the ground, except for in UP. The lack of monitoring is a major gap and the design and content should include more rigorous training on supportive supervision and facilitation. Due to the low involvement of key stakeholders, **the areas that need immediate attention are infrastructure issues in Aanganwadi centres, absenteeism of children from AWCs and community sensitization of nutrition for pregnant women.**

Education & PRIs

Though the necessary infrastructure has been placed in rural areas as per the Right to Education Act, **only 33.3% of PRI members are found fulfilling their role in ensuring RTE.** Their perception of their role is limited to monitoring schools, developing infrastructure and organizing camps to reduce drop-outs. Discussions with SMC and teachers reveal that PRI members' knowledge of the educational system is weak and **only 37.5%**

of SMC members are satisfied with their role in enforcement of RTE. The coordination between the SMC and PRI members is rated at a very low 9.2% by the SMC and headmasters. Women GP members are found to be even less informed about education services and ensuring female representation on SMC. There is an **urgent need for training women PRI members on delivery of education to the GP and sensitization to factors hindering girl child education.**

DRR, Climate Change & PRIs

Awareness on DRR and Climate Change is low at all the three levels of PRIs, especially in Jharkhand, MP and Maharashtra. **There have been no special trainings on these subjects for PRIs in the past two years.** This is a new area for PRIs and more programmes will bring improvement in training content.

Gender & PRIs

This study finds that 62.5% PRI members at the GP level are sensitive to gender representation, 66.7% work on girl children's access to education, and a good number are cognizant of violence against women and equality in labour participation and wages, healthcare, and political freedom for women. However, **analysis shows that PRI members rarely participate in committees related to women's issues formed at different levels.** Hence, the issue of gender needs to be included in every training aligned with the specific sector.

There is a visible gap in inter-sectoral convergence and a lack of coordination within the PRI system. Though the Sarpanch participate in GPDP and are aware of the 15th Finance Commission they are not clear about the grant provisions. Since many SDG targets are within the purview of GPs, the **local SDG framework may be used as a consolidating tool for on-ground actions and impact on a range of issues that promote and support GP-level development in the long term.**

- There is **moderate knowledge of WASH, Health, Nutrition, Education and Gender at the GP level**, and low to negligible information about DRR and Climate Change which matches the **negative attitude towards implementation and monitoring of these programmes** despite high knowledge and attitude on preparation and implementation of GPDP.
- Despite good coordination among BDO and PHED officials, **GP-level PRI members are not so involved in monitoring of water quality.** Hence, trainings on O&M tariffs, village institutions accepting O&M responsibility, community participation by stakeholders, involvement of women in project implementation, and fostering trust between line departments and villagers are imperative. As is skilling in village water security planning. There is a community demand for rooftop rainwater harvesting (RRWH), storage and treatment.
- **Even after the successful launch of the SBM 1.0 in rural areas, the study found low knowledge of issues of the school sanitation programme, SLWM and hand hygiene among PRIs.** Trainings need to focus more on the O&M and construction of the sanitary complex and management of SLWM, Anganwadi toilet and school toilet besides construction of sanitation units.
- While **Health service providers are aware of WASH and other service programmes only some of their activities are monitored by PRIs.** In the lack of effective communication system, all information is not shared with these grassroot functionaries. **Another critical area requiring training is the formation of VHSNC (Village Health, Sanitation and Nutrition Committees) at GP level with clearly identified roles, supportive supervision, convergence and identification of 4Ds. Training on hand hygiene is provided at the block and district level, but not in GPs in all the sample states.** Also, hygiene-related challenges are mostly about overflowing drains during rainy season and clogged community toilets.

- **In Education, findings reveal a lack of coherence among teachers, SMC and PRIs about their respective roles.** There is absence of support and participation in meetings **and, for this, more participatory mixed group training programmes must be designed in unison.** It was also observed that, due to distance, girls tend to drop out of higher education, which becomes a major reason for child/early marriage as well.
- As for **Gender** issues, it is concluded that **majority of women ERs do not take decisions independently** and leave them to male members (of their family, Panchayat, or political party). While a minimal number of women ERs admit to receiving support from the administration, **a majority hold the view that since male GP members would not support gender equity, their husbands might as well participate in their place.** PRI members at the GP level are sensitive to gender representation, access to education, equality of employment in labour participation and wages, healthcare, political freedom, and violence against women. **Analysis shows that PRI members rarely participate in committees formed at different levels. Women members may put up their demands in GPDP, but there are fewer chances of their issues being incorporated.** There are cases of the community not even knowing about the existence of GPDPs.
- The level of knowledge on both **Disaster Risk Reduction** and **Climate Change** is low among PRI members, especially at the GP level. They assume their role is limited to reviews of local level risk, sharing disaster-related risk information with the community, organizing awareness programmes for children, ensuring water conservation, green plantation, water harvesting, and renovation of existing traditional sources. Similarly in climate change, they assume their role to be restricted to creating awareness programmes on livelihood and climate, afforestation, and reforestation. The last three decades of development have brought many challenges with climate change, population dynamics, excessive use of resources, and pollution. It is imperative to capitalize on the Government's fund provisions for GPs to strengthen infrastructure and services for mitigation through PRIs with respect to DRR and Climate Change resilience.

PRIs' role is key to development at every level of rural India, and the capacity building of ERs of PRIs remains a major concern. The capacity building framework in this report offers a comprehensive approach to enable them to upgrade skills and knowledge to perform effectively. The recommendations herein may be instrumental in strengthening the Panchayati Raj system in the integrated exercise of planning and delivery of WASH and allied services.



1, Prabhu Dayal Marg, Near Sanganer Airport,
Jaipur – 302029 (Rajasthan), India

Phone: +91-141-3924700, Fax: +91-141-3924738

www.iihmr.edu.in