Compendium on
Community Participation in Urban Water and Sanitation | JUNE 2022

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C O M P E N D I U M   O N

COMMUNITY PARTICIPATION IN URBAN WATER AND SANITATION

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ABSTRACT

Community Participation in Urban WASH has been gaining prominence over the last few decades. Various civil society organisations are engaged in strengthening community-based organisations in urban poor settlements to improve access, usage and control over WASH infrastructure and services, leading to sustainable WASH initiatives. In addition, community participation has strengthened accountability mechanisms and led to the emergence of women and youth leadership in urban poor localities.

Community participation has become a central theme for driving Urban WASH programmes in the community. There is greater recognition and assimilation of participatory approaches in national programmes and policies such as the Swachh Bharat Mission (Urban).

This Compendium is based on primary and secondary research and is a collection of community-driven sanitation initiatives in urban water and sanitation steered by Civil Society Organisations. With increasing focus on City Wide Inclusive Sanitation, models and practices on community participation documented in this Compendium will be helpful to learn from and adapt to the local context.

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ACRONYM

ALF	Area Level Federation
ALM	Advanced Locality Management
AMRUT	Atal Mission for Rejuvenation and Urban transformation.
ANMs	Auxiliary Nurse Midwives
AP	Andhra Pradesh
APUSP	Andhra Pradesh Urban Services for the Poor
ASCI	Administrative Staff College of India
ASHA	Accredited Social Health Activist
AUWP	Accelerated Urban Water Supply Programme
AWWs	Anganwadi Workers
CAA	Constitutional Amendment Act
CBO	Community Based Organisations
CDS	Community Development Society
CFAR	Centre for Advocacy and Research
CLF	City Level Federation
CLTS	Community Led Total Sanitation
CMCs	Community Management Committees
CPL	Community Participation Law
CPR	Centre for Policy Research
CRSP	Central Rural Sanitation Programme
CSO	Civil Society Organisations
CSTEP	Centre for Study of Science Technology and Policy
CTB	Community Toilet Blocks
CTC	Community Toilet Complex
DANIDA	Danish International Development Agency
DFID	Department for International Development
DJB	Delhi Jal Board
DLSA	District Legal Service Authority
DMHO	District Medical Health Officer
DPEP	District Primary Education Programme

DRCs	District Resource Centres
DUSIB	Delhi Urban Shelter Improvement Board
EY	Ernst & Young
FAO	Food and Agriculture Organisation
FGD	Focused Group Discussion
FSSM	Faecal Sludge and Septage Management
FYP	Five Year Plan
GF	Gender Forums
GoI	Government of India
GRC	Gender Resource Centres
GSG	Gender Sub Group
ICDS	Integrated Child Development Scheme
IDSMT	Integrated Development of Small & Medium Towns
IDWSSD	International Drinking Water Supply and Sanitation Decade
IEC	Information Education Communication
IHHL	Individual Household Toilet
ISP	Intensive Sanitation Programme
JNNURM	Jawaharlal Nehru National Urban Renewal Mission
KAP	Knowledge Attitude and Practice
KfW	Kreditanstalt für Wiederaufbau (Credit Institute for Reconstruction)
KUSP	Kolkata Urban Services for the Urban Poor
MPM	Mahila Pragati Manch
MAS	Mahila Aarogya Samiti
MCD	Municipal Corporation of Delhi
MCGM	Municipal Corporation of Greater Mumbai
MEPMA	Mission for Elimination of Poverty in Municipal Areas
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MHM	Menstrual Hygiene Management
MoEF	Ministry of Environment and Forest
MoU	Memorandum of Understanding
MoUD	Ministry of Urban Development
MP	Madhya Pradesh
MPM	Mahila Pragati Manch

MPUSP	Madhya Pradesh Urban Services for the Poor
MS	Mohalla Samitis
MTAs	Market and Trade Associations
NABARD	National Bank for Agriculture and Rural Development
NGA	Nirmal Gram Abhiyan
NGOs	Non Government Organisations
NHC	Neighbourhood Committee
NHG	Neighbourhood Group
NULM	National Urban Livelihood Mission
NUSP	National Urban Sanitation Policy
O&M	Operation and Maintenance
OD	Open Defecation
ODA	Official Development Assistance
ODF	Open Defecation Free
PHED	Public Health and Engineering Department
PRIs	Panchayati Raj Institutions
PWD	Public Works Department
PwD	People with Disability
RAY	National Urban Sanitation Policy
RAY	Rajiv Awas Yojana
RKMLP	Ramakrishna Mission Lokshiksah Parishad
RSM	Rural Sanitation Marts
RWAs	Resident Welfare Associations
SHE	Sanitation and Hygiene Education
SBM	Swachh Bharat Mission
SC	Scheduled Caste
SEU	Socio-Economic Unit
SHGs	Self Help Groups
SIDA	Swedish International Development Cooperation Agency
SJSRY	Swarna Jayanti Sahari Rozgar Yojana
SLF	Slum Level Federation
SNP	Slum Networking Project

SPARC	Society For The Promotion of Area Resource Centers
SSA	Sarva Shikha Abhiyan
SSCs	Slum Sanitation Committees
SSS	Samajik Suvidha Sangam
ST	Scheduled Tribes
SWM	Solid Waste Management
TAMDA	Talcher Angul Meramandali Development Authority
TLFs	Town Level Federations
TSC	Total Sanitation Campaign
UIDSSMT	Urban Infrastructure Development Scheme for Small and Medium Towns Scheme
ULB	Urban Local bodies
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNRISD	United Nations Research Institute for Social Development
UP	Uttar Pradesh
VHC	Village Health Committee
VSC	Village Sanitation Complex
VWSC	Village Water and Sanitation Committee
WASH	Water Sanitation and Hygiene
WCCARD	World Agrarian Conference on Community Action and Rural Development
WHC	Water and Health Committees
WHO	World Health Organisation

CHAPTER
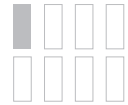
Context and Background

P articipation in development programmes and policies is deeply embedded globally and in India. The evolution of and belief in participatory processes in development received a fillip in the 1970s because of the failure of the top-down and growth-oriented development model to reduce poverty and promote inclusive growth.

The work of Paulo Freire in the 1970s (Freire, 1972) in promoting participatory learning approaches in adult education influenced participatory development theories and practice. He criticised the 'banking concept of education' which is one way, dominated by teacher or knowledge provider, and submerses consciousness, inhibiting creative power and critical thinking of pupils. Freire contrasted this with 'problem-posing education' which posits as fundamental that the people subjected to domination must fight for their emancipation and strive for *emergence* of consciousness and *critical intervention* in reality. Dialogical process of engagement of people and their conscientisation to develop a critical consciousness of their social reality through reflection and action lay at the core of Freire's alternate model of teaching and learning.

In the same decade, participatory research and participatory action research debates grew stronger. It placed great thrust on people's power and ability to bring about their own development by organising themselves and making decisions. Participatory research recognises that knowledge is power and prioritises indigenous knowledge over the knowledge possessed by 'experts'; it believes in empowering people of the community to make decisions on the basis of indigenous knowledge. (Hall et al, 1982)

It was in the 1970s that the United Nations Research Institute for Social Development (UNRISD) defined community participation as 'the organised efforts to increase control over resources and regulative institutions in given social situations, on the part of groups and movements of those hitherto excluded from such control' . International conferences of the time spotlighted the role of people in development and emphasised the need for the organisation of community. There were some landmark international events and national reports facilitating discussion on this theme, such as the Report of the National Commission on Agriculture, 1976, in India; World Health Organization's (WHO) Conference at Alma Ata, 1978; and Food and Agriculture Organization's (FAO) World Agrarian Conference on Community Action and Rural Development (WCCARD), 1979, which furthered the momentum on the participatory development and need for community engagement.

The 1980s witnessed the emergence of a family of participatory methods and tools such as Participatory Rural Appraisals (now more popularly called participatory learning action) which sought to enable rural people to share, enhance and analyse their knowledge of life and conditions to plan and to act. This was the decade that saw the inclusion of participation in various programmes globally and nationally. Environmental movements, the need for women- and child-centred development, and the importance of sustainable development began to influence policies and programmes. Organising and collectivisation for ownership, control, sustainability, community benefits, cost efficiency, inclusivity, empowerment, collaboration and partnership became key components of participation by the 1980s. The UN report *Our Common Future* of the World Commission on Environment and Development recognised that people's rights, roles and participation in development planning, decision-making and project implementation should be expanded.

These international events and growing body of knowledge on people's organisation, indigenous knowledge and people's empowerment became part of policy and programmes initiatives of the government of India. The decades of 80s witnessed

a slew of programmes and schemes giving participation a centre stage. The Indian Forest Policy of 1988 (MoEF, 1988) and the subsequent government resolution on participatory forest management (MoEF, 1990) emphasised the need for people's participation in natural forest management. Drawing on successful interventions in West Bengal in Joint Forestry Management (JFM), the policy document asserts that local communities should be motivated to identify themselves with the development and protection of the forests from which they derive benefits. Thus, the policy envisages a process of joint management of forests by the state governments (which have nominal responsibility) and the local people, sharing both the responsibility for managing the resource and the benefits that accrue from this management.

The 1990s was the decade for upscaling community participation. International aid agencies pushed the agenda of community engagement and participation in the 1990s. The Bank-wide Learning Group on Participatory Development, which was launched in December 1990, defined participation as 'a process through which stakeholders' influence and share control over development initiatives, decisions and resources which affect them.

The World Bank assisted Uttar Pradesh (UP) Rural Water Supply and Environmental Sanitation Project (Swajal project) from 1996-2003 had the objectives to deliver sustainable health and hygiene benefits to the rural population through improvements in water supply and environmental sanitation services and to promote the long-term sustainability of the rural water supply and sanitation sector by providing assistance to the government of UP to identify and implement an appropriate policy framework and strategic plan, embedded participation by promoting ownership, management and decision-making capacity at the grassroots level. The District Primary Education Programme (DPEP) aided by UNICEF, Official Development Assistance (ODA), UK, The Swedish International Development Cooperation Agency (SIDA), Sweden, Netherlands, etc., launched in 1994 in 42 districts of the country, and later extended to eight more, which aimed to promote learning among pupils, underscored participatory planning and decentralisation.

The foundation for democratic decentralisation in India was laid in 1993 with the 73rd and 74th Constitutional Amendment Acts, which saw the emergence of Panchayati Raj Institutions (PRIs) and Urban Local Bodies (ULBs) as institutions of local self-governance. For the first time, participation was brought into the arena of governance. This was a shift from earlier approaches of participation which were instrumental in nature, limited to specific projects and programmes. Since the 1990s, the community participation approaches have been imbued with promoting accountability and transparency of governance institutions.

Community participation is now an integral component of various government policies and programmes in India. Many pilot interventions by civil society organisations (CSOs) or international aid agencies and NGOs were scaled up country-wide through enabling policy frameworks promoting community-based planning and monitoring, and encouraging capacity building of PRIs and ULBs.

CHAPTER

The Policy and Programme Trajectory of Community Participation in Rural Sanitation in India

1. INTRODUCTION OF A ROLE FOR COMMUNITIES IN RURAL DEVELOPMENT AND SANITATION

The concept of community participation is to give people a meaningful role in decisions that primarily involve them.[1] In rural India community participation as a concept had its beginnings in the community development projects launched in the early 1950s. It was an attempt to bring about social and economic transformation of village life through the efforts of the people themselves and with the government playing the role of a guide and facilitator providing practical aid and assistance. Community thinking and collective actions were encouraged through people's institutions like the *panchayats*, co-operative societies and *mandalas*[2]. Begun during the First Five Year Plan, the concept evolved into a set of concrete programmes during the subsequent Plans, with a defined and decentralised institutional structure and budgeted resources.

Sanitation was one of the activities that was targeted under the community development programme, but somehow took a back seat with other priorities like employment generation, development of village and cottage industries, organising cooperatives and development of infrastructure taking precedence. Eventually, in 1954, when the Environmental Hygiene Committee (GoI) recommended that 90 percent of the population of the country had to be covered with water and sanitation facilities within a period of forty years, the Central Government formulated the first National Water Supply and Sanitation Programme under the Health Sector (Ministry of Health). However, by the end of the Second Plan period it was obvious that sanitation was still lagging behind and that absence of health education and lack of community participation in the programme were the primary reasons for the poor performance.

Every successive Plan since then pitched for giving more strength and visibility to sanitation to be implemented as part of the community development agenda. During the Fifth Five Year Plan period, (1974) sanitation became part of the Minimum Needs Programme with a target to achieve sustainable sanitation and drinking water supply by 2000. However, it continued to remain under the larger umbrella of the health sector and although considerable resources were expended on the intervention, rural sanitation coverage did not improve much. Besides, there was little community participation with supply- led interventions focusing on provision of facilities until the early 1980s when the International Drinking Water Supply and Sanitation Decade (IDWSSD) was launched and opened up new thoughts and possibilities.

In fact three distinct phases are visible in the evolution of community participation within the policy and programme framework of the rural sanitation sector: (a) the period before IDWSSD and the Central Rural Sanitation Programme (CRSP) when sanitation was a supply driven intervention under the health sector and ad hoc investments were made under the Five Year Plans; (b) the period between IDWSSD - CRSP and the start of the era of Missions and campaigns when sanitation become a separate sector and for the first time the concepts of community participation, management and financing were defined in the policy documents and subsidies were introduced for below poverty line households; and finally (c) the era of the

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[1] In water and sanitation community participation has been influenced by Paulo Freire's Participatory Action Research and Robert Chambers work on "putting the last first"

[2] An administrative division in some parts of India, constituting a subdivision of a district; a sub district

campaigns when the Total Sanitation Campaign (TSC) was launched and a shift from supply driven to a demand driven subsidized approach was made; TSC was followed by a short lived Nirmal Gram Abhiyan (NGA) and finally the Swachhh Bharat Mission(SBM), largely in the same framework but with firmer intentions, greater intensity, visibility and larger subsidies.

2. EMERGENCE OF COMMUNITY PARTICIPATION PROCESSES AND MODELS: THE DECADES OF THE 1980s & 1990s

During the 1980s and 1990s decades while the sector itself matured sufficiently to have a separate Ministry of Drinking Water and Sanitation (recently merged with the newly formed Ministry of Jal Shakti), the policies and programmes evolved from a 'supply driven' mode to a 'demand driven' one with an increasing and seemingly changing role for the communities.[3] It could be said that while it (community participation) all began with the International Decade for Drinking Water and Sanitation, the subsequent innovations and outcomes were the result of inspired and committed collaboration and partnership between the state, external support agencies and local NGOs.

2.1 The International Drinking Water Supply and Sanitation Decade (IDWSSD)

The 1980s decade in fact was significant for the sanitation sector world-wide as it was committed to making clean drinking water and sanitation for everybody by 1990. This was the result of an increasing realization that developing nations across South Asia and Sub- Saharan Africa were struggling to overcome disease and deaths as a result of a lack of toilets and safe drinking water. Hence, to draw attention to this enormous problem the United Nations designated the decade from 1981 to 1990 as the International Drinking Water Supply and Sanitation Decade with the aim to bring clean water and sanitation to everyone by the end of 1990.

The IDWSSD is often credited with having formally introduced the concepts of 'community participation' and 'community management' into the water and sanitation sector in the global discourse. IDWSSD defined **community participation** as the involvement of the community in all aspects of water and sanitation from planning construction and financing to training, operations and maintenance. Involvement, in other words, meant identifying common needs, taking decisions and establishing mechanisms to meet their needs. The communities would thus, participate in the building of facilities, reduce costs (by engaging in monitoring of building activities as well as mobilizing labour from community) and extend coverage to meet the country's target. **Community management** on the other hand aimed to equip communities to own and control their own systems and accept ownership and responsibility for the services. Capacity building was necessary to enable effective community management and enable women to play a critical role. And finally, participatory monitoring and evaluation techniques were to be adopted to evaluate the extent, nature and impact of community management.

Hence, conceptually the idea of community management went beyond simple participation and indicated a changing role for the state from a provider to that of a promoter of facilities with local

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[3] In India although water and sanitation come under the purview of individual states the Central government plays a pivotal role through funding and programme interventions.

institutions - public, private and community - to deliver services. In fact a collaborative partnership between the government and the community was envisaged wherein each would understand and accept its own and the others role. (New Delhi Consultations, 1990). The rationale behind this concept was the understanding that ownership would lead to care and maintenance by the communities with little government support. Non-Government Organisations also had a special role to play in supporting the state to empower, enable and manage the communities.

For India IDWSSD was a turning point, as sanitation finally came into its own in the country and was for the first time was seen not as an extension of public health but as an independent priority sector. The Ministry of Drinking Water and Sanitation was given charge of rural sanitation and water supply while the urban functions were transferred to the Ministry of Urban Development. Moreover, the decade saw the development of a comprehensive rural sanitation programme – the Central Rural Sanitation Programme (CRSP), which was the foundation of subsequent sanitation missions and campaigns. It also opened the doors for several external agencies- bilateral, international and NGOs- who helped in developing and testing pioneering concepts, technology and models that have gone on to become an integral part of the sanitation sector. Interestingly much of the initial focus was in the rural areas.

2.2 Central Rural Sanitation Programme: the first articulation of community participation in rural sanitation

CRSP itself was launched in 1986 when the government realized that the benefits of drinking water could only be fully realized when safe water and sanitation were addressed together. The first guidelines for CRSP were issued soon after in November of the same year and thereafter it was revised several times till it was restructured as the Total Sanitation Campaign in 1999. The objectives of CRSP were manifold : to increase latrine coverage in the rural areas, specially targeting the below poverty line population in order to break the vicious circle of sanitation and water related diseases; to create awareness and health education through voluntary organisations and *panchayati raj* institutions in order to establish sanitary latrines with minimum dependence on the government; to eradicate manual scavenging by converting existing dry latrines to low cost sanitary latrines; and to encourage appropriate low cost technology to support these objectives.

The programme, for the first time, adopted a strategy of subsidizing the cost of construction for below poverty line households while mobilizing and facilitating the above poverty line to construct on their own, backed by an awareness campaign for personal, household and environmental sanitation- total sanitation of the village- led by the *panchayats*, NGOs and other civil society organisations. Village Sanitation Complex (VSC) for women, Rural Sanitation Marts (RSM), and sanitation complexes in schools and *anganwadis* were the other components introduced for the first time and also entrusted to the care of NGOs, Trusts and charitable organisations. These organisations, it was believed, would be able to convince the people and bring about a change in their sanitary habits and practices. The VSCs, RSMs and the school and anganwadi sanitations all provided scope for the participation of the communities in various ways. It was also considered important to train the community and members of households in the care and maintenance of their individual latrines at their own cost, while the maintenance expenses of the complexes for women were to be met by the *panchayats* or the NGOs and voluntary organisations.

Two factors seem to have influenced the state to carve out a role for the communities in CRSP: firstly, the sheer number of households that needed to be covered and the commensurate resources required called for additional hands and resources; and secondly the persistent belief that without awareness creation and education about sanitation and hygiene there would be no buy in from the communities, called for their greater involvement. Both factors pointed towards the need to engage more closely with communities (apart of course from the commitment to the IDWSSD). Community participation under CRSP was however, translated into mobilizing the communities to construct latrines - with or without subsidies; into transferring the responsibilities for creating demand for latrines, for identifying households, for cost recovery and for providing the necessary infrastructural and technical support to the programme to the local *panchayats* and NGOs; and to constructing and maintaining complexes for women. As part of the principles of participation, households were to be allowed to choose from a range of latrine models available, based on their needs and ability to pay. The state on its part was to train local masons who would undertake the construction activities.

However, while CRSP interpreted sanitation as construction of household toilets through hardware subsidies to generate demand, the key issue of motivating behaviour change to end open defecation and use toilets was not seriously addressed. Besides, as encouraging communities to identify their needs was easier said than done, for on one hand many communities in India found it difficult to relate to sanitation as a priority need, and on the need to keep up with the pace of IDWSSD and its targets for coverage led the individual states to continue to focus on construction of latrines at the cost of

community participation. Further, the *panchayats*, which were constitutionally backed community institutions with the structure and mandate to take forward the concept of community participation, in reality, had no powers to perform. Hence, while there were some token inputs for awareness creation and education activities, the focus was on constructing more and more latrines. Community participation as visualized in the programme remained an elusive component and, CRSP remained a supply driven facilities programme. Not surprisingly the sanitation coverage in the rural areas of the country remained low and increased to less than 10 percent in 1991(Census 1991) and to 22 percent in 2001 (Census 2001) even after almost 15 continuous years of implementation of CRSP.

2.3 A period of pilots and model development led by state-external support agencies- NGO partnerships (decade of 80s and 90s)

IDWSSD and CRSP however, opened the doors for international and bilateral agencies like UNICEF, UNDP, WHO, World Bank, DFID (UK), Danida (Denmark), the Dutch, amongst others, and a host of NGOs- both national and inter-national- into the sector.[4] Throughout the 80s and 90s decades, these agencies worked in collaboration with the national and state governments and with local NGOs as partners in implementation. What emerged from the partnerships was a body of knowledge and models to engage with communities, especially women; community structures and institutions to take the process of community participation and management forward; and ways and means of empowering and building capacities of communities, including skills to construct toilets

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[4] Some like UNICEF, the World Bank, Danida and the Dutch government already had a presence in the water sector and were then primarily engaged in providing much needed technical (hardware) support to the government and developing low cost appropriate technologies. Since the mid-1980s however, sanitation and community participation began to take up more and more attention and space.

and repair hand pumps. Moreover, platforms and processes for community- state interface at different levels of governments were created and strengthened. With behavior change emerging as a key to adoption of sanitary practices, the concept of 'Information, Education, Communication' (IEC) was introduced into rural sanitation and hygiene promotion and, awareness creation began to take center stage. School sanitation and participation of children in schools and as agents to promote sanitation and hygiene at the household and community levels, became a potentially promising strategy and the idea of WASH in schools began to gain ground. Engagement with adolescent girls in schools and women in communities also led to menstrual hygiene emerging as a critical area that needed to be urgently addressed. Communities thus, began to be variously involved from planning to managing facilities, albeit with varying levels of success.

Organising communities: Organising communities that have hitherto been passive consumers or beneficiaries at the receiving end of services to actually participate in identifying and planning facilities and services was a task that was first addressed in programmes where NGOs were involved. Interactions at the neighborhood and village level, led to the formation of community groups at the hamlet/ ward and village levels. Generally these were informal groups of representatives from spatial clusters that at times were federated at the village or higher levels. Most also had women as members, and, wherever the NGO partner's core mandate was the empowerment of women, the groups were obviously entirely constituted of women. It must be pointed out that most of the groups were initially formed to address water supply related issues and were expanded to include sanitation- environmental and household sanitation- when it was realised that both safe water and sanitation go hand in hand. And some went on to expand their area of work to include other activities in their scope of work while continuing to support water and sanitation. However, there were also some, like the Ramakrishna Mission Lokshiksah Parishad (RKMLP), which focused exclusively on household sanitation as way back as in the mid-1980s.

RKMLP entrusted its community activities in the Intensive Sanitation Programme (ISP) in Midnapore to its long existing elaborate pyramidical network of organisations consisting of cluster (10-20 village youth clubs) and village level groups, mainly local youth clubs engaged in wider development and religious and cultural activities, who actually managed implemented the project under its close supervision. The network was large with reach down to every village in its area of work and had established credibility to gain support and trust of the government. In fact the involvement of the local youth clubs, motivators and cluster organisations is credited with the subsequent sustainability of the programme.

In the early days the community groups under most of the programmes were largely informal with no legal backing. However, rules were set and office bearers nominated with roles and responsibilities to perform, and with an understanding between the community, the local NGO partner and the state agency, if any. Two almost successive policy decisions increased the focus on community participation in the rural water and sanitation sector: In 1989, the Government of India introduced policy changes to mainstream community-driven approaches to rural water supply and sanitation sector development. It emphasized the importance of dissemination of information on sanitation issues, education regarding healthier sanitation practices, and increased community participation in sanitation sector management. Subsequently, the 73rd Constitutional Amendment Act (1993) strengthened the scope and institutional sustainability of community organisations.

The Act provided for water supply and sanitation to be included in the Eleventh Schedule of the Constitution, with individual states allowed to entrust these functions to the *panchayats*. This, not only opened the possibility of the planning and delivery of water and sanitation services in a demand driven decentralised structure, but assigned a critical role to the *panchayats*, a constitutionally recognised representative body of the community. It also allowed for functional sub-committees to be constituted under the *panchayats*, thus, not only widening the scope of community organisations but also giving it more strength. States like Kerala opted for a broad devolution of power, including critical sanitation responsibilities, providing larger scope for community participation.

Subsequently, other, more formal and potentially sustainable models began to emerge wherein community groups were registered under the Societies Registration Act, 1860 or similar legal instruments or received official mandate through an order of the state government. There were several variations to this. For instance the Water and Sanitation (WatSan) Committee formed with support from UNICEF under its Integrated Water and Environmental Sanitation Programme in the mid -1990s, Movement and Action Network for Transformation of Rural Areas (MANTRA) of Gram Vikas in Odisha, Ward Water Committees and Implementation Committees of DANIDA-Dutch-Socio- economic Unit (SEU) programme in Kerala, Jal Samitis of the Dutch- PSU Foundation-Jal Nigam programme in Uttar Pradesh, the Village Water and Sanitation Committees (VWSC) of the World Bank supported projects in Karnataka, Maharashtra, Rajasthan, Uttar Pradesh and Uttarakhand and the Water & Health Committees (WHC) formed at the village level under the KfW assisted project in Churu, Rajasthan, all implemented during the 80s and 90s decade. While MANTRA in Odisha was formally registered as an NGO (1860 Act), WHC in Churu was registered with the Block Development Office by a Gazette order as a sub- committee of the *panchayat*. In most other cases the village committees were sanctioned as part of the project and recognized as a legitimate entity for community participation, often through an office order or MoUs between the community, state agency and NGOs.

Interestingly, various studies on the World Bank funded projects in Maharashtra, Karnataka, Rajasthan and Uttar Pradesh indicate that the achievements, especially in terms of O&M and sustainability were not greatly significant in the case of Maharashtra, Karnataka and Rajasthan because community participation was minimal. This was so because the projects did not assign clearly defined roles to the community, as also the participating NGOs and the local government. On the other hand, the Swajal Project (World Bank funded) in Uttar Pradesh and Uttarakhand, where the community, with the help of NGOs, made informed choices about technology and level of service on the basis of market information and also managed construction funds, fared better. Studies also indicate that in Swajal, although the VWSCs were sub- committees of the *panchayats*, it was not necessary for all the panchayat members (unlike in Karnataka) to be in the VWSC; the Chair of the VWSC was also selected by the community, thus in a way by passing the role of the *panchayats*. This reportedly, was one of the reasons for a more effective community participation under Swajal and a sense of ownership of the facilities and services that was observed in the VWSC. The study observed that villages with VWSCs clearly followed a participatory process and were more representative than *gram panchayats*!

A number of models of community-based organisations, including those that were set up under a state dispensation or as part of the *panchayati raj* system under various programmes, however, were largely ineffective and became defunct as soon as the project came to an end,

due to governance and capacity issues, apart from inadequate political and administrative support. On the other hand, there were some like the RKMLP, MANTRA and others, mostly supported by NGOs that continued to function. There were also states like Kerala and Uttar Pradesh that set up Socio-Economic Units (SEU) and Rural Sanitation Division for community participation within the government structure. While the decentralised planning process in Kerala could sustain the SEUs and its activities, the Rural Sanitation Division in Uttar Pradesh was restructured into the Community Participation Cell under TSC and gradually lost much of its strength and influence within a technically oriented technical organisation UP Jal Nigam).

Engaging communities: The models of community institutions that were significantly effective were involved in all or most activities of sanitation- from community mobilisation and hygiene promotion, to environmental sanitation and to organising hygiene and health promotion activities with the help of concerned government departments and agencies. More importantly, under such models, the communities also participated in planning, supervising and managing the sanitation programmes including selection of beneficiaries, construction of low-cost latrines and drainage, upgrading of traditional water sources and other environmental protection facilities, as well as monitoring and reporting on maintenance and use of installed facilities. In most cases the households also contributed in cash or labour towards the construction of household toilets

Community participation also took other forms during the period. Some programmes like the Dutch supported Rural Water Supply and Sanitation programme in Uttar Pradesh and UNICEF's Water and Environmental Sanitation Programme also in Uttar Pradesh, Bihar, Madhya Pradesh, and other states experimented with training community members, including women, as masons and hand pump mechanics. Besides, members from the community were supported to set up Rural Sanitary Marts for easy availability of sanitary hardware locally (RKMLP in West Bengal, UNICEF in several states) and in a limited number of cases also to manage community toilets.

Communities were also engaged in monitoring – mostly participatory monitoring with user friendly pictorial formats. For instance in Kerala a range of stakeholders—including masons, supervisors, local committees, and families—used visual construction checklist for monitoring. Similarly, under the Dutch supported programme in Uttar Pradesh, local women were identified and trained to plan and monitor the construction of household toilets and environmental sanitation status. Each women was responsible for a cluster of houses within their own village and were also given an 'honorarium' to cover some basic cost. In fact skill development and empowerment of women emerged as a direct outcome of these programmes. Interactions with women in the communities was intense and purposive as a result of which the worrisome issues related to menstrual hygiene and related hardships for women and adolescent girls began to emerge in programme discourse.

Similarly, children were encouraged to participate in schools, and more importantly, in the community, as agents of change. While several programmes made attempts to improve the water and sanitation provisions in schools, they also realised that children had great potential to mobilise communities as well as their own families. Hence, children became critical motivators and change agents and various tools and methods were designed to help them participate in the awareness creation, hygiene education and mobilisation process. Children's participation in schools was gradually formalised through such groups as School Cabinets and Sanitation Clubs.

Thus, in a way planning, implementation, monitoring, and to some extent, even funding the sanitation interventions, were transferred to communities and community organisations. Success

was visible where the lines of responsibilities were clear and where constant support was available from non- government organisations. But the most significant gains were the structures, models, process and tools that emerged for community participation in rural sanitation. At the end of the day however, in spite of the innovation in approach and process, coverage and sustainability of structures and use remained far below expectations.

3. CONSOLIDATING LEARNINGS INTO CAMPAIGNS AND SECTOR REFORMS: THE TOTAL SANITATION CAMPAIGN, NIRMAL BHARAT ABHIYAN AND SWACHH BHARAT

CRSP in its pre 1999 *avatar* had failed to produce the desired results for not only were the objectives of extended coverage, participation of schools and construction of community toilets anywhere near the target, but 50 percent of the units constructed were also not in use. In fact, two key learnings from CRSP were firstly, that toilet construction alone does not necessarily lead to its use - people must also be motivated to end open defecation to achieve sanitation outcome of better health and reduction of poverty; and secondly, safe sanitation also had a 'public good' dimension because health outcomes will not be achieved unless the entire community adopts safe sanitation. These concerns were further reinforced by a study on Knowledge, Attitudes and Practices (KAP) in rural water supply and sanitation undertaken in 1996-97 that found that 55 percent of those with private latrines were self-motivated and only 2 percent of the respondents claimed the existence of subsidy as the major motivating. The KAP study also found that 54 percent of the respondents opted for sanitary latrines for reasons of convenience and privacy and that over 50 percent of the respondents were willing to spend up to

Rs.1000 to acquire a sanitary toilet. What followed was a restructuring of CRSP and a paradigm shift in approach to demand-driven, community-led approach to total sanitation.

3.1 Total sanitation Campaign

The Total Sanitation Campaign (TSC), thus emerged as an improved version of CRSP in a campaign mode that not only underlined the urgency to achieve the goal of total sanitation, but also the need to expand the role of the community as a stakeholder. The TSC reform principles were demand-driven and community-led and the concept of sanitation was expanded to include liquid and solid waste disposal, food hygiene, and personal, domestic as well as environmental hygiene. In fact the key features of TSC was the community led approach with focus on collective achievement of total sanitation. Information, Education, Communication (IEC) was a critical input to mobilise and motivate communities towards safe sanitation and financial assistance was to be provided as an incentive post construction and proper use to the Below Poverty Line families. Besides a flexible menu of technology options was introduced as was a supply chain to meet the demand that was expected to be stimulated at the community level.

The main objectives of the TSC were to bring about an improvement in the general quality of life in the rural areas; accelerate sanitation coverage in rural areas to provide access to toilets to all by 2012; motivate communities and Panchayati Raj Institutions promoting sustainable sanitation facilities through awareness creation and health education; provide schools and anganwadis with sanitation facilities by March 2013 and promote hygiene education and sanitary habits among students; encourage cost-effective and appropriate technologies for ecologically safe and sustainable sanitation; and develop community-managed environmental sanitation systems focusing on solid and liquid waste management. In the course

of its existence the programme was modified twice (2004 and 2007) to extend focus to overall sanitary arrangements instead of just construction and, to strengthen the school sanitation component and also include anganwadis within the scope of the programme with major responsibilities vested on the *gram panchayats.*

As such the components of the programme included construction of individual and community toilets/ sanitary complexes, school and anganwadi toilets and Rural Sanitary Marts on a demand basis. And great emphasis was laid on IEC activities. The focus of IEC was on health and hygiene practices and environmental sanitation aspects and included activities like wall paintings, folk media, gram panchayat level, rallies, development of micro plans in *gram panchayats*, training of block and *gram panchayat* level trainers, etc. It also included training programmes for masons and Self Help Groups etc., for production of sanitary pan and sanitary napkins respectively. To support IEC activities a Communication and Capacity Development Cell was also set up at the State level.

One of the most significant development during this period was the introduction of Community Led Total Sanitation (CLTS) as an approach to mobilise and sustain the involvement of communities. CLTS was first experimented as a community approach in a small village in Bangladesh in collaboration with Water Aid and a local NGO. The concept behind CLTS is to change the institutional functions and attitude to enable communities to understand and analyse their situation vis a vis sanitation and hygiene. Community mobilisation to this end was thought important and necessary to encourage collective decision making to stop open defecation. Subsidies, however, had no role to play in this approach. CLTS was brought into India by the Water and Sanitation Programme of the World Bank and other NGOs soon followed and was adopted as a potentially effective way of mobilising communities and became a part of the Indian sanitation programme.

The mechanism for delivery of the programme under was re-designed and the organisational structure was re-constructed to facilitate the ambitious agenda and the expanded role of the community. Hence Mission Cells were set up at the state, district, and block and village level consisting of all relevant departments and chaired by the head of the elected body at each level (Zilla Parishad, Block Panchayat, and Gram Panchayat). The responsibility of implementation at the village level was that of the *gram panchayats* while Village Water and Sanitation Committees (VWSC) consisting of community members, SHGs, etc., were to conduct meetings of the *gram sabhas* to discuss on sanitation; organize campaigns for total sanitation; manage the bank accounts; procure construction materials for RSMs and community latrine complexes; collect funds through a tariff for maintenance of Community Sanitary Complexes; empower women to take part in the sanitation related decisions; and organise the IEC Campaigns within the gram panchayat. The PRIs in turn were empowered to play the role of a nodal and implementing agency.

PRI, technically representing the community, was thus, envisaged to be at the centre of the reform focused TSC. In 2003, the Government of India introduced the 'Nirmal Gram Puraskar' an innovative programme that offered fiscal incentives in the form of a cash prize to the gram panchayats and its counter parts (local governments) at the block and district levels that have become completely open defecation free (ODF) and have effectively tackled issues of solid and liquid waste management .

The Nirmal Gram Puraskar had created some momentum and, subsequent evaluations of the award programme indicated that the coverage of latrines was higher in the awarded villages (28,000); besides, there was also a marginal decrease in health

expenditure. However, in spite of these changes in 2011 sanitation coverage in the rural areas still remained low at a little over 37 percent. The cost of construction had also gone up so that the subsidy amount fell far short of the actual requirements for a basic unit.

The Government of India hence formulated a new strategy based on lessons learnt that an enabling environment, institutions, information and incentives were the key to successful open defecation free and sanitised community. Collective actions to change social norms and the critical role of Panchayati Raj institutions was emphasised to bring about sustained behaviour change and adoption of sanitary facilities and practices. A new Rural Sanitation and Hygiene Strategy (2012-22) was hence drafted, followed by a revision of TSC. The revised programme was known as the Nirmal Gram Abhiyan.

3.2 Nirnal Gram Abhiyan

The Government of India restructured the TSC by re-emphasising the role of community led approaches and hence, the consequent responsibilities of the gram panchayats. More significantly Nirmal Gram Abhiyan was linked to the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), in order to access additional resources while at the same time creating employment for the rural communities and thus, introducing a new dimension to the Nirmal Gram programme and the concept of community participation. New concepts like Gram Swachhata Sabhas and Social Audits were also introduced into the new programme giving more scope for the communities to participate in planning and monitoring. The NGA also redesigned the implementation system, structuring it as a state/ district / block/ village plan and the states were asked to work district wise to make them open defecation free. However, convergence with MGNREGA proved difficult and NGA in its short

duration could only achieve an increase of 6 percent in two years between 2012 and 2014.

3.3 Swachh Bharat Abhiyan

In 2014, a change in the national government and the concern that India would fail to meet the global Millennium Development Targets of 2015, led to another revamping of the sanitation programme. NBA was transformed in name and intensity to Swachh Bharat Mission (Gramin), While SBM was not a new programme but an improvement on TSC and NBA, it emphasised the need for collective action and behaviour change and hence adopted a strategy that facilitated these objectives.

The strategy of SBM was to "move towards a 'Swachh Bharat' by making it a massive mass movement that seeks to engage everyone in the task of cleaning homes, work places, villages, cities and surroundings, in a collective quest". Hence, amongst other inputs the key elements of the strategy was to augment the institutional capacity of districts for undertaking intensive behaviour change activities at the grassroots level, and strengthen the capacities of implementing agencies to roll out the programme in a time-bound manner and to measure collective outcomes. It aimed to motivate communities and *pancahayti raj* institutions to adopt sustainable sanitation practices and facilities through awareness creation and health education and develop community managed sanitation systems focusing on Solid and Liquid Waste Management. Inclusion and gender concerns were also a key focus.

Swachhh Bharat placed emphasis on behaviour change communication and saw it not as a standalone activity or a component but as a process and tool to mobilise communities into adopting safe and sustainable sanitation practices through effective Information, Education and Communication. For collective behaviour change SBM advocated Community Approaches to Sanitation (CAS) focusing heavily on triggering entire communities and

achieving collective behavioral change. Emphasis was on awareness generation, triggering mind-sets leading to community behaviour change and demand generation for sanitary facilities in houses, schools, Anganwadis, places of community congregation, and for Solid and Liquid Waste Management activities. Since Open Defecation Free villages could not be achieved without all the households and individuals adopting the desired practice and sustaining it, community action and generation of social norms were key to the process. Similarly, SBM placed emphasis on inter personal communication and house to house interactions.

The intense campaign was supported by Swachhhagrahis, a dedicated, trained and incentivized sanitation workforce at the village level. 'Swachhhagrahis', earlier known as 'Swachhhata Doots', were engaged through Panchayati Raj Institutions, Co-operatives, Women Groups, Community Based Organisations, Self-Help Groups, etc., and were either already working in the *panchayats* as service providers or were engaged specifically for this purpose. Besides, while *Nigrani* Committees were constituted to monitor and supervise the activities, the community was also involved in the process of declaring their village as ODF and under taking social audits.

As a result of the massive campaign and strategy of expanding the base of community participation, the Government of India declared all the villages in the country as open defecation free in October 2019.

SBM (Phase II) aims to sustain the gains made during phase I and make all villages ODF plus to ensure effective management of solid and liquid waste management. The programme emphasises on the role of CBOs, Gram panchayats, Swachhhagrahis, and VWSCs to lead the programme at the grassroots with the participation of the villagers to make their villages to attain ODF plus status by effectively managing the grey water, black water and solid waste (including plastic waste).

4. CONCLUSIONS

The trajectory of the rural sanitation sector in India highlights the following issues:

- Community participation in rural sanitation in India first emerged as a solution for accelerating the construction of toilets. However, when it became obvious that the mere existence of sanitation facilities would not translate to its use, leading to health outcomes, 'behaviour change' became the focus of sanitation policies. Yet, the various pressures to meet coverage targets has often pushed construction to the fore at the cost of the process of participation and perhaps consequent sustainability of both the facilities and its use.

- By its very definition, community participation is all about 'people' and people's institutions. The experience in rural sanitation in India highlights the importance, role and accountability of *gram panchayats* as community institutions to ensure improved sanitation, amongst other services. At the same time it also points towards the existing governance gaps and the limited extent of decentralisation that, in spite of the fact that the process was initiated more than 25 years back in 1993 (73rd Constitutional Amendment).

- The role of non-state organisation, including civil society organisations, NGOs and the media, is critical to bring about a change in behaviour and practices that have such deep roots and massive spread as sanitation. The state alone would have limited impact. At the same time, community participation does not translate into transferring responsibilities of the state to ensure sustained provisions of basic facilities and services to the communities or other non-state stakeholders. Instead, it is the recognition of the clear roles and responsibilities of each stakeholder.

CHAPTER
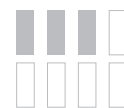
Evolution of Community Participation in Urban Programmes and Schemes with the focus on WASH

Historically, the Indian government emphasized on issues of urban development and poverty alleviation with the inception of the Five Year Plan (FYP). The focus on community participation intensified over the years with the first three FYPs focusing on housing upgradation and slum clearance programmes while the fourth to seventh FYPs witnessed GoI's deepened efforts in the arenas of urban community development and environmental improvement of slums. Subsequently, in the eighth FYP, urban poverty garnered attention with the GoI outlining programmes on basic services and livelihoods and employment generation. (Rao et al, 1974)

1. EARLY PHASE OF COMMUNITY ENGAGEMENT IN URBAN DEVELOPMENT PROGRAMMES – THE 1950s TO 1980s

In India, the first Urban Community Development Project was introduced in 1958 in Delhi with the help of a grant from the Ford Foundation. It was designed to stimulate citizen participation, indigenous leadership and self-help activities to alleviate slum conditions. Slum-dwellers were organised into (1) Vikas Sabhas or zone councils of 15–100 families, (2) Vikas Mandals or citizen development councils of 250–400 families, (3) Vikas Parishads or neighbourhood councils of 1,500–4,000 families, and (4) Mahila Samitis or women's organisations. (Oxford, 1962).

After Delhi, the urban development project was initiated in Ahmedabad (1962), Baroda (1965) and Calcutta (1966). The Rural-Urban Relationship Committee Report (1966) recommended about the lines on which urban community development programmes could be undertaken on a nationwide scale. Following these recommendations, the urban community development projects were taken to other cities. However, an evaluation of these Urban Development Projects revealed that despite focusing on the centrality of community participation, these projects were not built on the expressed needs of the neighbourhood and people's participation was not ensured from the planning stage. This evaluation underscored the strengthening of community participation in urban programmes in India. (Chandra, 1974).

The Centrally sponsored scheme of Integrated Development of Small & Medium Towns (IDSMT) was initiated in the year 1979-80 to promote growth in towns with less than 100,000 population through the provision of infrastructure and basic services. This scheme encouraged decentralised growth opportunities through the participation of elected representatives. (Ministry of Urban Affairs & Employment Department of Urban Development, 1995). This scheme was subsumed in UIDSSMT Scheme later in 2005.

2. THE PHASE OF DECENTRALISATION - NOVEL PARTICIPATORY APPROACHES IN THE NINETIES TILL MID 2000

In India, the 74th Constitutional Amendment Act (CAAs) passed in 1992 was a major milestone in strengthening participatory democratic governance through bestowing constitutional powers to institutions of local self-governance such as municipalities and providing space for citizens' participation. It also encourages establishing ward committees through which citizens could participate and put forward their concerns.

The centrally sponsored *Accelerated Urban Water Supply Programme (AUWSP)* was launched in 1994 for towns with a population less than 20,000. Community participation was made the cardinal principle underlying the whole programme, which

involved organising local communities nurtured by the field-level staff of ULBs and NGOs. The programme also suggested that the O&M of assets created under the programme should be taken care of by the community itself and that they should be properly trained to take up this task. (MoUD, 1994).

The Swarna Jayanti Sahari Rozgar Yojana (SJSRY) launched in 1997 (revamped in 2009) espoused for community engagement through community-based institutions. The ULBs were the designated nodal agencies for implementing the programme through three-tiered community structures comprising women members belonging to below-the-poverty line families. The guidelines envisaged that families residing in a specific locality and living below -the -poverty line will form a committee called the Neighbourhood Group (NHG) and select their representative who is known as the Resident Community Volunteer (RCV). All the RCVs from different localities will form a ward-level body called Neighbourhood Committee (NHC). At the town level, there was a federated body called Community Development Society (CDS), having councillors of the Ward. The CDS was involved in the identification of beneficiaries, screening of applications, monitoring of recovery, and identification of viable projects. (Ministry of Urban Affairs and Employment, 1997).

The SJSRY gave way to National Urban Livelihood Mission (NULM) in 2011 (MoHUA, 2011), under which the existing area-based structures created under SJSRY – Neighbourhood Group (NHG), Neighbourhood Committee (NHC) and Community Development Society (CDS) were transformed into SHG-based structures such as Area Level federations (ALFs) at the Slum/Ward-level which federate at the City level as City Level Federation (CLF).

This period witnessed various state government programmes on the organisation and empowerment of community groups. Kudumbashree[1], the Kerala State Poverty Eradication Mission was launched in 1998 to eradicate absolute poverty under the leadership of Local Self Governments formed and empowered by the 73rd and 74th Amendments of the Constitution of India. The Mission launched by the State Government with the active support of the Government of India and NABARD has adopted a different methodology in addressing poverty by organizing the poor into community-based organizations. Kudumbshree, a community organization of Neighbourhood Groups (NHGs) of women in Kerala, has been recognized as an effective strategy for the empowerment of women in rural as well as urban areas: bringing women together from all spheres of life to fight for their rights or for empowerment. Like Kudumbshree, the Mission for elimination of Poverty in Municipal Areas (MEPMA)[2] is a platform of urban women›s self-help groups for empowerment created in 2007 in Andhra Pradesh. It is a Government of Andhra Pradesh Society forming part of the Department of Municipal Administration & Urban Development. MEPMA aims to promote, strengthen and nurture self-sustainable institutions of the poor and through them address the issues of poverty.

This period also was marked by citizen groups interfacing with governance institutions for improved service delivery. The Bhagidari scheme of the Delhi Government announced in 1998 and launched in 2003, envisioned fostering civic participation in local governance. It brought together various citizens; associations like Resident Welfare Associations (RWAs) and the Market and Trade Associations (MTAs), CSOs and government officials from different departments of municipalities to ensure better service delivery. (Chakrabarty, 2012). Under this, District Resource

[1] https://www.kudumbashree.org/pages/7

[2] https://www.apmepma.gov.in

Centres (DRCs) were set up at the district level to oversee the implementation of this project. However, this initiative was restricted to planned neighbourhoods and middle-income households. Gender Resource Centres (GRCs)[3] were created in 2008 as the first point of contact for the community. Subsequently, the Samajik Suvidha Sangam (SSS) - Mission Convergence programme[4] was launched in 2008 as a single-window facilitation centre for the delivery of welfare entitlements to the urban poor. Suvidha Kendras were attached to GRCs. SSS was formed as a single-window facilitation centre for the delivery of welfare entitlements to the urban poor. These Kendras acted as an interface between people and the Government. They facilitated making services accessible to the community at the doorstep.

Ahmedabad Slum Networking Project (SNP) was a large-scale slum upgradation project aimed at improvement in infrastructures such as internal roads, pavements, storm water drains, street lights, solid waste management and landscaping as well as in water supply and toilets on an individual basis. This was a collaborative project where partners were from the NGO arm of the private firm - Arvind mills, a community organization (SEWA bank), the residents of Sanjay Nagar slum and the Ahmedabad Municipal Corporation. Community development was undertaken by setting up neighbourhood and women's groups and promoting youth activities, mobilizing community savings, education, community health, mother and child care, income-generating activities and small businesses and trades.

In Mumbai, the Advanced Locality Management Scheme (ALS) was initiated in 1997 by the Municipal Corporation of Greater Mumbai (MCGM) to mobilize citizens' participation in sustainable, environment-friendly waste management. ALS as a participatory system is argued to have developed a platform where the urban local body and the citizens can work in "consultation rather than confrontation with each other. (Mahadevia et al, 2005). It brought citizens and officials together to solve the problem of solid waste management in an environmentally friendly manner. However, like Bhagidhari Scheme, this ALM scheme also was limited to high-income groups. However, ALM was soon followed by Slum Adoption Scheme also called in Mumbai, initiated in 2011 which was implemented in slums and middle-class colonies. This scheme works through CBOs who participate in activities related to maintaining public places and cleanliness in the locality through the active participation of slum dwellers.

Engaging people in developing their city plans were introduced by DFID-supported programmes like Andhra Pradesh urban Services for the Poor (APUSP) in 2000-2008, Kolkata Urban Services for the Urban Poor (KUSP) in 2003-2011, Madhya Pradesh Urban Services for the poor (MPUSP) in 2006-2011. All these programmes aimed to bring sustainable improvement in the quality of life of the urban poor and sought to involve citizens in drafting development and action plans. (Oxford Policy Management, 2013)

Citizen participation at ward and neighbourhood levels was institutionalised and promoted in 2005 with the launch of the Jawaharlal Nehru National Urban Renewal Mission (JNNURM). The programme pushed many reforms and required the State governments to enact Community Participation Law (CPL) with the purpose to establish appropriate accountability relationship between ULBs and the citizens, constitution of Area Sabhas (Neighbourhood Committees) within municipal wards; enact a Public Disclosure Law mandating

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[3] https://cfar.org.in/our-work/mission-convergence/

[4] http://wcd.delhigovt.nic.in/wps/wcm/connect/doit_wcd/wcd/Home/Gender+Resource+Centre+Project

ULBs to periodically disclose information to its citizens and developing City Development Plans in consultations with stakeholders at the grassroots level. (Ministry of Urban Employment and Poverty Alleviation, 2005)

The National Policy for Urban Street *Vendors*, introduced by the National Government in 2004 and revised first in 2006 and then in 2009, offered legitimacy to the vast population of street vendors. The National Policy recognised the 'positive role' of the street vendors, their Constitutional right to livelihood as well as their fundamental right to practise trade or business. The policy not only promoted organisations of street vendors but also made their participation in urban planning (via Town Vending Committees) an institutional feature of local governance. It was through this policy that collaborative participation of street vendors, local authorities, resident welfare associations and CSOs was promoted. (Sinha & Roever, 2011)

3. THE PHASE OF DEEPENING COMMUNITY PARTICIPATION- SINCE 2008

Since 2008, there have been efforts to deepen community participation in national policies in India. The National Urban Sanitation Policy (NUSP) in 2008 aimed to transform urban India into community-driven, totally sanitized, healthy and liveable cities and towns with a particular focus on the urban poor and women. It recommended the preparation of state sanitation strategies and city sanitation plans along the lines of the national policy (MoUD, 2008).

Rajiv Awas Yojana (RAY), launched in 2011 envisaged a "Slum Free India" with inclusive and equitable cities in which every citizen has access to basic civic infrastructure, social amenities and decent shelter. It aimed to empower communities by ensuring their participation at every stage of decision-making through strengthening and nurturing slum dwellers' associations/federations. For the first time in the history of national urban programmes, separate operational guidelines for community participation and social audits were released as part of RAY (MoHUPA, 2011).

October 2014 saw the launch of *Swachh Bharat Mission-Urban (SBM-U)* by the Ministry of Urban Development (MoUD) to eliminate the practice of OD, ensure municipal solid waste management, and eradicate manual scavenging. The SBM is envisaged as a People's Movement (Jana Andolan) for ensuring hygiene, waste management and sanitation across the country. (MoHUA, 2014) It is therefore essential that in its implementation the ULBs elicit the active participation of the Ward Committees, Area Sabhas, Resident Welfare Associations, NGOs and Civil Society Groups. Community Engagement guidelines under SBM were formulated by the Ministry which aimed to reach out to the most needy person in the community to access the scheme benefits and urged ULBs to ensure that the community gets informed, duty-bearers engage with the priorities and needs of the community and implementers are capacitated to deliver in a timely and meaningful manner. This would necessitate empowering community platforms and structures and strengthening their linkage with all administrative bodies and programmes, capacitate them and enable them to evolve into a convergent structure. (MoHUA)

SBM 2.0 launched in 2021, puts Equity and Inclusion at the heart of 'swachhata' by bringing citizens to the centre of the Mission and encouraging Self-help groups, especially women to be used for ground-level/ community level facilitation and interpersonal communication initiatives and Women leadership to be promoted in various phases of sanitation and waste management, from planning to O&M; (MoHUA, 2021)

National Policy on Faecal Sludge and Septage Management (FSSM) in 2017, promotes community-planned and managed FSSM wherever necessary, for groups of households. It stresses the need to develop plans for a robust community engagement platform for continuous involvement of ULB citizens and support for FSSM activities being initiated by the state (MoUD, 2017).

4. CONCLUSION

Community participation has not only been recognised but assimilated into programmes and policies by the Government. Civil Society organisations have been actively engaged in promoting community participation in urban development programmes since the late 70s when community participation was being integrated into policy and action. They have been instrumental in bringing about a substantial change at the ground level while at the same time affecting the national policy frameworks. The role of CSOs in enabling access of urban poor to services, demanding accountability from the government institutions and empowering communities has been well recognised in urban programmes. These initiatives need to be continued and documented to benefit the sector.

Chapters 5 of this compendium includes case studies of some CSOs in strengthening community participation on WASH in Urban areas. Chapter 6 and 7 illustrate key learnings and impacts of the community participation processes.

CHAPTER

Scope and Methodology of the Compendium

India has seen various innovative approaches to community engagement to improve urban WASH services. Many of these good practices have been facilitated by Civil Society organisations (CSOs) through support from development partners.

This compendium by CPR's SCI-FI initiative, in consultation with other CSOs in the sanitation ecosystem, captures successful examples of community participation in Urban WASH; these have been documented in Chapter V. These community-driven initiatives across the country exhibit the various processes of community engagement in mobilising a community and strengthening their forums to create awareness about sanitation programmes as well as demanding water and sanitation services in their community and creating systems to carry out the operations and maintenance functions of WASH infrastructure within the community.

This compendium is primarily based on field studies. Primary data was collected through focused group discussions with members of community organisations; discussion with inhabitants of the relevant localities; discussion with leaders of community organisations; discussion with facilitating organisations; discussion with government officials; and observation of WASH-related infrastructures in the communities. In addition to the primary data collection, secondary literature review was also undertaken for documentation of case studies.

1. SITE SELECTION OF THE STUDY

The community processes varied from organisation to organisation though the common thread was people-/women-centric and community-led WASH practices that have impacted and improved water and sanitation related infrastructure, institutional practices, and awareness and behaviour in the poor settlements in urban areas. This documentation of best practices in community-led WASH includes sites of Water Aid and its partner organisation Aarambh in Bhopal; CFAR in Delhi, Jaipur and Anantapur in Andhra Pradesh; Project Nirmal supported by centre for Policy Research and Practical Action in Angul and Dhenkanal in Odisha; and Ernst & Young in Bhadrak, Odisha.

The selection of slums and community-led practices was done in consultation with organisations that have initiated and facilitated the community processes. A description of the sites selected for field study is provided in Table 1. The field work was conducted in 2019.

Table 1: Sites selected for the study

Name of the Organisation	Sites Selected
Water Aid India (WAI)–Aarambh	▪ Water Aid–Aarambh sites in Bhopal: Shanti Nagar, Arjun Nagar and Anandpura
Centre for Advocacy and Research (CFAR)	▪ CFAR sites in Delhi, Jaipur and Anantapur: 　◇ Delhi: Janta Jeewan Camp, Okhla; Block 18, Kalyanpuri 　◇ Jaipur: Soot Mill Colony; Jawahar Nagar, ward 62; Shakti Colony, ward 67 　◇ Anantapur: Ferror Colony; Azad Nagar; Rani Nagar; Rajamma Colony; Budappa Colony
Ernst & Young	▪ Ernst & Young sites in Bhadrak: Hazari Nagar, ward 12; Uttara Bahini, ward 30; Bagurai, ward 8
Centre for Policy Research and Practical Action led Project Nirmal	The sites were selected using purposive sampling. The selection of 10 slums in Angul and 10 slums in Dhenkanal was done based on the following criteria: ▪ Social composition: Inhabited by SCs/STs or mixed castes ▪ Legal status of slums: Authorised/unauthorised. Dhenkanal does not have unauthorised slums; hence all slums selected for the study are authorised slums. ▪ Level of effectiveness of committees as per the grading system developed by Project Nirmal[5] **Slums (10) studied in Angul** Ghasi Sahi (SC); Saubhagya Nagar Hadi Sahi (SC); Hemsurpada Harijan Sahi (SC); Kandha Sahi (ST); Radha Raman Pada (mixed caste); Radha Madhab Pada (mixed caste); Jayanand Marg (mixed caste); PTC Bandha Sahi (mixed caste); Jabardasti Pada (mixed caste); Rajkishore Pada (mixed caste) **Slums (10) studied in Dhenkanal** Kathagada Nua Sahi/Parbatia Shai (mixed caste and ST); Kathagada Juang Sahi (ST); Godi Sahi (SC); Danda Sahi (SC); Khamar Bila Sahi (SC and ST, few general caste households); Chandia Sahi (ST); Baunsapatna Harijan Sahi (SC); Korian Juang Sahi (ST); Bhagwanpur Saar Sahi (ST); Murudangia Harijan Sahi (SC)

[5] Project Nirmal has developed a grading system that grades the committees in four categorise depending on their performance along the criteria of: level of cooperation, regular meeting, information sharing, active in taking action, efforts made at the slum/ward level, and pro-community initiatives

Case Studies of Best Practices of Community led WASH

1. WATER AID AND AARAMBH

This section describes two cases of successful community-led interventions in the slums of Bhopal that were initiated and facilitated by Water Aid with its partner organisation Aarambh. Both Water Aid and Aarambh are based in Bhopal. The cases involve: (1) construction of low-cost sanitary toilets leading to open defecation free (ODF) localities; and (2) decentralised water supply and management system. In Shanti Nagar and Arjun Nagar slums, due to the efforts of the community, low-cost sanitary toilets were constructed and both slums were declared ODF in 2007 and 2012 respectively. In Shanti Nagar and Anandpura slums, community intervention led to decentralised water supply and management.

1.1 Approach

The guiding principles of the interventions were to make slum communities self-reliant in improving sanitation and water systems in the communities, and that the processes were to be led by communities through the formation of a CBO. Peripheral slums identified through a study of poverty pockets conducted by Aarambh in 2005 in Bhopal were given preference. As external agencies, the role of Water Aid and Aarambh was to provide necessary hardware support and mobilise community participation.

1.2 Community organisation structures and key processes

Water and Sanitation (WatSan) Committees comprising 7–13 members (of which one-third were women) were constituted in Shanti Nagar and Arjun Nagar where low-cost toilets were constructed. The responsibilities of the WatSan Committees were to seek the participation of the community in the construction of IHHLs, and oversee and monitor construction. The committees were later replaced by Mohalla Samitis (MSs).[6] The MS of Shanti Nagar was the first to receive formal recognition by the Municipal Corporation and later by the Collector in 2012. The MS of Arjun Nagar was formally recognised the same year. Water Aid and Aarambh facilitated the formation of MSs in both the slums. In Anandpura, where a decentralised water system was developed through community initiative, an MS was constituted with all women members.

Shanti Nagar

Shanti Nagar was the first slum in Bhopal to become ODF in 2007. NGO Aarambh conducted a survey in 2005 to identify WASH-related issues in the slum. Sanitation and water were identified as two major issues. Most households did not have a toilet. Water supply was through two bore wells that were dysfunctional; people were dependent on a nearby colony for water. Discussions with the people revealed they were eager to solve the sanitation- and water-related problems in their slum.

A WatSan Committee was formed at the time of intervention in 2005/6. At present the MS has 11 members: 6 women and 5 men. The MS has a president, a secretary, a treasurer and a deputy treasurer. MS members meet regularly; meetings with community members take place when there is a common issue to be discussed.

Construction of low-cost sanitary toilet was prioritised in the slum. People from the community, including women, were given training in construction. Five demo toilets were constructed in the houses of the poorest and most vulnerable.

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[6] The Ministry of Urban Development (MoUD) under JNNURM issued Model Nagara Raj Bill (Model Town Governance Bill) and made it mandatory to introduce community participation laws (CPL) and implement reforms. CPL focuses on the constitution and functioning of Area Sabhas (ASs) as the lowest layer of local self-governance, even lower than ward committees (WCs). Madhya Pradesh took the initiative of constituting Nagar Palika Mohalla Samiti Rules in 2008.

Picture 1: *Low-cost sanitary toilet constructed by women in Shanti Nagar, Bhopal*

A total of 89 toilets were constructed with the help of community labour and hardware support from Water Aid. Water Aid provided the substructure up to the ground level that included the toilet pit and pan. People invested their own resources in constructing the superstructure (wall and roof and door). All 108 households in Shanti Nagar in 2007 constructed a toilet and OD stopped by that year. With the households increasing in number, the MS motivated people to construct IHHLs. All households in Shanti Nagar have toilets now.

Water Aid and Aarambh also supported the community in reviving one bore well. With support from Jal Nigam for pipeline and Water Aid for other infrastructure such as stand posts, a decentralised water system with four stand points was put in place through community labour. Four sections of the slum had a stand point each to ensure equal distribution of water. People contributed cash for the O&M. Later, in 2016, the MS played a key role in getting Narmada water supply through pipelines to the slum.

Following the formation of the MS in Shanti Nagar, other slums also initiated their own MS. Members of the Shanti Nagar MS provided support and input for the formation of other MSs. Shanti Nagar MS has also been instrumental in the formation of a federation of MSs. The federation is still informal and has been established for the strategic purpose of supporting slum dwellers to address issues that threaten them. One such issue is displacement from the slums and rehabilitation in a new area.

It is important to note that the Shanti Nagar community-led WASH practices were driven by self-reliance, and as such did not require them to interact with the municipal agencies except Jal Nigam. However, when they demanded services later, such as Narmada water supply, they had to interact with the government agencies. In later years, they accessed the SBM-U fund for IHHLs. Besides, while urging the government to cancel their displacement order, they had to visit various government forums such as Jan Sunwai, and submit their demand to the Councillor, the Mayor and the Collector.

Anandpura

Decentralised water supply for 56 households in one hamlet of Anandpura has been possible through the collective efforts of women. In this case too, there was an emphasis on self-reliance over dependence on the government.

An MS with all women members was formed to revive and renovate an existing borewell (owned privately by one family) that the women had identified. The MS worked on many fronts: convincing the borewell owner to open it up for public use, communicating with people to share costs, designing a decentralised water supply through participatory

Picture 2: *Discussion with members of Anandpura Mohalla Samiti, Bhopal*

method, developing an O&M strategy, and taking responsibility for O&M. It designed a plan that included the details of renovation, pipe supply, stand posts for water collection, cost involved, cost sharing, labour contribution by the community, and O&M.

Picture 3: *Wall writing: Decentralised water management supported by Water Aid–Aarambh and led by the community in Anandpura, Bhopal*

Picture 4: *Water pumping point; pipelines extended to individual households in Anandpura, Bhopal*

Water Aid provided the water motor, pipelines and stand posts. A total of 56 households agreed to contribute labour and share some of the costs of renovation and pipe supply, and all agreed to pay a monthly sum of Rs 150 for O&M. Once the borewell owner agreed to let it be used for public purposes, a memorandum of agreement was signed between the owner and the MS.

The entire process took close to three months. The work began in in January 2019 and the decentralised water distribution system was completed in April 2019.

Water supply is between 11 am and 1 pm, a convenient time for women to collect water. MS members take the responsibility of daily operation of the water motor as well its maintenance, payment of electricity bills, and any other maintenance required.

The. MS provides active support in other hamlets where people want to implement a similar plan.

Arjun Nagar

Out of 400 households, 220 households in Arjun Nagar did not have toilet access in 2008. The Water Aid project was to support only 85 households to construct a single leach pit toilet.

Like Shanti Nagar, the emphasis was on self-reliance in sanitation and construction of low-cost toilets with the help of community labour. The substructure was provided by Water Aid and the superstructure was built by the people. CLTS was used for community awareness and was triggered keeping in mind the health and dignity of people. Arjun Nagar became ODF in 2011.

Even after the intervention period was over, the MS in Arjun Nagar has been active. As the households grew in number, the MS took on the responsibility of creating awareness about toilet construction, and IHHLs were constructed through SBM-U subsidies.

The core group of Arjun Nagar MS has 25 members drawn from five sections of the slum out of which 50 per cent are women. Each section has five members: two men, two women and one youth. Besides, there are 40–50 active members from the community. The MS holds regular meeting with the core group. It also conducts camps for awareness and information sharing on government schemes. The camps are also places where application forms for government schemes such as SBM and social security such as pension, etc. are provided. The office bearers of the MS are trained by Aarambh and Water Aid, and they

Picture 5: *Pipelines connected to individual households Anandpura, Bhopal*

Picture 6: *Household water stand post Anandpura, Bhopal*

in turn train other members. People of the slum are sensitised on sanitation- and water-related issues on a regular basis.

1.3 Role of Water Aid and Aarambh

Role of Water Aid

- Technical support
- Bringing learning from other states and opportunity for cross-learning
- Put in practice new ideas such as micro-planning
- Advocacy at state and national levels
- Capacity-building trainings
- Providing hardware support

Role of Aarambh

- Study of poverty pockets in Bhopal to identify the most marginalised and vulnerable slums
- Slum-based survey and baseline survey
- Identification of issues with community
- Formation of WatSan Committees
- Regular meeting with WatSan members and discussion with the slum dwellers
- Identification of leaders and development of leadership skills
- Skill training on design and construction of IHHLs
- Skill training on O&M
- Facilitation of formation of MSs
- Community engagement, participatory planning and implementation

2. CFAR, ANANTAPUR

CFAR initiated and facilitated community-led gender-inclusive sanitation for equitable distribution of sanitation services in partnership with Administrative Staff College of India (ASCI) and Centre for Study of Science, Technology and Policy (CSTEP) in Anantapur, Andhra Pradesh. The intervention was carried out during 2017–19.

2.1 Approach

The CFAR intervention in Anantapur adopted an intersectionality approach to gender. It included both women and men as well as youth and children; and also vulnerabilities that cut across the physically challenged, persons with HIV and leprosy, unorganised sector workers such as street vendors, sexual minorities (transgender), caste-based minorities, occupation-based vulnerability such as pig rearing, and migrant communities such as Shikari and Yerukula. Women were further categorised into pregnant women, lactating mothers, elderly women, single women, adolescent girls, girl children and sex workers.

2.2 Community Organisation Structures and Key Processes

The Mission for Elimination of Poverty in Municipal Areas, also called MEPMA of the Andhra Pradesh government has a strong network of SHGs that are federated into Slum Level Federations (SLFs) and Town Level Federations (TLFs). MEPMA has the mandate to empower women through financial inclusion and sustainability through SHGs. While MEPMA's focus is on livelihood, it has components on nutrition, health and sanitation as well. CFAR viewed MEPMA as a suitable partner to facilitate the work on gender-inclusive sanitation for two reasons: SLF would be a good platform to engage the community and form community organisations at the slum level, and MEPMA could be engaged in strengthening its components of health and sanitation.

CFAR approached MEPMA and got a favourable response. This collaboration has proved beneficial to both the agencies. SLFs formed by MEPMA and Gender Forums (GFs) formed by CFAR work closely in the community to address WASH issues.

MEPMA has also provided CFAR the necessary link to other agencies at the ULB level and government departments that work on health, women and child welfare and social security. MEPMA has played the critical role of bridging the gap between the Municipal Corporation and the communities. Eventually, poor communities have been beneficiaries of the partnership. Besides, gender has been mainstreamed into government WASH programmes and a Gender Resource Centre has been formed at the ULB level to discuss gender-related issues in WASH.

During the CFAR intervention in Anantapur, MEPMA took several steps to strengthen gender-responsive and inclusive sanitation in 14 out of 23 slums and settlements that were under-serviced and aims to extend this in other vulnerable slums as well. To achieve this, MEPMA has supported Gender Forums in 14 slums to carry out a range of activities. This included creating awareness, demanding and monitoring sanitation services, co-managing the facilities and changing behaviour. Nearly 42 meetings, FGDs and 21 campaigns on disease prevention were conducted. This was done in partnership with the Mobile Malaria Dengue Clinic.

MEPMA facilitated the GFs to engage actively with existing SHGs, SLFs, Sadhikara Mitras[7] and TLFs. Together they passed resolutions on the construction of IHHLs, design and maintenance of community toilets, community involvement in Gender forums, and community and ULB engagement in school sanitation and solid waste management. A total of 20 resolutions were passed at the slum-level meetings. MEPMA also linked the GFs with the SHGs of people living with disabilities, Mahila Arogya Samitis, ASHA workers, adolescent girls and people living

in the night shelters. It was decided that the GFs should have at least one representative from a PwD SHG and their issues given priority; today 14 Gender Forums have 7 PwDs as members of the forums. Further, 30 MAS members and 7 ASHA workers became part of the 14 GFs. Most vitally, MEPMA as the key nodal agency of the urban poor has acted as a bridge between the Municipal Corporation and the community structures. MEPMA has enabled the community to have their issues addressed in a timely manner and to sustain dialogue between the users and the provider. Till the end of September 2018, a total of 894 concerns about sanitation, health and hygiene have been addressed and as many as 883 issues resolved.

MEPMA has also played a key role in bringing together all the key departments and agencies – such as those in charge of women and child development, health, education and legal services – and ensured systematic deliberation on gender gaps in sanitation (including in colleges, schools and Anganwadis) and how to address them. A total of four stakeholders' consultations and meetings have taken place, three in 2017 and one in August 2018. The last meeting hosted by Project Director, MEPMA, brought together Member Secretary, District legal Service Authority (DLSA); Sanitary Inspector, ULB; Health Education Officer, District Medical health officer, Child Development and Protection Officer, Integrated Child Development Scheme (ICDS); Supervisors, Anganwadi, ICDS; and ASHA workers.

Some of the key outcomes of this meeting were:

- The ULB and MEPMA agreed to provide space for formalising and setting up the Gender Resource Centre at the MEPMA office.

[7] Sadhikar Mitras are Self Help Group leaders that convey the government schemes and policies to the public. For every 35 families, one Sadhikara Mitras are appointed

- The GFs were recognised by MEPMA and the ULB as representatives and point persons.

- This meeting helped in bringing officials to settlements where highly excluded groups like Shikaris live and agreeing to process their IHHL applications.

- The ULB agreed to support solid waste collection by providing necessary equipment and facilities.

Post this consultation the GF volunteers supported MEPMA by conducting eight menstrual hygiene management (MHM) training workshops in six settlements. In all seven settlements, 15 door-to-door campaigns on solid waste management, proper handwashing, and prevention of dengue and malaria have also been conducted. The first ever Child Cabinet on sanitation was set up in Rani Nagar on 2 October 2018 in which over 15 children came forward to reach out to the residents of their settlement on improving the sanitation services within their settlement.

Out of 48 notified slums in Anantapur, CFAR selected 23 slums and conducted a vulnerability assessment study to assess both horizontal infrastructure exclusion and vertical social exclusion in WASH. The FGDs were held with different sections of people as per the intersectionality criteria CFAR had identified. Key informant interviews (KIIs) with representatives from government agencies such as Sarva Shiksha Abhiyan (SSA) and MEPMA were conducted. People from the slum were engaged in data collection for the vulnerability study. Based on this study the major issues identified were: OD; construction and use of toilets; and solid waste including household waste management. Based on these, CFAR selected 14 slums in which to work intensively.

A Gender Forum as a community organisation was formed in each of the 14 selected slums with a total membership of 154 women. Initially GFs were formed with women members as it was thought that having members from other sections (as per the intersectionality criteria) would be difficult for women to accept. Later, members from other sections were included in the GFs.

CFAR facilitated public meetings where GF members met municipal officials, and based on the vulnerability study and discussion in public meetings, GFs drew up the terms of reference for their work that included issues to be addressed and role of the GF as well as service providers; they subsequently worked with the service providers to address the issues identified.

Picture 7: Discussion with members of Gender Forum, Budappa Colony, Anantpur

2.3 Outcome of the community-led intervention

- Sanitation awareness: Each GF assigns members lane-wise in a slum to visit households and create awareness about OD, waste collection, health and hygiene, and supervise cleanliness of streets and drains.

- Community toilet: The GF in Rajamma Colony renovated an already existing community toilet complex that had become defunct. Electricity and water supply in the CTC were restored. Currently a female caretaker from the community is appointed for the entire CTC and is paid from the user fee amount collected.

- *School sanitation:* GFs work with SSA officials, school administration and School Management Committees to ensure school sanitation. School sanitation also involves creating awareness among students. Child Cabinets have been formed in schools to create sanitation awareness, and the Cabinets create awareness among children. Adolescent girls in schools are made aware about MHM, and are encouraged to discuss and create awareness among girls in their communities.

- *ODF:* All slums where a GF has been constituted have become ODF, with the caveat that some households still have to convert insanitary latrines into sanitary ones.

- *Solid waste management*: GFs address household waste management that involve garbage collection and stopping the practice of dumping garbage in drains. Besides, they also address waste management in public places; for example, the practice of disposal of hospital waste near Rajamma Colony and Ferror Colony stopped due to the intervention of the GF.

- The GF in Budappa Colony works with the Shikari community, a migrant community living in the outskirts of the slum. Their occupation and income as also their social status make them most vulnerable. They rear pigs for their livelihood, live in filthy conditions, and being migrants are deprived of the benefits of government schemes. The GF has been working with them to make them aware of government social security, housing and sanitation schemes. GF members not only provide awareness and information, they also help with filling application for these schemes and help in the verification process.

Picture 8: *CTC renovated by the Gender Forum, Rajamma Colony, Anantpur*

Picture 9: *Caretaker of the CTC (left) and member of Gender Forum (right), Rajamma Colony, Anantpur*

- GFs have branched out into Gender Sub Group (GSG) as part of the City Sanitation Task Force (CSTF) and Gender Resource Centre (GRC) at the ULB level,

- GRC is a convergence platform for sanitation and welfare schemes. It ensures timely dissemination of information, sensitisation of service providers, and communication to agencies about community needs, providing the necessary link between the community and specific departments and schemes. GRC aims to institutionalise gender-inclusive and gender responsive governance under the MEPMA.

- The CFAR intervention has mainstreamed gender in the government-sponsored programmes — which was missing earlier.

2.4 Role of CFAR

CFAR undertook the following responsibilities in the intervention:

- Developed and implemented an intersectionality approach to gender-inclusive sanitation services

- Formed a partnership with MEPMA

- Engaged ULBs and other departments in the intervention

- Formed and facilitated GFs, provided handholding support

- Facilitated the interface of GFs with ULBs and sanitation service providers

- Identified community leaders and developed leadership

- Provided capacity-building trainings to GFs

- Facilitated GFs to form GSG

- Facilitated GRC as a convergence platform at the ULB level

3. CFAR, DELHI AND JAIPUR

3.1 Approach

CFAR has been engaged in promoting community-led WASH practices in Delhi and Jaipur since 2012. In 2012, CFAR implemented a programme on community-centred and gender-responsive provisioning in the three cities of Delhi, Jaipur and Kolkata. This was followed by a programme on community engagement and demand generation, aligning with national programmes and policies on sanitation, in the cities of Delhi, Jaipur, Kolkata, Kota and Jodhpur.

3.2 Community mobilisation structure and Key Processes

- CFAR works with CBOs, Community Management Committees (CMCs), youth groups and other supporting forums at the community level.

- The CBOs Mahila Pragati Manch in Delhi and Daksha Samuh in Jaipur are formally registered and they work in all the slums where CFAR works. They work in tandem with CFAR as well as with CMCs. Supporting CFAR and CMCs on a regular basis, they also interact with government agencies.

- A CMC is a community-based forum of women formed and facilitated by CFAR and CBOs, and is a critical vehicle for community mobilisation. It is responsible for creating community awareness, raising WASH-related issues, supervising and monitoring the implementation of sanitation infrastructure and services, and supervising O&M of CTCs.

- There are youth groups of boys and adolescent girls who work with the CMCs. They work together as peer educators at household and community levels.

- In each slum, men have been identified to provide support when a situation poses difficulties for women, such as handling people who create mischief in CTCs.
- There are also paralegal volunteers at the community level.

The CFAR intervention at the community level has led to certain changes that are common to all their intervention areas. These changes are threefold (IDS, 2017).

Awareness has been generated about WASH such as risks of OD and benefits of toilet use; cleanliness of toilets, streets and drains; garbage disposal; personal hygiene including menstrual hygiene; water use and cleanliness.

a. There has been demand generation related to infrastructure and services such as IHHLs, CTCs, water supply, solid waste management, and street and drain cleaning

b. People have been motivated to construct IHHLs.

Women and girls have been at the forefront of community mobilisation, awareness generation, raising issues and demanding services, and supervising and monitoring their implementation. Through community-led interventions, women's needs, priorities and safety concerns have been mainstreamed into WASH service delivery. In the beginning, family members and community doubted whether women could really address the issues. The women themselves had doubts. However, gradually, as the collective process progressed and women began taking up community issues with service providers, their confidence grew.

The CFAR intervention has engendered community groups and mobilised the community to participate in the entire chain of intervention: studies, mapping and identification of issues; awareness generation in the community, raising demand and liaisoning with government agencies; and implementation and monitoring of services (including communication of grievances and keeping records of improvement in service delivery). Besides, training community leaders has been an important task.

The CFAR intervention has triggered a robust partnership between community and governance. In the beginning, many in the communities did not know the government agencies and departments responsible for service delivery. As a result, they lodged all their complaints with the Ward Councillor. Through stakeholder meetings, regular communication with the officials and mutual reciprocation, an effective partnership has developed between community and service provider.

Specific interventions in the sites selected for this study are described below.

Janta Jeewan (JJ) Camp, Okhla, Delhi

CFAR conducted a baseline study in JJ Camp in 2016. CMC members also participated in collecting data relating to water availability and usage, garbage disposal, e-waste disposal, etc. Based on the findings and group discussions held in the community some key issues were identified: O&M of an already existing CTC, water supply, drainage and garbage disposal. Besides, awareness generation about personal and menstrual hygiene were issues that were to be addressed.

Public hearings and interfaces between community and service providers were conducted by CFAR. These provided a forum for the community to raise issues and the service providers to suggest solutions. Following this, the CMC began liaisoning with Delhi Jal board (DJB), Delhi urban Shelter

Picture 10: *Members of Community Management Committee, Janta Jeevan Camp, Okhla , Delhi*

Improvement Board (DUSIB) and Municipal Corporation of Delhi (MCD). Earlier they did not know which department to approach for specific services. The close collaboration made CMC members confident in approaching officials. Over a period of time, trust and familiarity grew. This is vital not only for solving infrastructure- and service-related issues, it also promises, if not guarantees, their sustainability.

CFAR also thought it important that some community members be given an identity by the government so that they are recognised them as accredited members responsible for sanitation in the community. Swachhagrahis are persons who have been accredited and given identity cards. This has enabled their acceptance both among service providers and in the community.

The CMC at JJ Camp has adopted various methods to create WASH-related awareness generation both at the household level and the community level. Door-to-door campaigns, rallies and public meetings such as Jal Sabha have proved useful in creating wider community awareness. Learning gleaned through training and exposure visits is imparted to others, thus creating a chain impact.

CMC members have participated in the construction of drains as well as laying of pipelines for water supply. They regularly supervise the safety and security, cleanliness, and repair and maintenance of the CTC. The CMC monitored the functioning of the CTC, garbage collection, drain cleanliness, water supply, etc. This was done through colour coding. A daily chart was prepared with three colours: red marked a problem area, orange a moderate solution, and green denoted satisfactory. A monthly report was shared with the service providers. The monitoring process helped in generating responses from concerned government agencies, resulting in improved services.
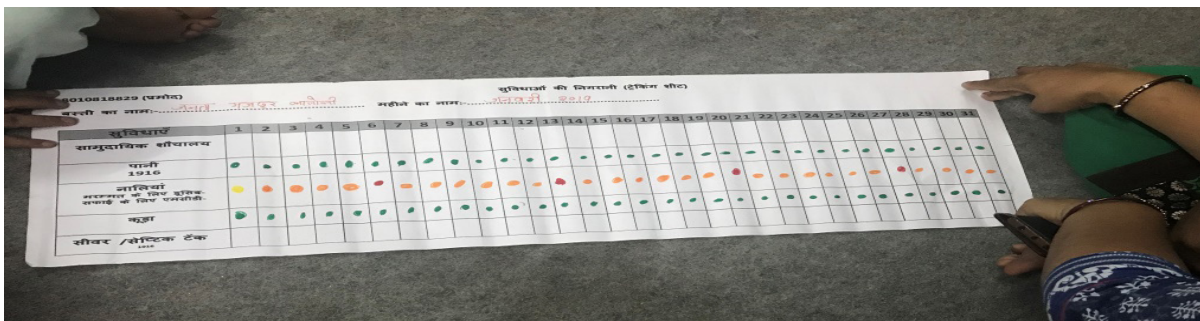
Picture 11: *Community monitoring of WASH services through colour coding, JJ Camp, Okhla, Delhi*

Block 18, Kalyanpuri, Delhi

Block 18, Kalyanpuri, is located near a market between two resettlement colonies. It is also close to a busy bus terminal on the main road. At the time of the CFAR intervention (2014), the population was around 1200 households; only a few (approximately 50) had a toilet, invariably an insanitary one. The rest were dependent on community toilets, and in the absence of a functioning and safe CTC, OD was rampant. In partnership with DUSIB, CFAR along with Mahila Pragati Manch initiated and facilitated community participation in the construction and O&M of a 53-seater CTC. It entailed community ownership, with active involvement of the community in construction, operation and maintenance of the CTC. Awareness of hygiene and safety cautions were also highlighted. Besides DUSIB, two other government agencies, DJB and MCD, were also involved in providing safe community sanitation.

During the time of construction of the CTC, members of Mahila Pragati Manch ensured that the construction complied with the standard specifications laid out at the planning stage and that workers received maximum cooperation and support from the community. They also volunteered as caretakers.

A CMC was formed to supervise the operation and maintenance of the CTC. The key issues were: safety and security near the CTC, particularly for women; cleanliness; garbage collection; cleaning and repair of drains; new pipeline in inner lanes for water; dustbins inside the CTC; and disinfection including anti-malaria spray. This required continuous engagement with DUSIB, DJB and MCD as well as with the local police station for safety and security issues. Communication with residents, discussions in every lane, and orientation of the CTC caretaker were some of the activities undertaken by the CMC.

Picture 12: Discussion of members of the Community Management Committee with community youths, Block 18, Kalyanpuri, Delhi

Jawahar Nagar, ward 62, and Shakti Colony, ward 67, Jaipur: Single window

Single window as a concept and strategy was piloted in Jaipur. The idea is to create a platform at the community level where government departments responsible for service delivery can meet people.

Picture 13: Women from the community explaining the single-window system , Jawahar Nagar, Ward 62, Jaipur

It is a platform where the poor can get information about various government schemes, raise demands with officials, and work with them to get the services implemented.

We visited two slums where the single-window system has been in operation. The interface between government agencies and the community takes place once in a month. The services that are discussed, demanded and accessed include WASH, social security schemes and labour welfare. The system has been highly useful to both sides. However, sustainability of the single window is a concern as CFAR is withdrawing from this work.

Soot Mill Colony, Jaipur

Outcome of the community-led intervention:

- Self-reliance in keeping streets and drains clean
- Self-reliance in construction of pucca drain by households
- Self-reliance in management of household garbage collection

Picture 14: *Household water stand post; concrete structure is constructed to stop water spilling over to the street, Jaipur*

- Successful demand for a municipal vehicle to collect garbage once in a week

3.3 Role of CFAR

- Develop a framework for WASH in line with the existing government programmes.
- Keep women and girl children/adolescent girls at the centre of the intervention.
- Support Mahila Pragati Manch and Daksha Samuh, the CBOs formed earlier to address slum-related issues in Delhi and Jaipur.
- Facilitate formation of CMCs, youth groups, supporting male forums.
- Conduct studies with the CBOs and CMCs to map WASH-related issues in communities.
- Partner with service providers.
- Organise stakeholder meeting.
- Work as a link between community and government.
- Identify and strengthen community leadership.
- Strengthen community platforms such as single window.
- Provide capacity-building trainings to CMC members and adolescent girls; organise exposure visit.
- Address conflicts.

4. PROJECT NIRMAL (SCI-FI CPR & PRACTICAL ACTION INITIATIVE)

4.1 Approach

Project Nirmal formed Slum Sanitation Committees (SSCs) as community organisations with the aim of facilitating community-centric mobilisation processes to ensure improved WASH practices in the slums of Angul and Dhenkanal in Odisha, generate sanitation-related demands, and participate in

the planning and decision-making process at the ward level. The community intervention period documented here is 2016–18.

4.2 Community organisation structures and key processes

In the two cities of Angul and Dhenkanal, SSCs were constituted at the slum level. Each SSC had 9–15 members, with 50 per cent membership for women. Members were selected to represent women, slum leaders, youth groups, MASs and SHGs. Besides, Anganwadi workers (AWWs) and ASHAs were also members of SSCs.

Besides SSCs, there were individual leaders; they worked in tandem with the SSCs. Each slum in Angul

Picture 15: *Discussion with members of the Slum Sanitation Committee, Jayanand Marg, Angul*

had a few key leaders whose primary responsibility was to make people aware of FSM and provide support to SBM-U.

The community mobilisation model in Dhenkanal varied slightly. Unlike Angul where a single slum in a specific geographical location is administratively recognised as a slum, in Dhenkanal two slums, sometimes geographically located at a distance from each other, are administratively recognised as a single slum. In such slums there was only one SSC for two slums. To support SSCs, volunteers were

chosen in addition to SSC members from within the community. Swachhagrahis recruited under SBM in both cities to motivate people to construct toilets also acted as community leaders.

Project Nirmal conducted a survey of the profile of each slum that covered: the number of households, diversity of social groups living in the slum, existing associations in the slum, different committees formed under government projects, people's interest in community issues, and leadership, particularly women leadership, in community issues. The issues identified were: wide prevalence of OD, lack of household toilets, toilet outlets connected to open public drains, water scarcity, irregularity of municipal sweepers who sweep streets and clean drains, and irregularity of door-to-door garbage collectors. These issues were taken up by SSCs.

Stakeholder meetings organised by Project Nirmal provided a forum for SSCs to interface with governance. Stakeholder meetings were attended by municipality officials, line departments, other administrative units such as Talcher Angul Meramandali Development Authority (TAMDA), ward councillors and SSC office bearers, and key leaders/volunteers. In stakeholder meetings current issues of the ward and slums were presented, discussed and, where possible, resolved.

Key Outcomes of the community-led intervention

- There was considerable awareness generation of both personal and collective hygiene, critical among which were: handwashing, use of toilets, keeping toilets clean by using disinfectants, menstrual hygiene, cleanliness of streets and drains, awareness about diseases such as dengue and malaria, and awareness about the health risks of OD.

- One of the ways in which SSCs promoted sanitation awareness was by organising specific days such as Environment Day, Sanitation Day, Water Day, Handwashing Day and Toilet Day.

- SSCs helped in keeping the environment clean. This included regular sweeping of streets, household garbage collection and cleaning of drains. Even though sweepers were assigned to wards, slums had not been provided these services regularly. Since the formation of SSCs, these services improved in the slums due to the efforts of SSCs. Sweeping of streets and garbage collection was regularised to a large extent in the slums visited, though the cleaning of drains required attention. In some slums, due to the irregularity of sweepers, households took over the responsibility of sweeping the streets.

- SSCs worked with municipality officials in promoting toilet construction under SBM-U. They disseminated information regarding the scheme, distributed application forms, helped applicants to fill the forms and organise supportive documents required in their application, and facilitated the process of spot verification.

- SSCs motivated people to clean their toilet tanks regularly and avoid employing manual scavengers in cleaning tanks.

- They disseminated information about other government schemes such as pension or housing. Street lights and water supply in some slums were provided after SSCs put in applications or pressed for these services with the councillors/chairman/line departments.

4.3 Role of Project Nirmal

- Convene open meetings in each slum to discuss the need for formation of an SSC, its structure and function.
- Conduct studies mapping community needs and priorities.
- Form SSCs by facilitating selection of SSC members and office bearers.
- Identify sanitation-related issues in open meetings and prioritise issues to be addressed by the SSCs.
- Convene regular monthly meetings in which SSCs discuss issues in their respective communities.
- Support record-keeping by writing down the purpose of the meeting and any resolution passed along with signatures of those who attended the meeting.

Picture 16: Due to the efforts of SSCs, water tanks like this are installed in Radha Raman Pada in Angul that do not have piped water supply

Picture 17: Due to the efforts of Slum Sanitation Committee, a community hall was constructed in Radha Raman Pada in Angul

- Support writing of applications and directing the application to the concerned department.

- Facilitate interface of SSCs with government officials in multiple ways: communicate the issues to concerned officials, organise periodic stakeholder meetings, and facilitate telephone and face-to-face communication between officials and SSC members.

- Resolve conflicts at the community level.

- Provide handholding to SSC members to support them in performing their roles.

5. ERNST & YOUNG (E&Y)

5.1 Approach

Since 2018 E&Y has been working with Mahila Arogya Samitis (MASs) that are constituted in the slum habitats in Bhadrak, Odisha, under the National Urban Health Mission. The focus of E&Y is on FSSM. E&Y decided to work with MAS as it is a readily available platform at the community level that works on issues of health and hygiene. Though sanitation is not an overt function of MAS, the health and hygiene work involves some level of sanitation, and it was believed that sanitation, particularly FSSM, could be taken up by MAS.

E&Y has been instrumental in encouraging, supporting and mentoring SHGs to take up entrepreneurship activities in sanitation in Behrampur and Bhadrak. The Women SHGs (WSHG) are first oriented on what to communicate and how to use multiple communication channels to convey the key messages.

5.2 Community structure/organisation

Mahila Arogya Samiti (MAS) in Bhadrak: MASs are constituted by women members drawn from the community – Auxiliary Nurse Midwives (ANMs), AWWs, ASHAs, SHG members and others. Each MAS has 10–12 members, and each MAS gets a yearly

Picture 18: *Discussion with members of Mahila Arogya Samiti, Dasasahi, Bhadrak*

grant of Rs 5000, sanctioned on a quarterly basis. MAS members receive periodic training and are responsible for awareness generation about health and hygiene as well as implementation (which includes providing dustbins, disinfecting drains and other open spaces, preventing seasonal diseases like dengue and other diseases like malaria). A total of 62 MAS groups have been formed in 30 wards of Bhadrak covering 43 slums.

5.3 Outcome of the community-led intervention

These impacts of engagement of MAS and SHGs members have led to an increase in mechanised desludging from urban poor areas, conversion of insanitary toilets to sanitary ones in urban slums, and increased awareness of FSSM among women. The outcomes of such engagement are evident from the increased awareness on FSSM in Odisha, which in turn has led to an increase in the demand for FSSM services.

As a result of the E&Y intervention, MAS members, besides their mandatory work, are also undertaking the following:

- Awareness generation about IHHL sanitary toilet construction and use

- Awareness generation about FSSM

Picture 19: *Mahila Arogya Samiti register; contains details of activities and expenditure, Hazari Nagar, Ward 12, Bhadrak*

Picture 20: *Members of Mahila Arogya Samiti writing entries in the register, Hazari Nagar, Ward 12, Bhadrak*

● **Mahila Arogya Samiti (MAS) in Bhadrak**

The MAS is a local women's collective under the National Health Mission (NHM) covering approximately 50–100 households in slum and slum-like settlements in a ward. The MAS members are effectively engaged in FSSM in Bhadrak town, creating massive awareness, generating demand for mechanised desludging services, and undertaking surveys on toilet containment status and desludging practices. MAS members in Bhadrak have proven to be effective communicators on sanitation and their contribution has been recognised by the Bhadrak Municipality.

- Monitoring that toilets are not connected to drains and tanks are cleaned
- Preparing a household-based inventory that provides details about when the tank was cleaned and the date for the next cleaning

5.4 Role of E&Y

The primary role of E&Y has been awareness generation about FSSM and motivating MAS members in this work. Through engagement with MASs, E&Y, in fact, has access to two platforms – MASs and SHGs – that spread awareness at a wider level through their federation. WSHGs in Odisha have been among the main communicators for raising awareness on key desirable behaviours and practices related to sanitation in Odisha.

It is important to note that while MAS members have shown willingness to incorporate the issues of FSSM in their work, it has also burdened them with additional work. While ASHAs, AWWs and ANMs get remuneration, MAS members work voluntarily. The biggest challenge is lack of reward that can sustain the motivation of MAS members to continue the work.

Swachh Sathis: Engagement of women SHGs in SWM in Cuttack

The Odisha government recognises that a collaborative approach to citizen engagement is key to facilitating successful behavioural change to motivate households to adopt good FSSM practices and also create a sense of community ownership. Swachh Sathis are selected from existing WSHGs in a city/ town having experience in community mobilisation and interest in facilitating implementation of the various components of Solid Waste Management (SWM). There are 150 Swachh Sathis including 30 supervisors in 59 wards of Cuttack.

The Standard operating procedure (SoP) developed by the state for decentralised SWM in the state clearly lays out roles and responsibilities of the Swachh Sathis:

◆ Sensitising all households in the locality to do source segregation at the household level

◆ Demonstrating source segregation to family members in house premises

◆ Sensising local markets/schools/institutions/parks etc. about source segregation and demonstrating the same for better understanding

◆ Generating awareness on various methods of composting, preferably micro-composting, in the locality

◆ Providing handholding support in undertaking Micro Composting Centre (MCC) facilities in the city by bulk waste generators

◆ Assisting ULBs in carrying out IEC activities around SWM

◆ Work in coordination with Women SHGs to perform SWM-related activities

◆ Engage with the active Area Level Federation (ALFs) of SHGs for performing various mass-scale SWM activities

Engagement of SHGs in the sanitation value chain in Berhampur

The Agrata City Level Federation (CLF) of SHGs in Berhampur has more than 7,000 members from low-income households. Sanitation workers, widows, destitute women and women belonging to marginalised sections are members of the CLF. Their active participation in the sanitation business and other income-generating activities has not only increased their incomes but also enhanced their socio-economic status in their families and society. As sanitation service providers for the Berhampur Municipal Corporation (BMC), the members work shoulder to shoulder with their male counterparts and are being recognised and valued for their work and participation. Their engagement in community mobilisation, particularly in urban poor areas, has helped the ULB in addressing many sanitation-related challenges like OD, increasing toilet usage, building sanitary toilets and mechanised desludging. Their role in providing O&M of sanitation infrastructure has set a benchmark for other cities.

CHAPTER

Key Learnings on Community led Urban WASH

T hrough an analysis of the case studies discussed in the previous section, this section summarises the key learnings related to community-led WASH.

1. PLANNING

Since all the interventions discussed are initiated by CSOs as external agencies, the planning at the beginning is a crucial stage that determines not only the course of the intervention but also the consequences, both in terms of community processes and the outcome. From the case studies what have emerged as critical aspects of planning are: clarity in approach, design and goal to be achieved, mapping of availability of resources or resources to be mobilised, flexibility in adapting to situations at the community level, time frame, role of the organisation, role of staff, plans of monitoring progress, and anticipated challenges. These were incorporated by the CSOs as organisational strategy. In the absence of these, the interventions could have turned ad hoc and posed considerable difficulty in achieving the goal the organisation set out to achieve.

2. DETERMINING COMMUNITY NEEDS AND PRIORITIES

Interventions that take into account community experiences, and the needs and priorities of the community are far more likely to yield solutions desired by the people than if interventions are planned from above and without any consultation with the people. For an initiative to be owned and driven by community, it is important that their experience and evidence form the base of the intervention.

The case studies reveal two important processes that support integration of community experience in the collection of data: the design of research/data

collection must include community experiences; and part of data collection must be assigned to people from within the community. Aarambh, CFAR and Project Nirmal began by mapping community issues, needs and priorities through studies. Once the data was collected, they were discussed in community forums and priorities were identified. Involving people from the community in data collection meant that representative issues, needs and priorities were well captured.

3. CONSTITUTION OF CBOs

Community organisation is the foundation of any community-based intervention. The formation of community organisations that have representation from vulnerable sections within the community is of critical importance. Some of the criteria that have guided the intervening organisation in constituting community organisations are: selection of socio-economically vulnerable such as poor, women, low caste, tribals (where they are present), migrants and people in vulnerable occupations, physically challenged and youth.

The case studies show different ways of forming a community organisation, but common to all is selection of members who have the approval of the community, and are considered respectable and trustworthy. Besides, prior experience of community work, commitment to the current intervention, and willingness to engage are considered vital. Though self-confidence is a desirable quality in a member it is evident that not all members display confidence in the beginning but acquire it gradually.

A usual practice is to include community workers – ASHA, Anganwadi workers, members of MAS, and SHG members – in the community organisation. This inclusion is at the core of community organisation (slum committees) formed by Project Nirmal.

It is a good practice to keep membership open so that new and more active people can be added at

a later stage. Gender Forum in Anantapur began with women members and later included male members and members presenting occupational vulnerability. Slum Sanitation Committees in Angul replaced inactive members with active members.

Even when community organisations have women members in the majority, it is useful to have a few men in the forum to reach out to male members in the community, or when women encounter difficult situations such as supervision of CTCs at night. As the case studies of CFAR and Project Nirmal show, supporting groups of men, youth and other community leaders, and volunteers can add strength to a community organisation and widen its reach. Another option to consider is whether an existing CBO can be used as a platform as E&Y did in Bhadrak, or a new organisation can be formed with the help of an existing platform as CFAR did in Anantapur.

4. COMMUNITY REPRESENTATION

Community-led interventions that target the wider community need to have a plan of action of how to reach the wider community, particularly in large slums. The case studies showcase models for reaching out to the community. The interventions of CFAR and Water Aid–Aarmabh indicate that the best way to reach out to and communicate with the wider community/households living in a slum is to divide the slum into manageable sections and assign one or two members of community organisation per section who can visit the sections and households to communicate or monitor services. Along with that, one or two persons from each section can be selected as representatives, who attend the meetings and communicate back to people in the respective sections. Periodic meetings with all representatives constitute a good way to provide orientation and training, collect demands/grievances as well as monitor the progress of work in the sections. However, though representation is

effective, there are contexts when an open meeting in different sections is the best way to communicate and get feedback. This is usually done for critical issues on which public opinion is vital.

5. PARTICIPATORY IN NATURE

For any community-led intervention to be owned and led by community it must be participatory in nature and involve the people at each step of intervention. CFAR interventions show this chain of community engagement that begins with mapping and identifying issues, formation of community groups, stakeholder meetings with service providers, implementation and monitoring progress of the service. The Water Aid–Aarambh intervention, with its emphasis on community self-reliance over dependence on the government, engaged community members in issue identification, planning effective solutions and implementation of solutions. Community engagement not only reduces the risk of top-down practices, it also establishes the community as the primary stakeholder in the intervention.

CBOs as representatives of the community are the main vehicles through which participation takes place. Hence how the organisations are formed, who becomes the members, how the meetings are conducted, how decisions are taken are of great importance. Transparency is the key to form and facilitate a community organisation.

Along with community organisation, there need to be practices that involve people who are stakeholders though not formal members of the CBO. While many decisions can be taken by the community organisations, a strategy to involve the larger community is also required in situations where the issues require wider participation and consultation. The case studies of CFAR, Water Aid–Aarambh and Project Nirmal present different ways to engage the wider community: hamlet/section-wise representation, volunteers, and support group

of men and youth are some of the ways. Organising a public meeting in the community is a usual practice for wider consultation on issues. Holding meetings with representatives from different hamlets/sections within the locality is also a regular practice to involve the larger community. These practices show that communication is a vital means of participation. Discussions held by community organisations need to be communicated to people who are not able attend such meetings. It is therefore crucial for community-led practices to develop a strategy for communication.

6. ENGAGING WOMEN

Putting women and girls at the forefront is critical as their needs have often been subsumed under generic service provisions. Whether the issue involves IHHLs or CTCs or water supply, taking women's concerns into account is critical. Since women are responsible for water collection and for cleanliness and sanitation of the home, their engagement in WASH must be incorporated into the design of the community-led intervention at all levels. The case studies of CFAR, Water Aid–Aarambh and Project Nirmal show that women's engagement has not only led to inclusion of their needs and priorities in WASH, it has also made women community representatives and leaders. This has long-term consequences for women as a source of self-empowerment as well as continuous engagement in WASH and other community projects.

These interventions have also mobilised adolescent girls to address their concerns and include them in WASH. The most critical issue that adolescent girls face at home as well in schools and other public spaces is menstrual hygiene. Awareness about menstrual hygiene and provision for sanitary toilet conditions and water supply are therefore important aspects of WASH.

One of the critical issues for women and girls is safety in using public infrastructure. The involvement of women, particularly in designing and implementation of the CTCs, have ensured that the women's sections are physically safe for users. Mainstreaming hygiene and safety concerns in public toilets works as an enabling factor for them not only in access to sanitation infrastructure but also in protecting their dignity.

7. ENGAGING YOUTH

If women as members of community organisations are at the forefront of sanitation-related community mobilisation, youth, both girls and boys, are also actively involved as members of community organisations and youth groups, key leaders and volunteers, or as slum residents. CFAR has formed groups of adolescent girls as well as engaged boys as active participants in WASH interventions at the community. Project Nirmal has formed youth groups and engaged them as key leaders and volunteers.

Engagement of youths reveals their eagerness to solve issues facing their community and it is not confined to sanitation only. The community-led interventions have provided a platform for the youth not only to provide a supporting hand to women in addressing community issues, but also to themselves address issues that affect their community – such as lack of roads or access to other services. This is evident in the CFAR intervention in Delhi and the Project Nirmal intervention in Angul and Dhenkanal.

8. COMMUNITY LEADERSHIP

Identifying and strengthening community leaders is an important process in any community-led interventions. A leader must be a respectable and trustworthy person in the eyes of the community, be willing to devote time, and show a keen interest

in the work. Once the leaders are identified, their capacity building becomes a continuous process undertaken by the intervening organisation in the form of formal training as well as learning that occurs in the process of intervention. All the case studies discussed show that there are many community leaders, particularly women, who were inhibited in the beginning but have evolved as strong leaders as their knowledge base, interaction skills and self-confidence grew manifold over a period of time.

9. FACILITATION OF COMMUNITY-LED INTERVENTION

Facilitation happens in multiple ways, both formally and informally, both by the external agency (NGO) and by leaders from within the community.

Formal facilitation includes:

- Convening community meetings, meetings of the community organisation, and facilitation of discussion
- Facilitation of stakeholders' meetings in which community representatives and government functionaries discuss the needs and priorities of the community, forge collaborations and discuss ways to address WASH-related issues
- Organised training on WASH-related issues such as health risks of OD, construction and use of toilets, safe drinking water, household waste disposal, personal cleanliness including menstrual hygiene, and environmental cleanliness that is, cleaning the surroundings. Occasionally, experts are also invited to talk in the meeting.
- Training on governance of WASH which includes: government policies, programmes and schemes related to WASH and government agencies — ministries, departments and ULBs — responsible for service provision.
- Training to service providers on writing applications to demand WASH-related services,

communicate grievances, write minutes of meetings and resolutions, and carry out record-keeping.

- Training on design and construction of toilets, both CTC and IHHL, as well as training on operation and maintenance of CTC
- Exposure visit to other sites where community members are engaged in similar work or have already demonstrated the impact of community work — this is an important part of formal facilitation.
- Providing support to community leaders, particularly women, as women leaders and women members have to navigate between their homes and their community role

The trained members impart training to others in the community and thus a chain of informed people is created. Facilitation by the external agency is intense in the beginning, and as the intervention proceeds and the frequency of community meeting increases, informal ways of facilitation take over.

Facilitation is an important aspect of community-led intervention. It not only imparts necessary learning and skill to conduct the work, it also provides the necessary glue to keep members together, build trust and avoid conflict.

10. PARTNERSHIP/STAKEHOLDER MEETING/INTERFACE

Community-led interventions that seek to access WASH-related government schemes/services and leverage better service provisions have to identify government agencies and service providers, and forge collaboration. Collaboration can occur in different ways. There can be formal collaboration, with specific activities and roles for the stakeholders. There can also be collaboration with a commitment to work with the intervening NGO and community. The CFAR case study is an instance of a formal

partnership between an NGO and government agencies; the case study of Project Nirmal show an agreement to work with the community organisation.

The first step towards collaboration is to identify government agencies that are directly or indirectly responsible for WASH-related services and the kind of services they can provide to the community whose needs and priorities are already mapped. CFAR identified MEPMA in Anantapur as the key agency to collaborate with; in Delhi it was DUSIB, DJB, and MCD in Delhi. Project Nirmal working with the ULBs found them as suitable agencies to work with. Besides, line departments such as PHED were also engaged.

Stakeholder meetings between the community and the service providers are an effective way to bring the agencies and the community together to plan collaboration. Stakeholder meetings are either held in the community as CFAR did, or at different places in the cities as Project Nirmal did. These meetings held in communities provide government officials a first-hand experience of interacting with the community and observing the conditions in the specific locations. At the same time, interface meetings open up channels for the community to interact with service providers. It is to be noted that it is not always feasible to hold such meetings in the community locations, particularly when several agencies are involved and longer hours of deliberation are required.

Such interface meetings can be held in multiple ways as the cases of CFAR and Project Nirmal illustrate. In JJ Colony, Delhi, the stakeholder meeting was in the nature of a *jan sunwai* (public hearing) where people raised issues and sought solutions. In Anantapur, the stakeholder meeting was a platform to communicate the issues and draft a plan of action in which both communities and service holders agreed to collaborate. In Angul and Dhenkanal,

stakeholders' meetings have been a platform for interaction between the community representatives and ULBs as well as line departments and revenue departments. The stakeholder meetings are useful for bringing the communities and service providers together in solving WASH-related issues.

11. SELF-RELIANCE AND ACCESSING GOVERNANCE

The case studies show that community-led sanitation can be designed both ways: driven by self-reliance, that is, finding solutions from within the community without dependence on government schemes and resources, or by accessing government-sponsored sanitation services. The Water Aid and Aarambh interventions are examples of dependence on community and individual resources for water supply as well as construction of IHHLs and making the slums ODF. The cases of CFAR and Project Nirmal show how the community can be mobilised to access government services. Even when community mobilisation generates demands and puts pressure on governance, it is evident that not all demands are fulfilled; hence some practice of self-reliance becomes essential. In the slums in Angul people keep their streets clean and have evolved systems for household waste disposal.

12. MONITORING SERVICES

Successful community intervention requires continuous monitoring of service provision by community members themselves. The CFAR intervention provides a clear view of community monitoring of WASH-related services. It shows how, depending on the service provided – for example, water supply, garbage disposal or community toilet – the monitoring varies. Water supply requires monitoring of the time of supply, regularity of supply and quantity supplied. Garbage

disposal requires monitoring the collection from households/collection of waste from where people dump garbage. Community monitoring of CTCs whose operations and management are outsourced to private agencies is in terms of ensuring cleanliness, water supply, electricity and safety. Here a concern might be raised: how long will the community be monitoring the services? The cases indicate that in situations where service providers act to amend the discrepancies communicated to them and the services improve, the exercise of monitoring can be done in a less rigorous manner.

13. SUPPORTING DEMAND FOR OTHER SERVICES

WASH is one among several other services that poor communities face challenges in accessing. Electricity, housing, PDS and social security are some of the provisions that seldom reach the poor unless they demand them and pursue their demand. Any community-led intervention cannot operate in isolation of other needs of people and must extend support to these other requirements of households and the community. The case studies show how community organisations formed for WASH purposes have demanded electricity connections, facilitated access to old age pension and widow pension, and supported households in obtaining PDS benefits. Extending support to other needs of the people not only makes the specific intervention garner more support from people, it also ensure a firm base for the CBO in the community and ensures its sustainability.

14. CONFLICT MANAGEMENT

A community is a dynamic entity and social conflicts are bound to happen during the course of any community-led intervention. Conflicts can take place between households, among members of the CBO, between the CBO and a section of the slum, or between the CBO and government officials. Conflicts need to be addressed in a sensitive manner; otherwise, they can escalate and derail the intervention. Intra-community conflicts can persist and make the intervention unsustainable in the long run. The agency facilitating the community-led intervention and the community organisation/s can mutually agree on effective ways to resolve community conflicts and make the decision binding on people. Constituting a group with representatives of service providers and representatives of the CBO may be a way forward for conflict resolution as any external agency's intervention in community conflict is less likely to be accepted by people.

15. SUSTAINABILITY

Sustainability of a community-led intervention is a concern of every intervention facilitated by an external agency. From the case studies of CFAR, Project Nirmal and Water Aid–Aarambh, we can derive the conditions that are required for the sustainability of community-led interventions:

- An exit plan and strategy that allows a time gap after the intervention period is over

- A high degree of maturity of the community organisation

- Ownership of the intervention by the community – building participation is important and key to ensure community ownership.

- Active leadership from within the community that can continue engaging people from the community and take the work forward

- Effective partnership with government agencies with long-term commitment

16. CHALLENGES FACED BY COMMUNITY-LED INTERVENTIONS

- Engaging women in a community-led action poses challenges on three fronts: there is invariably resistance from the family as family members do not want a woman to go out and work in public; resistance from the community as people do not consider women in roles usually performed by men; discomfort on the part of government officials, particularly at the lower rung of bureaucracy who interact with people on a regular basis, in interacting with women.

- There is an opportunity cost for the poor when they become part of any intervention that requires their time. For many, attending meetings results in loss of daily wage.

- In locations where the slums are large in size and inhabited by thousands of households, reaching out to the wider community becomes a challenge.

- Working with the governance system often means working with individual officials. When officials are supportive and efficient, they quickly respond to community demands; where they are not, it become difficult to access services.

- Even when there is an administrative provision for community organisation such as Mohalla Samiti in Madhya Pradesh, CBOs are not given due recognition for fear that a strong community organisation might question the inadequacies of governance.

- Internal conflicts within the community when not resolved pose a threat to the success of a community-led intervention as well as to its long-term sustainability.

CHAPTER

Impacts of Community led Urban WASH

D rawing from the case studies discussed above as well as from other cases through existing documentation, we categorise the impact of community-led WASH into: equity and inclusion; sanitation education; community participation; and responsive governance.

1. EQUITY AND INCLUSION

One of the features of service delivery in India is that even though the government programmes in recent times include the poor through specific schemes, the services either do not reach the poor, or reach them in an ad hoc manner, or reach only some people who have better information or contacts. Community interventions show that the services that were provided to people upon demand were part of different programmes/schemes but they reached people only when communities raised a demand for them. Actual inclusion of the needs and priorities of people and equitable distribution of services, including infrastructure, occurred through community action, albeit with support from agencies and officials willing to work with the CBOs.

We discuss here community-led actions that have created inclusion and equity for the poor and marginalised.

2. COMMUNITY TOILET COMPLEX

Community-led designing, construction, renovation, O&M and monitoring of CTCs have led to safe and hygienic toilet access for women, girls and children. Millions of people who did not have access to toilets now have access through organised community action initiated by NGOs in collaboration with the government.

Society For The Promotion of Area Resource Centers (SPARC)

In Pune, a partnership between the municipal government, NGOs and CBOs built more than 400 CT blocks between 1999 and 2001, which have greatly improved sanitation for more than half a million people. They have also demonstrated the potential of municipal–community partnerships to improve conditions for low-income groups.

In 1999, the municipal commissioner in Pune, sought to increase the scale of public toilet construction and to ensure that more appropriate toilets got built. Advertisements were placed in newspapers, inviting NGOs to make bids for toilet construction. SPARC was one of the NGOs that received contracts, working with the National Slum Dwellers Federation and Mahila Milan. The Alliance of these three institutions had been working in Pune for five years, supporting a vibrant savings and credit movement among women slum dwellers, including experiments with community toilets. Now the Alliance became one of the principal contractors, constructing 114 toilet blocks (with a total of more than 2,000 toilet seats and 500 children's toilet seats). The Alliance designed and estimated the cost of the project, the city provided the capital costs, and the communities developed the capacity for management and maintenance.

Between 1999 and 2001, more toilets were constructed and more money spent than in the previous 30 years. More than 400 toilet blocks were built with over 10,000 seats, at a cost of around Rs 400 million.

This programme helped to reconfigure the relationship between the city government and civil society: NGOs and communities were no longer 'clients' or 'supplicants', but partners. The

city government recognised the capacity of CBOs to develop their own solutions, supported by local NGOs. The division of roles was also clear: city authorities changed their role from being a toilet provider to setting standards, funding the capital cost of construction, and providing water and electricity. The NGOs and CBOs designed, built and maintained the toilet blocks. (Burra et al, 2003)

Gramalaya

In 2000, the NGO Gramalaya, supported by Water Aid, undertook construction, renovation and O&M of community toilets in Tiruchirappalli city (Trichy). The existing community toilets managed by Trichy City Corporation (TCC) were not being used as they were dirty, unhygienic and had become dysfunctional.

Through a process of community participation facilitated by Gramalaya, women took charge of the CTCs promoted by a partnership between the Municipal Corporation, communities and the NGOs. Gramalaya formed SHGs in each slum; each SHG had a membership of 10–15 women. All SHGs within a slum constituted a Sanitation and Hygiene Education-Team (SHE-Team).

The SHE-Teams are entrusted with the responsibilities of planning, implementation, monitoring and maintenance of the entire sanitation programme, including raising awareness within the community and ensuring that people move away from the practice of open defecation. On average, members of half the households in a community are part of the SHG, thereby ensuring that half the community is directly involved in issues related to the slum's sanitation.

The CTBs in Trichy provide a clean environment, child-friendly seats, disabled-friendly seats, facilities for hygienic disposal of cloth used as sanitary pads during menstruation, and handwashing facilities (washbasins with soap) in most toilets supported by the Women's Action for Village Empowerment (WAVE is a network of SHGs). These toilets have 10 seats for men and 10 for women. They also offer bathing and clothes washing facilities. (WB group, 2016)

CFAR

Block 18, Kalyanpuri is located near the marketplace between two resettlement colonies. It is also close to a busy bus terminal on the main road. At the time of CFAR intervention (2014), Block 18, Kalyanpuri the population was around 1200 households; only a few (approximately 50) had insanitary toilet. The rest were dependent on community toilet, and in the absence of a functioning and safe CTC, OD was rampant. With partnership with DUSIB, CFAR along with Mahila Pragati Manch (MPM) initiated and facilitated community participation in construction and O&M of a 53 seater CTC. It entailed community ownership, strengthening community active involvement in construction, operation and maintenance of the CTC. Along with that awareness about hygiene and safety cautions were also paid attention. Besides DUSIB, two other government agencies DJB and MCD were also involved in providing safe community sanitation.

During the time of construction of the CTC, members of MPM ensured that construction complied with the standard specifications that were laid out in the planning stage and that workers got maximum cooperation and support from the community. They also volunteered as caretakers.

A Community Management Committee (CMC, described in the previous section) was formed to supervise the operation and maintenance of the CTC. Key issues were: Safety and security near

CTC, particularly for women; cleanliness; garbage collection; cleaning and repair of drains; new pipeline in inner lanes for water; dustbins inside the CTC; disinfection including anti-malaria spray. This required continuous engagement with DUSIB, DJB, and MCD as well as with the local police station for safety and security issues. Communication with residents, discussions in every lane, and orientation of the CTC caretaker were some of the activities undertaken by the CMC.

3. INDIVIDUAL HOUSEHOLD TOILET (IHHL)

Even though construction of IHHLs is promoted by SBM-U, a large number of households have not been able to access this provision due to lack of information, financial resources or lack of interest. Community-led practices have led to the construction and use of IHHLs in multiple ways: motivating people by creating awareness about risks of OD, providing information about SBM-U, helping people fill application forms, and supporting the government agencies in application verification.

Project Nirmal

Slum Sanitation Committees (SSCs) in Angul, Odisha, constituted at the slum level by Project Nirmal, have worked with municipality officials in promoting toilet construction under SBM-U. They have disseminated information regarding the scheme, distributed application forms, helped applicants to fill the application form, helped the applicants organise supporting documents required in their application, and have facilitated the process of spot verification. In many instances, the committee members have deposited the application forms for people who could not go to the municipality office due to various reasons: being daily wage workers (and hence not able to spare the time), or being old or sick. The committees have

worked in tandem with the municipal officials and Project Nirmal staff to ensure that people apply for the SBM-U scheme for toilet construction.

Water Aid and Aarambh

Two slums in Bhopal – Shani Nagar and Arjun Nagar – constructed IHHLs without dependence on the government and became ODF in 2007 and 2012 respectively. Water Aid and Aarambh facilitated community-led sanitation through an approach of community self-reliance. WatSan Committees constituted by members from the slums mobilised people by creating awareness and constructed demo toilets for the poorest and most vulnerable. People were trained in skills required for toilet construction. Water Aid provided the substructure for leach pit toilet and people invested their own resources in building the superstructure. As the households grew, people accessed SBM-U funds to build IHHLs.

Shelter Associates

Shelter Associate's 'One Home-One Toilet' model is a complete, end-to-end solution to the sanitation crisis; it is data driven, community centric and inclusive in its approach as it engages with all stakeholders to deliver sanitation. Between 2013 and 2015 Shelter Associates facilitated the construction of approximately 2,000 individual toilets for use by residents of informal settlements across the 15 administrative wards of Pune. The toilets were made available on a cost-sharing basis; the cost of labour was borne by the beneficiary family and the rest met by Shelter Associates through grants and donations.

Rapid Infrastructure Surveys were undertaken to map existing infrastructure in the slums, such as CTs, water supply, SWM systems, drainage networks and existing roads. Shelter Associates did pioneering work in spatial data and poverty mapping by using GIS (Geographic Information Systems) and Google Earth. This profile was used to identify the most

vulnerable families within the most vulnerable informal settlements in each administrative ward of the city. Sanitation funds were thus targeted towards families that were most in need. Youths from the community were trained by Shelter Associates to collect data on their mobile phones.

Community participation was generated through meetings, workshops and FGDs to build a rapport with the community members; communicate health and hygiene messages; discuss and understand issues faced in relation to open defecation; and build support for the intervention. Besides generating awareness about WASH, these community interactions with women, men, youth and children helped in generating demand for IHHLs. People were encouraged to form committees in their slums to address service delivery issues at the local ward office. (Radkar et al, 2017)

The 'One Home, One Toilet' model is being replicated in three other cities: Pimpri Chinchwad, Sangli and Kolhapur.

4. WATER SUPPLY

Water provisioning to slums has been one of the crucial issues impinging on the health and hygiene of the poor. The cases of community mobilisation show how improved and equitable access to water has been effected through community action.

In JJ Camp in Delhi where CFAR mobilised the community through the CBO called Mahila Pragati Manch and the Community Management Committee, a baseline study conducted in the slum identified water supply as one of the issues to be addressed through community action. The study was shared in a stakeholder meeting between the government departments and community. Subsequently, CMC members approach Delhi Jal Board officials and worked with them to get piped water supply, with one tap for five households. Women supervised the laying of pipelines as well as contributed labour. The pipelines have led to equitable distribution of water supply in the colony.

Water scarcity is a serious issue in slums in Angul and gets aggravated during summer. Slum Sanitation Committees formed by Project Nirmal regularly follow up with the municipality and Public health and Engineering Department (PHED) on the making water available through tankers during summer. As a result of their demand, water tankers are sent to the slums, though the tankers are sometimes irregular. Slums that are not covered by the piped water system are now supplied water through water tanks.

5. SANITATION EDUCATION

Sanitation is not only about infrastructure; it also includes sanitation awareness. Sanitation education has become an integral part of the community-led sanitation programme. The case studies of community-led WASH facilitated by CFAR, Project Nirmal, Water Aid–Aarambh and Ernst & Young described above show how community organisations have been promoting the critical function of sanitation education through awareness building. This includes awareness not only of the health risks of OD, motivating people to construct and use toilets, and FSSM, but also about a host of issues related to health and hygiene wellbeing. Promotion of personal hygiene such as handwashing, menstrual hygiene and the practice of safe drinking water are as critical as keeping the environment clean by sweeping the streets, cleaning drains and management of household waste.

Sanitation awareness is created in various ways. Door-to-door interaction, campaign, rallies, street theatre, wall writing, observation of specific days such as Environmental Day, Toilet Day, etc., and discussions in community meetings are some of the common ways through which sanitation education is imparted.

● **Child WASH in Bhopal slums**

Aarambh NGO's school sanitation in Bhopal slums involved both the construction of toilets and promotion of sanitation awareness. Health educators visited government schools to impart hygiene training. In these schools, Child Water, Sanitation and Hygiene (Child WASH) Committees were set up with children acting as hygiene messengers to promote awareness. Slum children have also been given health and hygiene training on practices such as handwashing and menstrual hygiene.

Source: Community Slum Sanitation in India: A Practitioner's Guide, the Water and Sanitation Programme, World Bank Group, March 2016 [Q: change to author-date reference style and transfer the full details to References?]

An important part of sanitation awareness is school sanitation. The Gender Forums formed by CFAR in Anantapur work with Sarva Shikhsa Abhiyan officials, school administration and School Management Committees to ensure sanitation infrastructure in schools. School sanitation also involves creating awareness among students, through initiatives such as Child Cabinets formed in schools to create sanitation awareness. Adolescent girls in schools are encouraged to discuss and create awareness about MHM.

6. COMMUNITY PARTICIPATION

Community participation is the key to improved, inclusive and equitable access to sanitation. Community organisations form the core of community mobilisation. The case studies of CFAR, Water Aid–Aarambh and Project Nirmal show different models of community organisations: constituted as per government guidelines such as Community Management Committee or Mohalla Samiti (formed by CFAR and Water Aid-Aarambh respectively); Gender Forum (formed by CFAR) that draws members from the community on the basis of intersectionality criteria; Slum Sanitation Committees (formed by Project Nirmal) constituted by members suggested by the community in each slum and including women government functionaries such as AWWs, MAS members, ASHAs; and WATSAN Committees (formed by Aarambh and Water Aid) for implementing specific projects. E&Y mobilised an existing community organisation – Mahila Arogya Samiti – formed under the National Urban Health Mission. The community organisations are supported by other

● **Women Leaders**

Two exemplary women leaders are Janaki in Odisha and Abida in Madhya Pradesh. Janki is secretary of Slum Sanitation Committee Radha Madhav Pada, Angul, in Odisha. She has been active in addressing the issue of alcoholism in her slum that eventually led to the demolition of liquor shops in the slum. In Anandpura, in Bhopal, Madhya Pradesh, under the active leadership of Abida in the Mohalla Samiti, women have developed a decentralised water distribution system for 56 households. Abida is now active in supporting other hamlets to design their own water system.

Source: Discussion with the women leaders

structures: male groups, youth groups, volunteers and participants drawn from the community. Together they strengthen the representation of community and its active engagement in demand generation, designing and implementing sanitation infrastructure and services, O&M and monitoring of services.

Identifying and developing community leaders strengthen community organisation and participation. Leaders drive the community organisation, devise strategies, engage others and interact with government officials. Every community organisation and community-led intervention requires local leaders who can be frontline leaders.

Strengthening of community organisation occurs through pedagogical trainings that empower them through information and skill. For example, information about various government policies, schemes and departments concerned with sanitation is useful for people to understand governance systems and structures. Community capacity-building programmes of CFAR included training on governance. CFAR also provided skill training in designing and construction, O&M and also monitoring of CTCs; Aarambh provided skill training on construction and maintenance of IHHLs. Besides, training in health and hygiene awareness, household waste segregation and menstrual hygiene was common to capacity building and facilitation process of NGOs.

Community-led sanitation initiatives ensure community participation at every step: collection of data, identification of issues and prioritising; demand generation; implementation; monitoring of services; and communicating grievances. Along with that, sanitation awareness is one critical responsibility shouldered by community organisations.

Community participation, when effective, not only leads to improved service delivery, it also makes the communities aware and vigilant. Besides, once empowered through participation, the communities begin addressing delivery of other services such as housing, electricity and social security schemes such as widow pension and old age pension.

7. MAKING GOVERNANCE RESPONSIVE AND ACCOUNTABLE

Community-led WASH has influenced governance to be responsive to community needs and accountable to people. Collaboration and partnership with concerned agencies that have a heath and sanitation mandate is an important step in engaging with governance. Identifying the agency/ agencies, forging and negotiating collaboration are of vital importance in making delivery of WASH collaborative, efficient and timely. Whether it is construction of CTCs or water supply to slums or waste management, working with the concerned departments has yielded results.

SPARC in Pune, CFAR in Delhi and Gramalaya in Trichy worked in close collaboration with government agencies in promoting community-led CTCs. CFAR developed a collaborative relationship with MEPMA in Anantapur that not only provided its SHG platform to CFAR, it also began to pay attention to its own health components, and linked CFAR to ULBs and other departments. CFAR-facilitated community mobilisation in JJ Colony Delhi empowered women to demand piped water supply to their locality from Delhi Jal Board for and get it implemented. Project Nirmal worked with the ULBs in Angul and Dhenkanal in supporting urban sanitation, and this was consolidated through community action and demand for better services.

Creating and strengthening interface between governance and community is helpful to both: government agencies get to know about the

Single window System

The single-window strategy is implemented at the community level by CFAR in Jaipur, Rajasthan. The idea is to create a platform at the community level where government departments responsible for service delivery can meet people. It is a platform where the poor can get information about various government schemes, raise demands with officials, and work with them to get the services implemented. The interface between government agencies and community takes place once a month. The services that are discussed, demanded and accessed include WASH, social security schemes and labour welfare. The system has been highly useful to both sides.

Source: Discussion with members of community organization and communities in Ward 62, Jawahar Nagar and ward 67, Shakti Colony

Supporting the marginalised to access state schemes and programmes

The Gender Forum formed by CFAR in Budappa Colony in Anantapur, Andhra Pradesh, works with the Shikari community, a migrant community living in the outskirts of the slum. Their occupation and income as also their social status make them most vulnerable. They rear pigs for their livelihood, live in filthy conditions, and being migrants, are deprived of the benefits of government schemes. The GF has been working with them to make them aware about government social security, housing and sanitation schemes. They not only provide awareness and information; they also help with filling applications and help in the verification process.

*Source: Discussion with members of Gender Forum, Budappa Colony*

community issues and people get to know the agencies and officials responsible for sanitation services. Regular interaction among stakeholders eliminates mutual distrust and suspicion. It instils confidence among people and a sense of responsibility among service providers. Stakeholder meetings were an important part of community mobilisation of CAFR and Project Nirmal. The stakeholder meetings organised by both organisations and community–governance interaction have led to support in WASH-related service delivery.

Strengthening collective demand generation through community platforms creates collective strength, voice, strategy and leadership required to put pressure for service delivery. Single window promoted by CFAR in Jawahar Nagar, Jaipur, is a good example of a community platform.

Community mobilisation has helped people access other services such as electricity, social security, and housing. For example, in two slums (Radha Raman Pada and Radha Madhab Pada) in Angul, Slum

Sanitation Committees have been instrumental in getting street lights installed. In the meetings of single window system initiated by CFAR in Jaipur, social security has been a recurrent issue. In Anantapur, GFs formed by CFAR have been disseminating information about various social security schemes.
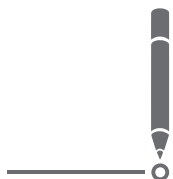
CHAPTER

Conclusion

The analysis of programmes implemented in the last 15 to 20 years, such as JNNURM, SBM, AMRUT, and the Smart City Mission, underscores the value of building capacities of all stakeholders at the national, state and local levels, NGOs, CSOs and the community, alongside substantial allocation of funds from the Centre to micro-manage programme design. Going forward, the following points are relevant for the smooth trajectory of urban sanitation programmes and schemes in India:

- Community participation is an effective way to accelerate the construction of toilets. However, it is obvious that the mere existence of sanitation facilities would not translate to their use and lead to positive health outcomes; 'behaviour change' needs to be the focus of sanitation policies. Yet, the various pressures to meet coverage targets to integrate community participation to consequent sustainability of both the facilities and its use.

- While OD has remained a significant challenge in the sanitation arena for very long, only ensuring its eradication would not do much to solve the sanitation crisis that India is currently facing. What is required is a holistic approach that covers the entire sanitation value chain and employs specific measures to tackle its problems. This would include the community's role towards ensuring regular O&M of the toilets that are constructed, proper septage management, change in behavioural attitudes of the people involved, and integration of the sanitation value chain with water as its component.

- It is crucial to note that government programmes do not reach the poor in the desired manner. In light of this reality, bringing people together and enabling them to organise themselves can prove to be a major boon in the sphere of sanitation, especially in urban areas. Strengthening collective demand generation through community platforms will drive the collective voice, strategy and leadership required to put pressure for service delivery.

- By its very definition, community participation is all about 'people' and people's institutions. The experience in sanitation in India highlights the importance, role and accountability of slum- and ward-level committees as community institutions to ensure improved sanitation, amongst other services. At the same time, it also points towards the existing governance gaps and the limited extent of decentralisation, in spite of the fact that the process was initiated more than 25 years back, in 1993 (74th Constitutional Amendment).

- The role of development partners in the field of sanitation has been critical: they have been instrumental in bringing about a substantial change at the ground level while at the same time affecting the national policy outlook. From providing technological solutions to generating awareness at local levels, this role will evolve while interacting with the national horizon and state policies of the time.

- The role of non-state organisations, including CSOs, NGOs and the media, is critical to bring about a change in behaviour and practices that have such deep roots and massive spread as sanitation. The state alone would have limited impact. At the same time, community participation does not translate into transferring the responsibilities of the state in ensuring sustained provisions of basic facilities and services to the communities or other non-state stakeholders. Instead, it involves the recognition of the clear roles and responsibilities of each stakeholder.

Community participation is an integral component of National Policies and guidelines on sanitation such as SBM (U). . The Ministry of Housing and urban Affairs   has issued separate guidelines on the Community engagement under SBM (U)

which underscores importance of community based groups in ensuring communities' access to services on sanitation services (including toilets, FSM, SWM) as well as operating, maintaining and sustaining sanitation services in the community.

These guidelines present a broad framework and ways to engage communities in sanitation programmes which need to be translated into action by all the implementing partners including state governments, ULBs and the CSOs.

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The Water and Sanitation programme at the Centre for Policy Research (CPR) is a multi-disciplinary research, outreach and policy support initiative. The programme seeks to improve the understanding of the reasons for poor sanitation, and to examine how these might be related to technology and service delivery models, institutions, governance and financial issues, and socio economic dimensions. Based on research findings, it seeks to support national, state and city authorities to develop policies and programmes for intervention with the goal of increasing access to inclusive, safe and sustainable sanitation.