

Safe Water that Transforms Live

Compendium Of Community Voices



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A photograph of a person's hand holding a rusty metal chain. The chain is made of large, interlocking links, some of which are heavily rusted. The hand is holding the chain near the top, and a white cloth is tied around one of the links. In the background, there is a wall with a simple line drawing of a flower with a single petal. The overall lighting is soft, and the colors are muted.

Acknowledgement

We extend our sincere gratitude to the Rural Water Supply and Sanitation (RWS&S) Department, Panchayati Raj and Rural Development, Government of Andhra Pradesh, and the National Jal Jeevan Mission, Ministry of Jal Shakti, for their guidance and continued support in strengthening access to safe drinking water across the state.

This compendium reflects the collective efforts of government officials, community leaders, frontline workers, and technology partners working to improve public health outcomes at the grassroots level. The experiences shared by the Head of Village (*Sarpanches*), Community Members, ASHAs, *Anganwadi* Workers, Pump Operators, Engineering Assistants, and other stakeholders stand as powerful examples of collaboration driving meaningful change.

These stories celebrate the progress achieved through Evidence Action's technical assistance partnership with the Government of Andhra Pradesh, and the spirit of innovation and collective action that has made this impact possible.





Introduction to the India Safe Water Program

The India Safe Water Program is an evidence-driven initiative that expands access to safe drinking water through cost-effective In-Line chlorination. Backed by research led by Nobel Laureate Michael Kremer and colleagues, chlorination at the source has been shown to reduce under-five child mortality by more than 20%*, making it one of the most cost-effective public health interventions available.

Under the guidance of the National Jal Jeevan Mission, EAI Advisors, Evidence Action's technical partner in India, piloted In-Line Chlorination (ILC) technologies across Andhra Pradesh, Madhya Pradesh, and other states in 2023. The program works closely with national and state governments to install ILC devices, train pump operators, monitor water quality, and build community awareness, ensuring safe treated water reaches households at the tap.

*Working Paper NO. 2022-26: Water Treatment and Child Mortality: A Meta-analysis and Cost-effectiveness Analysis (Michael Kremer, Stephen Luby, Ricardo Maertens, Brandon Tan, and Witold Wiecek, January 2023)

About EAll Advisors, Evidence Action

Evidence Action takes field-tested research and creates at-scale solutions that measurably improve hundreds of millions of lives.

A Washington D.C. based non-profit organization, Evidence Action operates in nine countries, including Cameroon, India, Kenya, Liberia, Malawi, Nigeria, Pakistan, Uganda, and Zambia. Through its technical partner EAll Advisors Private Limited, Evidence Action provides technical assistance to national and state ministries in India, focusing on health, water, and women & child development. EAll in India supports the implementation of the National Deworming Day in 3 states, Iron and Folic Acid Supplementation in 7 states, and India Safe Water initiatives in Andhra Pradesh and Madhya Pradesh, including a light-touch model in Odisha and Rajasthan.

NATIONAL DEWORMING DAY
3 STATES

**IRON AND FOLIC ACID
SUPPLEMENTATION**
7 STATES

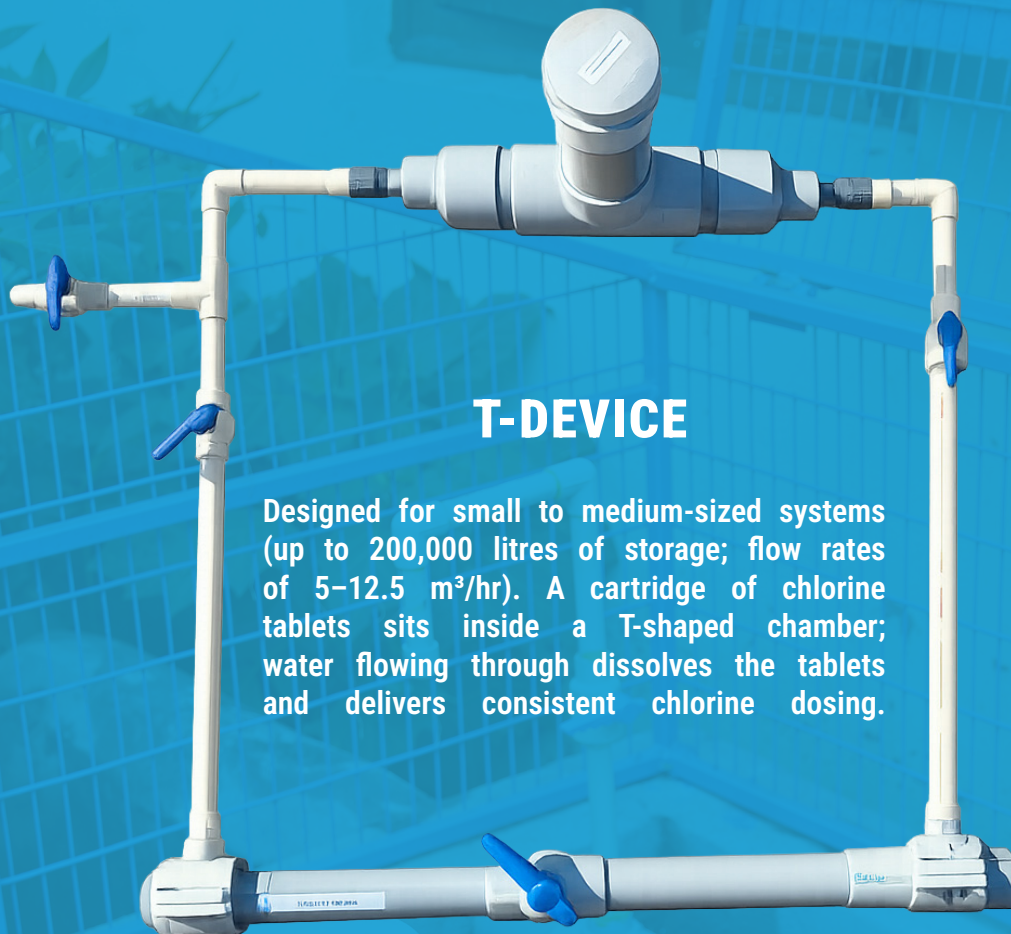
INDIA SAFE WATER
**ANDHRA PRADESH AND MADHYA
PRADESH, INCLUDING A LIGHT-
TOUCH MODEL IN ODISHA AND
RAJASTHAN.**



About In-Line Chlorination Device

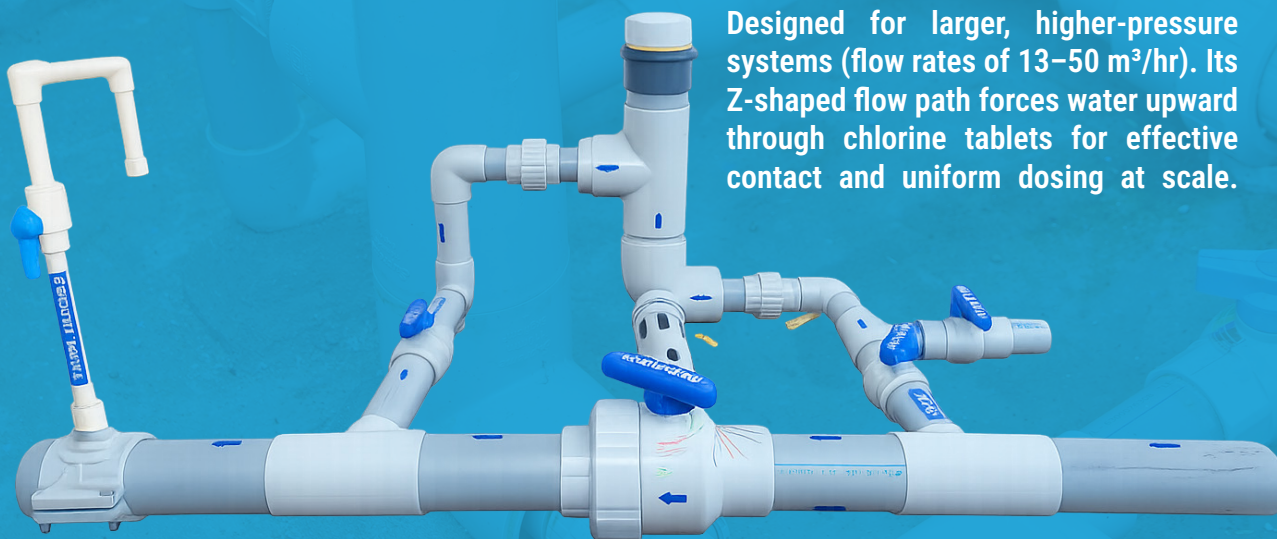
An In-Line Chlorination (ILC) device is installed directly within a water supply pipeline. As water flows through, it automatically releases the correct amount of chlorine with no electricity, no moving parts, and no external pumps. This makes it a simple, reliable, and low-maintenance solution for rural water supply systems.





T-DEVICE

Designed for small to medium-sized systems (up to 200,000 litres of storage; flow rates of 5–12.5 m³/hr). A cartridge of chlorine tablets sits inside a T-shaped chamber; water flowing through dissolves the tablets and delivers consistent chlorine dosing.



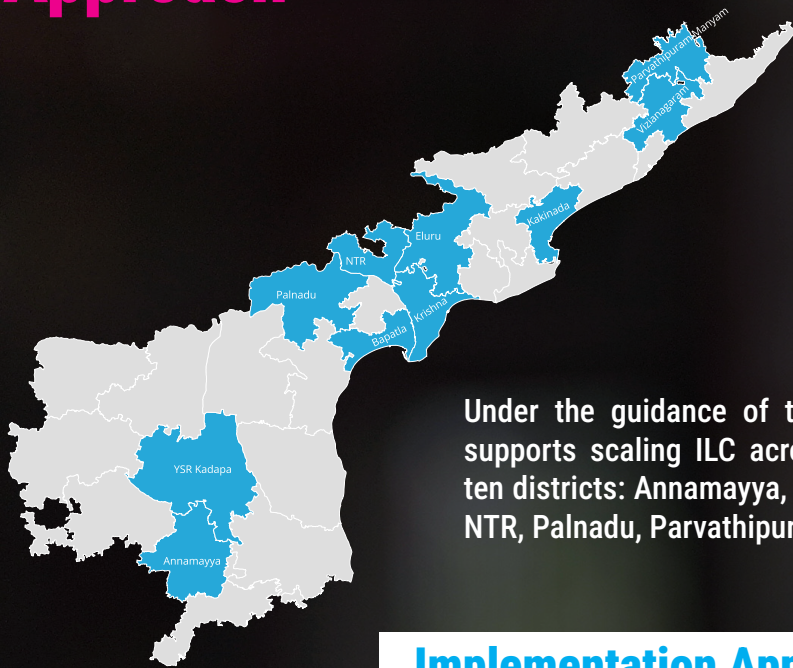
Z-DEVICE

Designed for larger, higher-pressure systems (flow rates of 13–50 m³/hr). Its Z-shaped flow path forces water upward through chlorine tablets for effective contact and uniform dosing at scale.

Both devices maintain residual chlorine levels within the desired range (0.2–1.0 ppm) at the household point of use. The devices are locally manufacturable from uPVC/CPVC components and easy to repair, making them suitable for India-wide small village site systems.

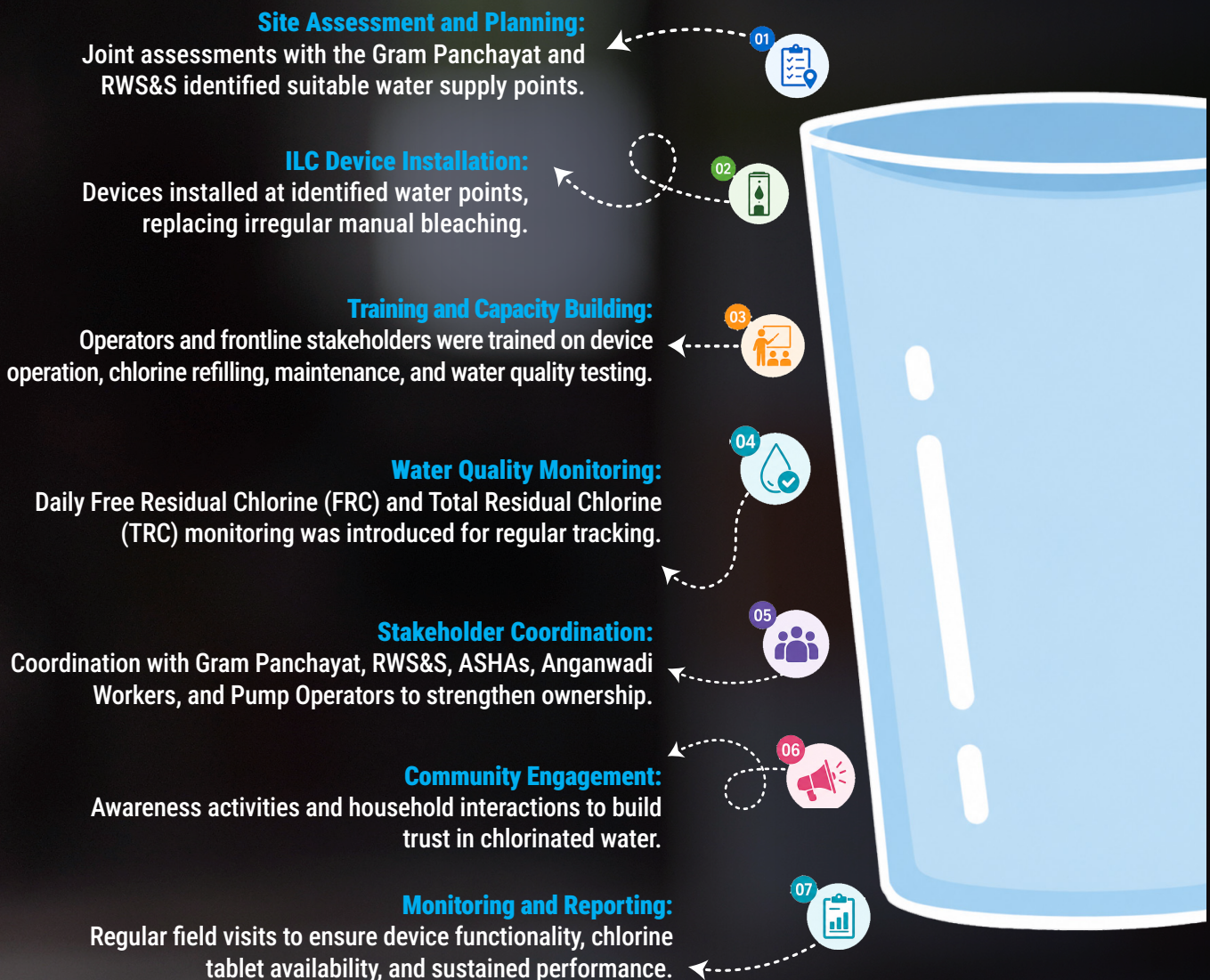


Program Overview and Implementation Approach



Under the guidance of the RWS&S Department, Evidence Action supports scaling ILC across rural piped water supply schemes in ten districts: Annamayya, Bapatla, Eluru, Kadapa, Kakinada, Krishna, NTR, Palnadu, Parvathipuram, and Vizianagaram.

Implementation Approach



STORY 1

Smt. Bhavani, Pump Operator, Enamadala Village, Eluru District

WOMEN IN WATER LEADERSHIP “CHLORINE BHAVANI”



THE CHALLENGE

Bhavani has worked as a pump operator in the Enamadala village for 15 years, a role she stepped into after working as an agricultural labourer when the overhead tank was first constructed. Before the ILC device was installed, chlorination meant climbing the overhead tank every 15 days to manually mix and pour bleaching powder into the supply.

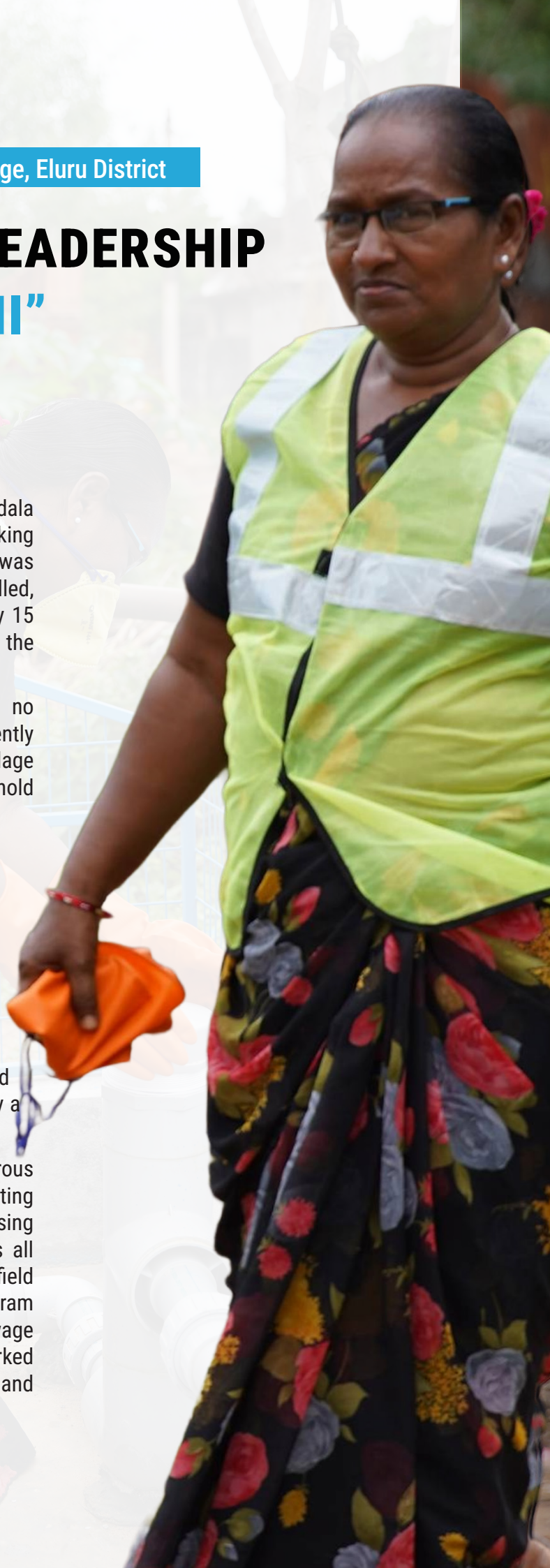
The process was physically hazardous, carried no mechanism to verify chlorine levels, and consistently produced uneven dosing. Only around 30% of the village trusted the tank water enough to drink it. Household complaints were routine.



THE TURNING POINT

When EAIL introduced the In-Line Chlorination device program under the guidance of the Rural Water Supply and Sanitation (RWS&S) Department, National Jal Jeevan Mission, Bhavani was selected as the Pump Operator. What followed was not simply a technical upgrade.

The tablet-based system replaced the dangerous climbing process with ground-level operation, eliminating physical risk and ensuring accurate, standardised dosing every cycle. EAIL provided hands-on training across all operational aspects and maintained continuous field support as she adapted to the new system. The Gram Panchayat formalised her role, ensuring regular wage payments and institutional backing. Every element worked together: a safer tool, structured capacity building, and formalised accountability.





From pump operator to water champion,

Bhavani is making safe drinking water a trusted choice,

helping increase adoption to 40% of village households.



COMMUNITY ENGAGEMENT AND IMPACT

The transition to chlorinated water was not automatic. Many residents hesitated because of the smell. Bhavani responded by going door-to-door, explaining in plain terms what the smell meant and why it was a sign of safe water. Her 15 years in the community gave her credibility that no external communicator could replicate. She demonstrated through her own daily conduct that the water was safe.

Water consumption has grown from approximately 30% to 40% of the village and continues to rise as trust builds. Tank climbs have been eliminated entirely. The community has given her a name that says everything about how her work is understood:

Bhavani's story demonstrates that women can and should lead in technical water management roles. Her model is replicable in villages across Andhra Pradesh and beyond.

“

Climbing the tank every 15 days to mix bleaching powder was difficult and unsafe. Now, with the In-Line Chlorination device, the process is easier, safer, and more effective. Safe drinking water reaches the community, and I have received full support in operating and managing the system.

Smt. Bhavani, Pump Operator, Enamadala Village, Eluru District

”



Scan here to watch her journey



STORY 2

Shri Ashok Kumar, Engineering Assistant, RWS&S
Department, Krishna District

EVERY DROP MONITORED, EVERY HOUSEHOLD PROTECTED



THE CHALLENGE

Ashok Kumar manages water infrastructure across four overhead tanks serving approximately 1,200 households in Mantada village, a role that requires both technical expertise and coordination with the Gram Panchayat, Pump Operators, and Rural Water Supply and Sanitation (RWS&S) Department, before ILC device Installation, Pump Operators manually mixed bleaching powder in buckets before adding it to tanks, a method that regularly produced incorrect dosing and uneven chlorine distribution.

No mechanism existed to verify water quality at any point in the system. During periods of inadequate chlorination, seasonal waterborne disease spikes were a predictable consequence. Ashok Kumar's role was effectively reactive: responding to visible failures rather than preventing them.



THE SOLUTION

The installation of ILC devices across three of the four tanks provided standardised, accurate dosing at the source, removing operator variability from the equation. Combined with daily Free Residual Chlorine (FRC) and Total Residual Chlorine (TRC) monitoring protocols, the intervention gave Ashok something he had never had before: verifiable, day-by-day data showing whether water quality standards were being met, where deviations were occurring, and what corrective steps were needed. EAll trained him on test interpretation and deviation response, and coordinated with the Gram Panchayat to secure budget provisions for chlorine tablet procurement, addressing the long-term sustainability question that most technical interventions overlook.



From manual guesswork to data-driven monitoring, Ashok uses daily water quality monitoring tools to help deliver safe drinking water to 1,200 households.



COMMUNITY ENGAGEMENT AND IMPACT

Regular household visits and public demonstrations of water quality testing built community confidence in the supply. Visible monitoring practices increased transparency and reduced household complaints. A measurable decline in seasonal waterborne disease incidence followed the establishment of consistent chlorination and daily monitoring. Ashok Kumar's role as quality officer is the defining outcome of this intervention. He now independently manages water quality assurance across all service points with a verifiable record, coordinated stakeholder support, and the institutional backing to sustain it.

“

Manual bleaching powder mixing was inconsistent and often resulted in poor water quality and higher disease cases. With In-Line Chlorination and monitoring tools, water quality has improved significantly.

Shri Ashok Kumar, Engineering Assistant, RWS&S Department

”



Scan here to watch his journey



STORY 3

Smt. Rajini Kumari, Community Worker, Mantada Village,
Krishna District

SAFE WATER, HEALTHIER LIVES



THE CHALLENGE

Even after an ILC device was installed in Mantada village, community acceptance was slow. Most households continued boiling water for hours or purchasing RO water. The slight chlorine smell and change in taste reinforced old habits, and families defaulted to familiar practices rather than trusting the improved system. The technical solution was in place, but without someone to explain it in terms that resonated at the household level, it sat underused.





When communities trust their water, lives change.

Rajini Kumari helped build that trust, turning safe drinking water into a daily reality.



WHAT RAJINI KUMARI DID ?

As a community member, Rajini Kumari helped bridge the gap between technology and trust. Through regular household visits, particularly with mothers, she promoted safe drinking water practices and reassured families that the smell of chlorine was a sign of properly treated water. Working alongside ASHA workers, *Anganwadi* workers, and the Head of Village (*Sarpanch*), she reinforced this message across the community. Over time, trust grew. Families began using tap water confidently for drinking and cooking, women spent less time boiling water, and households that stopped purchasing RO water benefited from monthly savings and more productive use of their time.



COMMUNITY ENGAGEMENT AND IMPACT

Children began falling sick less often. Household confidence in the village water supply grew. The fear around water was replaced, slowly and steadily, by something more durable: trust built through consistent, personal, and patient engagement.

Rajini Kumari's story is a reminder that the last step in any water intervention, the step from the tap to the glass, depends on people, not pipes.



After the installation of the chlorination device, I have seen a real transformation in the village. Families now trust the water they drink, children are healthier, and daily life has become easier and more secure for everyone.

Smt. Rajini Kumari, Community Member, Mantada Village, Krishna District



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STORY 4

Smt. Nandamuri Veeramma, Head of Village (Sarpanch),
Mantada Gram Panchayat, Krishna District

SAFER WATER, STRONGER COMMUNITIES



THE CHALLENGE

Mantada is a village of approximately 6,000 people across 1,250 households. The severe lack of reliable, safe drinking water was a central concern that shaped the community's expectations of local leadership and, in part, contributed to Nandamuri Veeramma's election as *Sarpanch* with a mandate to resolve the crisis.

The water supplied through the National Jal Jeevan Mission pipeline contained dust and muddy particles. Residents actively avoided it. Manual chlorination using bleaching powder was practiced but was inconsistent, leaving behind residual impurities. The *Sarpanch* faced repeated complaints with no technical solution available.





Empowered women empower communities:

Veeramma's leadership helped safeguard 6,000 people across

1,250 households, with no reported diarrhea cases for over a year.



THE SOLUTION AND LEADERSHIP

Actively encouraging household-level adoption and sharing learnings with other Gram Panchayats at community-level meetings.



IMPACT

Chlorinated water is now delivered daily at prescribed standards to all 1,250 households. Manual bleaching powder treatment has been eliminated entirely. **Zero diarrhea cases were reported in the year following device installation.** Community members report greater confidence in tap water for drinking and cooking.

Mantada has been recognised as the leading Gram Panchayat in the *mandal* for freshwater provision.

“ Since I was elected as Sarpanch, I have taken a step forward in achieving the goal of providing water facilities to every household. We used to send water door-to-door with bleaching powder, that is now stopped. Chlorinated water has prevented all the people from diarrhea cases this year.

I would like to express my gratitude to Evidence Action and the RWS&S Department for turning our village into a healthy village.

Smt. Nandamuri Veeramma, Head of Village (Sarpanch), Mantada Gram Panchayat, Krishna District ”



Scan here to watch her journey

STORY 5

Smt. Narayanaamma, ASHA Worker, Mantada Village, Krishna District

ZERO CASES. ONE ASHA WORKER.



THE CHALLENGE

In the Mantada village, where access to safe drinking water and health awareness had historically been limited, waterborne diseases were a recurring reality. As many as 32 cases were reported in a single year. Most households depended on RO water rather than the piped supply, adding a financial burden on already vulnerable families.

Some residents experienced allergic reactions, further eroding trust. At the system level, chlorination was irregular and ineffective. Behaviour change efforts were insufficient to address the underlying combination of infrastructure failure and community mistrust.



WHAT NARAYANAAMMA DID ?

Narayanaamma has served as an ASHA worker in the Village for 12 years. That tenure makes her something no external communicator can be: a neighbour. Someone who visits homes, knows families by name, and has earned trust through consistent daily presence. Equipped with knowledge from EAI's training on the ILC program, she became the active bridge between the chlorination device and the community that needed to trust it.

She visited all 50 households under her coverage, addressed misconceptions about chlorinated water in direct conversation, extended her outreach to schools and the *Anganwadi* centre, and coordinated with Community Health Officers on health monitoring. She explained how chlorinated water prevents disease, and she was believed, because she had been there long enough to be trusted.



From 32 waterborne disease cases to zero in a year, Narayanaamma helped build trust in safe drinking water across her community.



IMPACT

All 50 households under Narayanaamma's coverage have shifted from RO water to Gram Panchayat-supplied drinking water, reducing household expenses and strengthening trust in the public water system. Concerns about allergic reactions were addressed through continuous community engagement, leading to widespread adoption of safe water practices. Over the course of the intervention, reported waterborne disease cases declined from 32 to zero.

“

With the In-Line Chlorination device in place, the community now trusts and uses safe drinking water. Ongoing support from the RWS&S Department has strengthened confidence in the system's reliability.

Smt. Narayanaamma, ASHA Worker, Mantada Village, Krishna District

”



Scan here to watch her journey

STORY 6

Shri Saari Konda, Pump Operator, Mantada Village,
Krishna District

FROM RISK TO RESPECT



THE CHALLENGE

Saari Konda is responsible for managing Mantada's 40,000-litre overhead tank and ensuring water supply distribution to over 6,000 people. Before the ILC program, that responsibility meant climbing the overhead tank to manually mix bleaching powder, physically risky, time-consuming, and produced inconsistent chlorination.

Improper mixing led to irregular water quality and frequent community complaints. Many households avoided tap water for drinking. Pump operation was not seen as a safe or respected profession.





One pump operator's commitment helped transform water access, increase tap water adoption to 95%, and improve community health.



THE TURNING POINT AND IMPLEMENTATION

With the introduction of the ILC program under the leadership of the village Head/ *Sarpanch*, Saari Konda was formally designated as the Pump Operator. EAll provided structured training on device operation, tablet insertion, and routine maintenance, and demonstrated daily Free Residual Chlorine (FRC) testing so, he could independently monitor water quality without requiring external validation. The Gram Panchayat was coordinated to ensure timely wage payments, directly strengthening his motivation. In coordination with the RWS&S Department, arrangements were established to provide technical support for spare parts replacement and infrastructure maintenance, ensuring the long-term functionality of the system.

With these systems in place, Saari Konda's approach to the work changed. He began checking chlorine tablets every three days, cleaning the device cartridge regularly, maintaining equipment hygiene, and cleaning the overhead tank every 15 days, notifying the community in advance each time. His proactive communication with villagers helped build the kind of transparency that converts scepticism into trust.



IMPACT

Household tap water adoption increased from approximately 50% to 95%.

Waterborne diseases, particularly diarrhea, have reduced significantly. The Gram Panchayat formally recognised his performance. Nearby, Pump Operators began adopting similar practices, multiplying the impact beyond Mantada. The community attributes the change in water access and health outcomes directly to Saari Konda's personal commitment.

“

Earlier, we had to climb the tank to mix bleaching powder. Now, with the device, adding tablets is easy and safe.

Shri Saari Konda, Pump Operator, Mantada Village, Krishna District

”



Scan here to watch his journey

STORY 7

Dr. Sravani, Community Health Officer, Katuru and Krishna Districts

FROM DISEASE RESPONSE TO PREVENTION



THE CHALLENGE

Dr. Sravani oversees disease surveillance, frontline health worker supervision, and district-level health interventions across Katuru and Krishna districts. Her position gives her something rare in rural public health: a comprehensive, data-backed view of how environmental conditions translate into community disease patterns. What that view revealed was a persistent and frustrating gap.

Under her jurisdiction, access to piped water had improved considerably through the National Jal Jeevan Mission. But infrastructure availability and water safety are not the same thing. Without reliable chlorination, pipes bring water not necessarily safe water. Between 30 and 40 waterborne disease cases were recorded per peak season across affected villages. The health department could treat every patient and document every case. What it could not do was address the root cause before the next season arrived.



THE INTEGRATION

EAI's engagement with the district health system created a vital link between water quality interventions and public health monitoring. ILC devices replaced unreliable manual chlorination with consistent dosing, while regular FRC monitoring data was shared with district health officials. As villages with consistently safe chlorination also reported fewer waterborne disease cases, the impact became evident through data.

ASHA workers were trained to promote safe water practices during household visits, and joint community health activities were conducted in high-risk areas. By incorporating ILC monitoring data into official district health reports, the program gained stronger institutional recognition and long-term sustainability.





From treating illness to preventing it, Dr. Sravani strengthened community awareness to help reduce seasonal waterborne diseases across both districts.



IMPACT

Seasonal waterborne disease cases reduced from approximately 33%. The burden on health facilities during peak seasons decreased. Frontline ASHA workers reported spending less time responding to acute waterborne illness and more time on preventive health activities. Water quality is now formally integrated into district-level disease prevention planning.

“

Improper bleaching practices once led to ineffective chlorination and higher disease cases. With chlorine tablet-based treatment, water quality has improved and seasonal illnesses have reduced.

Dr. Sravani, Community Health Officer, Katuru and Krishna Districts

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Scan here to watch her journey

STORY 8

Smt. N. Rajini, *Anganwadi* Teacher, Katuru Village, Krishna District

WHEN A TEACHER BECOMES A HEALTH CHANGE-MAKER



THE CHALLENGE

N. Rajini has served as an *Anganwadi* teacher for 23 years. Her tenure has given her a form of social capital built through daily presence, genuine care, and accumulated credibility, the kind that institutional newcomers cannot replicate. Through health training and years of observing children in her care, she understood the direct link between water quality and child health.

But before the ILC program, the *Anganwadi* centre had no reliable mechanism to guarantee safe water daily. Manual bleaching powder treatment was cumbersome, inconsistent, and difficult to standardise. Children regularly suffered from coughs, colds, and diarrheal illnesses that affected attendance. The gap was not just technical, it was also one of awareness, behaviour, and trust.



THE TURNING POINT AND IMPLEMENTATION

With the installation of the ILC device at the *Anganwadi* centre, Rajini recognised an opportunity that went beyond hygiene improvements within its walls. Technology alone would not change behaviour, but with her involvement, it could. She conducted awareness sessions for mothers on safe water, hygiene, and disease prevention. She visited households to address misconceptions about chlorinated water.

Most importantly, she demonstrated confidence in the treated water by consuming it herself in front of community members, turning abstract health messaging into tangible, observable action. Information, education and Communication (IEC) materials reinforced messages for all sections of the village, and health monitoring coordination with ASHA workers enabled tracking of improvements in child health indicators over time.





**From child care to community care,
an Anganwadi teacher is turning decades of trust into better
health outcomes.**



COMMUNITY ENGAGEMENT AND IMPACT

Child illness incidence at the *Anganwadi* centre reduced significantly. Common health issues that were previously frequent became less prevalent, contributing to a healthier, more consistent environment for children. Community-wide awareness of safe water practices grew, with mothers becoming more conscious of water quality and adopting the practices promoted through the centre. Rajini's influence extended far beyond the institution she works in.

Technology alone is not enough. The decisive ingredient was Rajini, a frontline worker with 23 years of community trust, equipped with the right tools and the right information.

“

Children frequently fell sick when bleaching powder-treated water was used. With the In-Line Chlorination system, they are now healthier and less prone to illness, a clear improvement in their daily well-being.

Smt. N. Rajini, Anganwadi Teacher, Katuru Village, Krishna District

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