ACCESS TO WATER, SANITATION AND HYGIENE SERVICES: BASELINE STUDY ACROSS ELEVEN URBAN SLUMS OF JAIPUR

Centre for Advocacy and Research (CFAR)

Jaipur, Rajasthan, India, 2019-2020

Australian Aid

Water For Women

Centre for Advocacy and Research

ACKNOWLEDGEMENT

The Jaipur Baseline Study was conducted by the Centre for Advocacy and Research (CFAR) as part of its two-city project, *Mobilizing, Facilitating and Replicating Socially Inclusive WASH Initiatives in India's Urban Slums,* supported by Water for Women Fund, Department of Foreign Affairs and Trade (DFAT), Australian Government, in Jaipur, Rajasthan, India, 2019-20

The study covered 1,118 households in 11 informal settlements located in four zones of Jaipur city. It aimed to understand the status of WASH services, the existing knowledge, attitudes and practices (KAP) which determine community behaviour, the extent of community involvement and impact on gender and its intersectionality on excluded and marginal groups. The objective of the study was to analyse the multiple dimensions of exclusion faced by women, girls, persons with disabilities, transgenders and the elderly and the impact on their quality of life due to poor sanitation services.

While we are in the process of planning the next steps on the basis of these findings, we would like to take this opportunity to acknowledge and recognize the contribution of everyone who directly and indirectly supported this research to ensure that the voices of the vulnerable and the marginalized are heard and that they inform the government to plan safe and gender-inclusive WASH services for the urban poor.

Without following any particular order or preference, we begin by acknowledging the support and technical guidance of the WfW-DFAT Fund Coordinating Team which has helped us conduct the study with confidence and contribute substantially to project outcomes and the Fund Learning Agenda.

We are grateful to Hon'ble Bhanwarlal Meghwal, Minister for Social Justice and Empowerment, Government of Rajasthan; Arun Garg , Additional Commissioner; Manoj Goswami, Head, Executive Engineer; N.K. Agarwal, Executive Engineer; Vijay Jha, Public Relations Officer-Community Toilet Complexes, Jaipur Municipal Corporation; Joga Ram, IAS, District Collector; Akhilesh Kumar Sharma, District Programme Manager; Chief Medical Health Office-1 and Kiran Sharma, District Programme Manager, Chief Medical Health Office, Jaipur-2 for their readiness in speaking to us on the government's role as the service-provider.

We have been supported by Naveen Mahajan, Secretary, Water Resources Department, Government of Rajasthan; Bhupendra Mathur, Chief Engineer-SBM; Devraj Solanki, Additional Chief Engineer, Region–II; Satish Jain, Superintendent Engineer, South; Ajay Singh Rathore, Executive Engineer, North, Public Health and Engineering Department (PHED), Jaipur, who have generously shared the PHED plan for enhancing water security under the Jal Shakti Mission in Jaipur.

Our study has benefitted from discussions with Pratap Singh Kachariawas, MLA, Civil Lines; Rafiq Khan, MLA, Adarsh Nagar; Reeta Saini, Principal, Rajkiya Uchh Prathmik Vidyalaya; Malini Das, Member, Transgender Welfare Board; Babu T, Vice-President, Market Association; Anil, Member, Slum Development Committee, Brajlalpura; Lakshmi Bairwa, President, Mahila Arogya Samiti, Brajlalpura; Sumitra Swami, Asha Sahyogini, Swami Basti, and Manju Bala, Anganwadi Worker.

We would also like to thank our partners, Research Triangle Institute in New Delhi, and the Institute of Development Studies, Institute of Health and Medical Research, Nai Bhor, in Jaipur for their guidance in finalising the survey tools and study samples; and Sourav Jena, Research Manager, Public Division, Social Research Institute; Social Research Institute-Institutional Review Board- Kantar Public, New Delhi in facilitating the ethical clearance certification in a timely and efficient manner.

And finally, but most importantly, we are grateful to our community representatives for enriching the study with their personal narratives and day-to-day experiences of struggling with marginalisation and the poor delivery of services. This has been matched by the unflinching support of researchers and data entry operators in conducting the household survey and documenting the narratives and case studies.

Finally, we would like to acknowledge the contribution of the CFAR-DFAT project team in Jaipur for their efforts and rigour in conducting the research, analysing data, conducting focussed group discussions and key informant interviews (FGDs-KIIs) and compiling the report.

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ABBREVIATIONS/ACRONYMS

AMRUT	Atal Mission for Rejuvenation and Urban Transformation
ASHA	Accredited Social Health Activist
BPL	Below Poverty Line
CLM	Clean India Mission (Swachh Bharat Mission)
CMHO	Chief Medical and Health Officer
COVID	Coronavirus Disease
CSO	Civil Society Organization
CTC	Community Toilet Complex
CWMI	Composite Water Management Index
FGD	Focussed Group Discussion
FHTC	Functional Household Tap Connection
GBV	Gender-based Violence
GDP	Gross Domestic Product
GESI	Gender Equality and Social Inclusion
HHs	Households
IEC	Information Education and Communication
JDA	Jaipur Development Authority
JJM	Jal Jeevan Mission (Water Life-line Mission for providing safe piped drinking water connection to every rural household)
JMC	Jaipur Municipal Corporation
JMP	Joint Management Programme
JSA	Jal Shakti Abhiyaan (National Water Mission)
KII	Key Informant Interview
LPCD	Litre per capita per day
MAS	Mahila Aarogya Samiti (Women's Health Committee)
MDG	Millennium Development Goals
MLD	Million Litres a Day
MHM	Menstrual Hygiene Management
NCPCR	National Commission for Protection of Child Rights
NITI Aayog	National Institution for Transforming India
NIUA	National Institute of Urban Affairs
NRDWP	National Rural Drinking Water Programme
PAN	Permanent Account Number
PHED	Public Health Engineering Department
PMUY	Pradhan Mantri Ujjwala Yojana (a Central government scheme launched to provide 50 million free gas connections to women living below poverty line)
QC	Quality Control

QCI	Quality Council of India
RBSY	Rashtriya Swasthya Bima Yojana (National Health Insurance Scheme for urban poor living below poverty line)
RGJSY	Rajiv Gandhi Jal Sanchay Yojna (a Rajasthan state government scheme for water conservation and harvesting)
SBM	Swachh Bharat Mission (Clean India Mission)
SC	Scheduled Caste
SDG	Sustainable Development Goal
SHG	Self Help Group
SSY	Sukanya Samriddhi Yojana (a Central government led savings scheme for education and marriage targeting parents with girl children launched as part of the Save the Girl Child Campaign)
ST	Scheduled Tribe
UID	Unique Identity Number
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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EXECUTIVE SUMMARY

Data on most accounts, particularly on services and amenities, paints – in a comparative sense – a rosy picture of urban India replete with prosperity and abundance. For example, the National Family Health Survey 4 (2015-16) data on drinking water found 91.1% of urban Indian households to be using an "improved" source of water, compared with 89.3% of rural India. Jaipur, the capital city of India's Rajasthan state where this baseline study was conducted by the Centre for Advocacy and Research, reported 95.6% of urban households getting improved water against 91.6% of rural households.

The disparity, however, is far starker with regard to piped water supply. Census data (2011) found more than 82% of urban houses in Jaipur district with tap water, compared with 26.9% availability in rural houses. Sanitation data for Jaipur (NFHS 4) highlights around 87% of families having an "improved toilet" i.e. the toilet was not shared with another family and was connected to a sewage disposal system.

These averages, however, mask disparities. The purpose of this study was to identify water, sanitation and hygiene (WASH) disparities within the urban context and assess the circumstances the poor survive in. It sought to engage with communities in order to document and reveal the levels of exclusion and among them the extreme vulnerability of groups such as persons with disability, widows, the elderly, transgender persons, single women and adolescent girls. The study also sought to assess institutional support to WASH, such as national and sub-national programmes that fund communities in improving their WASH infrastructure, while reviewing the status of government services and the extent of coverage. Both quantitative and qualitative methods were used to make a comprehensive assessment of the situation on the ground.

The results, it was foreseen, would be used for shedding light on pockets of deprivation in the urban environment. Ultimately, this knowledge would address the need for data at the city level that could be used to strengthen collaboration among communities, civil society organisations and the government to not only design, plan and deliver WASH services, but also lead to common or shared goal-setting and a developing a framework of rights and responsibilities.

India has affirmed its commitment to the Sustainable Development Goals (SDGs). Goal 6 pertains to WASH, and includes achieving universal access to safe and affordable drinking water for all and access to adequate and equitable sanitation and hygiene for all while ending open defecation. SDG 6 asserts paying special attention to the needs of women and girls and those in vulnerable situations.

In urban India, Jaipur being no exception, vulnerabilities are determined by one's spatial, social and economic status. Several studies show the greater vulnerability of slums in cities with regards to their access to basic sanitation facilities and water, as well as the disease burden – even mortality – in these pockets. Any interventions in such clusters would require a dependable database. This baseline study, therefore, aims to create a WASH database that will help in establishing benchmarks against which future progress can be measured.

Jaipur has an estimated population of around 680000 of which 22.5% live in the slums. Slums in the city are spontaneous, unplanned residential areas characterised by a high density of population, small dwelling units inhabited by the city's casual workers and poor people.

The survey

The baseline survey was conducted in 11 settlements of Jaipur and covered four different zones of the city covering 1,118 households. The study used mixed methods including sample survey, focused group discussions and key informant interviews with slum-dwellers, government officials and representatives from non-government organisations working on the WASH ecosystem in these areas and whose actions have an impact on the lives of people. While conducting an assessment of pre-defined WASH indicators, CFAR also carried out a socio-economic profiling exercise. This involved getting the educational attainments of respondents, their work engagements and occupations. Their religions and castes, linguistic abilities and places of origin were also noted. Special efforts were made to include vulnerable groups such as transgender and persons with disability.

A significantly higher proportion of women (77.37%) than men (20.84%) were included as respondents, while transgender persons constituted 1.79% of the total group, numbering 20. It was not easy to select transgender in the selected settlements as they live in specific clusters. Therefore, for the purpose of adequate representation, 16 transgenders from other settlements were included. Efforts were made to be inclusive of other groups such as the elderly and adolescents, particularly girls.

Key findings of the study

Socio-economic profile of respondents

A part of the survey focuses on the socio-economic profile of the respondents in order to establish the interplay of factors of social and economic well-being and their interrelationships. The survey clearly establishes the importance of education as a very important determinant of socio-economic well-being. A review of the data suggests that those with poor educational attainments are often likely to end up as casual workers, or find low-paid jobs and live in settlements which are badly serviced by civic agencies. Out of the respondents, only 43.74% had ever attended school. Fewer women (39.31%) had attended school while out of the 20 transgender persons only 40% had attended school. Data further shows a huge dropout rate of 32% between primary and high school, with just over 7% of respondents finishing high school. Educational attainment was found to also differ across castes. Other backward castes (OBCs) had the lowest level of education (40.09%), while the scheduled castes had a larger proportion of educated members (42.36%) compared to OBCs, their figures were lower than the general caste that had the highest proportion of educated members (62.77%). Scheduled tribes had 49.8% educated members.

Child marriages among the respondents were also recorded. Most of respondents who had early marriages were girls (8 out of 9). In terms of employment, a large proportion of people in the settlements were working both as salary-earning individuals (36.94%) and casual workers (42.04%). However, their incomes were by and large very low. More than half of the people reported to have a total household income of less than Rs 10,000. While around 88.64% of houses were not paying rent and considered it as their own house, they have no legal right over the land on which the house is built. The rest lived in rented accommodation.

Access to water and sanitation services

Water

Meeting SDG 6 requires ensuring "universal access to safe and affordable drinking water". Census 2011 reveals that 82% of the households in urban Jaipur have piped water. While in the present study, 62% of the households in the settlements reported they had piped water. 31.84% households reported accessing water supply from borewells for their daily use and 79 households reported using their neighbours' taps.

However, merely having piped water does not meet the SDG6 requirements or that of the Joint Monitoring Programme (JMP) of WHO/UNICEF which is the custodian of global data on water supply, sanitation and hygiene. The quality and quantity of water are of great importance. Nearly half of the respondents said they received less than 135 litres per capita per day (lpcd) of water, while the Bureau of Indian Standards recommends 200 lpcd. The duration of water supply was less than one hour in a day with 47.8% of people depending on government or borewell supply, while 37.56% reported they received water for more than an hour but less than two hours. Only 11.79% had 24-hour water supply.

In terms of quality, most of the respondents (89.62%) found the water to be 'clear' while 4.03% and 4.65% complained that they were getting 'muddy' or 'hard' water, respectively. While the water quality in Jaipur has not yet been analysed, in a similar survey conducted by CFAR in Bhubaneswar, even when water was perceived by the community to be good, laboratory tests showed that samples were, in fact, contaminated. Several people reported water-borne diseases in their families in Jaipur, including joint pains, diarrhoea and other ailments which are generally known to be caused by water contamination. Having faith in the quality of water one consumes helps only if it is rooted in reality. In the settlements, the survey found only 14.58% of the households to be using a method of purification before drinking such as straining through a clean cotton cloth (87.73%), using a water filter made of ceramic and sand (6.13%), and boiling (3.07%). The vast majority – around 85% of the population – were not using any method of purification.

Collecting water from an external source implies limited quantity of water for drinking, washing, sanitation and all other purposes, available with the households. This acquires grave implications around the time when advice on averting COVID-19 requires frequent handwashing with soap and water. Around 117 households in the 11 settlements did not have piped water supply and needed to collect water from a neighbour's borewell or a water tanker. In a majority of households (74.36%), the responsibility of fetching water was that of a woman member between 18 and 59 years, while 9.40% households reported a girl below 18 years to be performing this job. Spending time on collecting water deprives people of both leisure and the opportunity to use this time more productively. Around 57.26% of the households (which did not have piped water connections) reported spending more than an hour every day for collecting water.

A large proportion (63.5%) of those who went out for water collection did not know the distance of the water source from their home. The cost of water, however, was not reported to be an issue with 88.03% not spending anything on it while the remaining 12% spending between INR 50 to 1,000. A cause for concern was the shortage of water during summer months. 91% of households faced a shortage of water and 35% reported members of the family falling sick during summer. In the qualitative survey, women reported that during summer, in order to save water for drinking, the residents opted to bathe and wash clothes only once in two days, resulting in poor personal hygiene.

Sanitation

Sanitation in the settlements remains far from satisfactory and needs a significant infrastructural support and improvement in services. Data shows that toilets were barely functional, with poor connectivity to proper drainage systems. Around 84.70% of the families reported having a toilet within their premises with 18.27% sharing it with other families. However, out of the 947 households, only 57.02% of the toilets were connected to a sewerage system – out of these, 1.69% was connected to septic tanks and 42.56% to single or twin-pit. Nearly 94.19% households had flush toilets or pour flush toilets, 5.81% households had toilets directly connected to a canal, creek or river leading to contamination of water bodies on a daily basis. According to the survey, the toilets were not, desludged or cleaned regularly. Respondents also reported clogging of sewerage lines during the monsoon months.

These toilets were found to have basic structures with a negligible proportion (2%) addressing the special needs of persons with disability and the elderly such as ramps, side handles, western seats, chair toilets, child seats, tube-lights and bulbs on the path and inside.

Another important factor assessed by the study is the availability of government support to families for constructing toilets within their premises. The survey found that only a meagre 11.62% had received a subsidy under Swachh Bharat Mission or Clean India Mission. While 415 households had applied for the subsidy, only 110 received it. The remaining households either did not have required documentary proof to claim the funds or did not follow up on the application after an initial response.

The survey reveals that hygiene practices were up to the recommended levels with most of the people (96.24%) washing hands before eating and after defecation (96.33%). However, 23.43% of them used only water for washing their hands. The rest (75.94%) used both soap and water. Almost half of the respondents found the soap to be expensive or believed water alone was enough for cleaning purposes (23.42%). Again, this increases their vulnerability during the COVID-19 pandemic in addition to a host of other diseases which are caused by dirty hands and poor hygiene. Across settlements, poor waste collection services were also noted with only 10.64% of the households reporting door-to-door waste collection.

Persons with Disabilities, the Elderly, Adolescents and Transgender Persons

- According to the Census of India 2011, around 2.21% (2.68 crore) of the total population was categorized as disabled. Among them, 56% were males and 44% were females.
- India has an elderly population of around 100 million, and it is expected to increase to 323 million, constituting 20% of the total population by 2050.
- According to Census 2011, 21% of India's population comprises adolescents.
- Census 2011 recorded over 487,000 people who were identified as the third gender.
- Out of a total of 364 respondents of persons with disabilities and the elderly, 90% used toilets at home, 8% used community toilets and the rest 2% went for open defecation or used their relative's or neighbor's toilets.
- Figures related to access to improved sanitation and water sources, do not reflect any significant differences with and without the inclusion of elderly or persons with disabilities. Within households, the majority reported not having elderly and disabled-friendly toilets.
- It is vital to sensitize WASH system and society on the concerns of persons with disabilities and the elderly

- In the case of adolescents, out of the total surveyed adolescents (313), 282 responded on menstrual hygiene management. 81% of them used sanitary napkin as a menstrual absorbent while 6% used cloth and 14% used both sanitary napkin and cloth.
- Given the multiple challenges faced by adolescent girls, it is evident that while schools have basic WASH facilities, adolescents face problems in managing their menstrual hygiene. In households with adolescent members, while the access to WASH facility is in place, their special needs are not recognized.
- In the case of 20 transgender respondents, it was reported that 16 of them lived in a group of transgender, 2 lived alone, and only 2 lived with their families.
- In accessing community toilets, they reported not feeling safe because of privacy and dignity issues.
- Only 25% of the interviewed transgender persons were aware of proper handwashing technique.
- On community membership among the surveyed households, the study reveals low community engagement with only 1.34% of the respondents, part of community forums like Women's Health Committee or part of Self-help groups
- On financial inclusion and citizenship entitlements only 16% of the surveyed households had no access to a savings bank account; only 3% had access to or were using financial products like fixed deposit plans

Conclusions and Recommendations

The conclusions and recommendations are based on the baseline survey of 1,118 households across 11 settlements of Jaipur. An important conclusion of the study is that access to WASH services is dependent on various factors, including income, infrastructure and awareness. Poor communities living in slums run the risk of being systematically excluded from the urban planning process and service delivery mechanisms. The study, therefore, emphasises the need to work on building affordable and accessible infrastructure for the residents and to make them disabled/elderly-friendly. Besides, for households that have space constraint to build toilets, provisions of well-constructed and well-maintained community toilet complexes should be made. It underscores the significance of building capacities of communities to organize themselves in order to assess problems, prioritize their needs and act collectively to seek and advance improvements in WASH services. The study therefore, recommends that communities should be encouraged to manage and maintain community toilets.

With regard to management of sanitation, this study points out that poor infrastructure and absence of necessary services like regular waste collection undermines the effort of the community in improving their WASH status. In order to meet JMP standards, a stress on infrastructure for piped water supply, water safety (and quality) and other supportive measures like treatment and safe storage of water for reducing the transmission of waterborne diseases is urgently needed. A similar effort is required for improved sanitation.

Five As

The study recommends following the 5As approach in accomplishing the WASH agenda. These include, **availability, accessibility, awareness, affordability and aspiration**. While **availability** pertains to meeting the shortfall in piped water supply, provision of toilets, etc., improving **accessibility** would require enhanced use of infrastructure and services provided for the poor and marginalized. This is particularly important for excluded groups such as people with disability, the elderly, adolescents, pregnant women and nursing mothers, among others.

A critical finding of the report is that addressing the gaps in knowledge and **awareness** on improved WASH can transform the lives of the urban poor. The study highlights that there is a lack of awareness among residents, at present. For instance, 67% of the respondents believed that diseases like malaria or dengue could not be prevented, 20% were negligent towards handwashing with soap, and only 15% of households purify water even when 33% of the households reported that vector-borne diseases could be averted by consuming purified water.

Across thematic areas, **affordability** emerged as an issue, whether in constructing toilets or using soaps. Therefore, there is a clear need to ensure that affordable products and services are made available for developing a culture of hygiene and improving WASH services.
Aspiration is what drives change. The surveyed households aspire for better WASH services. The government, civil society and public and private sectors should, therefore, come together to ensure availability of affordable services, especially for the marginalized and vulnerable groups of people.

The study recommends addressing the following critical issues through the Single Window system: (i) improving access to basic and safe WASH services, (ii) improving quality and consistency of the existing WASH systems across the value chain and (iii) enabling communities in need of services to voice their concerns, assert their agency and be a part of the solution.

Points of Action
With regard to water, the study has identified the following points of action: water-testing, building infrastructure for improved water supply and advocating for infrastructure development so as to reduce the burden of collecting water on women, adolescents and the elderly.

On sanitation, the recommendations include getting households to work on the behavioural aspects of keeping a toilet clean as well as maintaining privacy by installing a door or a proper partition. There is also a need to build well-ventilated and well-lit community toilets with all facilities, connection to a sewerage system or to a properly partitioned septic tank which is emptied periodically, managed and operated with community participation.

For improved hygiene, it is recommended to build infrastructure for improved quality of water supply and sanitation services; raise awareness on hand-washing techniques; enhance access to soap and menstrual hygiene products and provide safe septage and sludge treatment and waste water management.

To improve the waste collection system, the study suggests (i) enabling residents to segregate different kinds of waste at home as well as its proper handling and collection; (ii) establishing networks for proper waste collection, including designating collection points by putting dustbins in the settlements; and (iii) ensuring regular waste collection by the municipality.

The study advises building on CFAR's Single Window System that has been connecting people to their entitlements. It has been tasked with improving the state of WASH services by working with communities and service-providers and ensuring that needs are clearly communicated by an aware and empowered community and met by a responsive service delivery system.

CHAPTER I: INTRODUCTION

Background of the Study

Nearly 1.8 billion people across the world use a source of drinking water that has faecal contamination, and around 2.4 billion people lack access to basic sanitation facilities such as toilets. In India, 163 million people lack access to safe water and 210 million people do not have access to improved sanitation (2017).[1]

A lack of access to adequate sanitation and water supply affects human health and environment adversely. A WHO report highlights that 80% of illnesses are caused by unsafe water, lack of sanitation and poor hygiene practices. It also states that every year across the world, 750,000 under-five children die due to poor sanitation.[2]

Inadequate sanitation not only affects people's ability to achieve their aspirations and fulfill personal and societal goals, but it also has a negative impact on the economy. Prevalence of diseases leads to a decline in people's economic productivity, as is the case in developing countries like India where frequent death of poor children and illnesses among its citizens, living in unhygienic conditions, are reported. According to a recent study, a lack of sanitation holds back 5.3% of India's GDP, which is almost half of the global losses (2015).[3]

Globally, providing sanitation services to millions of rural households remains a challenge. As the world continues to urbanize, cities and small towns are increasingly bearing the burden of poor sanitation – an estimated 57% of urban dwellers lack access to toilets that provide adequate sanitation services, and 16% of them lack access to basic sanitation. Almost 100 million urban residents still practice open defecation. In all the major Indian cities, the urban poor, especially the marginalized segments, face social and occupational vulnerabilities, including extreme poverty. This is exacerbated by the spatial vulnerability of living in shanties or clusters, that completely excludes them from all basic services, particularly those pertaining to WASH.

The benefits of tackling the challenges of sanitation are many. A recent analysis shows that improved sanitation and ending open defecation can save children's lives by reducing disease transmission, stunting and under nutrition, and therefore help in cognitive development in childhood and ensuring the future economic productivity of the individual. Without adequate sanitation facilities, girls are more likely to drop out of school or become vulnerable to attacks while seeking privacy[4].

WASH and COVID-19

When CFAR started processing the data of this baseline survey in January 2020, COVID-19 cases were limited to China. Soon, the novel coronavirus reached many developed and developing countries and became a global pandemic. India announced its first lockdown on March 22 to prevent the spread of the

[1] https://www.thehindubusinessline.com/opinion/water-sanitation-and-hygiene-must-be-looked-at-holistically/article26600332.ece#
[2] https://www.un.org/waterforlifedecade/sanitation.shtml
[3] https://www.downtoearth.org.in/news/waste/lack-of-access-to-sanitation-a-drain-on-global-economy-55604
[4] https://www.worldbank.org/en/topic/sanitation

virus, but it created havoc in the lives of the poor, especially the millions of unorganized and informal sector workers. Every aspect of their lives, from the uncertainties they faced to their pathetic living conditions, lack of savings and almost no access to social protection schemes and entitlements, came to the fore.

CFAR has been working with the marginalised and vulnerable groups for 22 years and knew about the challenges the slum-dwellers had been facing in terms of low access to food security and the huge out-of-pocket expenditure they were incurring to access health services. These problems were intensified due to the job losses caused by the countrywide lockdown.

As the baseline study focuses on access to WASH services, keeping the marginalised and vulnerable groups in the centre in order to achieve the motto – Leave No One Behind –the gaps in services that need to be bridged through our interventions have been outlined. However, the COVID-19 crisis has compelled us to deepen our focus on WASH and also look at social security, housing and sustainable income in order to fulfil the agenda of leaving no one behind on the development ladder. Therefore, this baseline study has also included some of these cases from the settlements under study. We also learned how the pandemic has amplified the challenges of pregnant and nursing mothers, how adolescent girls face challenges of accessing services for menstrual hygiene management, the challenges of feeding nutritious food to children in the absence of an income.

The advice by WHO on protection against the virus includes washing hands with soap and water for 20 seconds. We have documented what proportion of people wash their hands with soap, and the reason for not washing hands at all or for not using soap. Washing hands for 20 seconds at regular intervals was one of the limitations of our study along with observing proper hand-washing processes as our survey tools did not capture this data. Apart from that, to find adequate water supply for proper washing of hands is also challenging as the baseline study tells us that the settlements have limited water supply.

Moreover, the simple recommendation of WHO of washing hands with soap and water for at least 20 seconds – repeatedly – is challenging for slum-dwellers since they have limited water supply and lack resources to buy soaps, more so due to their recent job losses. The problem is more severe for people who do not have piped water connections and go out for collecting water. Some of the water tanker suppliers have refused to provide services due to fear of the police.

Therefore, apart from highlighting WASH figures, this baseline report also seeks to draw attention to other socio-economic issues which have an impact on the quality of life of people living in slums and informal settlements.

When CFAR began working on the baseline survey, it was evident that the WASH infrastructure, which is usually limited in rural settings and overburdened in urban areas, is often insufficient to meet the increased demand of a public health emergency, reducing people's access to adequate and safe water for cleaning or drinking, when good hygiene and sanitation are most critical. Even during the current pandemic, safely managed WASH services have become essential for safeguarding human health as lack of access to safe water, sanitation and hygiene is putting millions of people at greater risk of contracting the coronavirus (COVID-19).

It has been recognised that one of the most cost-effective strategies for increasing pandemic preparedness, especially in resource-constrained settings, is investing in core public health infrastructure, including water and sanitation systems. Good WASH and waste management practices that are consistently applied serve as barriers against human-to-human transmission of the COVID-19 virus in homes, communities, health care facilities, schools and other public spaces[5].

In such situations, women and girls often find that their access to hygiene and sanitary materials is reduced due to decreased household income or increased competition for scarce hygiene resources, impeding their ability to attend to their own health and hygiene needs.[6]

Women and girls in India spend an estimated 150 million workdays every year fetching and carrying water.[7] Scarcity of resources leads to an upsurge in the time spent in collecting them, reducing their ability to engage in the social, economic and political spheres and increasing their vulnerability to violence and harassment.

The dangers of the COVID-19 outbreak will be magnified for millions of people who need humanitarian assistance and protection. At particular risk are a large majority of women, adolescent girls, the elderly (particularly those with co-morbidities), persons with disability and transgenders many of who live in settlements where population density is high, WASH provisions are poor and self-isolation is virtually impossible, which makes them acutely vulnerable to the pandemic.[8]

Half of all under nutrition is also caused by a lack of access to safe drinking water, sanitation and hygiene. Women and girls, as the primary users, providers and managers of water and hygiene in the household, are worst-affected by inadequate water and safe sanitation services and access.

Integrating Gender Equality and Social Inclusion (GESI) Framework into WASH Programming

The integration of GESI into WASH interventions will help the project ensure equality in terms of access to and use of WASH services. This will also contribute to greater equality beyond WASH by ensuring the implementation of the "do no harm" principle and, ultimately, help achieve the ambition of leaving no one behind in 2030 as emphasized in the SDGs.

Integrating GESI into WASH programme cycle is critical in addressing gender and social inclusion differences and enabling a process that can change these relations over time. This will help in sharing the lessons learnt and challenges faced and discuss how the findings will be used to strengthen national systems, promote inclusive WASH services and create an opportunity to shift community social norms.

[5] WASH (Water, sanitation & Hygiene) and COVID- 19, World Bank and Global Water Security & Sanitation Partnership (GWSP). https://www.worldbank.org/en/topic/water/brief/wash-water-sanitation-hygiene-and-covid-19

[6] Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings, CARE. https://insights.careinternational.org.uk/media/k2/attachments/CARE_Gender-implications-of-COVID-19_Full-Report_March-2020.pdf

[7] Every Woman Counts, Every second counts: Water for Women. Unilever, 2015. https://www.unilever.com/Images/slp_water-for-women-march-2015_tcm244-423659_en.pdf

[8] Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings, CARE. https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf

A GESI framework has, therefore, been integrated in the project design and implementation (See figure1).

Figure 1 : GESI in WASH programming framework

It is important to highlight that the lockdown has increased the incidence of gender-based violence (GBV). It has also placed onerous responsibility on women to meet the basic needs and the daily food requirements for feeding children and taking care of family members. However, the baseline survey has not covered all these issues. The report highlights the adverse impact on women and marginal groups through their testimonies.

Aims of the Study

- To **evidence the project's effort to** facilitate better **access to** water and sanitation **services** and hygiene practices through community involvement and leadership at the slum and at ward level, representing women and vulnerable and marginal populations and groups
- To strengthen collaboration between communities, networks of civil society organisations, local authorities, service providers and national stakeholders and to build a consensus not only on design, planning and delivery of WASH services, but also shared goal-setting and framework of rights and responsibilities.

Objectives of the Baseline Study

- Identify challenges related to WASH issues in the identified settlements of Jaipur city;
- Understand the current WASH practices/services and plan project interventions by capturing demographic profiles, socio-economic status, existing hygiene practices and norms in the community;

- Document the challenges related to WASH practices among the urban poor and different vulnerable and excluded groups such as elderly, transgender persons, single women, adolescent girls, youth and persons with disability (PWDs);
- Bridge the gaps in data and build scientific database/organise information on sanitation and water in the settlements of Jaipur city;
- Create a comprehensive overview of the current situation drawn from qualitative and quantitative data sources for planning suitable interventions.

Global and National Commitments for Improving WASH

Human development agencies and governments across the world are committed to working for improved sanitation and adequate water supply. It is estimated that spending US $1 on sanitation will result in a $5.50 return.[9]

Implementation of the United Nations (UN) Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) have also led to a push for improved sanitation[10] and water supply.

Global SDG Targets	
Goal 6 Clean Water and Sanitation	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations 6.3 By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally 6.4 By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity 6.5 By 2030, implement integrated water resources management at all levels, including through transboundary cooperation as appropriate 6.6 By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes 6.7 By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies 6.8 Support and strengthen the participation of local communities in improving water and sanitation management

[9]Ibid.

[10]Improved sanitation is defined as the means that hygienically separate human excreta from human contact, hence reduce health risks. For more details, see https://www.who.int/gho/mdg/environmental_sustainability/sanitation_text/en/.

SDG 6, along with its corresponding global targets, focuses on strengthening water efficiency, wastewater treatment and developing water reuse technologies. It also targets to support and strengthen the participation of local communities in improving water and sanitation management. Overall, SDG 6 not only underscores a vision to ensure availability and sustainable management of water and sanitation, focusing on the quality, availability and management of freshwater resources, but it also prioritizes addressing the needs of marginalized groups such as women, children, people with disabilities and transgender persons.

Since the last decade, countries across the world have made concerted efforts to build infrastructure for sanitation and management of waste disposal. India has also launched many city-level initiatives and is working in collaboration with national and international development agencies to enhance water and sanitation management. The focus of the initiatives has been on segregating, collecting, transporting and treating waste as well as fecal sludge and septage management. Along with these initiatives, the government has also prioritized water conservation, waste water recycling and reuse of water harvesting structures by introducing schemes like Atal Mission for Rejuvenation and Urban Transformation (AMRUT). The Jal Shakti Ministry has also been instituted by the Government of India as a separate ministry for addressing the demand for clean drinking water. Under the ministry, Jal Shakti Abhiyan (JSA) has been launched to intensify the water conservation campaign through community participation for fast-tracking water conservation across the country. The National Institution for Transforming India, (NITI Aayog) has also started assessing and monitoring the initiatives of state governments for improving water management.

In alignment with the SDG 6, the Government of India has recently launched missions and dedicated implementing vehicles like Swachh Bharat Mission (SBM) or Clean India Mission and AMRUT or Atal Mission for Rejuvenation and Urban Transformation for urban infrastructure development.

The Swachh Bharat Mission launched in 2014 has had a considerable impact on increasing access to sanitation among the people. Under this program, many toilets/latrines have been built with the aim of eliminating open defecation and ensuring improved sanitation for all. SBM has reported a significant increase in toilet coverage over the years – from less than 40 percent in 2014 to above 98 percent in 2019. Besides, the total capacity of disposal infrastructure has also increased from more than 4,716 MLD to 6,190 MLD.[11] According to the SBM portal, 27 out of 36 Indian states and Union Territories are now open defecation-free, with 98.6 per cent of Indian households having access to toilets.[12]

The government has also intensified the training of officials as well as developed tools for community engagement. Large numbers of individual and community toilets have been constructed with the support of the government and NGOs in order to reduce the incidence of diseases due to poor quality of water and sanitation resulting in 60 per cent of the environmental health burden in India. Focus has been given to the marginalized groups, including SCs and STs, and good progress has been witnessed in sanitation coverage among the poor and marginalized groups.[13]

[11]https://www.cprindia.org/policy-challenge/7898/inclusive-citizenshiphttps://www.cprindia.org/policy-challenge/7898/inclusive-citizenship
[12]https://www.livemint.com/Politics/d0gb1cTpVnVwJaUQIPIaaP/Swachh-Bharat-Abhiyan-Why-Indias-toilet-data-is-too-good-t.html
[13]https://in.one.un.org/wp-content/uploads/2018/12/UNSDF_Print_Oct12_web.pdf

NITI Aayog has also made several policy-level recommendations and devised indicators like Composite Water Management Index (CWMI). The prime objective of the CWMI is to provide an annual snapshot of the status of water across states, which could be used for introducing mechanisms for sustainable and effective management of water resources. The Index comprises nine themes (each having an attached weight) with 28 different indicators covering groundwater and surface water restoration, major and medium irrigation, watershed development, participatory irrigation management, on-farm water use, rural and urban water supply, and policy and governance.

Prevention of pollution of water sources is extremely critical in order to continue to supply water which meets quality standards. Lack of sufficient infrastructure, services and funds to support water and waste water treatment facilities required for urban areas further exacerbates the problem. However, concerted efforts by the Indian government have produced outstanding results in the last decade, but the pandemic has shown us in no uncertain terms that we need an integrated approach or normative framework like the human development approach, advancing human life instead of giving emphasis to economic growth. This is even more essential now as some of the studies are suggesting that the virus could be transmitted through sewage water. In case the virus-laden water manages to contaminate sources of drinking water, it would bring a huge risk of infection in settlements where the quality of water is sub-optimal.

Overview of WASH in Jaipur (Rajasthan)

Several studies highlight the greater vulnerability of slums in cities in terms of their access to basic sanitation facilities.[14] They outline how poor sanitation contributes to morbidity and mortality among children due to diseases like diarrhea and that it reduces their productivity as adults and life expectancy. However, there is a dearth of city-specific data to understand the extent to which people in the city suffer from these challenges. Therefore, the present study aims to create a consolidated database of access to water and sanitation by the population of Jaipur city so that it is available for planning any intervention. A baseline study also helps in monitoring and assessing the progress and implementation before and after the completion of the activity.

WASH Statistics of Jaipur City

It is estimated that that nearly 6.8 lakh population, which is 22.5 percent of the total population of Jaipur city, lives in slums.[15] Census 2011 highlighted a lack of access to both basic and safe WASH facilities in the city. A recent report outlines that 75.40% of households in the city have piped water supply, while only 69.1% of households in slums have access to piped water connections. In terms of toilets, the report highlights that 82.02% of families in the city have access to toilets, and 16.7% of households still resort to open defecation. The situation in slums is far worse, with 26.25% of households going for open defecation and 71.59% having access to toilets (PFI, 2013).[16]

In grappling with these challenges, the city administration and the state government have devised several development programs in consultation with the Union government as well as non-governmental

[14]See Emily Rains, Anirudh Krishna, Erik Wibbel

[15]https://www.dnaindia.com/jaipur/report-slum-population-double-in-jaipur-in-eight-years-225-of-total-population-survey-2638965

[16]Health of the Urban Poor Report by Population Foundation of India. 2013

organizations for improving the status of sanitation, water supply and hygiene practices in the *bastis* (slums).

Grappling with the Challenges and Outcomes

According to the National Family Health Survey (NFHS-4, 2015-16) data, 31% of urban households lacked access to piped water or public tap water. A 2018 study quantified the effects of urbanization and climate change on water scarcity across global cities. The study stated that Jaipur will be the city with the second largest water deficit in the world by 2050 (Flörke, et al., 2018).[17] Another study found that one in four cities in the world is water-stressed, including metros and smaller cities of India such as Ahmedabad, Jaipur and Bhopal (McDonald, et al., 2014).[18]

Water Mission

It is important to reiterate that only 16% of the families and 25% of the total population in the state of Rajasthan currently receive piped water supply. In order to provide piped water to all by 2024 in the country, the Government of India has recently restructured and subsumed the on-going National Rural Drinking Water Programme (NRDWP) into Jal Jeevan Mission (JJM) (Water-Lifeline Mission) to provide Functional Household Tap Connection (FHTC) to every rural household, i.e., 'Har Ghar Nal Se Jal' (HGNSJ) by 2024. The goal of Jal Jeevan Mission is to provide every household 55 litres of water per capita per day. The Government of Rajasthan and the Government of India would share the project cost in 50:50 ratio. In Rajasthan, increasing FHTC from 11.49 lacs to 92.84 lacs is targeted by 2024.

The state government is also building infrastructure at multiple levels like installation of tube wells, hand pumps and pipelines to deal with the rising scarcity of water, especially during the summer months. Control rooms have been set up for addressing water-related issues because the only source of water supply in Jaipur city is the Bisalpur dam but it cannot supply water to the city throughout the year due to depletion in the water level because of climate change[19]. Seeing depletion of traditional water sources, the government has introduced the Jal Shakti Abhiyan to promote other sources of water such as rainwater harvesting, plantation, reuse of waste water and rejuvenation of water bodies.[20]

In December 2018, in order to provide safe and clean drinking water to the residents of Jaipur, the Jaipur Municipal Corporation (JMC) announced the launch of 200 free drinking places in the city where water purifiers would be installed. This would be the first-of-its-kind project in the country.

Grey and Black Water Management

Jaipur has an extensively developed centralized sanitation system. It covers 60% of the area and 80% of the population of the city.[21] However, there is almost no data in the public domain on access of urban poor and marginalized groups to this centralized system.

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[17]Flörke, M., Schneider, C., & McDonald, R. I. (2018). Water competition between cities and agriculture driven by climate change and urban growth. Nature Sustainability, 1(1), 51-58.

[18]McDonald, R. I., Weber, Flörke, M., K., Padowski, J., Schneider, C., Green, P. A., & Boucher, T. (2014). Water on an urban planet: Urbanization and the reach of urban water infrastructure. Global Environmental Change, 27, 96-105.

[19] https://timesofindia.indiatimes.com/city/jaipur/3-pronged-plan-to-resolve-water-crisis/articleshow/70387063.cms

[20] http://mohua.gov.in/cms/jalshaktiabhiyan.php

[21]https://scbp.niua.org/download.php?fn=Jaipur_1.pdf

For grey water management, the Jaipur Development Authority (JDA) has divided the city into four main drainage zones – the northern and central zones drain into the Dravyavati River, the western zone drains into the Chandlai Lake and the eastern and southern areas combined drain into the Dundh River. However, preliminary findings based on observations during listing the process of the slum dwellers for the baseline survey indicates that majority slums are not connected to the drainage system. Even if some settlements are connected, services are limited to a limited number of households. **In the case of centralized sanitation management system, large parts of the city are not covered by it.** In fact, onsite sanitation systems[22] still serve 20% of the population of Jaipur and the fecal sludge is not being disposed of adequately.[23]

To deal with issues of **solid and liquid or wastewater management**, JMC has launched several initiatives. This includes door-to-door collection of waste from wards and mandatory segregation of solid waste at source by citizens in 2017. The city administration has implemented the Solid Waste Management Rules (2016) for proper segregation and disposal of solid waste as the city produces about 1,900-2,000 tons of solid waste daily.[24]
On the liquid waste management, a desk study conducted by NIUA (2019)[25] reveals:
There is a significant solid hiatus between policy and implementation with regard to sanitation management in the city of Jaipur. Whereas the State Sewerage and Wastewater Policy has extensive provisions for environmentally sustainable, economically viable and socially equitable sanitation system, the actual sanitation management of Jaipur is not following these in practice (p. 46).

Similar challenges have been highlighted in the draft policy of the Rajasthan government for fecal sludge and septage management. The draft policy[26] highlighted:

Rajasthan, given its varying terrain and settlement pattern, faces several challenges, making it expensive to implement piped sewer systems. Considering the current budgetary allocations towards sanitation, providing all households with an access to sewer network may take considerable time, till then some complementary means have to be put in place to manage the fecal sludge from household containment units (p.20).

Despite the given constraints, the state capital has gradually shifted towards providing improved water and sanitation facilities to its residents. The effort has its reflection on the ground. An annual Swachh Sarvekshan (a cleanliness survey) under the umbrella of Swachh Bharat Abhiyan (SBA) or Clean India Mission is carried out by the Quality Council of India (QCI) to assess the level of cleanliness, hygiene and sanitation in cities and towns across India. [27] Jaipur ranked 29th out of 73 cities in the first survey that was conducted in 2016. Thereafter, in 2017, the city ranked 215th out of 434 cities that participated in the survey. In 2018 and 2019, it ranked 39th out of 4,203 cities and 44th out of 4,237 cities, respectively. Jaipur was also awarded as 'the fastest mover among state capitals' in Swachh Sarvekshan 2018[28]. For

[22]Onsite sanitation is a sanitation system in which excreta and wastewater are collected and stored or treated on the plot where they are generated.
[23]https://scbp.niua.org/download.php?fn=Jaipur_1.pdf
[24]Retrieved from http://jaipurmc.org/Jp_HomePagemain.aspx
[25]https://scbp.niua.org/download.php?fn=Jaipur_1.pdf
[26]https://urban.rajasthan.gov.in/content/dam/raj/udh/organizations/ruidp/MISC/FSSM Policy.pdf
[27]https://pib.gov.in/newsite/PrintRelease.aspx?relid=190258
[28] http://www.swachhsurvekshan2018.org/Scores/Index/800522

securing a better rank in the year 2020, the city administration is gearing up to give a boost to the parameters of cleanliness where it lost points in the previous surveys like citizen feedback, awareness campaign, and has decided to focus on behavioral change.

It is also pertinent to understand that a 'one size fits all' solution is not adequate as there are noticeable inequalities across users at different levels. WASH issues differ across locations, seasons and communities. The primary determinant of inequality is access to infrastructure and assets by different population groups. In terms of access to water and sanitation, sharp inequalities persist between those having access to piped water and sanitation facilities and those who do not. For highlighting such gaps which go unreported in the quantitative analysis, the report has inserted a chapter on qualitative aspects which highlights those factors or policies which have not gone in favour of some sections of society, such as lack of space for getting a toilet constructed, or unavailability of ration due to lack of citizenship entitlement documents, etc.

Evaluation Design and Methodology[29]

The Baseline Survey has adopted a mixed methods research with participatory research techniques at the core. Both qualitative and quantitative information was collected from vulnerable and marginal populations and groups during the course of the study. The tools used for the study included (i) closed-ended quantitative baseline survey questionnaire (attached) and (ii) qualitative focused group discussions (FGDs) and key informant interviews (KIIs) (tools attached). For the household survey, a three-round longitudinal cohort survey design was proposed – where a baseline survey was conducted before the intervention, a midline survey will be conducted after 3 years, and an endline survey will be conducted after 5 years (when all intervention-related activities are complete).

Methodology for Quantitative and Qualitative data

Sample size calculation

Since change will be measured over a period of time, i.e. baseline, midline, and endline, and may be other concurrent evaluation; the change detection formula in estimation of sample size has been used as below:

$$\boldsymbol{n} = \frac{D\left[Z_{1-\alpha/2}\{2P(1-P)\}^{1/2} + Z_{1-\beta}\{P_1(1-P_1)+P_2(1-P_2)\}^{1/2}\right]^2}{(P_2-P_1)^2} \times \frac{1}{(1-R)} = \mathbf{860}$$

where,

n = Total sample size,

P_1 = Baseline prevalence of various WASH-related outcome indicators, taken as 50%,

P_2= Expected prevalence at Midline/ Endline, assuming a 10% positive change,

$Z_{1-\alpha/2}$ = Conventional multiplier for confidence level α, set at 1.96 for α=95%

$Z_{1-\beta}$ = Conventional multiplier for power of the study β, set at 0.84 for β=80%

D = Design effect (2.0 for multistage sampling),

R = Non-response rate (taken as 10%)

Therefore, as per above calculations, the minimum sample size required for providing a robust estimate for any WASH-related outcome indicator would be 860, with 80% power and 95% confidence, considering 10% non-response rate. Since the communities in the slums are highly migratory, we expect a high attrition rate. If we inflate the sample size considering 30% attrition rate, we end up with a sample

[29] The methodology and sample calculation has been approved by the ethical clearance board, Kantar IMRB.

size of **1,118** households. Total sample will be equally distributed among the 11 purposively selected settlements for general and vulnerable and marginalised population groups.

Rationale for selection of settlements

1. **Brajlalpura**: The settlement has a fairly large population of people with disabilities, the elderly, widows, and adolescent girls. The quality of water in the settlement is not good. People complain that it is contaminated and filled with nitrates and fluorides. There is no sewer connection in the settlement.
2. **Swami Basti**: Water is available only in the front portions of the settlement. Households in the interior parts of the settlement do not have access to safe and pure drinking water. Residents include people with disabilities, the elderly, widows and adolescent girls.
3. **Manoharpura Basti**: The residents depend on water tankers for drinking water. The settlement suffers from serious sanitation issues.
4. **Transport Nagar**: During monsoon, there is often dirty water in the taps. The residents face sanitation issues and sewerage overflow. There is a serious lack of hygiene and sanitation services in the settlement.
5. **Patel Nagar**: The majority of population here comprises the elderly, widows, children and adolescents. There is no community toilet while the waste management system is inefficient.
6. **Bapu Basti**: There is no provision of waste management facilities by the JMC. Residents of this settlement include transgender persons, Sansi community (marginalized caste) and people with disabilities. There is a lack of awareness regarding menstrual hygiene management among adolescent girls.
7. **Baba Ramdev Nagar**: There is an absence of sewerage and proper water supply. Residents include PwDs and transgenders. A lack of awareness regarding menstrual hygiene management among adolescent girls is a serious issue.
8. **J.P Colony**: The residents face a major issue regarding solid waste collection; besides they lack clean drinking water. The settlement has no sewer lines or street lights. There is a sizeable population of people with disabilities, elderly, widows and adolescent girls.
9. **Sunder Nagar**: Sanitation and hygiene are major problems confronting the residents of the settlement. There is no sewerage system or provision for solid waste management. The settlement has temporary drains that are clogged with waste. There is a fairly large population of people with disabilities, the elderly, widows and adolescent girls here.
10. **Valmiki Colony**: The settlement has a borewell. However, the water is contaminated and unsafe for drinking as it has high nitrate content. Residents face many ailments such as yellowing teeth, gum deterioration, falling hair, stomach ache and joint pains. There is also a lack of awareness of safe storage and purification practices. There is a large representation of low-income and excluded caste groups.
11. **Hathroi**: The area faces a severe problem of sewer overflow, especially when it rains. Waste collection is poor as the waste collection van collects wastes only from the main road. Piles of waste are found in different parts of the settlement. All households have insanitary toilets and a majority have curtains instead of doors, making it difficult for women to use them. There is a large population of minorities, elderly women and adolescent girls in the settlements.

The 11 selected settlements for the baseline study geographically represent 6 zones and 11 different wards of the city and are a good socio-economic representation of the vulnerable and marginalised population groups and urban poor. The CFAR team had not worked in any of the 11 settlements before.

Of the total 1,118 households selected for the baseline survey, 1,118 persons representing urban poor and marginalized groups were interviewed across the 11 selected settlements. In each settlement, **102** households were surveyed and forms were filled in with the inputs received from them.

Household enumeration and listing

In each of the selected settlements, the field investigators prepared a household list by conducting door-to-door enumeration, fully covering the settlements. Population-wise, a total of 14,641 members of general, vulnerable and marginalized populations were enumerated in these settlements. Since the aim was to identify an appropriate representation of the below-mentioned categories in the sample, separate household lists were prepared, corresponding to each vulnerable category. These lists served as the sampling frame for selecting the desired number of survey households. Hence household listing was done for:

(i) General population (households with at least one general category person, with or without any vulnerable and marginalized population)

(ii) Each category of vulnerable and marginalized population group:

- Households with at least one person with disability;
- Households with at least one elderly person (aged 60 years or above);
- Households with at least one adolescent girl;
- Households with at least one widow;
- Households with at least one deserted woman (a woman who has been abandoned by her husband and in-laws);
- Households with transgender persons.

Household selection for general category: From the list of all general households in each selected settlement, the required number of households was randomly selected. The total required sample for the entire evaluation was calculated as 102 households, to be equally distributed among the selected settlements.

Household selection for vulnerable and marginalized population groups (except transgender persons):

The entire universe for the vulnerable and marginalized population in the selected settlements was covered. This was done keeping in mind the fact that a sample would be too small to provide appropriate estimates of any WASH-related outcomes among this group. It was thus decided to include all the households from the lists of vulnerable and marginalized households (prepared during the household enumeration mentioned above), in the panel during baseline survey. Five different vulnerable and marginalized population groups were identified within selected settlements – the elderly, adolescent girls, people with disabilities, widows and deserted women. If a household had more than one individual from either the same category or different categories, only one household-level interview was conducted. However, it was ensured that the interview covered specific questions designed for the respective categories of vulnerability of the respondent.

Household selection for transgender category: Since, transgender persons in Jaipur live in clusters isolated from regular settlements due to stigma, discrimination and social exclusion, CFAR adopted a different sampling methodology for this group. The transgender persons in Jaipur lives in a total of 9 pockets – 3 areas in 3 baseline settlements covering 3 wards, and 6 areas in non-baseline settlements covering a total of 6 wards. A complete enumeration of all transgender households was done in the identified transgender areas. All of them were recruited in the panel of transgender household survey with the aim of covering the universe within these 9 selected settlements (transgender areas).

It needs to be emphasised that the evaluation team will attempt to follow the same panel of households recruited at baseline – both general and vulnerable and marginalised populations and groups. However, due to high migration rates, if we fail to retain sufficient sample in the panel in follow-up rounds, we will be recruiting new households in the panel in midline and endline surveys.

Snapshot of sample design

Population of Jaipur	**6,626,178** **M: 3,468,507,** **F: 3,157,671**
Total Zones	8
Total Wards	91
Total Settlements	238
Settlements for DFAT intervention	68 20 Wards 6 Zones
Total HHs in 68 settlements	25325
Total population of 68 settlements	138309
Baseline Survey	11 Settlements 11 Wards 6 Zones
Total population of 11 settlements	20363
Total HHs in 11 baseline settlements	1118
Total HHs selected for baseline survey in each settlement	102

Table1: Snapshot of sample design

Qualitative Data

For collection of qualitative data, semi-structured interview formats were used. A total of 15 focus group discussions and 24 key informant interviews were undertaken with community groups and key stakeholders, respectively. The details of FGDs and KIIs conducted across the settlements and with various stakeholders, respectively, have been presented in Annexure II.

Rationale for selection of Community Groups for FGDs

As part of the Baseline Survey, FGDs were conducted with the consent of the participants involved. Each group consisted of 8-10 respondents. The rationale for selection of participants for each FGD was as follows:

- Selection done by CFAR Jaipur team as being representative of the particular group
- Groups nominated by CFAR community platform – Mahila Arogya Samiti (MAS) or Women's Health Committee, transgender groups, self-help groups (SHGs)
- Office-bearers of existing community platforms – for example, Slum Development Committees
- Identified by local frontline workers

Training and capacity-building

Community researchers who had the experience of conducting large-scale surveys among urban poor and vulnerable and marginalised population groups were recruited to conduct the survey. A three-day training and capacity-building workshop was conducted with the members of the CFAR team, Jaipur, and community researchers to orient them about data collection techniques. This also included sessions on familiarizing the researchers with the quantitative aspects of data collection. It needs to be underscored that community researchers became change agents in the process of conducting the research. Also, the involvement of community researchers ensured the quality of data collection from the field as it was found during data validation that the community felt safer while sharing information with them. Community researchers also help desk researchers in highlighting the gaps and interpreting data.

As a first step, the researchers were apprised of the objective of the survey keeping in view that the respondents could inquire about the purpose behind sharing the information. They were also trained in the method and procedures to be followed while collecting data and undertaking the household survey questionnaire. Orientation on research ethics, importance of taking consent, and confidentiality of data was also provided.

As a second step, a one-day orientation workshop was also organised to orient the CFAR Jaipur office team to qualitative methods of data collection. This involved training on conducting FGDs and KIIs. There were also trained on filling in of several documents including the Informed Consent Form, Informed Parental Consent Form for adolescent girls and Informed Assessment Form prior to conducting FGDs and KIIs.

Before starting the actual survey, the team was made to conduct mock interviews. Teams of two researchers (one researcher to interact with the respondent and the second to record the responses) were sent for field-testing of the questionnaire prior to rolling it out. According to the feedback received from community members during the field test, the required modifications/corrections in the survey

questionnaire were made. For every six community researchers, one field coordinator was allocated for regular monitoring of data collection.

Data Quality Assurance Mechanism

In order to have oversight on the quality of data collected, a two-tier, independent data quality assurance mechanism was instituted. The first level of monitoring and supervision consisted of one-member quality control personnel who monitored data collection activities on an on-going basis throughout the data collection process. The quality control person accompanied the survey team and visited some of the selected households where the survey was being undertaken to randomly repeat the interviews with a sub-sample of respondents who had already been interviewed. In the re-interview, key selected questions from the original questionnaire were asked. These re-interviews were conducted on the same day, or the day after completion of the interview by the main research team. This allowed the quality control person to match the data with that from the main survey team and provide feedback to them. If major discrepancies were found, the team investigator was asked to re-interview the actual participant. Also, a field supervisor was appointed over each team of field investigators in order to regularly monitor data collection, monitor aspects including the average time taken to fill in one questionnaire, reporting in the field by the field investigators and keeping a watch on the overall field protocol.

Methodology for Data Analysis

The collected data was analysed across 5 thematic areas – Availability, Accessibility, Affordability, Awareness, and Aspiration as detailed in the figure below[30].

Figure 2: Five Thematic Areas of Analysis

Structure of the report

The Introduction, which forms Chapter 1, presents the brief background of the study, sample characteristics, and brief profiles of the settlements. Chapter 2 presents data on the WASH indicators based on socio-economic and spatial dimensions. Chapter 3 is a qualitative analysis with voices from the community, while Chapter 4 contains the response from stakeholders, particularly the government. Chapter 5 contains conclusions and recommendations.

[30]Data (both quantitative and qualitative) was collected from the respondents only. For example, to assess water quality, only what the respondents felt was recorded, and no physical water quality lab-based testing was conducted.

CHAPTER 2: QUANTITATIVE ANALYSIS

The baseline survey was conducted in 11 settlements comprising 1,118 households (i.e. 5.5% of the sample population), representing a population of 20,363 households. These 11 settlements geographically represent 6 zones and 11 different wards of the city. Of the total surveyed households, representation was ensured from all sections of society, including persons from different socio-economic strata. Overall, the selected sample had 20.84% (233) males, 77.37% (865) females and 1.79% (20) transgender. In case of transgender, it was difficult to find a good representation in the selected 11 settlements, thus 16 transgender respondents were selected from other settlements (**for settlement list, see Annexure V**).

Section A: Demographic Distribution

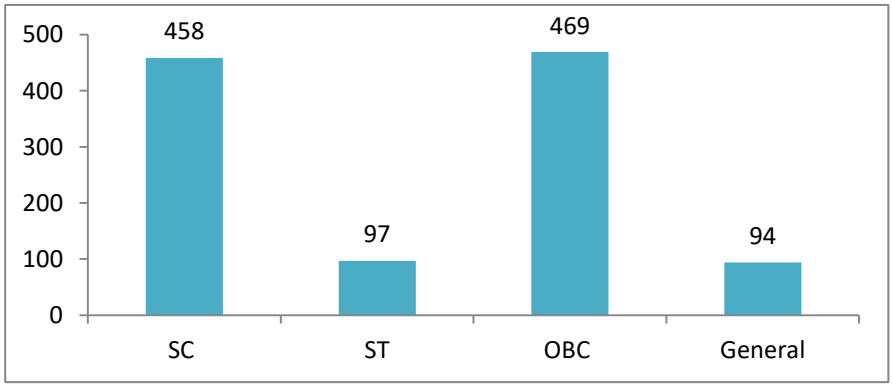
In terms of cohorts of general and vulnerable and marginalized populations and groups households, the baseline survey was conducted across 880 urban poor/general **households**/respondents and 238 **vulnerable and marginalized populations and groups households** (distribution across population groups is shown below in the table).

Type of vulnerable and marginalized population group households	Number of households surveyed
Single Women	18
Persons with Disability	20
Elderly	78
Transgender	20
Adolescent Girls	51
Widows	51

Table 2: Demographic Distribution

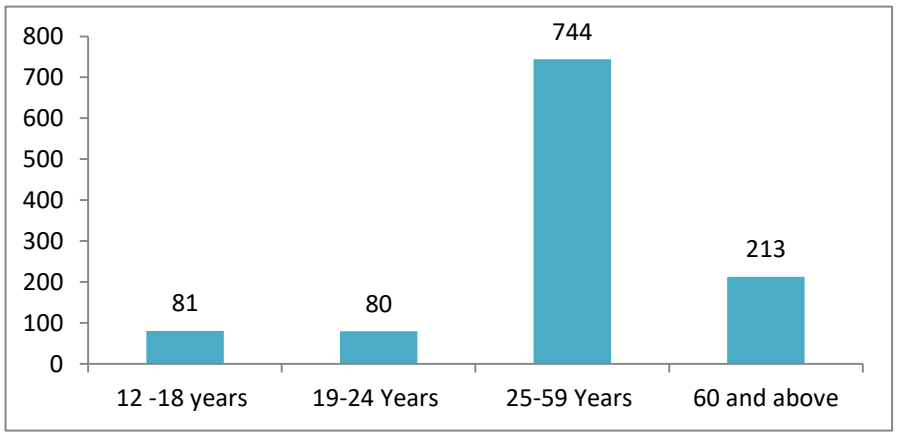
The report highlights the **caste-wise** cohort and status of accessibility of WASH services in the surveyed settlements. Caste as a social demography in India is important determinant of development and inequalities. Broadly, caste system is categorized into four broad groups – Scheduled Castes (SCs), Scheduled Tribes (STs), Other Backward Castes (OBCs) and General caste group (also known as upper caste). On socio-economic scales, SCs and STs are the most deprived group.

The survey included 40.97% households belonging to SCs, 8.68% ST HHs, 41.95% OBC households and 8.41% belonging to general caste. Caste-wise distribution of households is shown below in Graph 1.



Graph 1: Distribution of HHs by social groups

Age group of respondents: Before the survey, it was decided to include certain proportions of adolescent and elderly respondents from each household. However, the number of respondents from preselected categories changed during the actual survey as respondents from these categories turned up in larger numbers during the survey. In the surveyed households, the age of respondents varied from 12 years to 95 years. Between 12 to 18 years, there were 81 respondents (7.25%) (age-wise distribution of households is shown in graph 2).

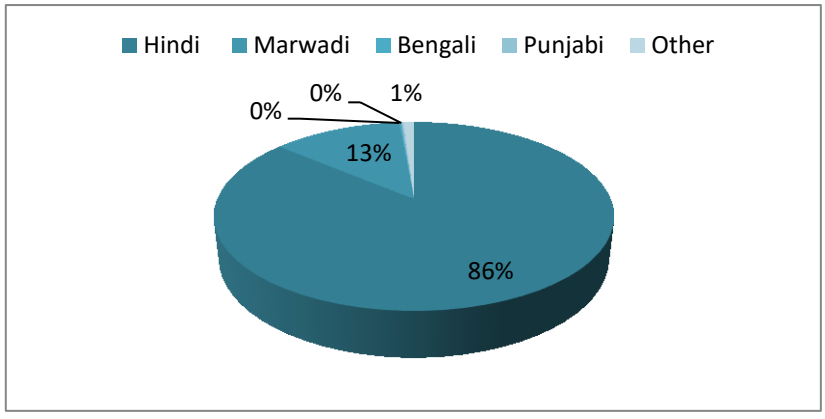


Graph 2: Distribution of age group of respondents

Out of a total 81 adolescents, 9 were married while one was widowed and one was living as a single mother. Of the 9, 8 were girls. The total number of elderly respondents was 213, including both single women and widows. It is important to highlight here that underage marriage is still in practice in rural and urban parts of Rajasthan. It is deep-rooted in the belief of the families that the girl is a liability and should be married off and sent to her husband's house as early as possible, as was observed during the survey. According to the National Commission for Protection of Child Rights Report 2018, Rajasthan had 16.2% prevalence of child marriage, which is very high compared with the national average of 11.9%. However, the government's concerted effort in recent years has resulted in 20% reduction according to the NFHS-4.

Language Preference, Residence and Migration Status

Of the surveyed respondents, the majority spoke Hindi (86.14%) and Marwari (12.43%) while a small proportion spoke Bengali (0.18%), Punjabi (0.18%) and other languages (1%).

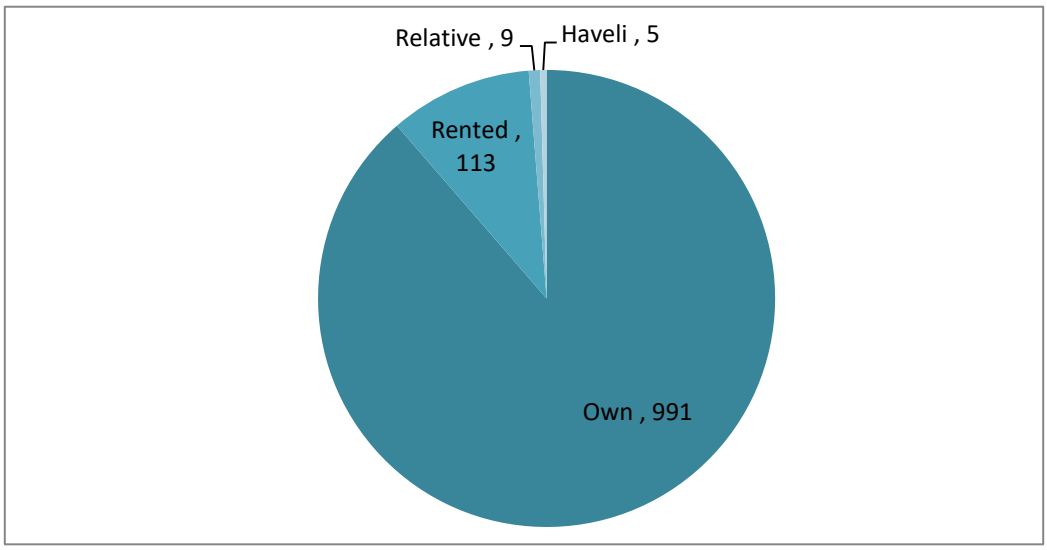


Graph 3: Mother tongue of the respondents

91.68% (1,025) of the total surveyed respondents had been living in the same house since they migrated to the city while 8.32% (93) had changed their residence. The patterns of migration was largely intra-state and intra-district. Out of 1,118, respondents, 882 were from Jaipur district while 179 were from other districts of Rajasthan. 107 reported belonging to other Indian states, including Bihar, West Bengal, Haryana, Madhya Pradesh and Maharashtra. Two of the respondents were from Nepal.

As the survey data reported, 92% of the respondents had been living in the same house since their family migrated to the city, it is important to note that there are many ethnic communities who have been living in the city since pre-independence days, and some of the settlements surveyed for this report are more than 60-70 years old, where many generations of inhabitants have lived. The remaining 8% of the respondents who changed their residence did not have fixed settlements, and had been living in groups in the surveyed settlements with limited rights as they failed to access citizenship entitlements.

In case of type of ownership, 89% of the surveyed households reported that they owned the house they lives in (distribution of households with respect to ownership has been shown in the figure below)



Graph 4: Ownership nature of the houses

Owning the houses here refers to living on the land for years, however, none of the below had a formal *patta* or legal ownership document to prove their land entitlements rights. Significant variations in legal entitlement of land across as well as within settlements were noted in the survey. This also emerged as one of the reasons for exclusion of households from accessing basic WASH facilities as often government agencies demand documents to prove ownership of land or property before installing water connection or providing other services. Similarly, access to basic facilities also varied between individuals living in rented houses and those living and taking care/guarding a *haveli* or a large ancestral property in the absence of the owner.

It was observed during the survey that the people living in rented houses were migrants and had no access to citizenship entitlements, which resulted in limited accessibility of government welfare schemes for the

urban poor. However, people living in a *haveli* had better facilities as the property belonged to wealthy persons and were equipped with basic facilities.

Educational Attainment and Employment Status

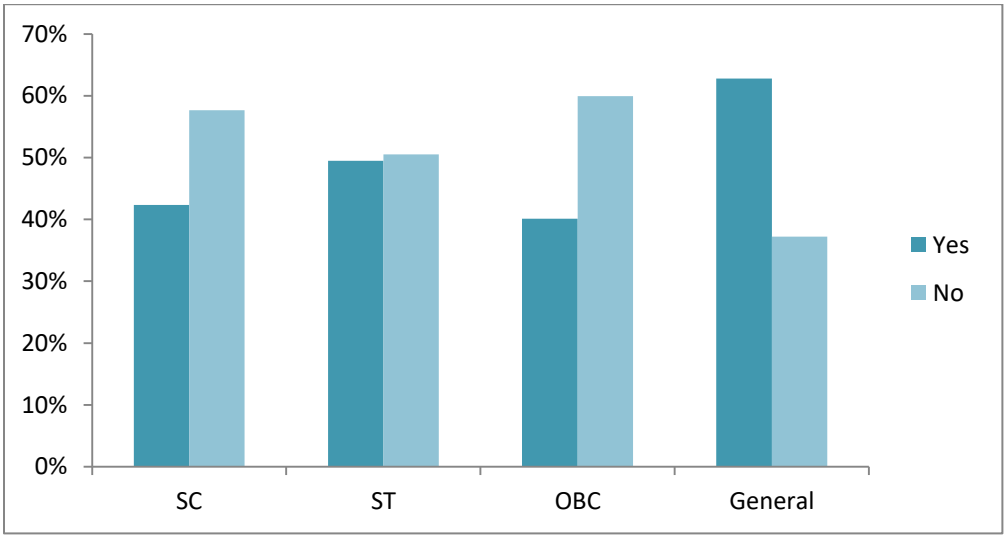
Regarding the level of education and educational attainment, out of the 1,118 respondents, only 43.74% (489) had attended school. Distribution of HHs with respect to educational attainment is shown below in the table:

Education Level	Number of households	% of households
Below Primary	116	23.72%
Primary	195	39.88%
Middle	118	24.13%
Secondary	36	7.36%
Graduation, except technical degree	8	1.64%
Diploma/certificate	9	1.84%
Post-graduation	7	1.43%

Table 3: Distribution of HHs with respect to educational attainment

Caste and educational attainment

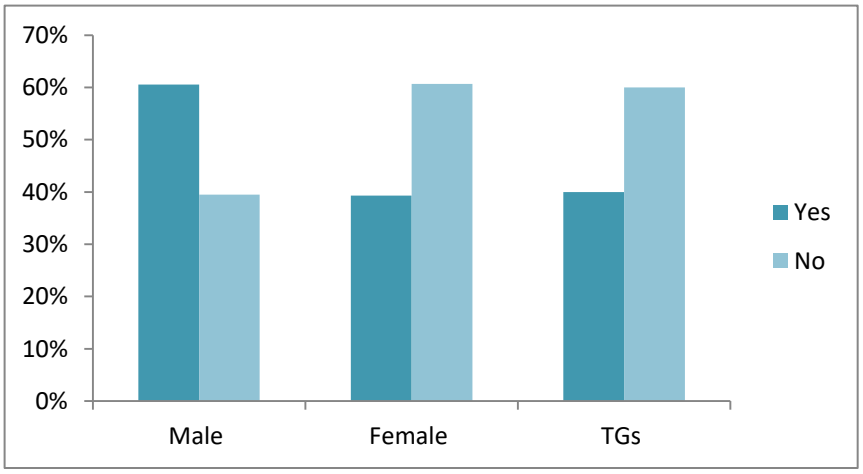
The study reveals that across caste-groups less than 50% of the SC and ST respondents and almost 50% of OBC respondents attended school. 63% of respondents from the general caste group had attended school, which was significantly higher than the other caste groups (See the graph below):



Graph 5: Caste and educational attainment

Gender and education attainment

The study shows that 61% of male respondents had attended school against 39% of females and 40% of transgenders (See figure below).

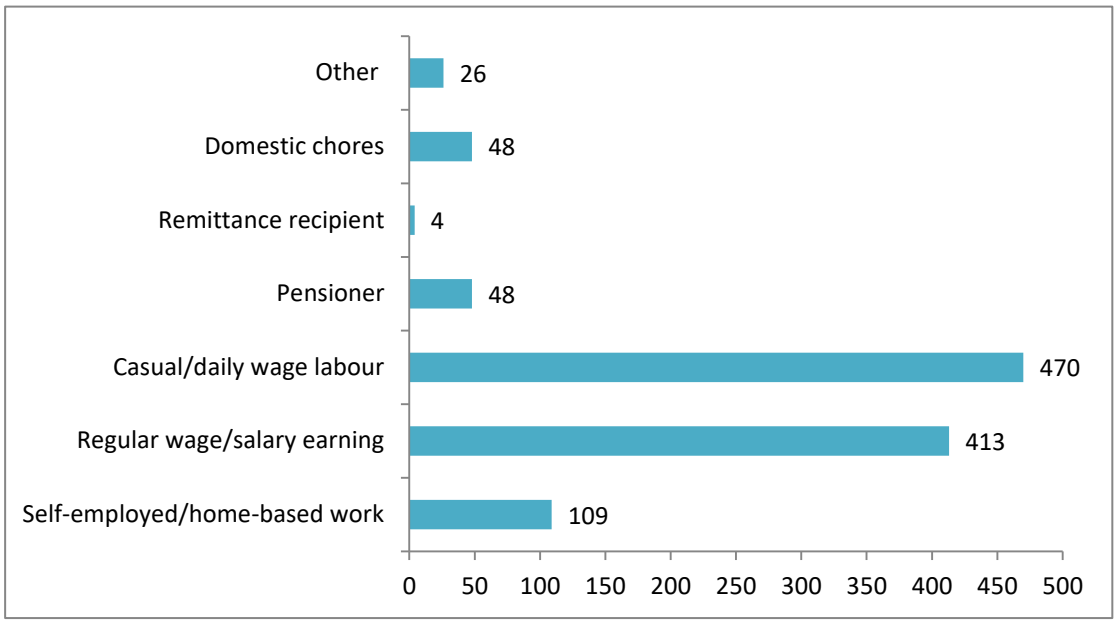


Graph 6 : Gender and education attainment

Lower educational attainments have several consequences in terms of awareness and knowledge about the rights and ability to access entitlements. The study underscores that women have to bear greater burden as they must take care of household chores as well as ensure basic needs like drinking water, providing food and other basic essentials. Further, the poor educational attainments among women, exacerbates the problem. The Government of Rajasthan is implementing several scholarships and incentives like distribution of bicycles, financial assistance to promote education among girls. However, in some cases, the efforts have led to resentment among slum-dwellers as highlighted in the survey. For instance, the government is making secondary level education mandatory as a prerequisite for getting sanitation work, resulting in exclusion of significant number of slum-dwellers – both males and females – as they fail to meet the criteria. The fact that out of 20 transgenders, only 11 knew how to read or write their names leads to even greater exclusion of this group.

Employment, Income and Expenditure Pattern

The survey also captured the employment status and source of income of the head of the households. It was found that they were engaged in different kinds of activities varying from daily wage labor to domestic chores. It also highlights that majority residents were contracted to undertake daily or seasonal labor (casual/daily wage labor) for months by private or government agencies, with no access to social security or job security. They usually get their jobs through labor chowk (labor point) as the city has several labor points where the jobseekers go and wait for the employers. Significant number of residents were also engaged in work with a monthly salary (regular wage/salary-earning) and some in home-based work, including rag-picking, segregation of rags, making of carpets at home, rolling of bidi or indigenous cigarettes (See graph below).



Graph 7: Source of income of head of the households

Income and Expenditure:

Irrespective of the kind of employment taken up by the head of households, 40% had a monthly income below INR 7,000 and 39% had an income above INR 10,000 (See the table below).

	Income (No of households)	Percentage	Expenditure (No. of households)	Percentage
< 1000	14	1.25%	19	**1.70%**
1000-3000	34	3.04%	78	**6.98%**
3000-5000	130	11.63%	234	**20.93%**
5000-7000	273	24.42%	336	**30.05%**
7000-10000	233	20.84%	233	**20.84%**
> 10000	434	38.82%	218	**19.50%**
Total	1,118	100	1,118	100

***Table 4**: Income and Expenditure Table*

The expenditure pattern shows that the monthly expenditure of 60% of the households is below INR 7,000. It is important to highlight here that the Government of India had constituted different committees like the Tendulkar Committee and Rangarajan Committee in the past for estimating the poverty line in India. According to the Rangarajan Committee Report (2015), the poverty line was INR 32 for rural areas and INR 47 for urban areas per day per person. According to the Government of Rajasthan, the poverty line is INR 28.20 per day in urban areas and INR 25.16 for rural areas per day per person. Given the income of the surveyed households and considering the average family size of 5 members, the household

income of INR 10,000 per month means an individual survives on INR 67 (less than 1 AD) for a day. In case of income of INR 7,000 for a family, the per day per person income is calculated to be INR 47, which touches the boundary of the poverty line.

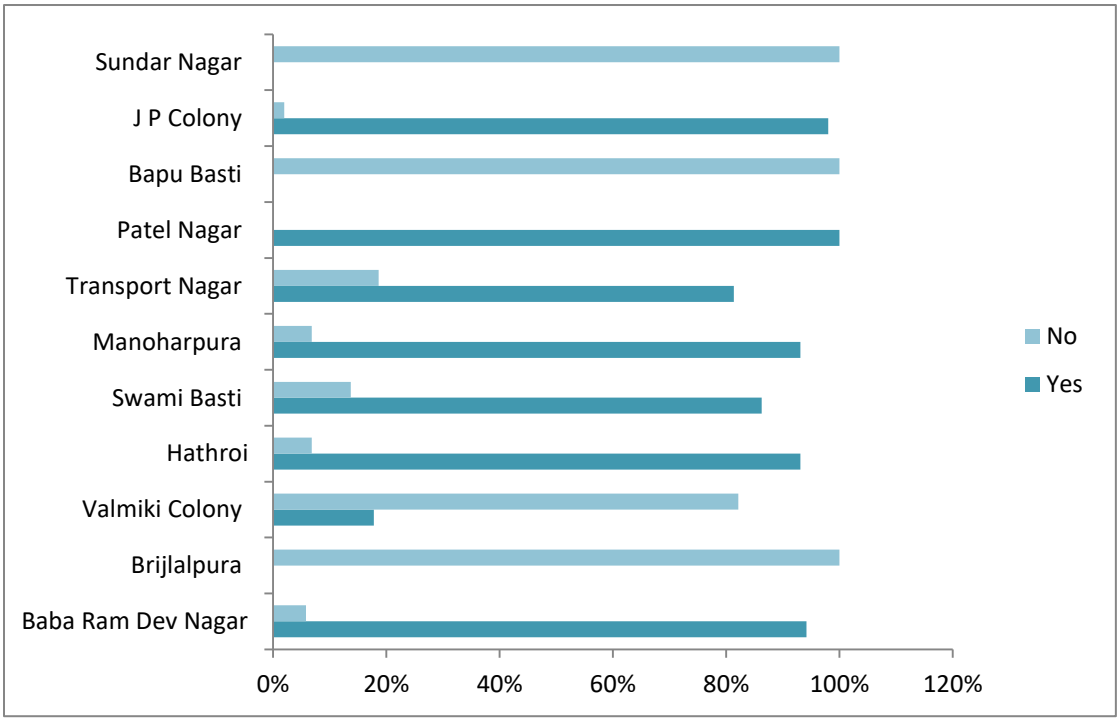
Section B: Water

i. Out of a total of 1,118 surveyed households, 62.08% (694 HHs) reported having access to the government piped water connection (Bisalpur Water Supply) in their houses and 1.43% used public taps. However, 31.84% (356 HHs) also reported accessing ground water (water supply from the borewell installed by a private person; government water supply for the slum-dwellers, and other sources) for their daily use. In this category, 307 households got water through the piped water supply system either by the private player or the government, and the rest (i.e. 49 HHs) visited the borewell to collect water. 79 households reported accessing water from neighbors, in which those with access to the Bisalpur Water Supply were also included. According to the Bureau of Indian Standards, a minimum water supply of 200 litres per capita per day (lpcd) is required for domestic consumption in cities. This is calculated on the basis of each household having five-members and each person being entitled to 40 lpcd. However, a significant number of surveyed households (1001HHs), dependent on the government water supply or community borewell (i.e. 47.85%) reported receiving less than 135 lpcd water, which works out to 2 lpcd, as the average family size of the surveyed households was 5.5, while 50.85% reported receiving more than 135 lpcd of water.
ii. The duration of water supply through piped connection (1,001 HHs) was found to be critical. 47.35% households reported receiving water supply for less than an hour, and 37.56% reported receiving water for 1 to 2 hours. Only 11.79% had water supply for 10-24 hours.
iii. Out of total surveyed households, 117 did not have piped water supply, which requires them to collect water either from their neighbors, a borewell or a water tanker. Majority of households (74.36%) reported that the water was collected by a woman member of the family in the age-group of 18-59 years. 9.40% of them reported a girl of the age group less than 18 years collecting water for the family. 57.26% of the households reported investing more than an hour to collect water. However, a majority (88%) revealed that expense on water was not an issue. While, the remaining 12% spent between INR 50 to 1,000 on water. A large proportion (63.5%) of those who went to collect water did not know the approximate distance of the water source from home.
iv. Out of the surveyed households, 89.62% reported clear water supply. However, a small proportion, 4.03% and 4.65%, complained the water was muddy or hard, respectively.
v. Out of the total surveyed households, 14.58% reported cleaning water before drinking using different methods, like straining with a clean cotton cloth (87.73%), using water filter made of ceramic and sand (6.13%), and boiling (3.07%).
vi. 87% of the respondents admitted receiving regular water supply through the above-mentioned sources. However, most of them (48.76%) received less than 135 lpcd of water.
vii. 95% of the respondents found the present water supply fulfilling their needs but they also admitted they reached out for the assistance of private systems, including private water tankers and government-supported water “Water ATMs”, in summer.
viii. 109 households reported collecting water daily from a distant source. Out of them, 67% spent more than an hour on this activity.

Analysis

In the surveyed households, 62% had piped water supply provided by the government. It is apparent that the water supply is for a very limited period and a majority of the households received less water for daily use than the standard supply required for households. There is also a perception among the households that the water from different sources, including piped water supply or borewell, is clean and safe for drinking. A similar perception was noticed in the baseline survey in Bhubaneswar, too. However, samples of water picked up from the settlements and tested for water quality showed that this perception was misplaced.[31]

Inequity and exclusion were noted in the provision of WASH services by the government among the 11 surveyed settlements. For example, it was observed that settlements like Sunder Nagar did not have a single household with piped water supply, but in Baba Ramdev Nagar, 96% of the households had piped water connection. The ones that were not connected to the piped water supply depended on borewells or private sources. For example, in Valmiki Colony, 18% of the households were connected to the Bisalpur water connection (government piped water supply), and the rest depended on borewell water. Among those who used borewell water, a majority of them got water directly from the borewell through a temporary plastic pipe line. This borewell was not installed by the government but a few people in the settlement had made arrangement for this (**For more, see Annexure VI- Note on settlements**).



Graph 8: Settlement-wise water supply status

[31] Water samples from 14 settlements were submitted for testing to the State Water Testing Laboratory, Odisha last year. The report highlighted high level of contamination of water in the supplied drinking water in those settlements – iron, turbidity and nitrate. On many indicators, including pH value, chlorine level, etc, the report highlighted that the no relaxation could be given, which implies that the water needed treatment before it could be supplied as drinking water.

Gendered division of work was also underscored in the survey. In majority of the households (74%) without piped water supply, woman members between 18 to 59 years had to fetch water from the source. In the remaining households, adolescent girls less than 18 years of age (9%), adult men between 18-59 years (3%), elderly men (3%), young boys (1%), and elderly women (9%) collected water for daily use.

Given the figures on accessibility of water, three points emerge – quality of water supply, who bears the brunt of water supply, and who are the most affected due to poor water supply. A comparative analysis of the quantitative figures on water supply collated as part of the survey and the standard quality protocol jointly set by WHO and UNICEF (i.e. JMP) underlines the challenges and scope for improving water supply. Following the JMP criteria of assessing supply of water in HHs, only 62% of the surveyed HHs had a basic supply of piped water while the rest depended on other sources for their daily use of water. However, if we go deeper into the findings we find that it does not meet the JMP criteria in many ways. For instance, we find that figures for amount of water accessed by the surveyed households reveal that nearly 50% of them received less than 135 lpcd of water (less than the 200 lpcd mandated by the Bureau of Indian Standards). In the surveyed sample, 659 respondents were in the age group of 19-45 years, and out of them 530 were females, who belonged to the reproductive age cluster. The duration of water supply was found to be critical across surveyed households. The duration of water supply in most of the households was between 1-2 hours in a day, while only 12% had 10-24 hours of water supply.

Again if we apply the JMP criteria for both basic and safely managed water, we find that in terms of quality there are many issues to be addressed. In terms of quality of water, 90% of the households perceived the water as clean, and the rest found it to be muddy or hard. Such perceptions have a consequence on the efforts put in by individuals in purifying the water before drinking. Thus, the proportion of households that cleaned water before consumption by any one of the methods was low (15%). This perception of clean water is purely based on the color and appearance of water. Similar perceptions were found in Bhubaneswar, too, but after the testing of the water it was found that water had multiple impurities which could severely impact human health. According to a report by the Union Water Resources Ministry, rural Rajasthan is most severely affected by contaminated water in India. The report highlighted that rapid urbanization, geographical condition and demographic pressures have put additional demand on availability of water. Consequently, it generates a huge quantity of wastewater, which mixes with ground water untreated.

It results in the spread of water-borne diseases like cholera and dysentery. Moreover, this is a vicious cycle of supply of contaminated water and the chain can be broken by using a multi-disciplinary approach like sustainable use, wastewater treatment, local innovation, and so on. With regard to the time spent in collecting water from the sources, out of the 117 households which had no piped water supply access, 57% reported that they spent more than an hour collecting water, and in 74% of the cases water was collected by women members.

There are multiple factors that affect the supply of water and installation of a formal piped water connection. It was observed that in some settlements, the pressure of water supplied was not adequate and it did not reach all households, therefore people preferred not to get a formal connection. Some households had individual taps, but there was no water connection. This highlights the fact that while the water supply service in the areas existed, but it was not streamlined. Improved water supply needs a

proper connection, adequate pressure, and 24 hours of uninterrupted water supply on one hand, and a scope for innovation in terms of storage and conservation of water on the other.

The overall assessment of water supply in terms of accessibility, availability and quality underscores that the services fall short of the benchmarks as per the JMP ladder, and that there is a need to improve services at all levels. Some of the areas that need attention and improvements include:

- Accessibility of water accessible in all kind of premises, including houses, schools, community centres,
- Need-based availability of water,
- Water free from contamination.

Ensuring safely managed water supply requires stringent quality checks of the water to ensure that it is free of chemical and faecal contamination. Similarly, focus needs to be given to areas where supply of drinking water is limited, i.e. time for collecting water exceeds 30 minutes. In case of households dependent on surface water, i.e. water from a river, dam, lake, pond, stream, canal or irrigation canal, immediate intervention is needed.

At present, majority women members in households (74%) spend significant time in fetching water from outside sources. They are also the primary users of water as they cook, take care of children, maintain hygiene during their menstrual period, and so on. Therefore, fulfilling the criteria of water supply under the JMP ladder will not only improve the overall health and well-being of the community but will also ensure greater participation of women in social, economic and political spheres as it will reduce their extra burden of fetching water.

Moreover, the poor quality of water supply infrastructure coupled inadequate and contaminated water supply not only affects the JMP standard of measuring WASH indicators, but also adversely affects women, the elderly and adolescent girls who bear the extra burden of collecting clean drinking water for their households.

Section C: Sanitation

Key Points:

i. Out of the surveyed HHs, 84.70% reported having toilets within their premises and 18.27% reported sharing these with other families.

ii. 15% of the households did not have a toilet. Of these, 32% went to a nearby water tank, 8% went to the bush, backyard or a field whereas 14% used their neighbor's toilet and the Community Toilet Complex (CTC).

iii. Out of the total households (947) with toilets, 42.56% (403) had either single or double pit type toilets, while 1.69% (16) were connected to a septic tank and 528 (55.76) were connected to sewerage for faecal sludge management. However, only 10.14% of the toilets in the houses were desludged on a regular basis through manual (11.46%) and mechanized method (88.54%). The period of desludging varied from 1-3 years to 5-7 years.

iv. Out of the households having their own toilets, 94.19% had flush or pour flush type toilets, and 5.81% had the waste draining into a canal, creek or river.

v. Only 1.69% households with their own toilets had a special facility for persons with disability and the elderly, which includes provision of ramps, side handles, western seats, chair toilets, child seats, and tube-lights/bulbs on the path and inside the cubicle.

vi. 17% of the houses with toilets reported constructing it in the last five years, 58.92% more than five years ago while 24.39% reported not knowing the year of construction of the toilet.

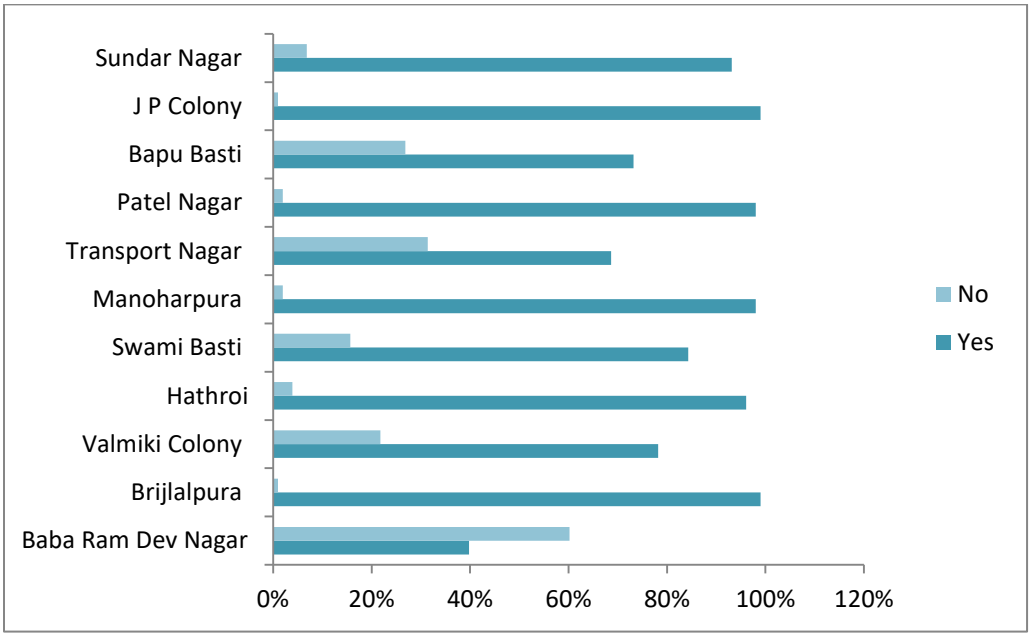
vii. Only 11.62% of households with toilets had received subsidy under the Swachh Bharat Mission or Clean India Mission (SBM/CLM). Of these 55.91% reported receiving INR 4,000 and 30% received INR 8,000. For availing the subsidy, the households reported submitting Aadhar Card (UID or Unique Identification Number), residence proof, ration card and bank account details.

viii. Of the total surveyed households, 415 applied for the subsidy under SBM. However, only 110 households received it. 305 households did not receive the subsidy due to either lack of documentary proof to claim the funds or lack of regular follow-up from their end or by the middlemen who applied on their behalf.

Analysis

The survey reveals the needs and challenges related to improved sanitation at the household level as well as the exclusion stemming from gender inequality and marginalization across selected settlements.

In 85% of the households, basic sanitation infrastructure i.e. toilets were present. However, significant variations emerge in terms of availability of toilets across settlements. For example, the number of households with toilets in Brajlalpura was greater compared to Baba Ramdev Nagar (See graph below).



Graph 9: Settlement-wise basic sanitation infrastructure

During field observation, it was found that people preferred to go outside for relieving themselves despite houses having toilets because the toilets did not cater to the needs of adolescents, elderly and persons with disabilities. The problem was greater for adolescent girls during their periods (For this, see the chapter on vulnerable and marginalized populations and groups).

JMP Service ladder and Sanitation

JMP labels sanitation services in two broad categories – basic and safely managed. Basic sanitation means facilities which are not shared with other households, and safely managed means improved facilities which are not shared with others and sludge is safely disposed of *in situ* or transported and treated off-site. Improved sanitation includes flush/pour flush to piped sewer system, septic tanks or pit latrines with proper ventilation. The survey found that overall 85% of the households had toilets, while 15% did not.

However, as per the JMP standards, accessibility to basic and safely managed sanitation services was compromised on several scores. As stated above, JMP refers to access to basic sanitation as households having the facilities, which are not shared, while safely managed sanitation as proper management of sludge from the facilities used by household members, emptying and transport of sludge for treatment, discharge and reuse.

With regard to JMP indicators, it could be said that out of 947 households (which had toilets), only 774 (69%) had basic sanitation since 18% (173 HHs) shared toilets with other families. However, majority toilets in households lacked proper ventilation, lighting and sludge management. But on the ladder of safely managed sanitation, 419 (44.24 %) households were either connected to single pit, twin pit or to septic tank. However, only 10% toilets were desludged on a regular basis, some at reasonable periodicity of 1-3 years and others as infrequently as 5-7 years. And 528 (55.76 %) of the toilets were connected to sewerage for septage management. Considering the fact that desludging is dependent on the size of the pit, it has been recommended that it should be done every two years in order to avoid overflow and open discharge of sludge.

As stated earlier, in 55 households (5% of the total), waste from toilets was directed to open fields, forests, bushes or open water bodies. As many as 171 (13.30%) households still practiced open defecation, as revealed by the survey. Open defecation figures augmented with the number of households which discharged their waste in open water bodies or bushes results in a total of 18.30% households. This is a significant proportion, and there is a high probability of these households contaminating water sources.

Therefore, in-depth assessment of survey data in reference to the JMP definition of basic and safely managed sanitation, highlights that households both with and without a toilet fall below the ladder of basic and safely managed sanitation as they fail on criteria like proper ventilation, safe and regular collection of sludge *in situ* and its off-site treatment. Our intervention should focus on improved sanitation for all types of households, particularly on reducing sharing of toilets and ensuring proper disposal of sludge using either of the below mentioned practices:

- Treated and recycled *in-situ,*
- Safe containment to collect and then emptied and transported to a plant for treatment, or
- Transported through a sewer with waste wastewater and then treated on the located site.

Section D: Hygiene

Apart from building sanitation and water supply infrastructure for ensuring better health for the people living in poor settlements, many development agencies have found that infrastructure development needs to be supported with behavioral change among people. This section highlights the behavioral aspects of people which have an impact on health, like proper washing of hands before and after food preparation and eating, safe disposal of (children's) excreta, menstrual hygiene management for adolescent girls and women and so on.

i. At the time of the survey, 4.74% of respondents reported that someone in their family had suffered from malaria, dengue or chikungunya. The most affected group was children below 12 years (30.19%) and those between 18 and 40 years (30.19%). Out of the households whose members suffered from such diseases, 50.94% believed mosquitos to be the main cause of these. A significant proportion, i.e. 24.53%, did not know what had caused the disease.

ii. Out of the total surveyed households, 66.99% stated that diseases like malaria or dengue could not be prevented. The remaining respondents reported preventing such diseases through different modes like consuming purified water and hygienic food and eliminating mosquito-breeding sites.

iii. 96.24% respondents reported washing hands before eating, and 96.33% reported washing hands after defecation. However, 23.43% respondents only used water while the rest - 75.94% - used both water and soap.

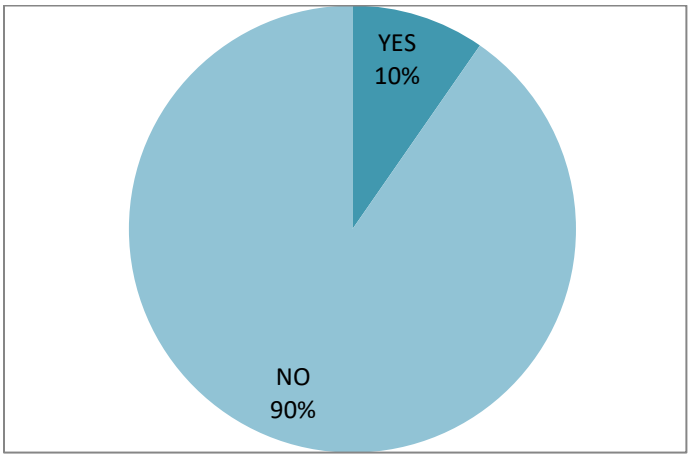
iv. Those who avoided using soap either said it was expensive (49.44%) or believed that water alone was enough for cleaning hands (23.42%), or were negligent (19.70%).

v. 95.97% of respondents reported using footwear while going to the toilet, while 4.03% of them did not.

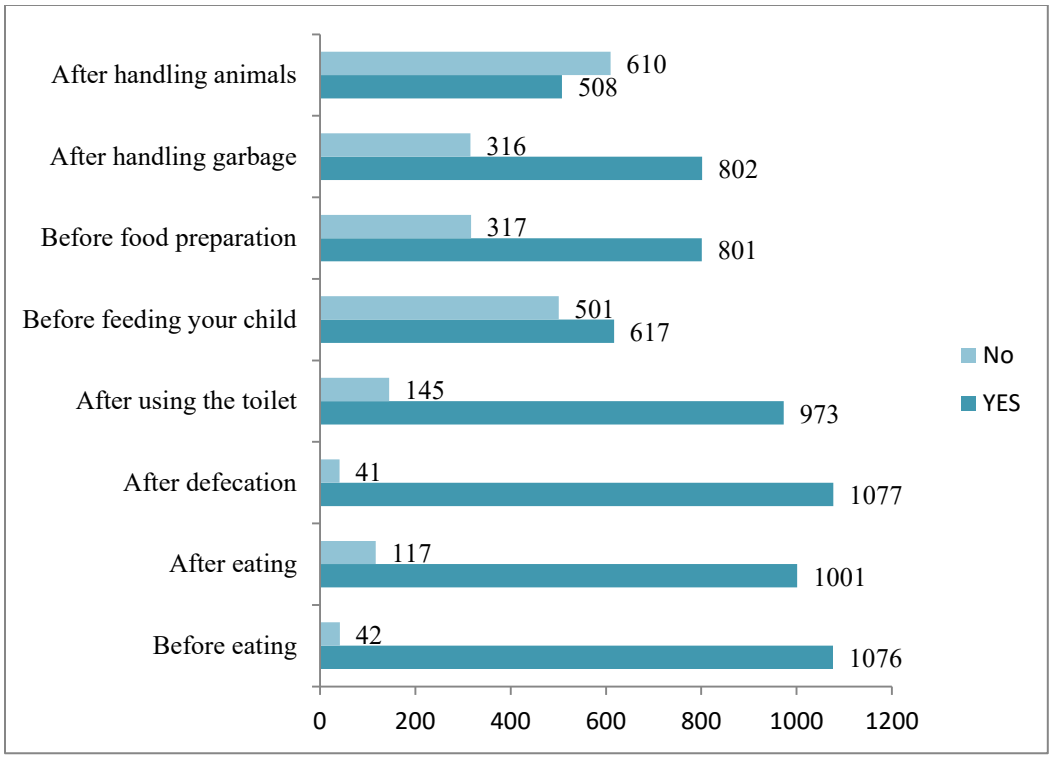
vi. In terms of seeking medical care, 23.43% of respondents reported visiting a private doctor when someone in their family falls sick. 67.35% of respondents reported going to a public health centre.

vii. 29% of the respondents believed that disease like diarrhoea can be prevented through proper hand-washing with soap (17%), purifying water (54%) and stopping open defection (21%).

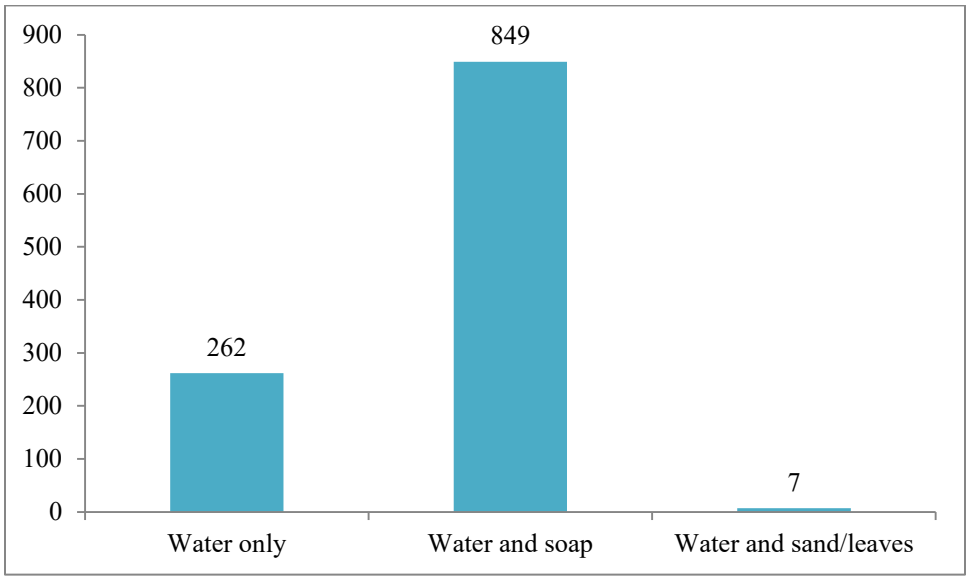
viii. 33% people believed that the risk of malaria and dengue could be reduced or prevented through different and combined means like improved water quality (40%), eliminating mosquito breeding sites (79%) and using bed-nets (23%).



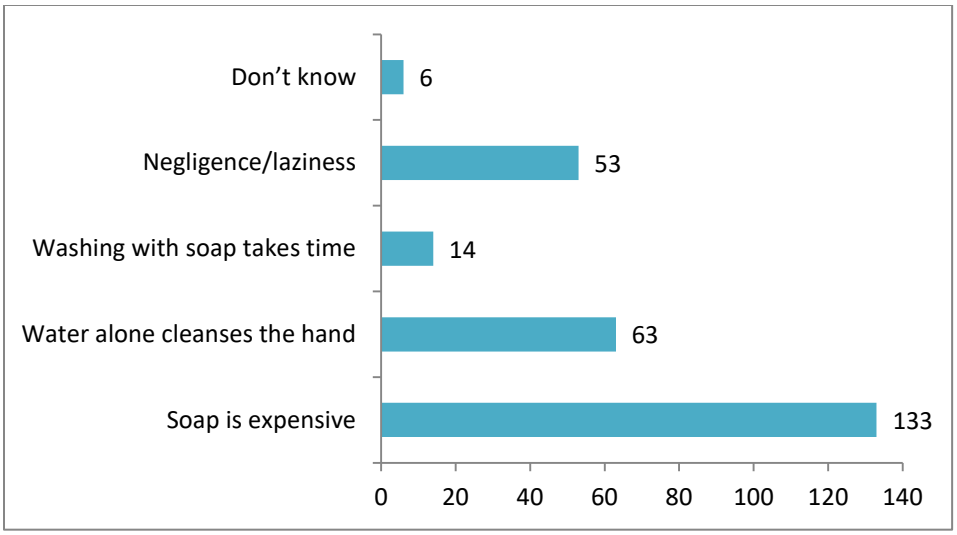
Graph 10: Percentage of HHs whose family member had diarrhoea in the last 4 weeks of survey



Graph 11: Key times when respondents reported of washing their hands



Graph 12: What the respondents used to wash their hands



Graph 13: Reason for not using soap for washing hands

Analysis

Hygiene basically comprises practices which include hand-washing, menstrual and personal hygiene management, among others. According to an estimate, nearly 3 billion (2 out of 5) people globally do not practice proper handwashing[32]. In case of the recent COVID-19 pandemic, handwashing has become critical in stopping the spread of the pandemic. Survey data indicates that a significant number of respondents did not use soap and relied on water alone to clean or sanitize their hands. This must be viewed in the light of the present advisory that a minimum of 20 seconds of hand-washing with soap and water is mandatory for killing the coronavirus. Therefore, inculcating safe practices such as proper handwashing among the residents emerge as a top priority. The JMP ladder has also recognized it as one of the top indicators. According to the JMP indicator of hygiene, there are three categories for evaluating hand-washing – basic, limited and no facility. The requirement for the 'basic' category is availability of a hand-washing facility with soap and water on the premises, 'limited' is availability of a facility but without soap and water, while 'no facility' is no hand-washing facility on the premises. Given the surveyed households, 849 respondents (76%) washed their hands with soap and water, while the remaining 269 respondents (24%) used only water or ash mixed with water. The survey reported that 45% of the respondents did not wash their hands before feeding their children, 28% did not wash their hands after handling waste, and 55% did not wash their hands after handling animals. Reflecting on the numbers, it can be said that while 76% households did practice hand-washing and the required hand-washing facility was available within their premises.

However, the frequency and duration of handwashing is critical and needs serious attention, which the survey data did not capture. On the other hand, households whose members do not wash their hands with soap and water need urgent attention in terms of promotion of hygiene practices among them. The analysis on hygiene practices during menstrual periods and among different categories is presented in a separate chapter on the elderly, adolescents and other vulnerable and marginalized populations and groups.

[32] https://washdata.org/monitoring/hygiene

Reflecting on COVID-19 and WASH

The report has highlighted the basic figures and statements reported by slum-dwellers in order to understand accessibility of WASH. The assessment outlined that a significant number of households have toilets, but they face multiple challenges for emptying pits, cleaning sludge, ensuring ventilation and hand-washing facility with soap. Similarly, the respondents reported handwashing before and after eating or using the toilet, but many washed hands without soap, and among those who washed with soap it is difficult to assess the duration of handwashing.

The JMP definition for improved hygiene requires 'availability of a hand washing facility on premises with soap and water'. The data highlights that majority households do not conform to the JMP indicator of WASH even when they have access to water, sanitation and hand-washing facility. Therefore, the JMP definition of WASH and the recent COVID-19 pandemic necessitate streamlining WASH services as per the JMP standard and bringing behavioural aspects into practices like washing hands regularly for at least 20 seconds, as advised by the WHO.

As this report highlighted, rapid urbanization in India has its consequences on urban poor in accessing basic facilities like safe water, sanitation and hygienic living conditions. This has become more important since the infectious coronavirus outbreaks. So far, research indicates that coronavirus is transmitted through respiratory droplets or contact. The transmission occurs when contaminated hands touch the mucosa of the mouth, nose, or eyes. It has also been emphasized that the virus can be transferred from one surface to another by contaminated hands.[33] The research also highlighted that the virus has been found in sewage points in Paris.[34] It has also been found in waste water in the Netherlands, which is likely to have reached the sewage through the faeces of COVID-19 patients.[35] Therefore, preventing the spread of COVID-19 and taking care of those already infected needs safely managed water, sanitation and hygiene services. It highlights the importance of proper disposal of wastewater, faeces and use of menstrual absorbents for preventing the spread of the virus while treating those who are infected.

Section E: Solid Waste management

This section highlights and discusses collection, transportation, separation, treatment and recycling of waste generated in the surveyed settlements.

Household waste collection model and piling up of waste in the surveyed settlements leads to greater health risks.

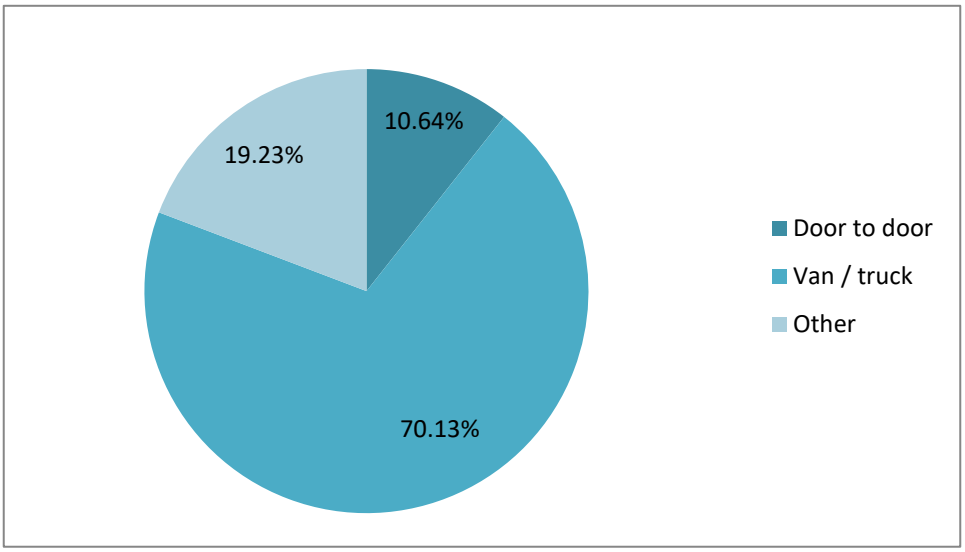
i. 80.05% of the surveyed households used dustbins without lids to collect waste. 3.76% households reported using open space or drain to collect the household waste.
ii. Only 10.64% of the households reported systematic door-to-door waste collection. 70.13% households reported a van or a truck plying in the neighboring settlements collected waste regularly.
iii. 67.98% of the households reported once in a day waste collection by the municipality, 14.40% reported collection on alternate days and 16.37% reported weekly collection.

[33] https://www.who.int/water_sanitation_health/news-events/wash-and-covid-19/en/
[34] https://www.sciencemag.org/news/2020/04/coronavirus-found-paris-sewage-points-early-warning-system#
[35] https://www.telegraph.co.uk/news/2020/03/26/coronavirus-found-dutch-sewage-water/

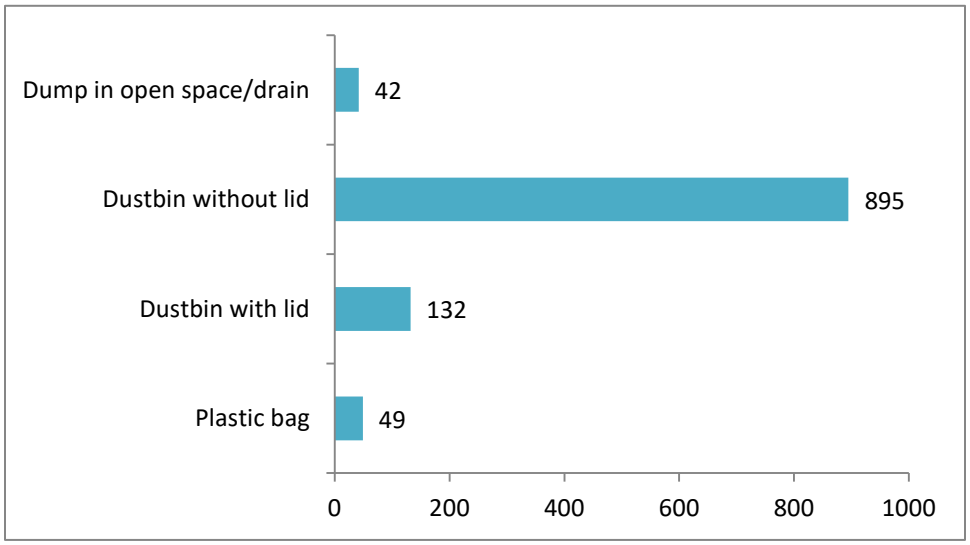
iv. 98.57% of the surveyed households reported not segregating dry and wet waste. A minor proportion, i.e. 1.43%, did segregate dry and wet waste out of which 12.50% generated manure while a majority of them, i.e. 43.75%, did not recycle.

v. 97.23% of the respondents said there were no dustbins located inside the settlement. 95% reported there was no government-designated place for waste collection in the surveyed settlements.

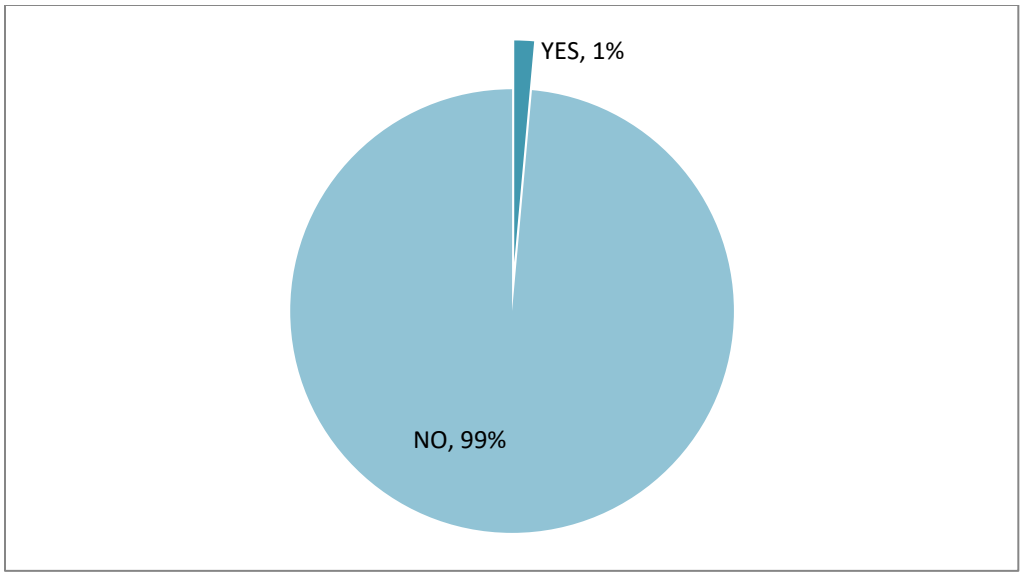
vi. 88% of households reported of different process of essential waste management services like community dustbin, regular visit of waste collection vehicle, individual dustbin and so on.



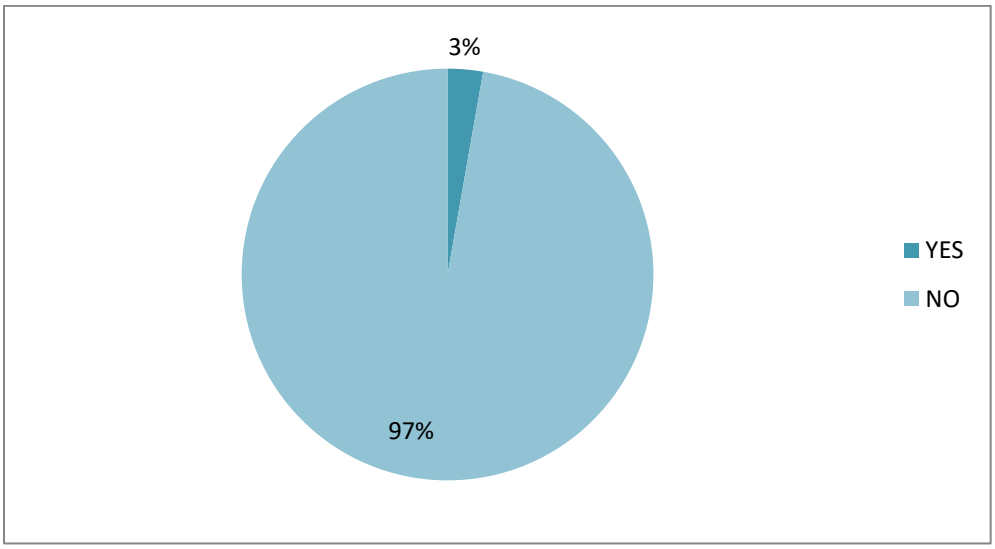
Graph 14: Different HHs practices for storing waste



Graph 15: Different processes of collection waste from HHs for taking to off-site



Graph 16: Number of HHs who segregated dry and wet waste at HH level



Graph 17: Percentage of respondents reported having dustbins inside the settlement

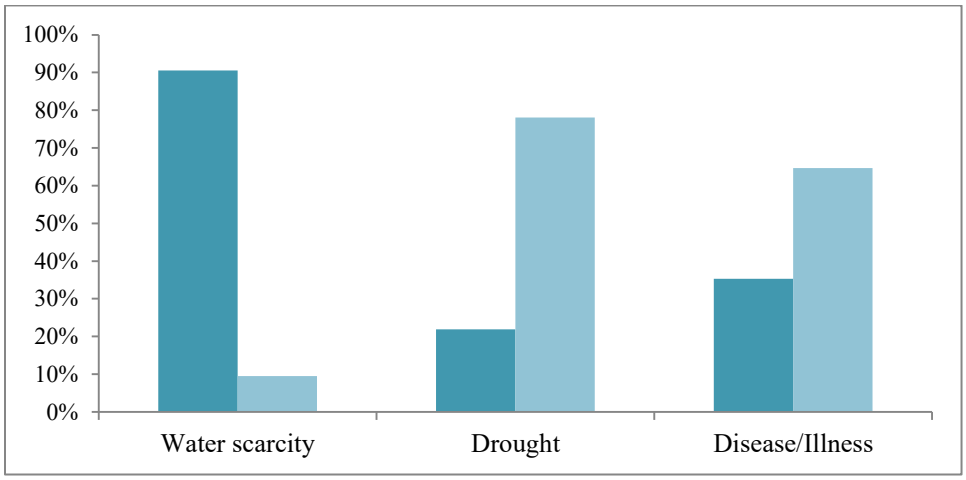
Section F: Environment and Climate Concerns

In recent years, urban India has witnessed the impact of climate change in many ways. Indian cities have witnessed flooding, drought, pollution and so on. This poses several challenges for city residents, especially those living in slums. An impact on water supply, overflowing of storm drains and water logging severely affects the marginalized and vulnerable groups, including women, children, adolescents and elderly. The findings presented below indicate the challenges faced by the surveyed households, especially during summer and monsoon.

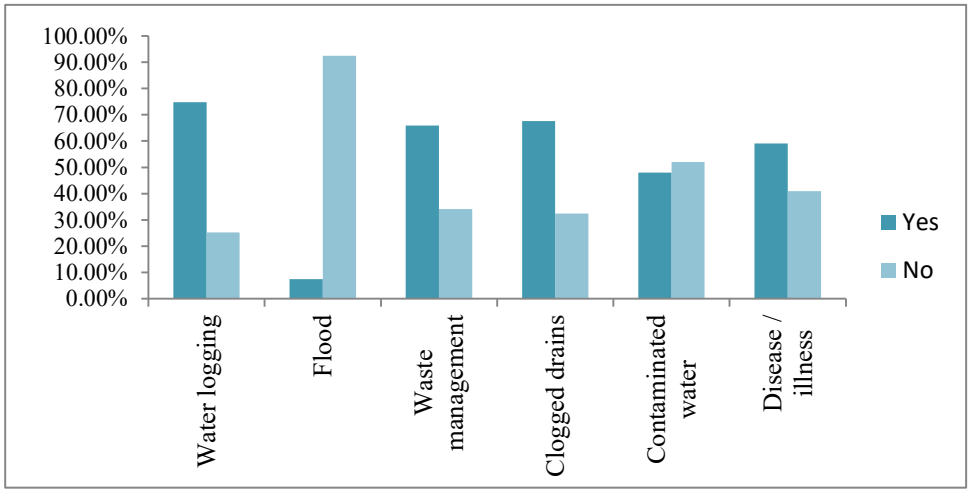
i. 91% of surveyed households faced water scarcity while 35% reported residents falling sick and suffering from diseases in summer.

ii. 74.78% of the respondents reported waterlogging during monsoon months. 67.62% of them reported clogging and overflowing of drains while 47.94% reported contamination of water supply.

iii. 72.81% of the households perceived the provision of basic services in their settlements to be ineffective. However, 97.32% stated that they did not file complaints or give suggestions to the concerned authorities regarding problems or challenges faced during the summer and monsoon seasons.



Graph 18: Percentage of affected HHs due during summer



Graph 19: Percentage of affected HHs due to several issues during monsoon

Analysis

From the above findings, it is evident that people living in these settlements faced issues like water scarcity during summer and waterlogging and overflowing drains during monsoon. As supply of water is a major determinant of improved sanitation and better health, waterlogging could contaminate ground water and also lead to breeding of mosquitos and, thereby, cause an outbreak of diseases. Moreover, shortage of essential services like water affects the health and livelihood of the slum-dwellers. In summer, women particularly experience hardships as the collection of water is primarily undertaken by them. Due to clogged drains and waterlogging, the toilets within houses get clogged and on the other hand, residents of houses without toilets have to walk long distances to fetch water or relieve themselves. It is also observed that during monsoon, uncollected waste piles up because waste collection vehicles cannot enter the settlements due to acute waterlogging.

Points of Action:

a. Inclusion of gender-responsive policy and plan in climate adaptation
b. Building greater disaster preparedness
c. Building infrastructure for tap to mouth, or uninterrupted water supply
d. Ensuring improved water and sanitation
e. Building climate-resilient WASH
f. Strengthening community engagement and participation in micro-planning and decision-making processes
g. Assisting women and marginalized groups to be part of shaping solutions.

Section G: Community Membership

Community engagement has been a proven tool in promoting improved health outcomes. Community engagement has been known to bring out tremendous outcomes in maintenance and management of WASH services and creating awareness on health and hygiene in many parts of the world.[36] Considering its importance, the survey recorded responses to understand membership in community structures in the selected settlements.

i. Only 1.34% of the surveyed households were part of community forums like Mahila Arogya Samiti (MAS) or Women's Health Committee and only 0.18% had members in self-help groups (SHGs).
ii. Community membership in potential platforms like WASH committees, women's forums, slum development groups, community-based organization are also not strong and few from the surveyed community are their members.

Among the surveyed households, the study reveals low community engagement which results in poor participation and involvement in community-related programmes like maintaining community toilets or submitting request for WASH-related facilities.

Community membership in the selected settlements is essential to ensure improved WASH services. *It will enhance the knowledge and capacities of the communities resulting in increased control, sustainable and mindful use of resources by the community.*

[36] See WHO Report on Water, Sanitation and Hygiene, https://apps.who.int/iris/bitstream/handle/10665/311618/9789241515511-eng.pdf

Community engagement can be a potential agent in ensuring the following:

a. Ensuring microplanning and participatory development process
b. Strengthening WASH through effective communication, participation and evidence-based decision-making
c. Increasing ownership

Section H: Elderly, Persons with Disabilities, Transgenders and Adolescents

As the rate of urbanization is increasing rapidly, equity and inclusion have become an important part of the agenda for countries across the world. Global development agencies, including World Bank and United Nations, have been pitching for achieving equitable access to WASH for most disadvantaged segments of the population, and developing countries like India have made some policy changes for the inclusion of such groups.[37] However, it is important to outline that there is still a knowledge gap with respect to identifying the barriers and needs of such segments of population. This section attempts to highlight the extent of difficulties faced by vulnerable and marginalised population groups in accessing WASH services, and underscores the criticality of improving equity and access score card as per the evaluation criteria of JMP.

In the household survey, the marginalized and vulnerable sections of society were included as the principal respondents and were interviewed in every household where they were found. The number of respondents from each vulnerable group was decided at the beginning of the survey. However, the actual number of respondents from these groups were higher than stipulated due to their availability during the survey as a principal respondent.

Persons with Disabilities

According to the Census of India 2011, around 2.21% (2.68 crore) of the total population was categorized as disabled. Among them, 56% were males and 44% were females. The Census outlined that the majority of the persons with disabilities population live in rural India, and only 31% of them live in the urban areas.[38] Lack of adequate infrastructure and limited access to safe and clean water and sanitation facilities have implications on their well-being. For example, many reports have highlighted that a lack of accessible disabled-friendly toilets in schools is a major contributing factor for the increasing dropout rate among children with disabilities, especially girls.

The Elderly or Senior Citizens

According to the National Policy on Older Persons (1999), and Maintenance and Welfare of Parents and Senior Citizens Act, 2007, senior citizen or the elderly are identified as a person of age 60 years or above. A combined report of United Nations Population Fund (UNFPA) and HelpAge International states that India's population is likely to increase by 6% between 2000 and 2050, but the number of elders who have attained 60 years of age will increase steeply by 360%. India has an elderly population of around 100 million, and it is expected to increase to 323 million, constituting 20% of the total population by 2050.

[37] See World Bank study on Inclusive City, https://www.worldbank.org/en/topic/inclusive-cities.
[38] See Primary Census Abstract (2011), http://censusindia.gov.in/DigitalLibrary/data/Census_2011/Presentation/India/PCA%20Release%202011.pptx

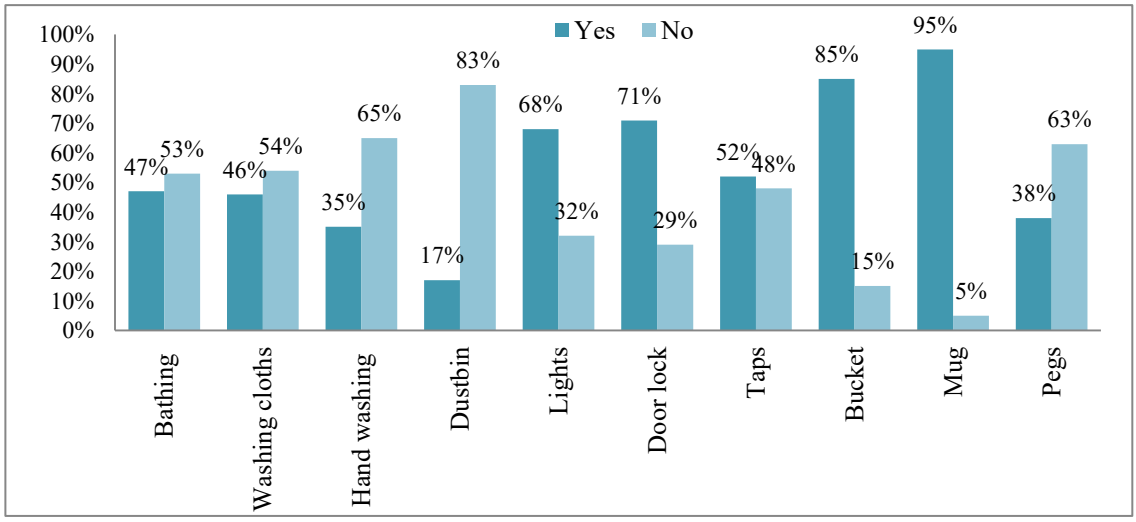
The Registrar General of India forecasts the share of older persons in the total population to rise from 6.9% in 2001 to 12.4% in 2026.[39]

The elderly in India have been given several rights under the Indian Constitution and specific legislations. Article 41 of the Indian Constitution states: make effective provision for securing the right of public assistance in cases of old age. Social security has been made the concurrent responsibility of the Union or national and State or sub-national governments. There are several schemes that have been introduced to secure the rights of elderly persons, including old age pensions, tax exemption for senior citizens, ensuring public distribution of food grain for older people, subsidies in health and prioritizing them in housing schemes, to name a few.

Out of the total surveyed households, 19% of the respondents were of the age 60 or above. Apart from that, the survey gathered information from those houses where the elderly and persons with disabilities were living. Overall, the survey collected information from 364 respondents, including the elderly and persons with disabilities.

The findings stated below are based on a section of the questionnaire especially designed for the elderly and persons with disabilities in order to assess their needs and challenges.

a. Out of a total of 364 respondents, 90% used toilets at home, 8% used community toilets and the rest 2% went for open defecation or used their relative's or neighbor's toilets.
b. 53% of the persons with disabilities and the elderly did not find bathing facilities within their houses suitable for their use. Similarly, 65% of them did not find suitable handwashing facilities (refer to figures below).
c. The settlements where community toilets were available, the elderly and persons with disabilities found them unusable due to lack of basic arrangements like ramps, western toilet seats, chair toilets, and so on. The situation was the same for men and women alike.
d. 99% of the elderly and persons with disabilities reported not receiving any support of caregivers while using the toilet at home or community toilets.



Graph 20: Percentage of affected HHs due to several issues

[39] See Population Projection of India, http://164.100.130.11:8091/survey_reports/Population_Projection_Report_2006.pdf

Analysis

Figures related to access to improved sanitation and water sources, do not reflect any significant differences with and without the inclusion of elderly or persons with disabilities. Within households, the majority reported not having elderly and disabled-friendly toilets. The survey observed that access to WASH was not affected by the presence of a person with disability. The community field investigators also highlighted that many times the elderly or persons with disabilities did not find it easy to share the challenges they faced in accessing WASH in their households or the settlement.

Points of Action:

a. Sensitize WASH system and society on the concerns of persons with disabilities and the elderly
b. Need improved WASH access at the household, individual and community levels
c. Building persons with disabilities and elderly-friendly infrastructure, including toilet, bathing system and mode of commuting.

Adolescents

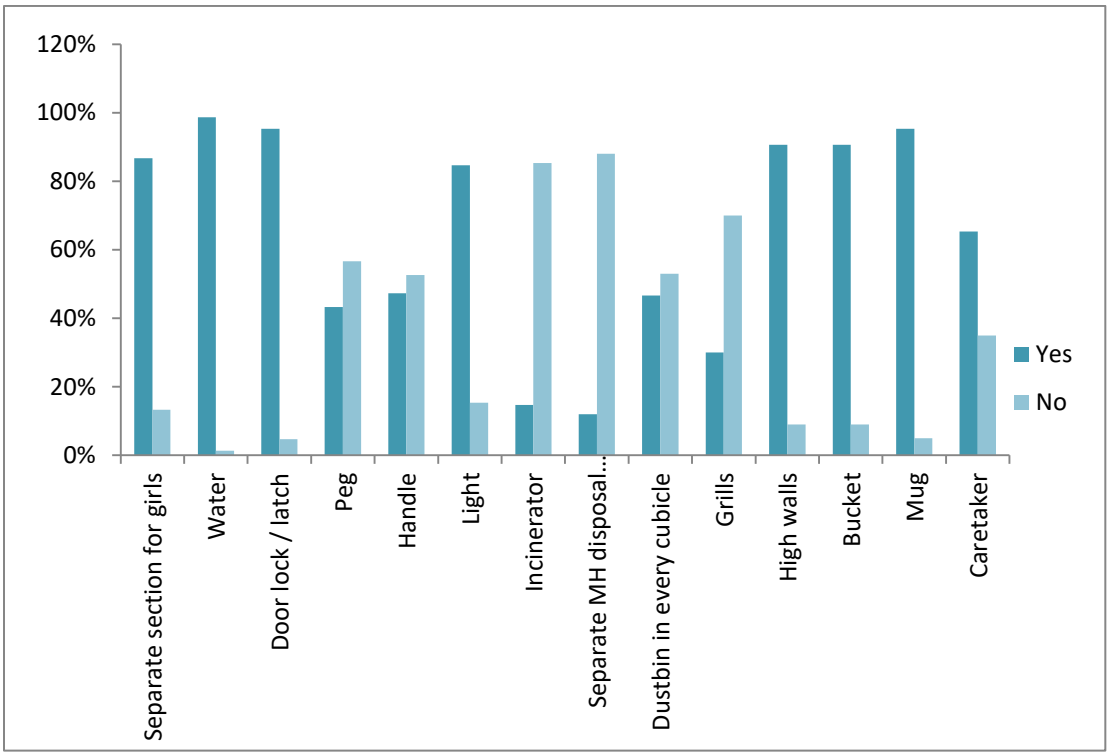
According to Census 2011, 21% of India's population comprises adolescents. It has also been noted that morbidity and mortality in this age group occurs largely due to preventable causes, exacerbated by a lack of awareness about health and poor knowledge of physical and psychological changes.

For assessing the challenges and needs of adolescents, the survey had a separate set of questions for adolescents either as a principal respondent of the household or as household members. The survey initially aimed to interview 51 adolescents, but 313 adolescents participated, including those who were members of the household as well as the principal respondents. On the basis of this, the following quantitative findings emerge on the status of adolescents' access to WASH . The survey specifically defined adolescents as individuals in the age group 12-18 years.

The findings stated below show:

a. Out of the total surveyed adolescents (313), 282 responded on menstrual hygiene management. 81% of them used sanitary napkin as a menstrual absorbent while 6% used cloth and 14% used both sanitary napkin and cloth.
b. Of those who used cloth as a menstrual absorbent, 36% washed it with soap and water after first-time use and 2% washed with only water. 62% did not use the same cloth the second time.
c. 33% of them changed the absorbent every 2-3 hours daily, and 52% changed it every 3-6 hours. 15% changed it after 6 hours.
d. 12% of the adolescents threw the used sanitary napkins or soiled cloth wrapped in newspaper or polythene in an open area, while 88% threw it unwrapped in the dustbin.
e. Out of the total adolescent respondents, only 48% went to school. Of those who did not go to school, 47% were school drop-outs, while 53% had never been formally admitted to a school. 35% of adolescents who were drop-outs reported a lack of care and support system, 16% reported difficulty in ensuring menstrual hygiene management, 6% cited security reasons and the rest reported housework, high fees and distance to school to highlight a few reasons.
f. 55% of the school-going adolescents reported non-availability of counselling for adolescents in the school. 67% reported absence of curriculum on menstrual hygiene management and 60% reported non-distribution of free napkins.

g. All adolescents who went to school reported availability of a toilet, handwash, and drinking water facility within the school premises. However, 14% of them reported that the school did not have a separate toilet for girls. 88% reported that there was no separate menstrual hygiene disposal bin in schools (for details of facilities in the toilet, see the graph below).



Graph 21: Facilities in the toilets available in the school premises

Analysis

Given the multiple challenges faced by adolescent girls, it is evident that while schools have basic WASH facilities, adolescents face problems in managing their menstrual hygiene. In households with adolescent members, while the access to WASH facility is in place, their special needs are not recognized.

Using a cloth as a menstrual absorbent and not sanitizing it properly, or not drying it in the sun, has health consequences. Improper disposal of used menstrual absorbent is a major challenge in ensuring improved menstrual hygiene management value chain and in advancing environmental sanitation for the entire settlement. These challenges can be attributed to a lack of health education, inadequate services, and a lack of awareness among parents.

There are many issues that girls did not reveal during the survey, but shared with the community outreach worker, such as discrimination during their periods, hesitation in asking, coping with pain during menstruation, and so on.

Transgender

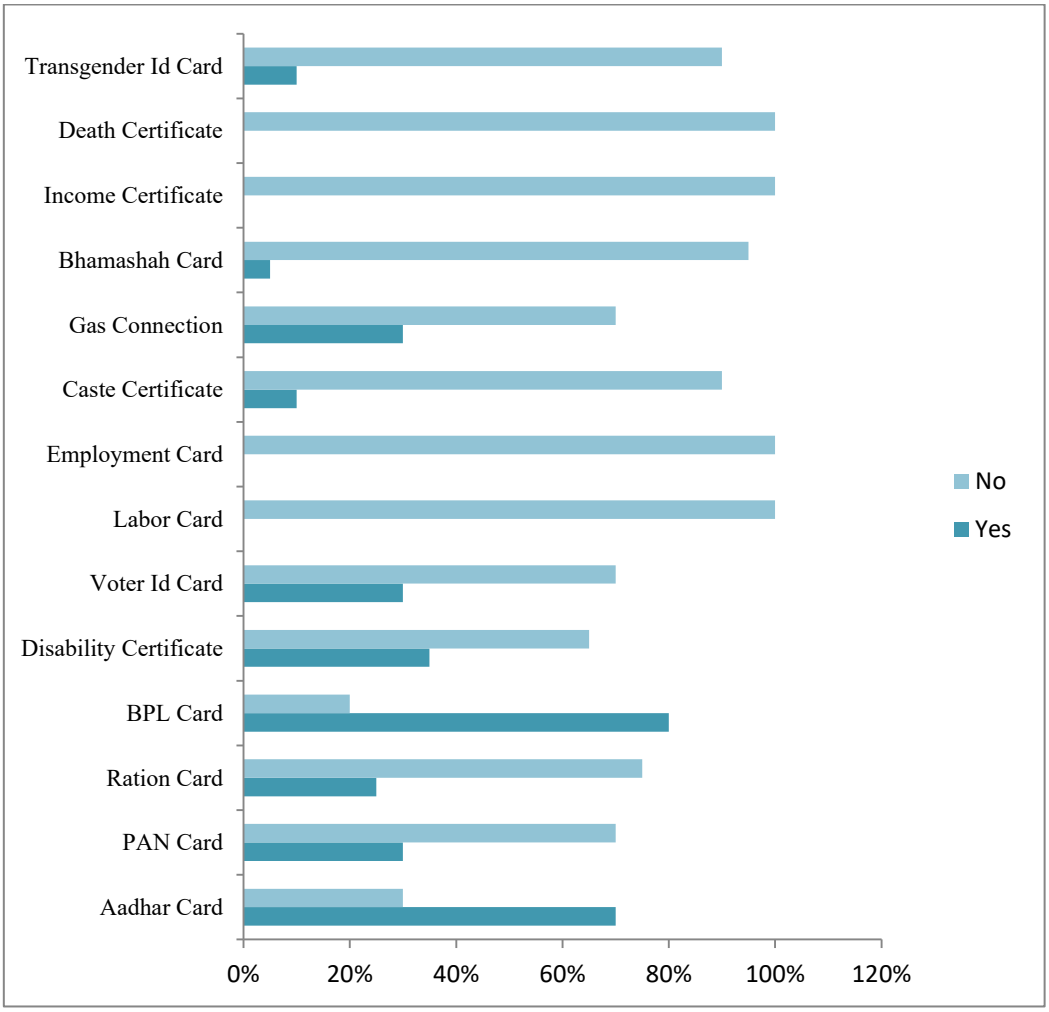
Census 2011 recorded over 487,000 people who were identified as the third gender. The report recognized those individuals as a third gender who did not identify themselves as male or female. Over 66% of the transgender population was identified as living in rural areas and the rest in urban areas.[40] They continue to live at the margins and are denied education, health, and employment. The study reported poor literacy rates and higher school dropout among transgender adolescents.

In Rajasthan, it is estimated that more than 1.5 lakh transgenders live across the state, and nearly 5,000 live in the city of Jaipur. However, the plight of transgenders in Rajasthan remains similar to that of transgenders living in other states. The expert committee report of the Ministry of Social Justice and Empowerment briefly discusses the quandary of transgenders, which includes how they face hindrances in getting identity proof, accessing welfare schemes and citizenship entitlements. The report highlighted some of the issues like unemployment and recommended the Government of Rajasthan to provide pension to transgenders and take other measures to ensure their inclusion.[41]

This survey collected data from 20 transgender respondents to understand the needs and challenges related to WASH and other issues like citizenship entitlements and gaining access to basic services.
The findings stated below shows:

i. Out of 20 transgender respondents, it was reported that 16 of them lived in a group of transgenders, 2 lived alone, and only 2 lived with their families. Four of them had migrated from West Bengal and had settled in Jaipur many years ago.
ii. Most of them lamented that getting a house on rent in a good or decent habitat was difficult for them, and that they were forced to live in the poorer settlements despite having money. Their usual source of income included *badhai* (gift) which they usually received by giving blessings at weddings or singing at the houses of newborn children. The rest of them earned money through begging (2 HHs) in trains or other places, and dancing during special occasions (5 HHs).
iii. All the interviewed transgenders had individual toilets in their households. However, a majority of them (75%) reported that these were not equipped with 24 hours water supply, hand wash facility and proper ventilation.
iv. In accessing community toilets, they reported not feeling safe because of privacy and dignity issues.
v. Only 25% of the interviewed transgenders were aware of proper handwashing technique. The remaining were negligent or were not aware.
vi. Access to citizenship entitlements, which increases the chance of accessing essential services provided by the government, is poor among transgenders. For example, only 10% had the identity card which establishes their identity (for other entitlements, see the figure below).

[40] https://timesofindia.indiatimes.com/india/First-count-of-third-gender-in-census-4-9-lakh/articleshow/35741613.cms.
[41] http://socialjustice.nic.in/writereaddata/UploadFile/Binder2.pdf



Graph 22 Citizenship Entitlement access by TGs

Analysis

Based on the highlighted quantitative evidence and qualitative accounts of the surveyed transgenders, it appears that household income of transgenders is comparatively better than others in the surveyed settlements, but an analysis of important indicators required for exercising political rights and access to entitlements suggest that they have an extremely vulnerable status.

Qualitative inputs suggest that transgenders face discrimination based on their sexual orientation, gender identity or sexual characteristics. As a result, they do not enjoy the rights guaranteed under the Constitution or the human rights framework. They assert that non-recognition of their gender identity leads to the denial of every right given to an individual. Reshma (name changed) says: “Even if we have the voter ID card, going to a booth and exercising my voting right becomes difficult as the voter id card issued to us cites gender as female, and the officer on the duty fails to distinguish between female and transgenders, and treats the voter id card as fake.

In a qualitative study, transgenders stressed upon recognition of their identity and demanded to be given self-identified gender and freedom from stereotypes in society, which results in discriminatory treatment in employment, healthcare and right of movement.

Apropos, it directs to work in the three broad areas – **Recognition**, **Representation** and **Redistribution**, to ensure justice for them. Recognition means to have their gender identity recognized, representation requires they are given rights to participate in decision-making processes which affects their lives, and redistribution is related to proper redistribution of resources considering equality and equity as cornerstones. However, the Government of Rajasthan has taken many reformist steps in this regard, introducing an ID card, implementing skill training and other welfare schemes for the transgenders in the city and rural areas. However, ground reality indicates that a lot still needs to be done to advance their rights.

Points of Action:

i. Action plan needed for developing a legal framework to reduce discrimination on the basis of sexual orientation, gender identity or sex characteristics.
ii. Developing an environment where transgenders can exercise and enjoy their rights safely.
iii. Upholding a person's rights to their chosen, self-identified gender identity, and developing welfare schemes for their inclusion and empowerment.
iv. Organizing awareness camps in order to remove stereotypes, social stigma and a sense of hostility among the masses.

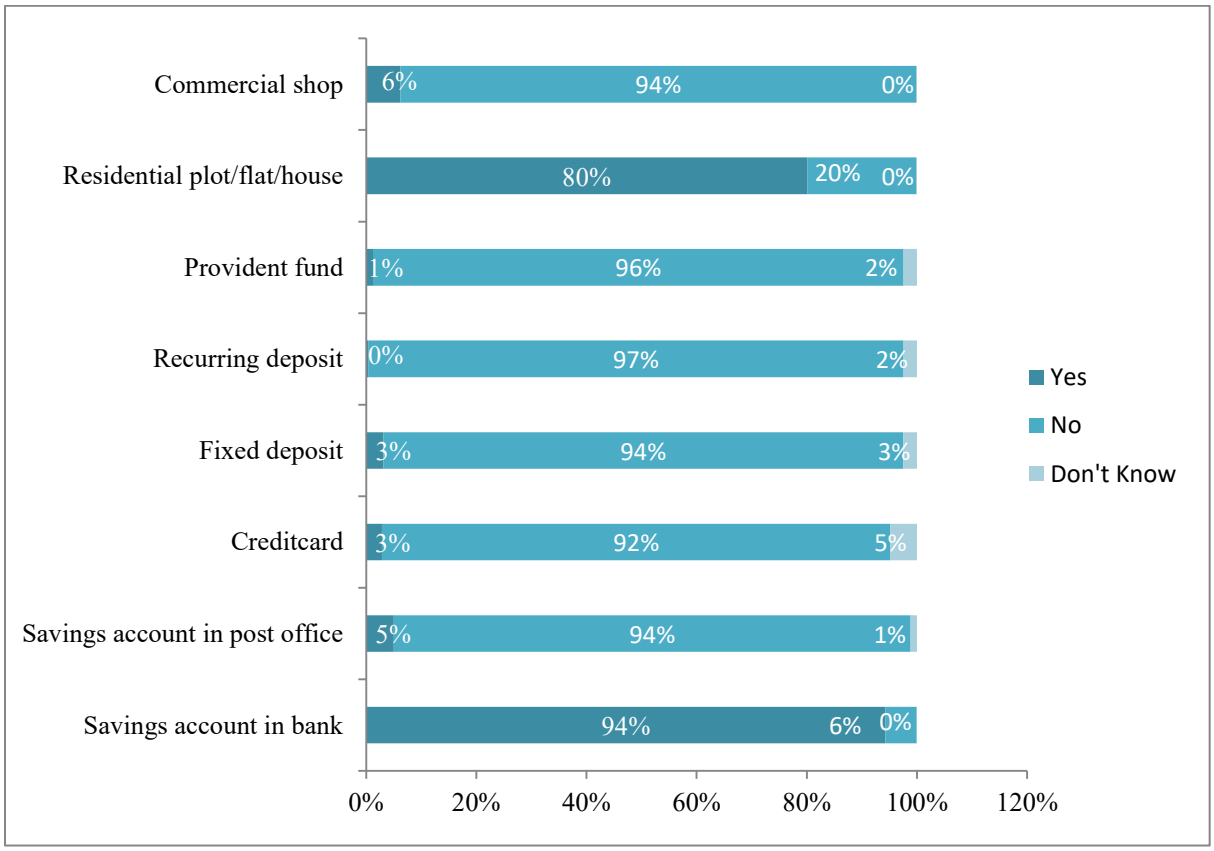
Section I: Financial Inclusion and Citizenship Entitlements

Key Points:

i. 16% of the surveyed households had no access to a savings bank account.
ii. Only 3% had access to or were using financial products like fixed deposit plans.
iii. Near half of the surveyed population admitted saving money for a possible emergency in the last six months at the time of survey.
iv. Access to scheme for menstrual hygiene management in the surveyed households was abysmally low, i.e. 3%

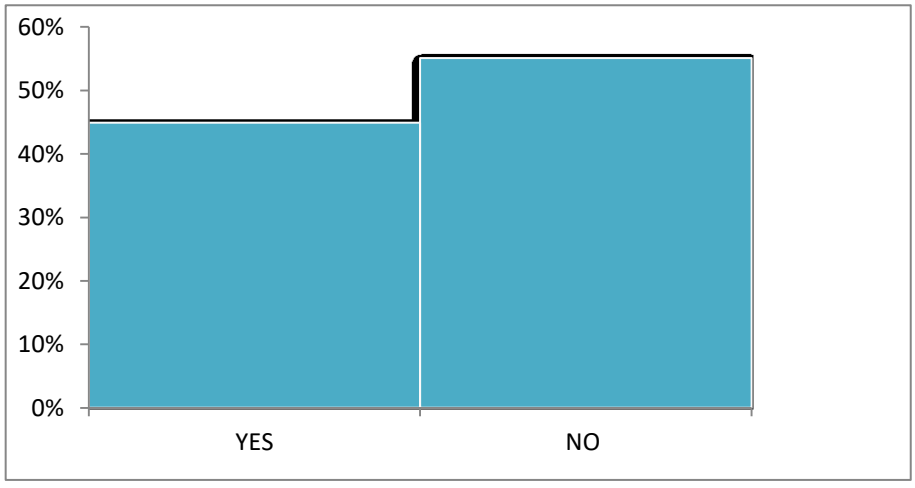
As outlined in the demography section of this report, most of the slum-dwellers were employed in the unorganized sector, and had an income that was just enough to meet their basic survival needs. They did not have the capacity to save money, and found it difficult to cope if they did not earn even for a single day.

The COVID-19 pandemic has furthered the disparity between the rich and the poor with the latter taking a further hit in their income and ability to deal with crisis, within settlements, within cities and within the country. During the lockdown enforced to prevent the spread of coronavirus, most of the slum-dwellers lost their jobs. Due to poor financial inclusion and a lack of social entitlement documents, their condition has become more vulnerable as most of the welfare programmes, including supply of food and transfer of money, require potential beneficiaries to have a UID card and a bank account. The COVID-19 pandemic has shown that a lack of financial inclusion, social protection and social entitlements can severely affect the poor and marginalized communities. Therefore, having a support system to ensure access to financial inclusion and social entitlement is necessary for developing resilience among poor communities.



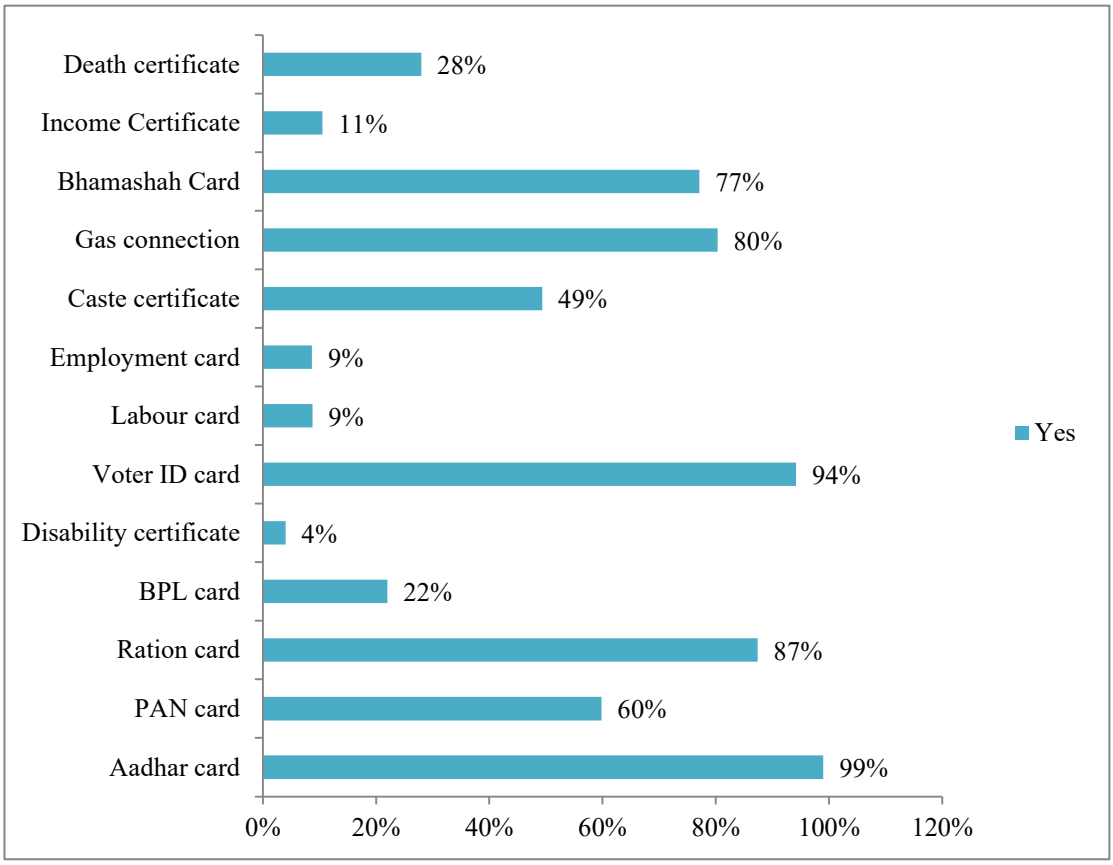
Graph 23: Financial Inclusion and Social Protection

In the surveyed households, 94% had a savings bank account, but a small proportion, i.e. 3%, had a fixed deposit which is regarded as a savings instrument to be used in an emergency. Less than 50% respondents reported saving any amount in the past six months (see the chart below). However, the amount saved vis-à-vis their income was insufficient for their survival if they do not have a daily income.



Graph 24: How many households had saved money for an emergency when they expected their income would be less in the last six months since the date of the survey.

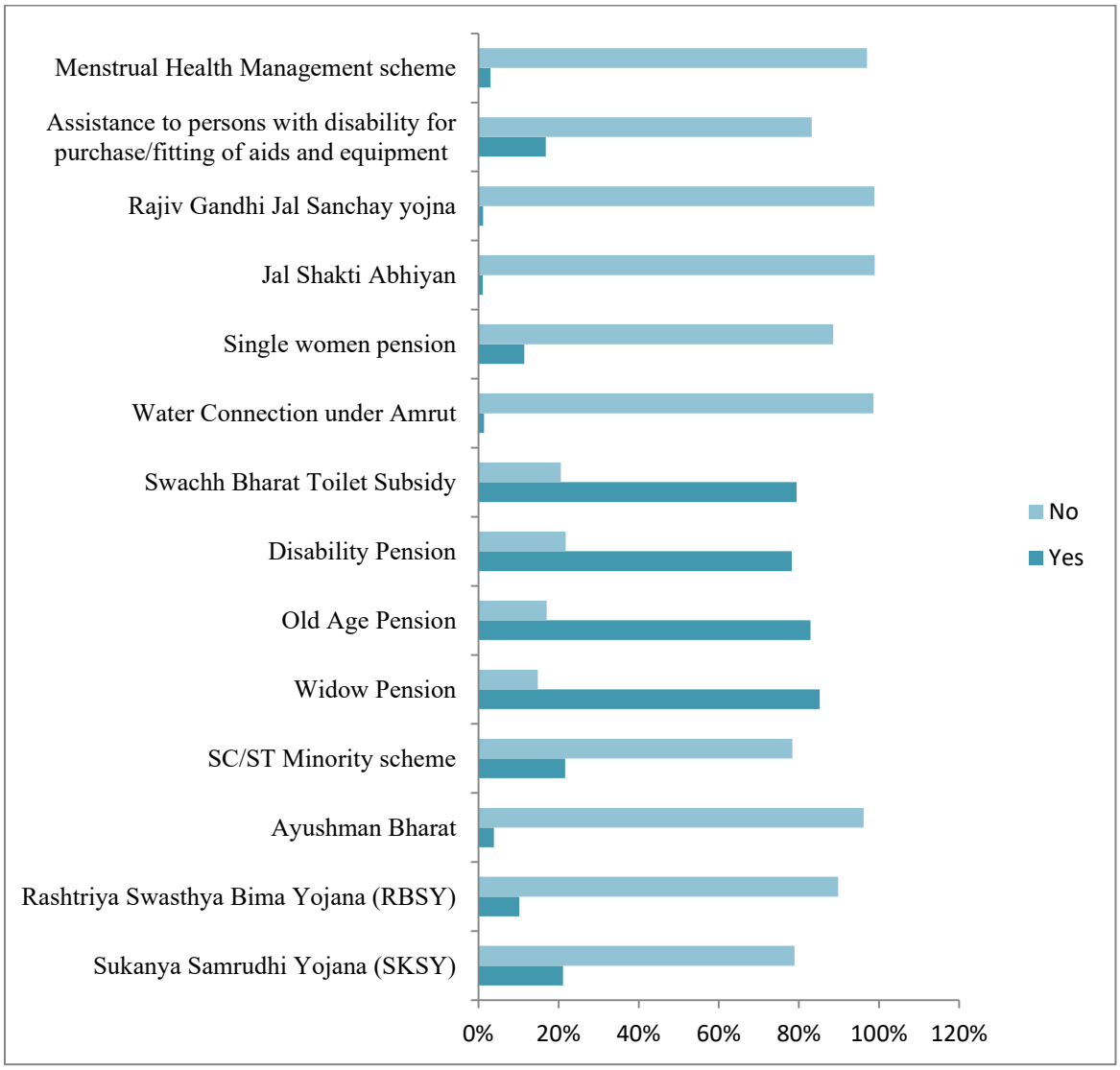
In the given context of poor incomes and savings, it is critical to capture the number of households with access to government programmes and document required to gain access to food at least during an emergency.



Graph 25: Percentage of households which have the above-mentioned social entitlements.

The above chart reflects that a sizable proportion of the population, i.e. 87% of the surveyed households, had access to a ration card, but the remaining 13% did not and were therefore more prone to being in a crisis. Another ground reality is that ration supply may not be very dependable in the area.

However, the above problems cannot be seen separately and needs to be integrated with the accessibility of people to other schemes which ensure better hygiene management, supply of water, pension for single women, and so on. On probing these questions, it emerged that majority of the surveyed households had limited access to many interventions that have the potential to ensure good hygiene. For example, a majority of the surveyed households did not access the scheme for menstrual health management or pension for single women or old people (See the chart below).



Graph 26: Percentage of households who availed the above-mentioned schemes

Overall, this section has been included in the study in order to assess the accessibility to WASH services through the lens of financial inclusion and citizenship entitlements, particularly in the time of crisis. The on-ground evidence highlights that addressing financial inclusion will lead to building resilience of communities in WASH and handling pandemics like COVID-19 in the future.

CHAPTER 3: VOICES FROM THE GROUND & STAKEHOLDER RESPONSE

The earlier chapters of the report focused on numbers related to accessibility and affordability of WASH. Unpacking these numbers through qualitative interactions with the community yielded insights on several issues that were hidden and worked under the surface but were actually powerful barriers to change. The insights have a direct bearing on access issues for quality of life, in this case water and sanitation. They are, however, very nuanced and complex.

Unravelling the complexities and addressing them hold the key to long-term behaviour change. Conversations with the communities have proved conclusively that infrastructure development is just the first step. The popular adage says: the devil lies in the details. In this case, the details are deeply ingrained in the system and without addressing systemic issues, WASH in the real sense cannot become a reality. This chapter attempts to give insights into these details as revealed by the community members.

The foundations

WASH, in theory, has the potential to prevent communicable diseases and promote good health for everyone. However, this is possible only if it reaches the last person with the same ease and quality. Gender equity and social inclusion are the foundations that can make WASH effective.

The reality on the ground is that access to WASH is not only patchy, it is also discriminatory and not inclusive, often rendered that way for the very communities that WASH interventions are meant for. Inequity and exclusion are embedded in the social fabric of India, and these challenges do not spare WASH either. Especially deprived are the urban poor, women, adolescent girls, the elderly, persons with disabilities and transgenders.

Hidden exclusion and inequity

Exclusion and inequity are not monochromatic and one-dimensional. They exist in insidious, nuanced layers – when a transgender is not allowed into either a male or female toilet or not allowed to access other gender-based facilities, it is exclusion in practice. When a single woman or a widow is prevented from drawing water from community sources, or when HIV-positive or 'low-caste' people are denied permission to use common resources, the levels of exclusion are incalculable and result in wide-spread deprivation. It is no wonder then that when impact is measured, the results are disappointing. It is also difficult to drill down to the root causes because these impact indicators did not exist in the first place.

These individuals and groups are unseen and unheard besides being present in large numbers. When they are systematically excluded from safe and adequate water, sanitation and hygiene services, as also from decision-making processes, what remain are incomplete, inadequate and ineffective interventions that have not achieved their full potential. The stories in this chapter reflect their struggle for access to safe water, sanitation and hygiene facilities, and also a plea to be included, in a sense.

A contradictory situation

Despite clear political will to accelerate the progress on WASH for all, the advancement has been uneven and inequitable (*SBM Guidelines, 2014, para-5.9*). These challenges are reflected in the following sections through first person accounts and real-life stories. They are stark, reveal a worrying situation and call for urgent action. They span across access to water supply that is of good quality, and adequate and available to all in equal measure. It also relates to sanitation facilities that can be accessed by all regardless of gender, physical abilities and socio-economic status, or caste and creed. The message that is conveyed through this chapter is that inclusion, equity, empowerment and representation are human rights and that these rights apply to all life's issues, WASH being one of these. It merits a look at why these are not happening as they should.

Water

Access to basic water supply

The previous chapter highlighted the number of households accessing piped water supply and the different aspects that affect the supply and quality of this water. However, there are many dimensions vis-à-vis level of contamination of water and relationship with infectious diseases, local innovation; and so on those do not get captured in the survey. It is important to examine some of those in the future survey.

The survey revealed that although there are provisions to connect all households to the pipelines, a significant degree of variation exists across and within settlements in terms of the actual number of households that are actually connected to the pipeline and the consequent availability of water. For example, despite having the Bisalpur pipeline connection, almost 15 to 20 households in Swami Basti did not have water supply. Therefore, these households got their water supply through the water connections of their neighbours. There are other examples too.

In Baba Ramdev Nagar, only 2-3 households were connected to the pipeline. The rest of the lanes were dependent on three borewells, of which only two were functional and the third was under repair. This situation clearly demonstrates that while some households had access to water supply at a nominal rate or even free of cost, others, who were dependent on borewells, not only had lesser and more erratic supply but they also spent time collecting water from the source.

In Bapu Basti, even though a pipeline had been laid by the PHED for water supply, it had not been connected to the mainline due to delays on the part of the Jaipur Development Authority (JDA) and Jaipur Municipal Corporation (JMC). The community in this settlement continued to be dependent on borewell water supplied by the Public Health Engineering Department (PHED) through these lines. Where there were no connections at all, the sheer grind and drudgery of fetching water from a distance affected women, persons with disabilities and the elderly disproportionately.

The above sections demonstrate that while attempts are being made to provide regular water supply, and systems exist for the purpose, implementation is poor, and systems and systemic changes are distinct and different and must be dealt with differently. The population that is affected is uniformly similar in profile – it is the poor, the marginalised and people living in difficult circumstances who suffer the most. The pattern does not change.

1.1: Women living with disability, the elderly and adolescents

"I am physically handicapped and cannot walk. I live with my husband, and one son. Both of them are construction labourers. The borewell which is around 500 meters from my house is the only source of water in our settlement. I am completely dependent on my son and husband to fetch water as it is impossible for me to walk back from the borewell with a pitcher. They return home late in the evening and I have to wait for them to fetch the water. This creates immense hardships."

- *Beena, PWD, Valmiki Colony*

"Every family member in the HH takes turns to fetch water from the water tank in the basti. It is difficult for me to walk such long distances carrying heavy buckets of water. It affects my health."

- Bhagvathi Ram Prasad, Senior Citizen, Valmiki Colony

"A borewell situated 250-300 metres from my house is the only source of water in our settlement. All the family members go out for work, so it becomes my duty to fetch water. I spend at least 15-20 minutes daily on this task. Drunken men and boys hovering around the borewell pass lewd comments and harass me, making me feel unsafe and scared. Sometimes I also go to fetch water in the evening and the situation is worse at that time. There are many more girls in my settlement facing the same problem but there is no alternative in sight."

- Aarti Godiwal, 17 years, Adolescent, Valmiki Colony

Quantity of Water Supply

If basic access has infrastructure issues, the fallouts are that households, particularly large households, do not get enough water. This has a direct impact on the levels of hygiene and cleanliness among the residents, particularly women.

Ms. Sumitra Swami, Asha Sahyogini or health worker in Swami Basti, says, "During summer, even though PHED sends water tankers, huge crowds gather around them and the quantity is not sufficient to fulfil the demands of all residents, resulting in frequent quarrels."

Members of women's groups reported that during summer, in order to save water for drinking, the residents opted to bathe and wash clothes only once in 2 days, resulting in poor personal hygiene.

Scarcity of water augmented with lack of alternative sources poses even greater challenges for persons with disabilities, the elderly and women. The cases below speak volumes of the situation they face.

"The basti is connected to the Bisalpur pipeline. Water is sufficient during winter. However, during summer, residents have to travel to the nearby basti of Amagarh to fill water from the borewell. I find it difficult to get water as I am not able to walk for long, and also have to manage my household work. A borewell should be installed inside the basti. This can help the disabled to fill water when there is low pressure in government taps without travelling outside the basti."

- Munni Devi, person with disability, Transport Nagar

During summer we only receive water for half an hour, and have to then fetch water from the nearby police lines. The elderly who live all by themselves face hardships in doing this as the police lines are across a busy road which has heavy vehicular traffic. As a result, people crossing this busy road have sometimes met with accidents.

- An elderly person from Swami Basti

Quality of Water Supply

The quality of water is equally, if not more important, than the basic supply and quantity. The assessment across settlements revealed that residents were facing issues with the quality of water. Residents regularly complained of body aches, stiff joints, yellowing teeth and flaky skin. These symptoms can be related to contaminated borewell water although no evidence has been generated as yet. Some residents also complained about foul-smelling water. Alternately, borewells had dried up and residents were buying water from private suppliers, which bring problems of a different nature.

A lack of awareness among the community also results in consumption of water that is not potable, or not getting it tested regularly for quality to ensure that it is free from contamination. That there is an acute need for increased awareness is evident from the feedback received from field-level workers in Swami Basti who reported that the water supply from the Bisalpur pipeline was available to the entire slum for both drinking and non-drinking purposes. However, residents did not filter or boil water since they believed that the water was suitable for drinking.

"We use drinking water from government borewells. But the borewell has not been working for some time now and we had to take a paid private connection to meet our daily requirements. The water from the private connection is dirty and my family and I fall ill repeatedly with dysentery, vomiting and stomach pain."

- Zareena, Sundar Nagar, 46 years

"The water supply in the basti is muddy so I use a cloth to filter it. But this is not enough as often there are sediments at the bottom. I know the quality is not good as the doctor has often asked me not to drink this water. I have severe joint pain and my kneecaps are swollen. But we do not have any option as buying water is costly."

- Sugana, 70 years, Elderly Widow, Bapu Basti

Access to Basic Sanitation Facilities

Although the quantitative data revealed that a majority of households had toilets within the premises, field observations revealed that constructing toilets within the premises did not necessarily eliminate the issue of open defecation due to large family sizes and a lack of alternative sources of sanitation. Equity issues are at play here, too, as the larger the family, the greater the chances of open defecation as the number of seats required are not available to its members. For instance, during focussed group discussions with a women's group in Hathroi, it was underscored that although a majority of households in the *basti* had toilets, children sometimes defecated in the drains outside their homes due to the limited number of toilets in the house and absence of community toilets in the settlement.

Poor maintenance of community toilet complexes also continues to be an area of concern as it limits their utility. Members of the male youth group in Transport Nagar stated that residents preferred not to use community toilets, and defecated in the open instead as these toilets was were often dirty and flooded with water. It was also observed that patriarchal norms discourage girls and women from using community toilets.

"Although the government has designed community toilets with separate toilets for women, men and the elderly, in reality this is not followed as men use the toilets constructed for women. Women are, therefore, forced to defecate in the open. It is necessary to have government caretakers and safai karamcharis (sanitation workers) available all through the day at community toilet complexes to ensure that men do not misuse women's toilets."

-FGD, Women's Group, Baba Ramdev Nagar

Community toilets should not be constructed in the basti as they are not cleaned regularly and are poorly maintained, affecting the overall hygiene of the basti.

- FGD, Women's Group, Sundar Nagar

"I do not have a toilet in my house and have to go to the community toilet every time I have to relieve myself for which I have to cross a busy road. I have already been hit by a vehicle while doing so and suffered injury in my legs. But I have no other option."

- Kamla, 61 years old, Swami Basti

"My mother is differently-abled. She had filled the SBM application form but did not receive any financial support and therefore could not get a toilet constructed in the house. Given the situation, I have no other option but to ask my mother to defecate in an aluminium plate at times, which I empty in the nearby jungle. She also defecates in the open as the community toilet is far."

- Badam's Daughter, persons with disabilities group, Transport Nagar

"Nearly 30-40 households do not have toilets. The elderly have to go to the nearby forest to defecate. This poses difficulties like pain in the knees while squatting. They also slip and fall sometimes while carrying water for a long distance. At night women have to inevitably control the urge to urinate till the morning because of safety issues."

- Gaindi Devi, 65 years old, Elderly Group, Valmiki Colony

CASE STUDY:

Khushbu, Baba Ramdev Nagar

The toilet in Khushbu's home is dilapidated and there is a curtain in place of a door. During her periods she is not able to use it as there is no space to dispose of the pad/cloth, hence she has to spend the entire day with one change or wait until it gets dark before she can change her sanitary napkin. She suffers from a lack of personal hygiene and as a result she has infection and rashes in her private parts. The family has neither money nor space to build a toilet at home. The alternative is the community toilet complex which is not only unusable but also unsafe as it does not have a door. There is no space inside the community toilet to dispose of the soiled pad. In the evening, there are men sitting around drinking and she feels unsafe.

"Transgenders face a lot of discrimination and exclusion when they use community and public toilets. People stare at them and are not comfortable sharing toilets with them. They are teased and denied use of toilets. Therefore, an immediate need is for the JMC to have separate cabins and signage for transgenders or to construct separate toilets for them. The former is more feasible than the latter."

- Ms. Malini Das, Member, Transgender Welfare Board, Jaipur

Raaji (36) Manoharpura

Raaji Devi and her husband are both disabled. The toilet in their house has no door, light or water. Raaji and her husband find it difficult to use it. They shared, "Although sitting in the toilet is difficult, we somehow manage to use it on most days. However, it becomes extremely challenging to do so when either of us falls ill. But we have no choice because there are no other facilities."

Faecal Sludge Management

Quantitative data highlighted that less than 50% of households were connected to sewerage for septage management. However, toilets without proper containment for collection of sludge or without a connection to sewerage are useless, and immediate action is required to connect all toilets with sewerage lines or construct proper containment for them. Additionally, there is a need for regular maintenance as the sewerage lines often get clogged and damaged. Municipal Corporation teams do not visit the settlements to clear the sewer lines. Additionally, open drains in the settlement often get choked with mud and dirt and are never cleaned. The affected people look forward to seeking support from the government as well as non-government stakeholders in this regard. A lack of regular maintenance also leads to frequent need for desludging, which is expensive. To avoid this expense, communities gradually fall back on open defecation.

Support under Swachh Bharat Mission (SBM) or Clean India Mission (CLM)

Focussed group discussions with community members across settlements revealed that their applications for support under these schemes were not successful due to a lack of follow-up, inability to produce the necessary documents, a lack of information and awareness to avail subsidies.

For instance, members of the women's group in Baba Ramdev Nagar reported that nearly 20% of residents did not have information regarding the subsidy and many residents who had filled in forms had not received the subsidy yet. In Brajlalpura, female youth group members revealed that although 40% of households did receive the subsidy, the remaining 60% were not informed about the SBM scheme by the local leader due to which they were unable to avail the benefits. They, therefore, constructed toilets with their own funds. Similarly, in Swami Basti, frontline workers like the ASHA Sahyogini indicated that households in the last few lanes of the slum had no household toilets, and many of them faced acute poverty and could not afford to construct them.

Attempts to construct toilets led to indebtedness in many instances. Several members during the interactions informed that despite availing subsidies they had to resort to taking bank loans or borrow money from private lenders to construct toilets. Several residents who felt the need to construct toilets used microfinance or borrowed money from private lenders because they felt the need to stop open defecation in order to ensure safety for girls and women.

Hygiene and Waste Disposal

The quantitative section did not capture the point regarding how the behavioural practices of parents often shape the behaviour of children. Discussions with the community revealed that basic infrastructure like water points in the settlement promoted better hygiene practices.

Hand-washing

Field observations revealed that cutting across settlements and caste/religious groups there is very little awareness regarding hygiene and hand-washing techniques. People do not always wash hands after defecating or before eating food. In most settlements, residents generally use only water to wash their hands. This was particularly observed in Bapu basti, Hathroi and JP Colony where children did not wash their hands after playing. Children were forced to play near the solid waste heaps in Baba Ramdev Nagar.

Basic Hygiene Practices

In Manoharpura, Swami Basti and Patel Nagar, it was found that residents did not wash hands before taking out water from the containers. Water pitchers were kept on the ground, and it was a common practice to spoon out water from the vessels by dipping in a glass or small round metal pots instead of using ladles for the purpose. The area around the pitcher was found to be usually dirty.

In some settlements, despite earthen pots with drinking water being kept on a pedestal, taking out water using hands by dipping a glass or a small round pot instead of a ladle was a common practice among adults and children. In Transport Nagar, residents were found to be using the drinking water to wash their hands. Although the pots had lids, these were covered with moss.

Menstrual Hygiene Management

Taboo subject

Menstrual Hygiene Management continues to be a taboo subject and women and adolescent girls feel shy to express their concerns about the same.

"My menstrual cycle lasts for more than seven days. I suffer from red rashes, itching and white discharge. I have a cyst in my vagina which causes burning and discomfort during urination. I am embarrassed to visit a doctor."

- Renu, 20 years old, Bapu basti

"I get unbearable stomach cramps during menstruation. I also have constant pain in my legs. But I do not share this with anybody out of shame and embarrassment."

- Afsana, 16-year old, Bapu basti

"During menstruation, I dry the menstrual cloth under my other clothes because it is extremely shameful to dry it in the open where it can be seen by others."

- *Khushi, 14-years-old, JP Colony*

During *Focussed group discussions* in JP colony and Bapu *basti*, the adolescent girls stated that they were provided sanitary napkins by the school authorities in case they got their periods during school hours. An incinerator had been installed in the school for the disposal of used sanitary napkins, and the girls had been instructed on how to dispose the napkins. But when they were at home, they disposed of the sanitary napkin by wrapping it in a newspaper, putting it in a polythene packet and throwing it in the waste dump.

According to them, the girls who did not attend school used a piece of cloth instead of sanitary napkins, and used a sanitary napkin only if they had to go out somewhere. They washed the used cloth and dried it by covering it with another piece of cloth or towel. They changed the cloth only twice in 24 hours. Many

girls/women continued to use the same piece of cloth over a long period of time. They reported not washing the cloth with warm water, nor drying it in direct sunlight. As a result of this practice, many of them suffered from white discharge and did not share their predicament with anyone due to embarrassment.

Some of the girls in Bapu basti also reiterated that they were often able change the cloth or napkin, whatever was being used by them, only once in a day as there was no enclosed space where they could safely change or dispose of the absorbent. Since the houses were small, there was no space for washing and drying the cloth in case they changed the menstrual cloth. As a result of these problems, girls reported they were unable to maintain proper menstrual hygiene.

CASE STUDY:

Kiran, 35-year-old, Valmiki Colony

Kiran lives with her husband and a 22-year-old daughter who is divorced. Kiran's husband is addicted to alcohol, so the money he earns (INR 5,000-6,000 per month) is spent on buying alcohol. They own a one-room accommodation but without a kitchen and a bathroom. For toilet purposes, Kiran and her husband go to the nearby jungle while their daughter goes to her uncle's (Kiran's brother's) house next door. But during menstruation, the daughter also prefers to go to the jungle as Kiran says, "*Mahwari ke samay kaise jayegi mama ke ghar mein, to wo teen-chaar din jungle mein hi jati hai."* (how can she go to her uncle's house to use the toilet during menstruation, so she also goes to the jungle for 3-4 days).

However, she has to exercise caution and get up frequently whenever anyone approaches that site. She is also scared of boys who clandestinely watch her and is always fearful of any untoward incident taking place.

Knowledge on of menstrual hygiene management

Further, there continues to be a severe lack of knowledge of menstrual hygiene management among community members as highlighted by Ms. Manju Bala, Anganwadi Worker, Brajlalpura. She stated that despite several meetings, minimal change was visible due to rigid community norms and beliefs. According to her, IEC material to educate girls was available, but there was a need for regular visits to adolescent girls' homes in order to impart information.

Provision of sanitary napkins

Provision of free sanitary napkins in the community continues to be limited. Ms. Reeta Saini, Principal, Rajkiya Uchh Prathmik Vidyalaya, Swami Basti, stated that several letters and complaints had been submitted to the concerned government department for supply of sanitary napkins in Swami Basti. However, the government had not taken action so far and sanitary napkins continued to be provided only to girls in secondary and senior secondary government schools.

This situation has a direct bearing on effective WASH, and dedicated initiatives are required to address the situation.

Waste management

Waste management is a serious issue across all settlements. Residents resorted to throwing waste in the drains or vacant land around the settlements. With no community bins, in a majority of cases residents kept the waste in open bins outside their houses and emptied them anywhere in the settlements. This was observed during field visits as waste could be found littered all around the settlements, especially in Hathroi, Patel Nagar and Swami Basti.

"Although the waste collection van visits the basti once in 2-3 days, it is already full of waste. It does not have any mechanism like a jingle to inform the residents about its arrival, nor does the driver call out to people. Therefore, only the houses close to the main road of the basti are able to throw the waste in the van.

- Youth (women's) group, Brajlalpura

"Only one truck comes to collect waste, and that too is irregular. There are no waste bins in the community. People dump the waste on the roads and near the Dravyavati River. This cause diseases like malaria."

- FGD, Mahila Arogya Samiti, Brajlalpura

Prabhu Dayal, Elderly, Patel Nagar

"I live in a dilapidated pucca house with my wife. Although the van comes to the *basti*, given our age and physical immobility, neither of us is able to throw the waste in the van. Sometimes, for multiple days the waste keeps lying outside the house itself, giving off a foul smell. Besides, hordes of flies and mosquitoes also feed on it.

"The waste collection van visits the basti only irregularly, and as there is no waste bin in the basti, we have to cross the busy road to dump the waste in an open space behind the community toilet complex. We have often had accidents."

- Persons with disabilities, Swami Basti

Awareness regarding safe sanitation and hygiene

Field visits across the settlements indicate that there is a lack of awareness among residents regarding sanitation, hygiene and hand-washing techniques. This becomes a critical challenge, especially during the current COVID-19 pandemic as washing hands for at least 20 seconds has been acknowledged as one of the most important methods of reducing risks associated with the spread of virus. Community groups also revealed that the residents were ignorant about maintaining adequate sanitation and hygiene in the settlements. For instance, members of youth groups highlighted that even when the van visited, residents did not throw their waste in it, and even when they did, they did not separate dry and wet waste.

Stakeholder Response

Water

The previous section highlighted some of the key concerns of the residents which included a scarcity of quality water, especially during summer, water being contaminated in some of the settlements and a lack of provision of water connections in all households across the settlements. The residents, therefore, demanded that all households should be connected with the pipeline and, if installing the pipeline was not feasible in an area, bore wells should be put in place in each settlement (especially Transport Nagar). They also demanded clean, potable water supply in all settlements.

In response to this, Mr. Satish Jain, Superintendent Engineer, South, Public Health Engineering Department (PHED), Jaipur, stated that the PHED supplied water through water tankers, and that this water underwent several quality tests.

Responding to the demand for clean potable water, Mr. Ajay Singh Rathore, Executive Engineer, North, PHED, Jaipur, said that the PHED was trying to supplement water supply through tankers which provided chlorinated water, and also by mixing ground water with surface water, but only up to the permissible limit in order to reduce contamination. Mr. Jain also said that the PHED was trying to provide safe water through HDP metal pipelines to avoid contamination of water. Towards this end, work had already begun in Valmiki Colony, he informed.

Dr. Kiran Sharma, DMP, CMHO Office, Jaipur-II, asserted that water samples were collected from each slum once a month and tested. She also said that the health department was keen to eliminate water contamination and create awareness among community members on the issue and on the advantages of safe drinking water, water storage and management.

In some settlements, the residents also said that there was a lack of space for storing water safely. Mr. Jain responded that PHED provided huge tanks for storage of purified water.

Sanitation

Residents across the settlements stated that there was a lack of community toilets and said these should be constructed keeping in view the needs of the vulnerable and marginalised population groups.

Responding to this, Mr. Manoj Goswami, Head, Executive Engineer, JMC, stated that where there were no household toilets, community toilets would be constructed with more seats, cabins and better water supply. He requested CFAR to give JMC a list of settlements which had an immediate need of mini-Sulabh Shauchalayas (community toilets). While renovating the existing toilets and designing new ones, specific needs of different vulnerable and marginalized communities would be factored in, he said.

Mr. N.K. Agarwal, Executive Engineer, JMC, Vidhyadhar Nagar zone .emphasised that the department needed to ensure that in slums where households lacked individual toilets, gender-friendly community toilets would be constructed with all the requisite facilities. At the same time, the existing community toilets needed to be revived through provision of proper facilities and maintenance.

Mr. Bhupendra Mathur, Chief Engineer, Swachha Bharat Mission (SBM), Jaipur, stated that the SBM had completed the open defecation-free phase under which construction of individual and community toilets

was undertaken. The aim was to build 28,000 toilets in the state. However, till February 2020, around 22,000 community and public toilets had been constructed.

Responding to the issue of lack of individual toilets and constructing these in all households across settlements, Mr. Arun Garg, Addl. Commissioner, JMC, responded that under the SBM, JMC focused on constructing individual toilets. However, where no space was available for these, for example in certain slums and colonies, steps had been taken to construct community toilets and mechanisms had been put in place for daily cleaning and maintenance of these toilets.

Mr. Pratap Singh Khachariawas, member of the legislative assembly (M.L.A), Civil Lines, and Mr. Rafiq Khan, M.L.A, Adarsh Nagar, admitted that individual toilets could not be constructed to cover 100% households in some of the settlements in their constituencies due to space and budget constraints. But in these settlements, community toilets had been constructed, they said.

The second issue regarding sanitation was poor maintenance of community toilets. Residents said that government sanitation workers were required for regular upkeep and maintenance of community toilets.

M. Vijay Jha, Public Relations Officer, CTCs, Jaipur, said that Sulabh Sauchalayas were well-maintained since dedicated manpower had been deployed for these, but community toilets were not well-maintained due to a lack of manpower for monitoring facilities regularly. The JMC was now planning to maintain these. However, more work needed to be done by JMC to have user-friendly (gender-friendly) toilet systems. He said approximately INR 20,000 were required for the maintenance and management of each community toilet. While currently there was a huge budget constraint, JMC tried to address maintenance issues immediately on receiving information.

People living in the settlements complained that community toilets were neither well-managed nor gender-friendly. Mr Goswami said that the JMC was aware that the caretakers assigned to community toilets were not performing their duty and, therefore, community toilets were neither well-maintained nor well-managed. The JMC was in the process of ensuring proper tracking and monitoring by strengthening the existing monitoring processes, he said.

A lack of inclusion of vulnerable and marginalized populations and groups was the third issue pertaining to sanitation. For instance, transgenders have been demanding separate toilets with appropriate signage, or altogether separate toilets for themselves. The vulnerable and marginalized populations and groups have also stressed the need to have both individual and community toilets which were constructed keeping their needs in mind.

Mr. Arun Garg, Additional Commissioner, JMC, stated that he was open to ideas for signage in toilets for transgender and requested for concrete suggestions by CFAR to take this forward.

Master Bhanwarlal Meghwal, Hon'ble Minister, Social Justice and Empowerment (SJE), Government of Rajasthan, said he would take the initiative forward by having discussions with the Principal Secretary, Social Justice and Empowerment, on the process for implementing the agenda regarding social Inclusion of marginalized communities.

Mr Bhupendra Mathur emphasised that the new SBM guidelines had a special focus on transgender and persons with disability. Ramps would, therefore, be provided for disabled people and the height of toilet seats would be lowered to enable persons with disabilities to use them with ease.

Across settlements, faecal sludge and septage management was an issue. All households need to be connected to the sewage system while regular desludging by government sanitation staff needs to be undertaken at affordable costs.

Mr. Arun Garg, Addl. Commissioner, JMC said that 80% of the city was covered by the sewerage system and the JMC was working on the collection and treatment of waste. He said JMC's main work pertained to overall sanitation of Jaipur city with a focus on cleaning of drains and faecal sludge management.

Mr. Pratap Singh Kachariawas, M.L.A, said that the sewer system in Brajlalpura had not been laid fully. This year, an effort would be made to get 100% sewer connections in all the settlements in his constituency. A proposal had been submitted to cover slums with 1,005 water and sewer connections. The government was trying to put this into action, but the work would be completed only by the end of year 2020.

Sh. Master Bhanwarlal Meghwal, Hon'ble Minister, said that the 'Single Window' system would be set up at the administrative level, preferably within the Collectorate. He said the issue needed to be discussed further with the Principal Secretary, SJE department, and the District Collector to arrange for space for setting it up. CFAR and Nai–Bhor (transgender Community-based Organization) would implement the Single Window with the support of the department. The transgender community would be involved in the successful implementation of the process and monthly review meetings would be conducted, it was discussed.

Mr. Bhupendra Mathur, Chief Engineer, SBM, said that currently the effort was on ensuring the sustainability of the open defecation-free model, proper maintenance of toilet facilities and safe waste collection, arrangement of conveyance, treatment and disposal of all faecal sludge and sewage.

Mr. Rafiq Khan, M.L.A, Adarsh Nagar, said work was underway in Transport Nagar and the neighboring settlements to connect 100 percent of households to the sewer system.

Waste Management

Lakshmi Bairwa, President, Mahila Arogya Samiti or Women's Health Committee, Brajlalpura, said that regular training and capacity-building of self-help groups, Mahila Arogya Samiti members and Slum Development Committee members needed to be conducted on solid waste management.

Mahila Arogya Samiti member from Patel Nagar, Poonam, said that the residents would be willing to support any private agency that was keen to invest in the segregation of large quantities of waste.

Mr. Bhupendra Mathur, Chief Engineer, SBM, said that, as per the new SBM guidelines the emphasis was on solid waste management with segregation of wet and dry waste at source. Later, recycling of waste would also need to be undertaken, but this would require creating awareness amongst people. The SBM would involve rag-pickers in the process.

Conclusion

By highlighting the voices from the community, this chapter underscores the problems and constraints faced by the most marginalised groups including women, adolescent girls, elderly, disabled and transgenders. The key findings of the chapter emphasize the need to look beyond the provision of taps and toilets and bring about collective behavior change so that people adopt safe WASH practices. Besides, stigma and discrimination, that act as barriers and prevent the marginalized from accessing and using safe water, hygiene and sanitation, should to be addressed on priority. Above all, it is essential to put the last mile first and listen, to ensure that no one is left behind. Towards this, the first step will be to enhance participation of marginalized groups in policy and programmatic interventions. This will entail systematically creating platforms and institutionalizing processes for constructive dialogue and enabling policy-makers and service-providers to address the needs and aspirations of marginalized groups.

It is also evident that until the community as a whole does not voice its issues/demands and comes together to resolve them, the WASH situation in the settlements will improve very slowly. Besides, along with men and women, transgenders also need to be included in the decision-making processes to create a better understanding of the problems faced by them and to find effective solutions.

The basic purpose of the study is to assess WASH accessibility in the settlements, and subsequently planning for and addressing the WASH needs of households. The study's qualitative aspects highlight how hairline differences are left during quantitative collection of data. While it reveals how persons with disabilities and the elderly face bigger barriers than others, the problems of adolescent girls and their menstrual needs are equally important to address.

The chapter has highlighted how across a range of WASH practices, different groups face different types of barriers, which vary with differences in age, gender and impairment. It is pertinent that accessibility to improved WASH services remains low across the settlements, but it is more challenging for low-income households, and even worse for disabled people, transgenders, and socially and physically disadvantaged groups. It appears that large households which have persons with disabilities and adolescent girls are disproportionately affected.

The qualitative findings highlight distinct key concerns related to accessibility, affordability and behavior. Whereas response from stakeholders have shown the seriousness to improve status of WASH in the city. It also appears that these aspects are interdependent and complimentary to each other and need to bring stakeholders in sync. Such integrated approach to WASH services will ensure better hygiene and living condition for the urban poor. This is essential and crucial for sustainable development.

CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

This section presents conclusions and recommendations drawn from the Baseline Survey and recommendations that will guide improvements in WASH services.

Conclusions

- Based on the survey conducted with households and focus group discussions and key informant interviews undertaken with specific groups and key stakeholders in 11 settlements of the city, one important conclusion the study has arrived at is that access to WASH services is dependent on various factors, including income, education, infrastructure and awareness. The lack of all or any of it is leading to systematic exclusion from the urban planning and process and service delivery mechanisms for the poor and marginalized. There is a need to establish robust processes to bridge the gap in accessibility to water, sanitation and hygiene services in the poor settlements of the city. Hence, there is an urgent and obvious need to work on building affordable and accessible infrastructure for the residents of the settlements.
- Although WASH services are within easy reach in some areas, there are still some households that are without toilets or have no access to drinking water, hence the need to provide demand-based infrastructure and services in every settlement is evident.
- In most settlements, it was found that infrastructure was not disabled/elderly-friendly. Poor infrastructure also exacerbates the problems faced by adolescent girls and women during pregnancy and mensuration. Therefore, there is a need to intensify sensitization and advocacy for provisioning and building people-friendly infrastructure and generating a demand among the communities for improved WASH services.
- Although a significant number of people in the surveyed settlements were aware of poor WASH facilities in their areas, the community had not made an effort to improve it. There is a need to strengthen their ability to organize themselves in prioritizing their needs and acting collectively to seek and advance improvements in WASH services.
- As most of the households were facing space constraints to build toilets, the provision of well-constructed and well-maintained community toilets should be encouraged. Even the few settlements that have community toilets must be managed by the community management committees to ensure these are used and maintained properly. The Jaipur Municipal Corporation should develop models of community managed toilets, ensuring active community participation in running and maintaining community toilets.
- The community has developed innovative practices in using water judiciously and ensuring proper storage. This can be seen in the households operating on reduced quantities of water supplied to them. Therefore, it is necessary to nurture and strengthen such practices to ensure that water, which is a scarce resource in this part of the country, gets conserved and used judiciously.
- The surveyed households reported improvements in hygiene, waste management and environmental sanitation. However, poor infrastructural facilities like absence of waste collection points as well as poor door-to-door waste collection facility, undermines its impact.
- Irrespective of the social demography and spatial features of the settlements in the city, accessibility of WASH is in a poor state and needs to be improved to match JMP standards. Therefore, the infrastructure for piped water supply, water safety and other supportive measures like treatment and

safe storage of water for reducing the transmission of waterborne diseases is urgently needed. A similar effort is required for improved sanitation.

While the above conclusions broadly highlight the gaps, there is a need to establish a mechanism for enabling people to participate and prioritize WASH management. The following is the comprehensive agenda across the thematic areas of WASH based on the 5As approach – availability, accessibility, awareness, affordability and aspiration.

Availability

The report highlighted the issues of poor availability of WASH services across thematic areas. For example, more than 38% of the households were without a piped water connection. Also, the duration of water supply was less than one hour in a day with 47.8% of people depending on government or borewell supply, while 37.56% reported they received water for more than an hour but less than two hours. Another level of exclusion is that the 90% who had access to a toilet did not have safe containment for sludge collection and safe disposal through proper sewerage or septage management.

Around 24% of the residents were at high risk of unsafe hygiene and 88% of adolescents practiced unsafe disposal of menstrual hygiene pads and cloth which may spiral into a health and environment crisis.

Accessibility

Accessibility of the poor and marginalized to infrastructure and services has always been a matter of concern. As the baseline survey highlights, persons with disabilities and elderly were found to be severely affected due to poor WASH infrastructure at the household and community levels. Similarly, women, especially pregnant women and adolescent girls during menstruation, face many challenges and need better hygiene and water supply.

According to the JMP definition of basic access to water, only 62% of the households meet the requirement. Comparing this accessibility with the JMP definition of safely managed access to water in terms of drinking water supplied through improved water source, available when needed and free from fecal and any chemical contamination is critical. Similarly, while measuring sanitation accessibility in the settlements with reference to the JMP ladder, only 69% of the households have basic sanitation accessibility, out of which 43% have safely managed sanitation with single or twin-pit toilets. Even in these, safe containment, proper transportation and treatment in-situ or treated at the site is critical.

With regard to hygiene, especially handwashing, if soap and water are available in the premises, it is ‘basic’ as per JMP standard. However, of those 49 % who did not use soap while washing hands, stated that they found it to be expensive. The problem lies in viewing handwashing in the context of water availability as nearly half of the households receive less than 135 lpcd water for an average family size of 5. Accessibility is a major problem for persons with disabilities and the elderly. It was reported that 53% of the persons with disabilities and the elderly did not find their home toilets user-friendly, while 65% reported handwashing was difficult due to inadequate facilities. Where women are concerned, especially specific groups such as pregnant women and nursing mothers, and adolescents, faced several challenges as more than 50% of households had inadequate water supply (less than 135 lpcd).

Awareness

A critical finding of the report is that addressing the gaps in knowledge and awareness on improved WASH can transform the lives of the urban poor. The report highlighted the lack of awareness among residents which reflected in responses such as 67% of the respondents believing that diseases like malaria or dengue could not be prevented, 20% of people not washing their hands with soap due to negligence, and only 15% of households purifying water given the fact that 33% of the households reported that vector-borne diseases could be averted by consuming purified water. 5% of the households reported that someone from the family had suffered from diseases like malaria, dengue or chikungunya, and 30% of them were children below the age of 12 years. But it is important to highlight that 25% of households did not know what caused these diseases.

Affordability

Across the thematic areas, affordability was an issue. Whether in constructing toilets, or using soaps (49% found soaps to be expensive), affordability was consistently found to be an issue. Therefore, there is a clear need to ensure that affordable products and services are made available for developing a culture of hygiene and improving WASH services. Similarly, among of those who did not have a toilet, 69% stated affordability as an issue. While 81% of adolescent girls reported using sanitary napkins, remaining 19% uses either clothes or pad or both, and affordability issue might be a potential factor, which the survey data did not capture.

Aspiration

The surveyed households aspire for better WASH services. The government, civil society and public and private sectors should, therefore, come together to ensure availability of affordable services, especially in disadvantaged areas for the marginalized and vulnerable groups of people. At the same time, given the aspiration of the communities and global agencies to leave no one behind, it important to consider affordability and accessibility issues which are potential barriers for improving WASH services at the national and local levels.

In order to address the outlined gaps under the 5As, the report recommends taking up the following issues through the Single Window system in order to achieve the overarching objectives of this project:

a. Improve access to basic and safe WASH services,
b. Ensure both the quality and consistency of the existing WASH system is strengthened across the value chain,
c. Enable the communities who need services the most and are at risk of getting further marginalized due to a paucity or absence of services to voice their concerns, assert their agency and be a part of the solution.

After a discussion on the findings presented in this report with community leaders, outreach workers and other key stakeholders like community-based organizations, a plan of action was decided to achieve the following three key objectives:

a. Improving Access
b. Improving quality and sustainability of WASH services
c. Gender equity and social inclusion in planning and management of WASH services.

It is proposed to take the process of strengthening awareness on safe hygiene and sanitation practices at the both household and community levels in each of the thematic areas.

Water

Points of Action:

a. Water-testing,
b. Building infrastructure for improved water supply,
c. Relieving women, adolescents and the elderly from the extra burden of collecting water through advocating for infrastructure development and involvement of men/ boys.

Sanitation

Points of Action:

a. In some cases, household members did not use toilets due to lack of privacy, cleanliness and other issues, there is therefore, a need to work on the behavioral aspects of keeping toilets clean as well as maintaining privacy by installing a door or a proper partition. There is also a need to build and operate community toilets in the settlements for those households which do not have a toilet. Safely managed, well-ventilated and well-lit community toilets with all facilities must be provided. These should be connected to a sewerage system or to a properly partitioned septic tank which is emptied periodically.
b. Models of community-managed, operated and maintained toilets, septic tanks and sewerage lines must be strengthened to ensure sustainable and safe services.
c. Access to basic sanitation services must be improved by ensuring household toilets, are connected to sewerage or with safe containment –twin-pit, lined single pit/septic tank which is emptied every two years.

Hygiene

Points of Action:

i. Building infrastructure for quality of water supply and sanitation services,
ii. Awareness on hand-washing techniques,
iii. Easy access to soap and menstrual hygiene products,
iv. Safe sewage treatment and waste water management.

Waste Management

Point of Action:

i. Enabling people to segregate different kinds of waste at home, its proper handling and collection,
ii. Establishing networks for proper waste collection as well as designated collection points by putting dustbins in the settlements and ensuring regular waste collection by the municipality,
iii. Creating awareness among people on waste management and sanitation.

Environment and Climate Concerns

Points of Action:

a. Inclusion of gender-responsive policy and plan in climate adaptation
b. Building greater disaster preparedness,
c. Building infrastructure for tap to mouth, or uninterrupted water supply,
d. Ensuring improved water and sanitation,
e. Building climate-resilient WASH,
f. Strengthening community engagement and participation in micro-planning and decision-making processes which shape solutions.

The following are the recommendations and actions the project aims to advance:

Recommendation and Future Actionable Point:

Based on the above findings, Single Window is now tasked to achieve three major objectives:

a) Improving access to basic and safe WASH services,
b) Ensuring both quality and consistency of existing WASH services are strengthened across the value chain,
c) Facilitating the communities who need services the most and are at risk of getting further marginalised due to a paucity or an absence of service to voice their concerns, assert their agency and be a part of the solution.

The following action points have been planned to achieve the above three key objectives:

a) Improving access:

A focus on addressing the gaps in basic WASH services must be to ensure that the risks to community health on account of these gaps are addressed, especially for the most vulnerable sections. The basic services, in this context, will include both the quantity and quality of water provided by the PHED as well as improving access to home connections.

To the extent possible, improve access to safe toilets in homes. In those pockets where space is a constraint in building individual home toilets, existing community toilet complexes will be upgraded to benchmark levels or new ones planned. Individual and community toilets together should ensure complete elimination of the need for open defecation in the identified pockets.

For improved solid waste management, segregation of waste into bio-degradable and non-biodegradable waste at home level will be the first step, household dust bins may have to be provided to the "early adopters" for demonstration purposes. These will be linked to community waste bins – to be provided at convenient locations. Community-managed systems for proper emptying into segregated containers at convenient points and connected to final point where it is recycled and reused. Rag-pickers will be co-opted into the system for collection and disposal as primary stakeholders.

b) Improving quality and sustainability of WASH services:

Systems for testing water – both in the supply system and at the end-user level – will have to be established. Various alternatives will be explored, especially optimizing the use of available government facilities for testing water. The scope for bringing in private sector players, including corporate, civil society and private service providers will be explored, tested and scaled up during the project period to arrive at sustainable and self-supporting systems for achieving water safety standards at the end-user level.

Mass education using appropriate techniques to increase awareness of water safety standards and associated risks during carriage and storage will be a key action to generate demand for quality standards.

Sustainable systems for emptying and safe transportation of faecal sludge from septic tanks or other onsite pit latrines will be developed in collaboration with private service providers already in the

market and the JMC. Monitoring the performance of the service providers and ensuring a smooth interface with JMC will be an important action area. Another challenging area of work would be regulating service charges keeping in mind the capacity of economically weaker sections to pay.

Creating systems for proper operation and maintenance of community toilets in close collaboration with user groups, especially women and youth groups, will be another key action area.

Establishing systems for segregated solid waste management will be another area for action given that segregation is not practiced anywhere in the state. This will require intensive advocacy, strategic partnerships and systematic monitoring and creating replicable models beginning with pilot interventions on a limited scale. Observing and taking lessons from the existing best practices from comparable urban settings in the country will be a good starting point.

Rag-pickers who are currently unorganized can be co-opted into the system since they have been able to sustain when they are able to see the economic value in waste management. By mobilizing rag-pickers and training them to be entrepreneurs who can trade in and recycle waste, they can contribute to the value chain. There are some good tested models which can be studied and adapted to local conditions.

Work around Menstrual Hygiene Management will be undertaken as it is an emerging area which is drawing a lot of attention and support in strengthening sanitation value chain.

c) Gender equality and social inclusion strategy in planning and management of WASH services:

A key action area will be to integrate marginal groups, poor households and underserviced settlements with WASH services systematically, in planning, delivery and monitoring of WASH services. The baseline study provides gender disaggregated data on men, women, transgender, persons with disability, elderly and adolescents and their specific WASH needs. This study not only presents the gaps in the existing services, but also draws attention to what is missing and not being engaged with, such as the special needs of persons with disability/elderly, girls, women and transgenders. Making women and marginalised groups aware of their basic WASH rights and identifying the space for them to participate in decision-making for WASH delivery will be the starting point. Introducing the concept of gender budgeting within the larger municipal budgeting system will also be initiated.

The opportunity to participate in decision-making includes support for constructing sanitary/shared toilets and safe containment. This is particularly necessary for those 6% of respondents who do use toilets and also among the 627 (66%) toilets connected to some form of containment. Of these, 350 or 55%, do not desludge their pits and go in for open discharge and unsafe disposal. There is, therefore, a need to bring the users into the system, to seek their entitlements and also to play an active role in planning for services, monitoring delivery and in maintenance systems. The intervention will give priority to empowering community members by making them aware of the benefits of adopting safe hygiene and sanitation practices.

In terms of opportunities for the private sector, it is suggested that once an effort has been made to increase awareness about proper sanitation and hygiene practices, the private sector can be engaged

meaningfully. Also, since 178 (18%) of the respondents said that they did not use soap as it was expensive, alternate cleansing agents, which can be locally produced and inexpensive, can be encouraged.

The process of strengthening awareness on safe hygiene and sanitation practices will be undertaken at two levels:

- By mainstreaming the urban poor and marginal groups across social development programmes to strengthen their access to health and hygiene and WASH services to reduce their vulnerability to social exclusion and marginalization. This includes schemes for pension, credit, livelihood and skill development, legal aid and housing, to name a few.
- By enabling and supporting dedicated community mechanisms such as the Single Window supported by the Community Management Committee at the Slum Level and Single Window Forum at the Ward level, one will not only ensure timely planning and strengthen coordinated response at every level but also provide information on hygiene and disease prevention and create a community-led network for the most marginal households
- To achieve all of the above objectives and results, the 'Single Window' needs to secure the support of both the government and private sectors and, more importantly, from experts and civil society organisations on the technical know-how to design safe containments and disabled/elderly-friendly toilets and facilities.

The bottom line is that the user community cannot be reduced to end-users. They need to be part of the entire cycle, from planning to execution of the project. For this, they have to be recognized as frontline workers and as key change agents of change by the government. They need to have representation in official committees set up to plan augmentation of services or better management of the existing facilities. The principle 'nothing for us, without us' must apply to the maximum possible extent. The guiding principle should be "WASH for all" and not "WASH for the majority".

Annexure 1: Household Questionnaire

Evaluation of *WATER FOR WOMEN: MOBILIZING, FACILITATING AND REPLICATING SOCIALLY INCLUSIVE WASH INITIATIVES IN INDIA'S URBAN SLUMS*

Household Questionnaire

Hello,
My name is____and I am from Centre for Advocacy and Research (CFAR), India. We are conducting a survey to understand the water, sanitation and hygiene (WASH) related situation in your community. I request you to please go through the consent/assent form (refer to the relevant forms). And if you agree to be interviewed, please sign the form

IDENTIFICATION	
CITY NAME: _____	CITY CODE: ☐
WARD NUMBER:	☐☐☐
SETTLEMENT NAME: _____	SETTLEMENT CODE: ☐☐
TYPE OF SETTLEMENT (1=AUTHORIZED, 2=UNAUTHORIZED):	☐
HOUSEHOLD SERIAL NUMBER:	☐☐
NAME OF HOUSEHOLD HEAD:	GENDER OF HOUSEHOLD HEAD: 1 MALE 2 FEMALE 3 TRANSGENDERTRANSGENDERS
ADDRESS OF HOUSEHOLD:	
INTERVIEWER NAME: _____	INTERVIEWER ID: ☐☐
DATE OF INTERVIEW (DD/MM/YYYY):	____/____/_____
ROUND OF INTERVEIW:	1. BASELINE 2. MIDLINE 3. ENDLINE
RESULT OF INTERVIEW:	1. INTERVIEW COMPLETE 2. INTERVIEW INCOMPLETE 3. REFUSED (CONSENT NOT GIVEN) 4. HOUSEHOLD NOT FOUND 5. HOUSEHOLD LOCKED 6. HOUSEHOLD MIGRATED 7. NO ELIGIBLE RESPONDENT FOUND 9. ANY OTHER (SPECIFY)_____

SECTION A: HOUSEHOLD BACKGROUND AND GENERAL INFORMATION					
SN	**Questions**	**Responses**		**Skip**	**Code**
1.	What is your name?				
1a.	If you are not head of the household (HoH), what is the name of HoH?				
2.	What is your gender?	Male	01		
		Female	02		
		Transgender	03		
3.	How old are you? [RECORDED AGE IN COMPLETED YEARS]	----------			
4.	What is your mother tongue?	Hindi	01		
		Marwari	02		
		Bengali	03		(Specify)
		Bhili	03		
		Punjabi	04		
		Any other (specify)	09		
5.	What is your religion?	Hindu	01		
		Muslim	02		
		Christian	03		(Specify)
		Buddhist	04		
		Sikh	05		
		Other (specify)	09		
6.	What is your caste?	Scheduled caste	01		
		Scheduled tribe	02		
		Other backward classes	03		(Specify)
		Other (specify)	09		
7.	What is your marital status?	Un-Married	01		
		Married	02		(Specify)
		Separated/divorced	03		
		Widowed	04		
		Other (specify)	09		
8.	What is your relationship with the head of the household (HoH)?	Self	01		
		Husband	02		
		Wife	03		(Specify)
		Father	04		
		Mother	05		
		Father-in-law	06		
		Mother-in-law	07		
		Grandparent/s	08		

		Other (specify)	09		
9.	Have you ever attended school?	Yes	01		
		No	02	□12	
10.	What is your educational qualification?	Below primary	01		
		Primary	02		
		Secondary	03		
		Higher secondary	04		
		Graduation or above other than technical degree	05		
		Technical diploma/certificate not equal to degree	06		
		Technical graduation or post-graduation degree	07		
11.	Have you received any vocational training?	Yes	01		
		No	02		
12.	Can you read?	Yes	01		
		No	02		
13.	Can you write ?	Yes	01		
		No	02		
14.	What other traditional skills do you have? [PLEASE RECORD MULTIPLE RESPONSES IF APPLICABLE]	Tailoring	A		
		Embroidery/handicraft	B		
		Carpentry	C		
		Pottery	D		
		Mason	E		
		Traditional medicine	F		
		Theatre/music/dance	G		
		Any other (specify)	H		
15.	What is your employment status?	Self-employed/Home Based Work	01		
		Regular wage/salary earning	02		
		Casual/daily wage labour	03		
		Pensioner	04		
		Remittance recipient	05		
		Domestic chores	06		
		Not employed	08		
		Other (specify)	09		
16.	What is the occupation of principal earning member of this household?	Self-employed/home-based work	01		
		Regular wage/salary earning	02		
		Casual/daily wage labour	03		(Specify)
		Pensioner	04		
		Remittance recipient	05		
		Domestic chores	06		

		Not employed	08		
		Other (specify	09		
17.	How much is your total monthly income?	< 1000	01		
		1000-3000	02		
		3000-5000	03		
		5000-7000	04		
		7000-10000	05		
		> 10000	06		
18.	How much is the total monthly income of your household?	< 1000	01		
		1000-3000	02		
		3000-5000	03		
		5000-7000	04		
		7000-10000	05		
		> 10000	06		
19.	How much is the approximate monthly expenditure of your household?	< 1000	01		
		1000-3000	02		
		3000-5000	03		
		5000-7000	04		
		7000-10000	05		
		> 10000	06		
20.	Have you (this household) been living here always?	Yes	01	□26	
		No	02		
21.	When did you come here? [RECORD DURATION IN COMPLETED YEARS. FOR DURATION LESS THAN 1 YEAR, WRITE 0.]	----------			
22.	Where is your native place?	Same district	01	□ 25	
		Another district in Rajasthan	02	□ 24	
		Another state	03	□ 23	
		Another country	04		
23.	Which state are you from?	----------			
24.	Which district are you from?	----------			
25.	Is your native place a rural or an urban area?	Rural	01		
		Urban	02		
26.	Who owns the house you are currently living in?	Own	01		
		Rented	02		
		Relative (no rent)	03		

		Friend (no rent) 4	04		
		Govt. quarter 5	05		
		Constructed by BMC 6	06		
		Other (specify) 9	09		
		No	02		
27.	How many members are there in this household?	----------			

28. Please provide me details of all the members of this household, one by one, starting from the head of the household.

HOUSEHOLD MEMBERS INFORMATION							
SN	**Relationship with HoH**	**Age**	**Sex**	**Does this person have disability?**	**Does he/she currently live in this household, or somewhere else?**	If the member does not currently live at the household:	
						Where does he/she live now?	For what purpose?
	1=self 2=husband 3=wife 4=father 5=mother 6=father in law 7=mother in law 8=grandparent 9=other (specify)	[Record in completed years]	1=male 2=female 3=TG	1=yes 2=no	1=yes, stays here 2=no, stays somewhere else	1=another city in Rajasthan 2=a village in Rajasthan 3=a city in other state 4=a village in other state	**1=work 2=education 3=treatment 4=marriage 9=other reason**
(a)	**(b)**	**(c)**	**(d)**	**(e)**	**(f)**	**(g)**	**(h)**
1.	Self						
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9							
10.							

[CHECK THAT TOTAL NUMBER OF MEMBERS ADDS UP TO THE ONE MENTIONED IN 33.]

SECTION B: FINANCIAL INCLUSION AND SOCIAL PROTECTION				
SN	**Questions**	**Responses**	**Skip to**	Code
29.	Do you or any member of your household currently have the following? a. Savings account in bank b. Savings account in post office c. Credit card d. Fixed deposit e. Recurring deposit f. Provident fund g. Residential plot/ flat/house h. Commercial shop	Yes No Don't know a. 1 2 9 b. 1 2 9 c. 1 2 9 d. 1 2 9 e. 1 2 9 f. 1 2 9 g. 1 2 9 h. 1 2 9		
30.	**In the past six months, has your household saved money for some emergencies or a time when you expect that income would be less?**	**Yes----------1** **No----------2**		

31. Do you or any other member of this household possess/used/applied/denied the following official documents?												
Sr. No.	**Social entitlements /financial investments**	**40.1 Do you or any member of your household possess this document?** 1=Yes 2=No 3=Not applicable 8=Don't know 9=Not heard of it					**If 'no' in 40.1: 40.3 Have you ever applied for this?** 1=Yes 2=No 9=Not applicable			If 'no' in 40.3: 40.4 Have you ever been denied this? **1=Yes 2=No 9=Not applicable**		
a.	Aadhar card	1	2	3	8	9	1	2	9	1	2	**9**
b.	PAN card	1	2	3	8	9	1	2	9	1	2	**9**
c.	Ration card	1	2	3	8	9	1	2	9	1	2	**9**
d.	BPL card	1	2	3	8	9	1	2	9	1	2	**9**
e.	Disability certificate	1	2	3	8	9	1	2	9	1	2	**9**
f.	Voter ID card	1	2	3	8	9	1	2	9	1	2	**9**
g.	Labour card	1	2	3	8	9	1	2	9	1	2	**9**
h.	Employment card	1	2	3	8	9	1	2	9	1	2	**9**
i.	Caste certificate	1	2	3	8	9	1	2	9	1	2	**9**
j.	Gas connection	1	2	3	8	9	1	2	9	1	2	**9**
k.	Bhamashah Card	1	2	3	8	9	1	2	9	1	2	**9**
l.	Income Certificate	1	2	3	8	9	1	2	9	1	2	**9**
m.	**Death certificate**	**1**	**2**	**3**	**8**	**9**	**1**	**2**	**9**	**1**	**2**	**9**

32. Please tell me one by one if you or any member of your household have availed the schemes I will now read out to you.				
Sr. No.	Name of Scheme	32.1 Heard of it?	32.2 Availed it?	**32.3 If not availed, why?** **1=Not aware of the schemes** **2=Not eligible 3=Not important** **4=Provider is not helpful** **5=Too many obstacles** **6=Tried to avail but was refused** **7=Lengthy processes 8=Stigma and discrimination 9=Others** **[GO TO NEXT SCHEME]**
		1=Yes 2=No	1=Yes 2=No 3=N/A	
		[IF NOT HEARD, THEN SKIP TO NEXT SCHEME]	[IF NOT AVAILED, THEN SKIP TO 41.6]	
a.	Sukanya Samrudhi Yojana (SSY)			
b.	Rashtriya Swasthya Bima Yojana (RBSY)			
c.	Ayushman Bharat			
d.	SC/ST Minority scheme			
e.	Widow Pension			
f.	Old Age Pension			
g.	Disability Pension			
h.	Swachh Bharat Toilet Subsidy			
i.	Water Connection under Amrut			
j.	Single women pension			
k.	Jal Shakti Abhiyan			
l.	Rajiv Gandhi Jal Sanchay Yojna			
m.	Assistance to persons with disability for purchase/fitting of aids and equipment			
n.	Menstrual Health Management scheme			
o.	**Any other state government scheme (specify)**			

SECTION C: WATER

33. What is the main source of water for this household?

SN	Source of water	Drinking 1=Yes 2=No	Cooking 1=Yes 2=No	Laundry 1=Yes 2=No	Hygiene 1=Yes 2=No	Satisfaction with the availability **1=Completely satisfied** **2=Somewhat satisfied** **3=Not satisfied at all**
	(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**
a.	Piped line (Govt)	1 2	1 2	1 2	1 2	1 2 **3**
b.	Tankers (Govt)	1 2	1 2	1 2	1 2	1 2 **3**
c.	Tankers (Pvt)	1 2	1 2	1 2	1 2	1 2 **3**
d.	Public tap	1 2	1 2	1 2	1 2	1 2 **3**
e.	Public well	1 2	1 2	1 2	1 2	1 2 **3**
f.	Public hand pump	1 2	1 2	1 2	1 2	1 2 **3**
g.	Bottled/sachet water	1 2	1 2	1 2	1 2	1 2 **3**
h.	Surface water	1 2	1 2	1 2	1 2	1 2 **3**
i.	**Any other (specify)_____**	**1 2**	**1 2**	**1 2**	**1 2**	**1 2 3**

SN	Questions	Responses	Skip	Code
	ASK 34 TO 50 IF HOUSEHOLD HAS PIPED WATER CONNECTION (Only for HH Answered Q33_1_a as 1)			
34.	Did you pay any money for the connection/provision?	Yes ----------1 No ----------2	☐ 36	
35.	If yes, how much (INR)?	_____/-		
36.	How much do you pay for water supply per month?	Nil ----------0 Below Rs. 50 ---------- 1 Rs. 51-100---------- 2 Rs. 101-300 ----------3 Above Rs. 300----------4		
37.	Is the supply of the water to your household regular?	Yes, always regular---------- 1 Yes, mostly regular ---------- 2 No, mostly irregular ----------3 No, always irregular ----------4		
38.	How much quantity of water you are supplied on daily basis?	<135 LPCD----------1 >135LPCD ----------2 Other (Specify) ---------- 9		
39.	What is the duration of water supply daily?	< 1 hour---------- 1 1-2 hours ----------2 2-4 hours ----------3 4-10 hours----------4 10-24 hours ---------- 5		
40.	Is this supply enough for your needs (drinking, cooking, etc.)?	Yes ----------1 No ----------2	☐ 48	
41.	**If no, how do you fulfil the water requirement?**	**Public system ----------1** **Private system----------2**	☐ **45**	

SN	Questions	Responses	Skip	Code
42.	If public, then what are the means for fulfilling the water requirement?	JMC tanker---------- 1 Public water tank point---------- 2 Government supported water ATM ----------3 Public Handpost---------- 4 Other (specify) ----------9		
43.	Do you pay any additional cost for it?	Yes ----------1 No ---------- 2	☐ 48	
44.	If yes, how much additional cost do you pay monthly (INR)?	_____/-		
45.	If private, then what are the means for fulfilling the water requirement?	Private tanker ---------- 1 Private water ATM ---------- 2 Private water supply (Piped) -------- 3 Other (specify) ----------4		
46.	Do you pay any additional cost for it?	Yes ----------1 No ---------- 2	☐ 48	
47.	If yes, how much additional cost do you pay monthly (INR)	_____/-		
48.	Can you show me the source of your drinking water?	Yes ----------1 No ---------- 2	☐ 55	
49.	[OBSERVE THE SOURCE AND RECORD THE OBSERVATION.]	There is no tap---------- 1 There is a tap, but no water supply--- 2 There is a tap with leakage --------3 There is a tap with water supply -4		
50.	[PLEASE RECORD IF THERE IS ANY OTHER OBSERVATION.]	_____	☐ 55	
ASK 60 TO 63 IF HOUSEHOLD DOES NOT HAVE PIPED WATER CONNECTION				
51.	Who usually collects water for the family?	An adult man(18-59) ---==-------1 An adult woman (18-59) ---------2 Elderly Women (>59)---------- 3 Elderly Man (>59)---------- 4 A boy (aged <18) ----------5 A girl (aged <18)----------6 Transgender----------7 Someone else (specify) ----------9		
52.	How much time does it take in collecting water from the source?	< 15 minutes ---------- 1 15-30 minutes ---------- 2 30-60 minutes ---------- 3 > 60 minutes ---------- 4		

53.	How much money do you spend on water per month?	Nil ----------1 < Rs. 50----------2 Rs. 51-100----------3 Rs. 101-300 ----------4 Rs. 300-1000 ----------5 >1000----------6		
SN	**Questions**	**Responses**	**Skip**	Co de
54.	How far is the source of water from this household? [RECORD IN APPROXIMATE KILOMETERS. RECORD "9999" FOR "DON'T KNOW".]	_____		
55. ASK ALL HOUSEHOLDS				
55.	How many litres of water do the entire household consume/use per day (drinking, cooking only)? [CONVERT INTO LITRES IF RESPONSE IS IN ANY OTHER MEANS OF MEASURING QUANTITY.]	< 20 litres---------- 1 20-40 litres ---------- 2 40-80 litres ---------- 3 > 80 litres---------- 4 Don't know ----------9		
56.	How is the quality of water you use?	Clear----------1 Some colour----------2 Muddy ----------3 Smelly/odour ---------- 4 Hard ----------5		
57.	Do you treat/purify your water before drinking?	Yes ----------1 No ---------- 2	 ☐ 61	
58.	What method do you use for purifying water?	Boil---------- 1 Add bleach/chlorine ---------- 2 Strain through cloth----------3 Use water filter (ceramic, sand, composite etc.) ----------4 Solar disinfection ---------- 5 Let it stand and settle ---------- 6 Other (specify) ----------9	☐ 61 ☐ 59 ☐ 61 ☐ 59 ☐ 61 ☐ 61 ☐ 61	**(Specify)** ----------
59.	Where do you get the cleaning product (bleach/chlorine etc.) from?	Buy from local market ----------1 Get through public supply --------2 Anganwadi ---------- 3 Other ---------- 4		
60.	Which filter do you use?	Candle filter---------- 1 RO filter ---------- 2 Other (specify) ----------9		
61.	Why you do not purify the water?	It is expensive ----------1 Used to the water---------- 2 This water is safe for drinking -- 3 Don't know how to treat ---------4 Other (specify) ----------9		

62.	Where do you usually store water	Container with lid.....1 Container without lid….....2		
63.	Can you show me your water container for collection and storage?	Yes ----------1 No ----------2	☐66	
64.	**[IF 'YES', PLEASE OBSERVE AND RECORD IF THE CONTAINER IS CLEAN.]**	**The container is clean--------- 1** **The container is NOT clean---2**		

SN	Questions	Responses	Skip	Code
65.	[PLEASE OBSERVE AND RECORD IF THE CONTAINER IS COVERED.]	The container is covered ---------- 1 The container is NOT covered ----2		
66.	How do you usually withdraw (get) drinking water from the container/storage?	Through tap ----------1 Tilt and pour into cup/mug -------- 2 Use an exclusive water scooper –3 Use a bottle directly in the container ---------- 4 Other (specify)---------- 9		(Specify) ----------

SECTION D: SANITATION				
SN	**Questions**	**Responses**	**Skip to**	**Code**
67.	Does your household own a toilet?	Yes----------1 No ----------2	☐ 96	
68.	Are you sharing this toilet with any other family?	Yes----------1 No ----------2		
69.	How many people use the toilet?	None ---------- 0 1-4 ----------1 5-7 ----------2 > 7 ----------3		
70.	How many of your family members do not use the toilet?	_____		
71.	How far is the toilet from your house?	Inside the house----------1 < 25 meters ----------2 25-50 meters----------3 > 50 meters ----------4 Don't know ---------- 9		
72.	What type of toilet is it?	Flush/pour flush ---------- 1 Pit latrine with slab---------- 2 Pit latrine without slab----------3 Composting latrine ---------- 4 Latrine draining to canal/creek/river ----------5 Don't know ---------- 8 Others (specify)----------9		
73.	Is the toilet connected to sewerage for faecal sludge management?	Yes----------1 No ----------2		

74.	Is it connected to septic tank (with partition)?	Yes ----------1 No ---------- 2		
75.	Is it connected to pit (single or double)?	Yes ----------1 No ---------- 2		
76.	Is it desludged on a regular interval?	Yes ----------1 No ----------2	☐78	
77.	If yes what is the method?	Manual ---------- 1 Mechanised ---------- 2		

SECTION D: SANITATION				
SN	**Questions**	**Responses**	**Skip to**	**Code**
78.	How often it has been desludged?	Never ---------- 1 Every 1-3 Years ---------- 2 Every 3-5 Years ---------- 3 Every 5-7 Years ---------- 4 > 7 Years---------- 5		
79.	Where was the sludge transported to?	_Dumped in open field or drain- ----------1 Transported to FSTP ----------2 Don't Know ---------- 3 Other (Specify) ----------9		
80.	What facilities does this toilet have? Water in the cubicle Electricity/source of light Handle Door Handwash/Soap Dustbin Mug Ventilation Any other (specify) _____	Yes No a. 1 2 b. 1 2 c. 1 2 d. 1 2 e. 1 2 f. 1 2 g. 1 2 h. 1 2 i. 1 2		
81.	Does this toilet have any special facility for VMPG (people with disability, elderly, etc.)?	Yes ----------1 No ---------- 2	☐ 83	
82.	What special facility does it have? [MULTIPLE RESPONSE POSSIBLE.]	Child seat ----------A Ramp ---------- B Side handle ---------- C Western seat ---------- D Chair toilet---------- E Tube-light/bulb on the path and inside the cubicle ----------F Any other (specify)----------Z		
83.	When was this toilet constructed?	In less than 1 year ----------1 1-2 years ----------2 2-5 years ----------3 More than 5 years ---------- 4 Don't know ---------- 9		

84.	What was the total cost of construction? [RECORD THE EXACT COST IN INR.]	Rs._____/-		
85.	Who helped you construct the toilet?	Self----------1 Local authority/government --- 2 NGO ---------- 3 Other (specify) ----------9		
86.	Did you receive subsidy under SBM?	Yes ----------1 No ---------- 2	□ 93	
87.	How much money did you get?	Rs._____/-		
88.	What all documents did you require to produce/submit for receiving the subsidy? [MULTIPLE RESPONSE POSSIBLE]	Aadhar card----------A Residence proof---------- B Bank details ----------C Other (specify) ---------- Z		
89.	How many times did you have to visit the department during entire process?			
90.	When did you apply? (RECORD DATE IN FORMAT DD/MM/YYYY)			
91.	When was the subsidy released? (RECORD DATE IN FORMAT DD/MM/YYYY)			
92.	How much total money did you have to pay out of your pocket for constructing toilet?	_____/-		
93.	What was the reason that you did not get subsidy?	Lack of documents ----------1 No follow up from individual side ---------- 2 Middlemen (applied through)---- ----------3 Other (specify) ---------- 9		
94.	Is there any other additional toilet facility for the house that you desire on priority?	Yes ----------1 No ---------- 2	□ 96	
95.	What additional facility do you desire?			
96.	If your household does not have a toilet, where do members of the household mainly go for defecation?	Neighbour's toilet ----------1 Community toilet ---------- 2 Public toilet----------3 Dig a hole ---------- 4 Nearby water body (river/creek/pond) ----------5 Bush/backyard/field----------6 Other (specify) ---------- 9		
97.	What is the main reason that you have not constructed a toilet in this house?	No space for construction ------ 1 A lot of space of defecate -------2 Expensive ---------- 3 Defecation is not an issue -------4 Not a priority ----------5 Other (specify) ----------9		

98.	How are the stools of a baby/child (<3 years) disposed?	Toilet ---------- 1 Buried in the ground ---------- 2 Thrown on ground/field ---------3 Waste pit ---------- 4 Bush ---------- 5 River/canal/creek ---------- 6 Household doesn't have babies/children ---------- 7 Other (specify) ---------- 9		
99.	Where is this community / public toilet located?	Inside settlement ---------- 1 Outside settlement ---------- 2		
100.	How far is the toilet from your house?	500 metres ---------- 1 1 kilometre ---------- 2 More than 1 kilometre ---------- 3 Can't say ---------- 9		
101.	How do you have to pay the user fee for using this toilet?	Don't have to pay ---------- 1 Daily ---------- 2 Monthly ---------- 3		
102.	How much is the fee for a month? [IF PAID DAILY, MULTIPLY BY 30.]	Rs._____/-		
103.	What is the timing of CTC?	4 AM to 11 AM ---------- 1 5 PM to 7 PM ---------- 2 5 PM to 10 PM ---------- 3 12 AM to 12 PM ---------- 4 Any other (specify) ---------- 9		
104.	Are the following facilities available in the toilet? Bathing Washing clothes Hand washing facility Soap/Handwash Child seat Dustbin Lights Door lock Taps Bucket Mug Pegs Water Facility Signage Suggestion box Caretaker Other (specify)	Yes No a. 1 2 b. 1 2 c. 1 2 d. 1 2 e. 1 2 f. 1 2 g. 1 2 h. 1 2 i. 1 2 j. 1 2 k. 1 2 l. 1 2 m. 1 2 n. 1 2 o. 1 2 p. 1 2 q. 1 2		
105.	Does this toilet have a female section?	Yes ---------- 1 No ---------- 2	☐ 107	

106.	**Does the female section have following facilities?** High walls Grills (safety/enclosure) Lights Door lock Bucket Mug Dustbin in every cubicle Separate MH disposal bin Incinerator (MH) Caretaker Facilities for children Other (specify)	**Yes No** **a. 1 2** **b. 1 2** **c. 1 2** **d. 1 2** **e. 1 2** **f. 1 2** **g. 1 2** **h. 1 2** **i. 1 2** **j. 1 2** **k. 1 2** **l. 1 2**		

SECTION D: SANITATION				
SN	**Questions**	**Responses**	**Skip to**	**Code**
107.	Does this toilet have following special facilities for VMPGs? a. Ramp b. Side handle c. Western seat d. Chair toilet e. Water in the cubicle f. Dustbin g. Light inside the cubicle h. Light on the path i. Any other (specify)	Yes No a. 1 2 b. 1 2 c. 1 2 d. 1 2 e. 1 2 f. 1 2 g. 1 2 h. 1 2 i. 1 2		
108.	How frequently is the toilet cleaned?	Once daily ----------1 Twice daily ---------- 2 Thrice daily----------3 3-7 days a week----------4 Once or twice a week ---------- 5 Less than once a week ---------- 6 Never cleaned ----------7		
109.	How frequently does the waste in the toilet get removed?	Once daily ----------1 Twice daily ---------- 2 Thrice daily----------3 3-7 days a week----------4 Once or twice a week ---------- 5 Less than once a week ---------- 6 Never removed---------- 7 Not aware ----------8		
110.	How satisfied are you with the services that you get in the community toilet? Please score your satisfaction level in a scale of 1-10.	Not satisfied at all (1-2) --------1 somewhat dissatisfied (3-4)--- 2 Neutral (5-6)----------3 Moderately satisfied (7-8)----- 4 Highly satisfied (9-10)----------5		

111.	How is the faecal sludge managed in the CTC?	Connected to sewerage -------- 1 Septic tank ---------- 2 Not connected to anything ---- 3	□ 116 □ 116	
112.	Is the septic tank maintained properly, including timely desludging?	Yes ----------1 No ---------- 2	 □ 115	
113.	If yes what is the method?	Manual ---------- 1 Mechanised ---------- 2		
114.	Where was the sludge transported to?	_Dumped in open field or drain----1 Transported to FSTP ---------- 2 Don't Know ---------- 3 Other (Specify) ----------9		
115.	Why there is no proper fecal sludge management?	Toilet is unauthorized----------1 No space to build septic tank -- 2 No consensus---------- 3 Other (specify) ---------- 9		

SECTION D: SANITATION				
SN	**Questions**	**Responses**	**Skip to**	**Code**
116.	Do you desire any additional essential facility in the CTC?	Yes ----------1 No ---------- 2	 □ 118	
117.	What essential facility do you want?			

SECTION E: HYGIENCE & HEALTH				
SN	**Questions**	**Responses**	**Skip to**	**Code**
118.	In the last 4 weeks, has anyone in your family had a diarrhea?	Yes ----------1 No ---------- 2	 □ 122	
119.	What is the age of the member who had diarrhea?	< 12 ----------1 12 – 17 ----------2 18 – 40 ----------3 41 – 59 ----------4 > 60 ----------5		
120.	What do you think was the main cause of the diarrhea?	Rain ---------- 1 Germs ---------- 2 Flies---------- 3 Dirty hands ---------- 4 Open defecation ---------- 5 Part of child's growth-------- 6 Black magic/witchcraft------ 7 Do not know ---------- 8 Other (specify) ----------9		
121.	Do you know how can diarrhea be prevented?	Yes ---------- 1 No ---------- 2	 □ 123	

122.	Please tell me how diarrhea can be prevented. [CIRCLE ALL THAT WERE MENTIONED.]	Latrine use----------A Covering food----------B Treating water ----------C No open defecation ---------- D Go to traditional healer-------- E Drink clean water---------- F Prepare food properly (cooking/washing) ---------- G Prayer ----------H Store water safely ----------I Wash hands with water and soap ---------- J Other (specify)----------Z		
123.	In the last 4 weeks, has anyone in your family had malaria/Dengue/Chikungunya ?	Yes----------1 No---------- 2	☐ 126	
124.	What is the age of the member who had malaria/Dengue/Chikungunya?	< 12----------1 12 – 17----------2 18 – 40----------3 41 – 59----------4 > 60----------5		

SECTION E: HYGIENCE & HEALTH				
SN	**Questions**	**Responses**	**Skip to**	**Code**
125.	What do you think was the main cause of the malaria/Dengue/Chikungunya?	Bush/grass ----------1 Germs ----------2 Mosquitos---------- 3 Dirty food/water---------- 4 Sunshine ---------- 5 Black magic/witchcraft------ 6 Do not know ---------- 8 Other (specify)----------9		
126.	Do you know how malaria/Dengue/Chikungunya can be prevented?	Yes----------1 No---------- 2	☐ 128	
127.	Please tell me how malaria/Dengue/Chikungunya can be prevented. [CIRCLE ALL THAT WERE MENTIONED.]	Using oil/lotion/herbs on skin -A Use smoke ---------- B By not consuming dirty water/food ---------- C Stopping witchcraft ----------D Eliminating mosquito breeding sites ---------- E Using bed nets ----------F Other (specify)----------Z		
128.	What are the key times you wash your hands at the following times?	<u>Yes</u> <u>No</u>		

	a. Before eating b. After eating c. After defecation d. After using the toilet e. Before feeding your child f. Before food preparation g. After handling waste h. After handling animals Other (specify) _____	a. 1 2 b. 1 2 c. 1 2 d. 1 2 e. 1 2 f. 1 2 g. 1 2 h. 1 2 i. 1 2		
129.	What do you and your family use to wash your hands?	Water only----------1 Water and soap ----------2 Water and ash ----------3 Water and sand/leaves----------4 Other (specify)----------9	☐ 132	
130.	What is the main factor that prevents your family from using soap?	Soap is expensive---------- 1 Water alone cleanses the hand ---2 Washing with soap takes time -3 Negligence/laziness ---------- 4 Using soap was not a practice even before----------5 Do not know----------8 Other (specify)----------9		
131.	Do you wear footwear while going to toilet	Yes----------1 No---------- 2		
132.	Does any member (including you) of this household have any chronic illness (other than diarrhea and malaria)?	Yes----------1 No---------- 2	☐ 134	

SECTION E: HYGIENCE & HEALTH				
SN	**Questions**	**Responses**	**Skip to**	**Code**
133.	What is the illness?	_____		
134.	Where do you primarily take care from, when any family member fall sick?	Do not seek care ----------1 Take home medicine ---------- 2 Take medicine from chemist/pharmacy ---------- 3 Public health centres ---------- 4 Community health provider/doctor----------5 Private clinic---------- 6 Hospital ----------7 Any other (specify)----------9		

SECTION F: WASTE MANAGEMENT				
SN	**Questions**	**Responses**	**Skip to**	**Code**
135.	Where do you store household waste?	Plastic bag ----------1 Dustbin with lid ----------2 Dustbin without lid ----------3 Dump in open space/drain -----4 Other (specify) ----------9		
136.	How is the waste collected at your locality?	Door to door ----------1 Van/truck ----------2 Other (specify)---------- 9		
137.	How frequently is the waste collected?	Once a day ---------- 1 Every alternate day ---------- 2 Weekly---------- 3 Less frequently than weekly--- 4		
138.	Who collects waste at your locality?	JMC ---------- 1 Private contractor ---------- 2 Other (specify)---------- 9		
139.	How much do you have to pay monthly for waste collection service?	Rs._____/-		
140.	Do you segregate dry and wet wastes?	Yes---------- 1 No---------- 2	☐ 143	
141.	How do you reuse wet waste?	Composting ---------- 1 Enzymes/cleaner ----------2 For animal feed---------- 3 Manure----------4 Do not reuse it ---------- 8 Any other (specify) ---------- 9		
142.	How do you reuse dry waste?	Sell----------1 Waste to product ---------- 2		
		Throw---------- 3 Other (specify) ---------- 9		
143.	Are there dustbins located inside the settlement?	Yes ---------- 1 No ----------2		
144.	Is there any government designated space for dumpling?	No govt designated space -------1 Dhalavghar----------2 Land fill ----------3 Treatment plant ----------4 Other (specify) ----------9		
145.	Is there any essential waste facility management in the settlement that you would like to have?	Yes ---------- 1 No ----------2	☐ 147	
146.	Please mention what facility you would like to have.	_____		

SECTION G: COMMUNITY MEMBERSHIP				
SN	**Questions**	**Responses**	**Skip to**	Code
147.	Is there an Anganwadi in your settlement?	Yes---------- 1 No----------2 Don't know---------- 8	☐ 149 ☐ 149	
148.	How many Anganwadis are there in the settlement?	_____		
149.	How many primary schools are there in the settlement?	Girls:_____ Boys: _____ Co-ed: _____		
150.	How many secondary schools are there in the settlement?	Girls: _____ Boys:_____ Co-ed: _____		
151.	How many Primary Health Centres (Govt) are there in the settlement?	_____		
152.	How many government hospitals are there in the settlement?	_____		
153.	How many private health centres/ nursing homes are there in the settlement?	_____		
154.	How many community/public toilets are there in your slum?			
155.	How many community water points are there in your slum?			
156.	Is water quality of these points being tested by government	Yes---------- 1 No----------2		
157.	What are the offices of local representatives are there in this settlement?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____		

158. Are you a member of any of the following community forums? If yes, please provide details.						
SN.		150.1 Are you a member? Yes=1 No=2	150.2 How many members does this group have?	150.3 Are you a leader/officer/ duty bearer of this group? Yes=1 No=2	150.4 Do you think these groups are effective? Yes=1 No=2 Somewhat=3 Not aware=4	**150.5 Do you think you can contribute to their functioning/ effectiveness?** **Yes=1 No=2** **Not sure=3** **In some aspects=4**
a.	Community Groups- MAS					
b.	SHG					
c.	Area Level Federation					
d.	Front Line Workers					
e.	Slum Development Group					
f.	CBO					
g.	Other NGOs/CSO					
h.	CMC					
i.	Male Forum					
j.	Women's Forum					
k.	Adolescent Forums					
l.	Peer Educators					
m.	WASH Committees					
n.	**Other**					

SECTION H: ENVIRONMENT AND CLIMATE CONCERNS				
SN	**Questions**	**Responses**	**Skip to**	Code
159.	Are you affected by the following during summer? a. Water scarcity b. Drought c. Disease/illness d. Other (specify) _____	Yes No a. 1 2 b. 1 2 c. 1 2 d. 1 2		
160.	Are you affected by the following during monsoon? a. Water logging b. Flood c. Waste management d. Clogged drains e. Contaminated water f. Disease/illness g. Other (specify) _____	Yes No a. 1 2 b. 1 2 c. 1 2 d. 1 2 e. 1 2 f. 1 2 g. 1 2		
161.	Have you ever been affected by the following natural calamities? a. Earthquake b. Cyclone c. Flood d. Drought e. Other (specify)_____	Yes No a. 1 2 b. 1 2 c. 1 2 d. 1 2 e. 1 2		
162.	Do you think the management system of these issues is effective in your area?	Yes----------1 No----------2 Somewhat---------- 3 Not aware ---------- 9		
163.	Have you ever made any suggestions to improve their management?	Yes----------1 No----------2		
164.	Have you ever expressed any interest in participating in any initiatives in your area related to effect of climate?	Yes----------1 No----------2		
165.	Have you made your own preparations to handle the effects of climate related problems?	Yes----------1 No----------2 In some aspects ---------- 3		
166.	Do you think you can collaborate with your neighbours to jointly handle the effects of climate related problems?	Yes----------1 No----------2 In some aspects ---------- **3**		

HOUSEHOLD CATEGORY SELECTION			
FOR THE INTERVIEWER:			
Question	**Responses**		Code
IS THE HOUSEHOLD SELECTED FOR ANY OR MORE OF THE			
FOLLOWING CATEGORIES?	Yes	No	
A. General	A. 1	2	
B. People with disability	B. 1	2	
C. Elderly	C. 1	2	
D. Adolescent girl	D. 1	2	
E. Widow	E. 1	2	
F. Deserted woman	F. 1	2	
G. Transgender	G. 1	2	

SECTION I: ADOLESCENT GIRLS				
SN	**Questions**	**Responses**	**Skip to**	Code
167.	What menstrual absorbent do you use?	Clothes ----------1 Pads----------2 Cloth and pad ----------3 Other (specify)----------9	 □ 170 □ 171	
168.	How do you maintain/clean the cloth?	Wash with soap and water ---- 1 Wash with only water ----------2 One-time use ----------3 Other (specify)----------9		
169.	How do you dry the cloth after cleaning?	Dry in the sun ---------- 1 Dry in shade ---------- 2 Dry in dark and hidden place--3		
170.	How do you dispose used pads?	Wrapped in a newspaper/ Polythene & throw in open ------1 throw in dustbin (Unwrapped) -----3 Wrap in paper/Polythene and throw in dustbin ----------4 Throw in the open (Unwrapped)- ----------5 Other (specify)----------9		
171.	How often do you change the absorbent daily?	Every 2-3 hours----------1 3-6 hours----------2 Over 6 hours---------- 3		
172.	Do you go to school?	Yes----------1 No----------2	□ 175	
173.	Are you a school dropout ?	Yes----------1 No----------2	 □ End	
174.	What was the main reason of your dropping	MHM----------01	For all	

	out from school?	Housework ---------- 02	response	
		Distance----------03	go to	
		High fees----------04	End.	
		Lack of WASH facilities--- 05		
		Failed---------- 06		
		Marriage ---------- 07		
		Brother education ---------- 08		
		Care and support---------- 09		
		Security issue ---------- 10		
		Other (specify)---------- 99		
175.	Does your school have toilet facility?	Yes----------1 No----------2	☐ 177	

SECTION I: ADOLESCENT GIRLS				
SN	**Questions**	**Responses**	**Skip to**	Code
176.	Does the toilet have following facilities? a. Separate section of girls b. Water c. Door lock/latch d. Peg e. Handle f. Light g. Incinerator h. Separate MH disposal bin i. Dustbin in every cubicle j. Grills (safety/enclosure) k. High walls l. Bucket m. Mug n. Caretaker o. Other (specify)	Yes No a. 1 2 b. 1 2 c. 1 2 d. 1 2 e. 1 2 f. 1 2 g. 1 2 h. 1 2 i. 1 2 j. 1 2 k. 1 2 l. 1 2 m. 1 2 n. 1 2 o. 1 2		
177.	Does your school have handwashing facility?	Yes----------1 No----------2		
178.	Does your school have drinking water facility?	Yes----------1 No----------2		
179.	Does your school have any WASH related Curriculum?	Yes----------1 No----------2		
180.	What MHM facilities are available in your school? a. Counselling b. Free napkin distribution c. MHM Curriculum d. Other (specify)_____	Yes No a. 1 2 b. 1 2 c. 1 2 d. 1 2		

SECTION J: PEPOLE WITH DISABILITY AND ELDERLY				
SN.	**Questions**	**Responses**	**Skip to**	Code
181.	The toilet that you (elderly/PWD) use is at your home or at community?	Home ---------- 1 Community ---------- 2 Other (specify) ---------- 9	☐ 183	
182.	What are the facilities existing at your home toilet which are suitable for PWD/elderly needs? a. Bathing b. Washing clothes c. Hand washing d. Dustbin e. Lights f. Door lock g. Taps h. Bucket i. Mug j. Pegs k. Other (specify)_____	Yes No a. 1 2 b. 1 2 c. 1 2 d. 1 2 e. 1 2 f. 1 2 g. 1 2 h. 1 2 i. 1 2 j. 1 2 k. 1 2		
183.	What are the facilities existing at the community toilet which are suitable for PWD/elderly needs? a. Ramp b. Side Handle c. Western seat d. Chair toilet e. Water in cubicle f. Dustbin g. Light inside cubicle h. Light on the path i. Other (specify)_____	Yes No a. 1 2 b. 1 2 c. 1 2 d. 1 2 e. 1 2 f. 1 2 g. 1 2 h. 1 2 i. 1 2		
184.	Does the community toilet have any facility for female/ elderly or PWD?	Yes ---------- 1 No ----------2 Not aware ----------9		
185.	How far is the toilet from your house?	At home ---------- 1 Not far from home----------2 Far from home ----------3		
186.	Do you always have a caregiver with you for helping you using the toilet?	Yes ---------- 1 No ----------2		

ENDING THE INTERVIEW				
SN	**Questions**	**Responses**	**Skip to**	**Code**
187	Did you feel uneasy at any point while answering any question?	Yes ---------- No ----------		
188.	Is there any question/ issue that got left out which you would have wanted to be included in the questionnaire?	Yes ---------- No ----------		
189.	Do you think the information you shared will be useful in starting a conversation with the government and bring positive change for the VMPGs?	Yes ---------- No ----------		

I thank you for participating in the interview.

End of Interview

Annexure II: KIIs and FGDs Questionnaire

KIIs

Personal Information	
1	What is your role in the community? What are your key responsibilities, if any?
2	Who do you interact with in carrying out these tasks, if at all?
3	How were you chosen to be at your position? Did you receive any training? What additional support would you have liked?
4	What are the main challenges you face in interacting with the community?
Section 1: Common questions	
Water	
5	In your opinion what are the main challenges related to drinking water in the community? (The interviewer to probe answers around the various water sources such as Piped, tap, well, pond, stand post, Water ATM, other sources and challenges discussion to be steered around both related to quantity and quality of water)
6	In your opinion what are the main challenges related to non-drinking water in the community? (The interviewer to probe answers around the various water sources such as Piped, tap, well, pond, stand post, Water ATM, other sources and challenges discussion to be steered around both related to quantity and quality of water)
7	• How do you think the community can play a role in addressing these challenges? • What do you think are immediate and long-term solutions to these challenges?
8	In your opinion, can private sector play a role in addressing water related challenged in the community?
9	Do you think people will be willing to pay for water related services from the private sector? How much do you think people in the area willing to pay for such services?
10	Do you think water related challenges affect the health outcomes of the community?
Sanitation	
11	• In your opinion what are the main challenges related to sanitation in the community? (Discussion to be steered around the sanitation value chain like supply chain, construction, desludging, access to cleaning product etc)
12	• What proportion of people in the community do you think have toilets in their houses? • Are there community toilets in the area? Do both males and females use community toilets? Why and why not?
13	Does the community feel the need to build toilets? Would it be separate toilets or community toilets?
14	Have people in the community accessed benefits of SBM? Do you think SBM has been able to address sanitation related challenges in the community?
15	How do you think the community can improve access and availability of toilets in the area? Do you think you can play any role in that process?
16	• Are you aware of any existing private sector involvement in the community? • Do you think private sector can play a role in addressing sanitation challenges in the community? • How much do you think people in the area willing to pay for such services?

Waste Management	
17	In your opinion what are the main waste collection, storage and/or disposal related challenges in your community?
18	Are adequate waste collection and disposal facilities available ? Who provides this facility (private sector or government)?
19	What do you think are immediate and long term solutions to waste collection and/or disposal in the area?
20	Are you aware if people in the community have initiated addressing this issue jointly? Have you participated in any such initiative? Was it useful? Can something more be done?
21	Do you think private sector can play a role in addressing waste related challenges? How much do you think people in the area are willing to pay for such services?
Efficacy	
22	Do you know individuals who usually raise issues related to water, sanitation or waste related issues in the community? Are there individuals or groups who advocate for the community?
23	Have you in your capacity ever been part of such initiatives in the community?
24	Do people ever approach the government bodies about water, sanitation or waste related issues? Do they do it individually or in groups? Have you ever organized people to approach the government?
25	Do you feel the community would organize itself to discuss or act on such issues? Who do you think will take a lead on that?
Private sector	
26	Do you think private sector companies can address WASH challenges you are currently facing? If yes ,how? If no, why do you think it can't?
27	Do you think the community would welcome private sector to provide water, sanitation or waste services in the area? Why do you think the community will or will not welcome the private sector? Has the community done that before?
28	Are there individuals or groups who would oppose private sector solutions to water, sanitation or waste services in the area? Why do you think they would do so?
29	Do you think there are specific individuals or groups who might benefit more from private sector involvement in water, sanitation or waste services in the area?
	Section 2: Job/Role/Business specific questions for KIs
30	How do you think are WASH issues relevant to your job/role?
31	Do you think WASH related facilities (Drinking water facilities, Toilets, Waste management) in your community are easily accessible to people with disability and elderly population?
32	Do you have an active platform that can help the community in addressing WASH issues? Please explain in detail.
33	What areas do you or would you prioritize if you were to actively work on WASH issues?
34	Do you foresee your group collaborating with other groups or organizations to work on water, sanitation or waste related issues in the area?

FGD

Section 1: Common questions	
Water	
1	What proportion (*in percentage*) of people in your community do you think access piped water? And what is the regularity of piped water in terms of number of hours per day (*time etc*)?
2	What are the sources of availing drinking water for the community? (*Piped, tap, well, pond, stand post, Water ATM, other sources*)
3	What are the sources of availing non-drinking water for the community? (*Piped, tap, well, pond, stand post, Water ATM, other sources*)
4	What are common issues regarding drinking water that need to be addressed a) immediately and, **b)** in the long term?
5	Are there any private enterprise that provide any water related services in the area? (*private companies, products and services*) How much do people pay to access those products or services? (cost of soap, sanitary product, hygiene products). Do you think people are willing to pay to access private water products or services?
6	How much do you think people in the area willing to pay for such products or services? (*range of cost and for what kind of products e.g. filters, sanitary product, water, solid waste & FSM services*)
Sanitation	
7	Have people in the community accessed benefits of SBM? Did they have any support in accessing SBM benefits?
8	Where did they seek information and support to access SBM? Have people constructed toilets in the community without availing SBM? (*Ask how many toilets have been constructed in the community*) If yes, how did they finance it? (*Ask for personal finance, micro finance, loans from money lenders, loans from banks*)
9	What proportion (*in percentage*) of people in the community have toilets? Are there community toilets in the area? Is there sperate facility for men and women? Are there families/communities/groups who find it difficult to access community toilets in the area? (*Ask for details of the difficulty especially for women, disabled and elderly*)
10	Does the community feel the need to build toilets? (*Ask if people have discussed constructing toilets*) Would it be separate toilets or community toilets?
11	Has the community discussed how to improve availability or access to community toilets for everyone in the area, and for those people who find it difficult to access? (*ask for females, disabled and the elderly*) Could you provide details of those discussions? Who from the community leads those discussions?
12	Are there any private enterprise that provide any sanitation related service in the area? (*Prompt for private companies, products and services*) How much do people pay to access those services? Do you think people are willing to pay to access private sanitation services?
13	How much do you think people in the area are willing to pay for such services?
Waste	
14	Is there a waste collection, storage and/or disposal facility in the area? Is that government provided, privately owned or community/ non – profit owned? (ask for each separately)
15	Do you understand the reasons for the issues related to waste collection in your area? Has anyone in the community addressed it? (*Ask for who led the discussions*) How did they address this?
16	Is the community happy about the way waste is stored in the area or in homes in the area? (*Ask for specific issues*) Do you feel there is an issue with its cleanliness – how have you addressed it?
17	Are people in the community taking initiative for addressing this issue jointly? (*Ask for who those people are*) Have you participated in any such initiative? (*Ask for specific initiatives*) Was it useful? Can something more be done?

18	Are there any private enterprise that provide any waste related services in the area? (*Prompt for private companies, products and services*.) How much do people pay to access those services? Do you think people are willing to pay to access private sanitation services? How much do you think people in the area willing to pay for such services?
Efficacy	
19	Who usually raises issues related to water, sanitation or waste related issues in the community? Are there individuals or groups who advocate for the community? (*Note down names and designation if any*)
20	Does the community organize itself to discuss these issues? If, is it a formal or informal organization? Could you tell me in detail?
21	Do people ever approach the government bodies about water, sanitation or waste related issues? Do they do it individually or in groups? (*Ask for group or community leaders who lead these initiatives*)
22	What process does the community adopt to redress grievances or approach the government (*ULBs or municipality*)? Are there people or organizations that connect people's issues with the government? (*Ask for names and designation if any, of those people*)
23	Do you feel the community would organize itself to discuss or act on such issues? Who do you think will take a lead on that?
Private sector	
24	Is there a private enterprise or a company providing water, sanitation or waste services in the area? Have you heard about such enterprises in other areas?
25	Do you think the community would welcome private sector to provide water, sanitation or waste services in the area? Why do you think the community will or will not welcome the private sector? (*Ask for issues that might create a conflict if any*) Has the community done that before?
26	Are there individuals or groups who would oppose private sector solutions to water, sanitation or waste services in the area? Why do you think they would do so? (*Ask for names and designation if any*)
27	Do you think there are specific individuals or groups who might benefit more from private sector involvement in water, sanitation or waste services in the area?
Section 2: Group specific Questions – for CMCs and MAS	
28	Does your group/organization play a role in discussing or advocating for water, sanitation or waste related issues in the area?
29	Do you think your group/organization can play a critical role in discussing or advocating for water, sanitation and waste related issues in the area?
30	What areas would your group prioritize if it were to work on water, sanitation or waste related issues in the area? (*Ask for specific issues*)
31	Do you foresee your group collaborating with other groups or organizations to work on water, sanitation or waste related issues in the area? (*Ask for organizations and specific issues for each organization*)

Annexure III: List of KIIs

S.No.	KIIs
1.	Mr. Pratap Singh Kachariawas, M.L.A, Civil Lines
2.	Master Bhanwarlal Meghwal, Minister, Social Justice and Empowerment Department, GoR
3.	Shri. Rafiq Khan, M.L.A, Adarsh Nagar
4.	Lakshmi Bairwa, President, Mahila Arogya Samiti, Brajlalpura, Jaipur
5.	Sumitra Swami, Asha Sahyogini, Swami Basti, Jaipur
6.	Manju Bala, Anganwadi Worker
7.	Vijay Jha, Public Relations Officer, Community Toilet Complexes, Jaipur
8.	Ms. Reeta Saini, Principal, Rajkiya Uchh Prathmik Vidyalaya, Swami Basti.
9.	Mr. Anil, Member, Slum Development Committee, Brajlalpura
10.	Ms. Malini Das, Member, Transgender Welfare Board, Jaipur
11.	Mr. Bhupendra Mathur, Chief Engineer, SBM
12.	Akhilesh Kumar Sharma, District Programme Manager, CMHO, Jaipur-I
13.	Mr. Arun Garg , Addl. Commissioner JMC (Jaipur Nagar Nigam)
14.	Dr. Kiran Sharma, District Programme Manager, CMHO Office, Jaipur -II
15.	Naveen Mahajan , Secretary, Water Resources Department, Government of Rajasthan
16.	Shri. Satish Jain, Superintendent Engineer, South, PHED, Jaipur
17.	Mr. Ajay Singh Rathore , Executive Engineer, North, PHED, Jaipur
18.	Shri. Manoj Goswami, Head, Executive Engineer, Jaipur Municipal Corporation
19.	Devraj Solanki , Addl. Chief Engineer, Region – II, Jaipur
20.	Mr. Joga Ram IAS, District Collector, Jaipur
21.	Mr. N.K. Agarwal, Executive Engineer, JMC, V.D. Zone
22.	Babu T, Vice President, Market Association (Vyapar Mahasangh, Sanganer)

Annexure IV: List of Focused Group Discussions

S.no	Slum Name	Category
1	Transport Nagar	PWD
2	Transport Nagar	Youth Group (Men)
3	Transport Nagar	MAS
4	Transport Nagar	SHG
5	Patel Nagar	MAS
6	Sundar Nagar	Womens group
7	JP Colony	Adoloscent
8	Bapu Basti	Adoloscent
9	Hathroi	Womens group
10	Baba Ramdev Nagar	Womens group
11	Brajlalpura	Youth Group (women)
12	Brajlalpura	Slum Development Committee
13	Swami Basti	Elderly
14	Valmiki Colony	Elderly
15	In slums with TGs	TG

Annexure V: List of Settlements

S.No.	Settlement Name	Ward No.	Zone	Tenable/Untenable-	Authorized/Unauthorized
1	Brajlalpura	31	MANSAROVAR ZONE	Tenable	Unauthorized
2	Swami Basti	25	VIDYADHAR NAGAR ZONE	Tenable	Authorized
3	Manoharpura Katchi Basti	45	SANGANER ZONE	Untenable	Unauthorized
4	Transport Nagar	67	HAWA MAHAL (EAST) ZONE	Tenable	Authorized
5	Patel Nagar	80	VIDYADHAR NAGAR ZONE	Tenable	Authorized
6	Bapu Basti	9	VIDYADHAR NAGAR ZONE	Untenable	Unauthorized
7	Baba Ramdev Nagar	30	CIVIL LINES	Tenable	Unauthorized
8	JP Colony	10	VIDYADHAR NAGAR ZONE	Tenable	Authorized
9	Sundar Nagar	23	VIDYADHAR NAGAR ZONE	Tenable	Authorized
10	Harijan Basti- Valmiki Colony	51	MOTI DUNGRI ZONE	Untenable	Unauthorized
11	Hathroi	26	CIVIL LINES	Tenable	Authorized

Annexure VI: Note on Settlements

Bapu Basti

- The main source of water is one government-dug borewell.
- The water from these bore wells are supplied through the pipelines constructed by PHED.
- The PHED laid these pipelines for Bisalpur water supply but nothing has been materialized since the connection to the main line is pending due to no permission from JDA and JMC.
- In order to fill this gap, PHED releases borewell water through these pipelines
- This water is free and none of the households pay or receive any water bills.
- The major issue faced by the residents in Bapu Basti is related to quality, inadequacy of water supply and low levels of awareness on water purification and storage.
- The residents report that the bore well water is impure, full of dirt and is contaminated as the pipeline passes through a large drain which is overflowing, clogged and open.
- There are also complaints that the residents are susceptible to various diseases as they are forced to drink this contaminated water.
- Many people in the settlement have complained of pain in their legs, stiff joints, yellowing teeth and flaky skin related problems, which they attribute to the contaminated borewell water.
- Irregular timing and inadequate supply of the bore well water.
- The time of release of water is very irregular. Water is supplied for one hour in the morning and sometimes in the middle of night.
- The pressure of water is also low and many a times the duration of supply is inadequate.
- In addition to the quality it was also found that the level of awareness on water storage and safety was very low with residents not using ladles to pour out water but usually dipping in glasses without washing their hands into the vessels to take water.
- The vessels are kept on the ground without any attention being paid to hygiene and cleanliness of the surroundings.

Valmiki Colony

- There are two sources of water supply in the settlement. One is the water supply form the Bisalpur line and the other source is bore well water supply.
- The first two lanes in the settlement depends on the Bisalpur line, the rest of the lanes are depend on the four bore well supply, since the Bisalpur line could not reach the extreme end of the settlement.
- People who have water pipe line connection from the bore well get water directly.
- There are two water tanks in the settlement connected to the bore wells.
- Those who do not have pipeline connection at the HH fetch water from these two water tanks.
- This water is used for cooking, bathing and drinking purposes,
- The HHs which do not have pipeline connection to the bore well are clamouring for them for many years or asking for supply of Bisalpur water.
- Elderly and PwD find it difficult to walk up to the tanks and fill water in the containers.
- Contaminated water from the bore well is unsafe for drinking. Nitrate content is present in the bore well water.
- Lack of awareness on safe storage and purification practices.

- The quality of water is a serious concern with residents facing onset of ailments such as yellowing teeth, gum deterioration, falling hair, stomach ache and joint pains
- Most residents do not practice safe practices in handling water.
- They keep their buckets on the surface when filling water from tanks and borewells.
- Residents carry the water in uncovered vessels to their homes but that they cover and store the water collected in clean vessels at their place of stay.
- Few families filter drinking water using cloth while filing it however majority consume it directly without purifying.

Sundar Nagar

- The Settlement has one private and one municipal bore well catering to the needs of most HHs.
- A few households are connected to the Municipal bore well through pipeline laid by PHED.
- These residents had applied for supply connection and after long drawn struggle and many petitions the water pipeline was laid.
- Residents who live in the low-lying area on the other side of the river do not have access to piped water as pipelines cannot be laid down in the low-lying zone.
- These HHs rely on the private bore well supply who charges money to supply water – nearly Rs.200
- Some households have no source of water at all, and cannot afford private supply and depend on their neighbours for their supply of water.
- Even the houses with piped connection are troubled as the supply continues to be erratic and insufficient due to which they have to purchase water.
- The water from the municipal supply is not always clean, and is often muddy, forcing residents to turn to private borewell water for which they pay INR 200 per month.
- Government bore well get dysfunctional frequently, especially in extreme summer months.

Patel Nagar

- All the households are connected to the Bisalpur water supply.
- Adequate and regular supply of water.
- HHs face issues only in the extreme summer months, as of now

JP Colony

- The Households in the settlement are well-connected with the Bisalpur line.
- Adequate and regular supply of water. The quality of water is good.
- HHs face issues only in the extreme summer months.
- Supply of water restricted to 20-25 minutes in summer.

Manoharpura

- The Households in the settlement are well-connected with the Bisalpur line.
- Adequate and regular supply of water. The quality of water is good.
- No complaints on water supply have been recorded during the survey.

Babaramdev Nagar

- The source of water supply is the Bisalpur line.
- There are 4 bore wells in the settlement. The HHs also use the water from bore wells since the quantity of the water from the Bisalpur does not meet the demand.
- The bore well water is also used by people in the summers and also when there is scarcity of water supply.

Brajlalpura

- The main source of water supply are the public bore wells.
- There is one bore well which is connected to most of the HHs through pipeline, and there is one more in the middle of the slum which is used as public bore well.
- The people also depend on bore well in the nearby slum, Rajeev Nagar, since the water which they get from the public bore well cannot be used for drinking purposes.
- The water quality from the bore well connected to their HHs is not good. People often complain that the water is contaminated and filled with nitrates and fluorides.
- The water from the bore well, which is in the centre of the settlement, is also used only for domestic purposes, and people do not use it for drinking or cooking since this water too is contaminated.
- So they rely on the other bore well in the nearby settlement and use its water for drinking purposes.
- People who do not have supply from Rajeev Nagar make do with whatever they get through the bore wells in Brijalalpura.

Swami Basti

- Basic source of water supply is Bisalpur line.
- 90% of the settlement are connected with the Bisalpur line, with common public water pipe lines (not to be understood as pipeline connected to the HH) from where they fetch water for all purposes.
- The rest of the Households are dependent on the neighbourhood for water supply. They do not have any pipelines.
- People's concern is that in summer the water supply is irregular and is limited to a very short time, due to which people have to wait for their turn for a long time.

Transport Nagar

- Basic source of water supply is Bisalpur line.
- Most of the households in the settlement have access to water supply through pipe lines from Bisalpur.
- The rest of the HHs neither has a pipeline from Bisalpur nor any connection to the bore well. They depend on the neighbourhood and a few public water taps which have been set up in the settlement.

Hathroi, Ward 26, Civil Lines

- Key source of water supply is Bisalpur line.
- Almost all the HHs are covered by the pipeline from Bisalpur.
- However there are a few major concerns – the families in the settlement are huge and the quantity of water they get is very little which does not meet the needs of the families.
- In addition, in summer the period of supply gets reduced to half, and the families face huge supply issues and suffer a lot.
- The demand from the community from the settlement is to increase the supply time through the year.

Annexure VII: Question-wise Analysis

2. What is your gender ?		
Gender	**Frequency**	**Percentage**
Male	233	20.84%
Female	865	77.37%
Transgender	20	1.79%
Total	**1118**	**100%**

3. What is your age?		
Age	**Frequency**	**Percentage**
18	81	**7.25%**
19-24	80	**7.16%**
25-59	744	**66.55%**
60 and above	213	**19.05%**
Total	**1118**	**100%**

4. What is your mother tongue?		
Mother Tongue	**Frequency**	**Percentage**
Hindi	963	**86.14%**
Marwadi	139	**12.43%**
Bengali	2	**0.18%**
Bhili	0	**0.00%**
Punjabi	2	**0.18%**
Other	12	**1.07%**
Total	**1118**	**100%**

4a.		
	Frequency	**Percentage**
Bihari	2	16.66%
Nepali	1	8.33%
Gujrati	9	75%
Total	12	100%

5. What is your religion?		
Religion	**Frequency**	**Percentage**
Hindu	828	**74.06%**
Muslim	287	**25.67%**
Christian	1	**0.09%**
Buddhist	0	**0.00%**
Sikh	2	**0.18%**
Other	0	**0.00%**
Total	**1118**	**100%**

6. What is your caste?		
Caste	**Frequency**	**Percentage**
SC	458	**40.97%**
ST	97	**8.68%**
OBC	469	**41.95%**
General	94	**8.41%**
Other	0	**0.00%**
Total	1118	100%

7. What is your marital status?		
Marital Status	Frequency	Percentage
Unmarried	168	**15.03%**
Married	668	**59.75%**
Seperated / divorced	41	**3.67%**
Widowed	241	**21.56%**
Other	0	**0.00%**
Total	**1118**	**100%**

9. Have you ever attended school?		
	Frequency	**Percentage**
YES	489	**43.74%**
NO	629	**56.26%**
Total	**1118**	**100%**

10. What is your educational qualification?		
	Frequency	**Percentage**
Below primary	**116**	**23.72%**
Primary	195	**39.88%**
Secondary	118	**24.13%**
Higher seocndary	36	**7.36%**
Graduation or above other than technical degree	8	**1.64%**
Technical diploma / certificate not equal to degree	9	**1.84%**
Technical graduation or post- graduation degree	7	**1.43%**
Total	**489**	**100%**

11. Have you received any vocational training?		
	Frequency	**Percentage**
YES	38	**3.40%**
NO	1080	**96.60%**
Total	**1118**	**100%**

12. Can you read?		
	Frequency	**Percentage**
YES	492	**44.01%**
NO	626	**55.99%**
Total	**1118**	**100%**

13 Can you write your name?		
	Frequency	**Percentage**
YES	766	**68.52%**
NO	352	**31.48%**
Total	**1118**	**100%**

15. What is your employment status?		
	Frequency	**Percentage**
Self-employed/Home Based Work	307	**32.66%**
Regular wage/salary earning	135	**14.36%**
Casual/daily wagelabour	166	**17.66%**
Pensioner	72	**7.66%**
Remittance recipient	2	**0.21%**
Domestic chores	104	**11.06%**
Not employed	110	**11.70%**
Other(specify)	44	**4.68%**
Total	**940**	**100%**

15 b		
	Frequency	**Percentage**
Study	22	**9.91%**
Social work	1	**0.45%**
Alms Collecting	11	**4.95%**
Begging in train and Basti	7	**3.15%**
Beggar	2	**0.90%**
HIV Counsellor	1	**0.45%**
Nothing	178	**80.18%**
Total	**222**	**100%**

16. What is the occupation of principle earning member of this HHs?		
	Frequency	**Percentage**
Self-employed/home-based work	109	**9.75%**
Regular wage/salary earning	413	**36.94%**
Casual/daily wage labour	470	**42.04%**
Pensioner	48	**4.29%**
Remittance recipient	4	**0.36%**
Domestic chores	48	**4.29%**
Other	26	**2.33%**
Total	**1118**	**100%**

16.b		
	Frequency	**Percentage**
Alms collecting	7	**26.92%**
Beg in train and do Basti	7	**26.92%**
Beggar	1	**3.85%**
Ragpicker	6	**23.08%**
unemployment	5	**19.23%**
Total	**26**	**100%**

17. How much is your total monthly income?		
	Frequency	**Percentage**
< 1000	116	**13.21%**
1000-3000	106	**12.07%**
3000-5000	160	**18.22%**
5000-7000	188	**21.41%**
7000-10000	153	**17.43%**
> 10000	155	**17.65%**
Total	**878**	**100%**

17 b		
	Frequency	**Percentage**
0	240	100%

18. How much is the total monthly income of your HHs?		
	Frequency	**Percentage**
< 1000	14	**1.25%**
1000-3000	34	**3.04%**
3000-5000	130	**11.63%**
5000-7000	273	**24.42%**
7000-10000	233	**20.84%**
> 10000	434	**38.82%**
Total	**1118**	**100%**

19. How much is the approximate monthly expenditure of your household?		
	Frequency	**Percentage**
< 1000	19	**1.70%**
1000-3000	78	**6.98%**
3000-5000	234	**20.93%**
5000-7000	336	**30.05%**
7000-10000	233	**20.84%**
> 10000	218	**19.50%**
Total	**1118**	**100%**

20. Have you been living heer always?		
	Frequency	**Percentage**
YES	1025	92%
NO	93	8%
Total	**1118**	**100%**

21. When did you came here?

23. Which state are you from?		
	Frequency	Percentage
Andhra Pradesh	1	**0.10%**
Asaam	1	**0.10%**
Bangal	6	**0.59%**
Bihar	9	**0.88%**
Delhi	5	**0.49%**
Gujrat	17	**1.66%**
Haryana	1	**0.10%**
Madhya Pradesh	3	**0.29%**
Mumbai	1	**0.10%**
Nepal	4	**0.39%**
Punjab	3	**0.29%**
Rajasthan	933	**91.02%**
Tamil Nadu	2	**0.20%**
Uttar Pradesh	34	**3.32%**
Uttarakhand	5	**0.49%**
Total	**1025**	**100%**

25. Is your native place a rural or an urban area?		
	Frequency	**Percentage**
Rural	242	**23.61%**
Urban	783	**76.39%**
Total	1025	**100%**

24. Which district are you from?

26. Who owns the house you are currently living in?		
	Frequency	**Percentage**
Own	991	**88.64%**
Rented	113	**10.11%**
Relative (no rent)	9	**0.81%**
Friend (no rent)	0	**0.00%**
Gov. quarter	0	**0.00%**
Constructed by JMC	0	**0.00%**
Other	5	**0.45%**
Total	**1118**	**100%**

26 b.		
	Frequency	**Percentage**
Haveli (TG)	5	**100.00%**

27. How many family members are their in your family?	
Frequency	Percentage
45	**4.03%**
66	**5.90%**
103	**9.21%**
213	**19.05%**
220	**19.68%**
173	**15.47%**
123	**11.00%**
58	**5.19%**
39	**3.49%**
31	**2.77%**
11	**0.98%**
7	**0.63%**
6	**0.54%**
6	**0.54%**
2	**0.18%**
3	**0.27%**
2	**0.18%**
5	**0.45%**
2	**0.18%**
2	**0.18%**
1	**0.09%**
1118	**100%**

29. Do you or any member of your household currently have the following?						
	YES	**Percentage**	**NO**	**Percentage**	**Don't know**	**Percentage**
Savings account in bank	1054	**94.28%**	63	**5.64%**	1	**0.09%**
Savings account in post office	56	**5.01%**	1049	**93.83%**	13	**1.16%**
Creditcard	32	**2.86%**	1032	**92.31%**	54	**4.83%**
Fixed deposit	35	**3.13%**	1055	**94.36%**	28	**2.50%**
Recurring deposit	4	**0.36%**	1087	**97.23%**	27	**2.42%**
Provident fund	14	**1.25%**	1077	**96.33%**	27	**2.42%**
Residential plot/flat/house	895	**80.05%**	221	**19.77%**	2	**0.18%**
Commercial shop	70	**6.26%**	1046	**93.56%**	2	**0.18%**
	2160	**193.20%**	**6630**	**593.03%**	**154**	**13.78%**

30. In the past six months, has your household saved money for some emergencies or a time when you expect that income would be less?		
YES	502	**44.90%**
NO	616	**55.10%**
Total	**1118**	**100%**

31. Do you or any other member of this household possess/used/applied/denied the following official documents?									
Documents	**YES**	**Percentage**	**No**	**Percentage**	**NOT Applicable**	**Percentage**	**Don't know**	**Percentage**	**Not heard of it**
Aadhar card	1107	**99.02%**	11	0.98%					
PAN card	669	**59.84%**	432	38.64%			17	1.52%	
Ration card	977	**87.39%**	132	11.81%	8	0.72%	1	0.09%	
BPL card	246	**22.00%**	733	65.56%	138	12.34%	1	0.09%	
Disability certificate	45	**4.03%**	211	18.87%	862	77.10%			
Voter ID card	1053	**94.19%**	65	5.81%					
Labour card	98	**8.77%**	961	85.96%	46	4.11%	10	0.89%	3
Employment card	97	**8.68%**	914	81.75%	94	8.41%	8	0.72%	5
Caste certificate	552	**49.37%**	542	48.48%	2	0.18%	21	1.88%	1
Gas connection	898	**80.32%**	217	19.41%	3	0.27%			
Bhamashah Card	862	**77.10%**	248	22.18%	7	0.63%	1	0.09%	
Income Certificate	118	**10.55%**	863	77.19%	88	7.87%	48	4.29%	1
Death certificate	313	**28.00%**	219	19.59%	566	50.63%	9	0.81%	11

32. Please tell me one by one if you or any member of your household have availed the schemes?					
Schemes	**Heard of it**	**Percentage**	**Not heard**	**Percentage**	
Sukanya Samrudhi Yojana (SKSY)	236	**21.11%**	882	**78.89%**	1118
Rashtriya Swasthya Bima Yojana (RBSY)	114	**10.20%**	1004	**89.80%**	1118
Ayushman Bharat	43	**3.85%**	1075	**96.15%**	1118
SC/ST Minority scheme	242	**21.65%**	876	**78.35%**	1118
Widow Pension	952	**85.15%**	166	**14.85%**	1118
Old Age Pension	927	**82.92%**	191	**17.08%**	1118
Disability Pension	874	**78.18%**	244	**21.82%**	1118
Swachh Bharat Toilet Subsidy	888	**79.43%**	230	**20.57%**	1118
Water Connection under Amrut	16	**1.43%**	1102	**98.57%**	1118
Single women pension	128	**11.45%**	990	**88.55%**	1118
Jal Shakti Abhiyan	12	**1.07%**	1106	**98.93%**	1118
Rajiv Gandhi Jal Sanchay yojna	13	**1.16%**	1105	**98.84%**	1118
Assistance to persons with disability for purchase/fitting of aids and equipment	188	**16.82%**	930	**83.18%**	1118
Menstrual Health Management scheme	34	**3.04%**	1084	**96.96%**	
Any other state government scheme (specify)					

33. What is the main source of water for this Household?					
Source of water	**Available**	**Percentage**	**Not Available**	**Percentage**	
Piped line (Govt)	694	**62.08%**	424	37.92%	1118
Tankers (Govt)	0	**0.00%**	1118	**0.00%**	1118
Tankers (Pvt)	0	**0.00%**	1118	**0.00%**	1118
Public tap	16	**1.43%**	1102	98.57%	1118
Public well	0	**0.00%**	1118	**0.00%**	1118
Public hand pump	0	**0.00%**	1118	**0.00%**	1118
Bottled/Sachet water	0	**0.00%**	1118	**0.00%**	1118
Surface water	356	**31.84%**	762	68.16%	1118
Any other (specify)	79	100%			

33b		
	Frequency	Percentage
From Neighbors House	79	100%

36. How much do you pay for water supply?		
	Frequency	**Percentage**
Nil	370	**36.96%**
Below Rs. 50	7	**0.70%**
Rs. 51-100	41	**4.10%**
Rs. 101-300	428	**42.76%**
Above Rs. 300	155	**15.48%**
Total	**1001**	**100%**

37. Is the supply of the water to your HH regular?		
	Frequency	**Percentage**
Yes, always regular	867	**86.61%**
Yes, mostly regular	101	**10.09%**
No, mostly irregular	24	**2.40%**
No, always irregular	9	**0.90%**
Total	**1001**	**100.00%**

38. How much quantity of water you are supplied on daily basis?		
	Frequency	Percentage
<135 LPCD	479	**47.85%**
>135 LPCD	509	**50.85%**
Other specify(Don't know)	13	**1.30%**
Total	**1001**	**100.00%**

38. How much quantity of water you are supplied on daily basis?		
	Frequency	Percentage
<135 LPCD	479	**47.85%**
>135 LPCD	509	**50.85%**
Other specify(Don't know)	13	**1.30%**
Total	**1001**	**100.00%**

39. What is the duration of water supply daily?		
	Frequency	**Percentage**
< 1 hour	474	**47.35%**
1-2 hours	376	**37.56%**
2-4 hours	32	**3.20%**
4-10 hours	1	**0.10%**
10-24 hours	118	**11.79%**
Total	**1001**	**100.00%**

40. Is this supply enough for your needs?		
	Frequency	Percentage
Yes	954	**95.30%**
No	47	**4.70%**
Total	**1001**	**100.00%**

41. If no, how do you fulfill the water requirement?		
	Frequency	**Percentage**
Public system	27	**57.45%**
Private system	20	**42.55%**
Total	**47**	**100.00%**

42. If public then what are the means for fulfilling the water requirement?		
	Frequency	Percentage
JMC Tanker	4	**14.81%**
Public water tank point	11	**40.74%**
Govt. supported water ATM		
Public Handpost		
Other specify	12	**44.44%**
Total	**27**	**100.00 %**

42b		
	Frequency	Percentage
Tanker	3	**25.00%**
Public nal	8	**66.67%**
Neighbour	1	**8.33%**
Total	**12**	**100.00%**

43. Do you pay any other additional cost for it?		
	Frequency	Percentage
YES	6	**22.22%**
NO	21	**77.78%**
Total	27	

44. If yes how much?		
	Frequency	**Percentage**
300	2	33.33%
400	2	33.33%
600	2	33.33%
Total	**6**	**100.00%**

45.If private then what are the means for fulfilling the water requirement?		
	Frequency	**Percentage**
Private Tanker	9	**45.00%**
Private water ATM	0	**0.00%**
Private water supply (Piped)	8	**40.00%**
Other specify	3	**15.00%**
Total	**20**	**100.00%**

46. Do you pay any other additional cost for it?		
	Frequency	**Percentage**
YES	12	**60.00%**
NO	8	**40.00%**
Total	**20**	**100%**

47. If yes, how much additional cost do you pay monthly (INR)?		
	Frequency	**Percentage**
200	3	**25.00%**
350	2	**16.67%**
500	1	**8.33%**
600	5	**41.67%**
1000	1	**8.33%**
Total	**12**	**100.00%**

48.Can you show me the source of your drinking water?		
	Frequency	Percentage
YES		
NO		
Total		

49. OBSERVE THE SOURCE AND RECORD THE OBSERVATION		
	Frequency	**Percentage**
There is no tap		
There is a tap but no water supply		
There is tap with leakage		
There is a tap with water supply		
Total		

50. [PLEASE RECORD IF THERE IS ANY OTHER OBSERVATION.]		
	Frequency	**Percentage**
Dirty water		
No cleanliness near the tap		
No tap only pipe		
No water supply in pipe		
Problem in summer		
Total		

51. Who collects water for the family?		
	Frequency	**Percentage**
An adult man (18-59)	4	**3.42%**
An adult women(18-59)	87	**74.36%**
Elderly women(>59)	11	**9.40%**
Elderly man(>59)	3	**2.56%**
A boy (aged <18)	1	**0.85%**
A girl (aged <18)	11	**9.40%**
Transgender	0	**0.00%**
Other specify	0	**0.00%**
Total	**117**	**100%**

52. How much time does it take in collecting water from the source?		
	Frequency	**Percentage**
<15 minutes	4	**3.42%**
15-13 minutes	33	**28.21%**
30-60 minutes	13	**11.11%**
>60 minutes	67	**57.26%**
Total	**117**	**100.00%**

53. How much money do you spend on water per month?		
	Frequency	**Percentage**
Nil	103	**88.03%**
<Rs. 50	0	**0.00%**
Rs. 51-100	6	**5.13%**
Rs.101-300	5	**4.27%**
Rs. 300-1000	2	**1.71%**
>1000	1	**0.85%**
Total	**117**	**100.00%**

54. How far is the source of water from this household?		
	Frequency	**Percentage**
1 Km	5	**4.27%**
1 m	1	**0.85%**
100 m	9	**7.69%**
10 m	5	**4.27%**
200 m	6	**5.13%**
25 m	1	**0.85%**
300 m	4	**3.42%**
500 m	10	**8.55%**
50 m	2	**1.71%**
9999	74	**63.25%**
Total	**117**	**100.00%**

55. How may litres of water do the entire HH consume / use per day (drinking cooking etc)		
	Frequency	**Percentage**
<20 litres	46	**4.11%**
20-40litres	244	**21.82%**
40-80litres	322	**28.80%**
>80 litres	357	**31.93%**
Don't know	149	**13.33%**
Total	**1118**	**100.00%**

56. How is the quality of water you use?		
	Frequency	**Percentage**
Clear	1002	**89.62%**
Same color	14	**1.25%**
Muddy	52	**4.65%**
Smelly/odour	5	**0.45%**
Hard	45	**4.03%**
Total	**1118**	**100.00%**

57. Do you treat purify your water for drinking?		
	Frequency	**Percentage**
YES	163	**14.58%**
NO	955	**85.42%**
Total	**1118**	**100.00%**

58. What method do you use for purifying water?		
	Frequency	Percentage
Boil	5	**3.07%**
Add bleach/chlorine	4	**2.45%**
Strain through cloth	143	**87.73%**
Use water filter (ceramic, sand, composite etc.)	10	**6.13%**
Solar disinfection	0	**0.00%**
Let it stand and settle	1	**0.61%**
Other(specify)	0	**0.00%**
Total	**163**	**100.00 %**

59. Where do you get the cleaning product (bleach/chlorine etc.) from?		
	Frequency	Percentage
Buy from local market	**4**	**100%**
Get through public supply		
Anganwadi		
Other		
Total	**4**	**100%**

60. Which filter do you use?		
	Frequency	Percentage
Candle filter		
RO filter	11	100%
Other specify		
Total	**11**	**100%**

61.Why you do not purify the water?		
	Frequency	Percentage
It is expensive	4	**0.42%**
Used to the water	222	**23.25%**
This water is safe for drinking	702	**73.51%**
Don't know how to treat	27	**2.83%**
Other specify	0	**0.00%**
Total	**955**	**100.00%**

62. Where do you usually store water?		
	Frequency	Percentage
Container with lid	1080	**96.60%**
Container without lid	38	**3.40%**
Total	**1118**	**100.00%**

63. Can you show me your water container for collection and storage?		
	Frequency	Percentage
YES		
NO		
Total		

64. IF 'YES', PLEASE OBSERVE AND RECORD IF THE CONTAINER IS CLEAN.]		
	Frequency	Percentage
The container is clean		
The container is not clean		
Total		

65. [PLEASE OBSERVE AND RECORD IF THE CONTAINER IS COVERED.]		
	Frequency	Percentage
The container is covered		
The container is not covered		
Total		

66. How do you usually withdraw (get) drinking water from the container/ storage?		
	Frequency	Percentage
Through tap	14	**1.25%**

66b		
	Frequency	Percentage
From Bottle	14	100%

Tilt and pour in to cup/mug	900	**80.50%**
Use an exclusive water scooper –	166	**14.85%**
Use a bottle directly in the container	24	**2.15%**
Other(specify)(From bottle)	14	**1.25%**
Total	**1118**	**100%**

67. Does your HH own a Toilet?		
	Frequency	**Percentage**
YES	947	**84.70%**
NO	171	**15.30%**
Total	**1118**	**100%**

68. Are you sharing this toilet with any other family?		
	Frequency	**Percentage**
Yes	173	**18.27%**
No	774	**81.73%**
Total	**947**	**100%**

69. How many people use toilet?		
	Frequency	**Percentage**
None	1	**0.11%**
01-Apr	351	**37.06%**
05-Jul	437	**46.15%**
>7	158	**16.68%**
Total	**947**	**100%**

71.How far is the toilet from your house?		
	Frequency	**Percentage**
Inside house	917	**95.82%**
<25 meters	25	**2.61%**
25-50 meters	15	**1.57%**
>50 meters	0	**0.00%**
Don't know	0	**0.00%**
Total	**947**	**100%**

72. What type of toilet is it ?		
	Frequency	**Percentage**
Flush/pour flush	892	**94.19%**
Pit latrine with slab		**0.00%**
Pit latrine without slab		**0.00%**
Composting latrine		**0.00%**
Latrine draining to canal/creek/river	55	**5.81%**
Don't know		**0.00%**
Other		**0.00%**
Total	**947**	**100%**

73. Is the toilet connected to sewerage for faecal sludge management?		
	Frequency	**Percentage**
Yes	540	**57.02%**
No	407	**42.98%**
Total	**947**	**100%**

74. Is it connected to septic tank (with partition)?		
	Frequency	**Percentage**
Yes	16	**1.69%**
No	931	**98.31%**

75. Is it connected to pit (single or double)?		
	Frequency	**Percentage**
Yes	403	**42.56%**
No	544	**57.44%**
Total	**947**	**100%**

Total	947	100%

76. Is it desludged on regular interval?		
	Frequency	Percentage
Yes	96	**10.14%**
No	851	**89.86%**
Total	**947**	**100%**

77. If yes what is the method?		
	Frequency	Percentage
Manual	11	**11.46%**
Mechanized	85	**88.54%**
Total	**96**	**100%**

78. How often it has been desludged?		
	Frequency	Percentage
Never	851	**89.86%**
Every 1-3 years	83	**8.76%**
Every 3-5 years	12	**1.27%**
Every 5-7 years	1	**0.11%**
>7 years	0	**0.00%**
Total	**947**	**100%**

79. Where was the sludge transported to?		
	Frequency	Percentage
Dumped in open field or drain	1	**0.11%**
Transported to FSTP	6	**0.63%**
Don't know	940	**99.26%**
Other	0	**0.00%**
Total	**947**	**100%**

80. What facilities does this toilet have?					
	YES	Percentage	NO	Percentage	Total
Water in the cubicle	460	48.57%	487	51.43%	947
Electricity / source of light	744	78.56%	203	21.44%	947
Handle	192	20.27%	755	79.73%	947
Door	599	63.25%	348	36.75%	947
Hand wash/soap	213	22.49%	734	77.51%	947
Dustbin	127	13.41%	820	86.59%	947
Mug	919	97.04%	28	2.96%	947
Ventilation	684	72.23%	263	27.77%	947
Other	0		0		

81. Does this toilet have any special facility for VMPG (people with disability, elderly, etc.)?		
	Frequency	Percentage
Yes	16	**1.69%**
No	931	**98.31%**
Total	**947**	**100%**

82. What special facility does it have?		
	Frequency	Percentage
Child seat	3	**100.00%**
Ramp	1	**100.00%**
Side Handle	5	**100.00%**
Western Seat	6	**100.00%**
Chair Toilet	5	**100.00%**
Tube-light/bulb on the path and inside the cubicle	2	**100.00%**
Other	0	

83. When was this toilet constructed?		
	Frequency	Percentage
In less than one year	23	**2.43%**
1-2 year	48	**5.07%**
2-5 year	87	**9.19%**
More than 5 year	558	**58.92%**
Don't know	231	**24.39%**
Total	**947**	**100%**

84. What was the total cost of construction?		

85. Who helped you to construct the toilet?		
	Frequency	**Percentage**
Self		
Local authority and government		
NGO		
Other		
Total		

86. Did you receive subsidy under SBM?		
	Frequency	Percentage
Yes	110	**11.62%**
No	837	**88.38%**
Total	**947**	**100%**
87. How much money did you got?		
	Frequency	Percentag
1200	1	**0.91%**
12000	8	**7.27%**
4000	56	**50.91%**
6000	1	**0.91%**
8000	33	**30.00%**
Don't know	11	**10.00%**
Total	**110**	**100.00%**
88. What all documents did you require to produce submit for receiving the subsidy?		
	Frequency	Percentage
Aadhar card	104	**100.00%**
Residence proof	69	**100.00%**
Bank details	103	**100.00%**
Other	6	**100.00%**
88b		
Ration card	6	
89. How many times did you have to visit the department during entire process?		
90. When did you apply? (RECORD DATE IN FORMAT DD/MM/YYYY)		

91. When was the subsidy released?		
(RECORD DATE IN FORMAT DD/MM/YYYY)		

92. How much total money did you have to payout of your pocket for constructing toilet?		
	Frequency	Percentage
1000	2	**1.82%**
10000	9	**8.18%**
2000	1	**0.91%**
11000	6	**5.45%**
1200	1	**0.91%**
12000	7	**6.36%**
13000	3	**2.73%**
14000	1	**0.91%**
15000	12	**10.91%**
16000	7	**6.36%**
17000	2	**1.82%**
18000	1	**0.91%**
20000	6	**5.45%**
22000	1	**0.91%**
25000	2	**1.82%**
26000	3	**2.73%**
4000	4	**3.64%**
500	8	**7.27%**
5000	1	**0.91%**
6000	1	**0.91%**
7000	3	**2.73%**
800	2	**1.82%**
8000	7	**6.36%**
9000	1	**0.91%**
Don't know	19	**17.27%**
Total	**110**	**100.00%**

93. aWhat was the reason that you did not get subsidy?		
93. b		

94. Is there any other additional toilet facility for the house that you desire on priority?		
Yes	539	**56.92%**
No	408	**43.08%**
Total	**947**	**100%**

95. What is that facility?		
Electricity	55	**10.20%**
Facility for old age/PWD	20	**3.71%**
Gate, electricity, water facility	36	**6.68%**
Need one more toilet	58	**10.76%**
Sewer	19	**3.53%**
Water facility	274	**50.83%**
Western seat	77	**14.29%**
Total	**539**	**100.00%**

96. If your household does not have a toilet, where do members of the household mainly go for defecation?	Frequency	Percentage
Neighbours toilet	6	**3.51%**
Community toilet	35	**20.47%**
Public toilet	5	**2.92%**
Dig a hole	0	**0.00%**
Nearby water body (river/creek/pond)	56	**32.75%**
Bush/backyard/field	13	**7.60%**
Community toilet/ Nearby water body(river/creek/pond)	19	**11.11%**
Community toilet/ Bush/backyard/field	9	**5.26%**
Public toilet/ Nearby water body	3	**1.75%**
Nearby water body/ Bush/backyard/field	6	**3.51%**
Other	19	**11.11%**
Total	**171**	**100%**

97. What is the main reason that you have not constructed a toilet in this house?	Frequency	Percentage
No space for construction	44	**25.73%**
A lot of space to defecate	5	**2.92%**
Expensive	118	**69.01%**
Defecation is not an issue	0	**0.00%**
Not a priority	4	**2.34%**
Other	0	**0.00%**
Total	**171**	**100%**

96 b		
	Frequency	**Percentage**
CTC	1	**5.26%**
Forest	3	**15.79%**
On roadside	1	**5.26%**
Relatives house	14	**73.68%**
Total	**19**	**100.00%**

98. How are the stools of a baby/child (<3 years) disposed?	Frequency	Percentage
Toilet	149	**13.33%**
Buried in the ground	3	**0.27%**
Throw non ground/field	82	**7.33%**
Garbage pit	24	**2.15%**
Bush	10	**0.89%**
River/ canal/ creek	5	**0.45%**
Household doesn't have babies/children	832	**74.42%**
Other	13	**1.16%**
Total	**1118**	**100%**

98b		
	Frequency	Percentage
Dust bin	13	100%

99. Where is this community / public toilet located?		
	Frequency	Percentage
Inside settlement	4	**4.94%**
Outside settlement	77	**95.06%**
Total	**81**	**100%**

100. How far is the toilet from your house?		
	Frequency	Percentage
500 meters	56	**69.14%**
1 km	5	**6.17%**
More than 1 km	0	**0.00%**
Can't say	20	**24.69%**
Total	**81**	**100%**

101. How do you have to pay the user fee for using this toilet?		
	Frequency	Percentage
Don't have to pay	70	**86.42%**
Daily	11	**13.58%**
Monthly	0	**0.00%**
Total	**81**	**100%**

102. How much is the fee for a month? [IF PAID DAILY, MULTIPLY BY 30.]		
	Frequency	Percentage
0	70	**86.42%**
300	2	**2.47%**
450	1	**1.23%**
620	2	**2.47%**
700	1	**1.23%**
750	5	**6.17%**
Total	**81**	**100%**

103. What is the timing of CTC?		
	Frequency	Percentage
4 am- 11am	0	**0.00%**
5pm-7pm	0	**0.00%**
5pm-12pm	0	**0.00%**
12am – 12pm	81	**100.00%**
Other	0	**0.00%**
Total	**81**	**100%**

104- Are the following facilities available in the toilet?					
	Yes	Percentage	No	Percentage	Total
Bathing	10	**12.35%**	71	**87.65%**	81
Washing clothes	10	**12.35%**	71	**87.65%**	81
Hand washing facility	26	**32.10%**	55	**67.90%**	81
Soap/Hand wash	14	**17.28%**	67	**82.72%**	81
Child seat	8	**9.88%**	73	**90.12%**	81
Dustbin	23	**28.40%**	58	**71.60%**	81
Lights	36	**44.44%**	45	**55.56%**	81
Door lock	56	**69.14%**	25	**30.86%**	81
Taps	35	**43.21%**	46	**56.79%**	81
Bucket	30	**37.04%**	51	**62.96%**	81
Mug	35	**43.21%**	46	**56.79%**	81
Pegs	20	**24.69%**	61	**75.31%**	81
Water facility	76	**93.83%**	5	**6.17%**	81
Signage	9	**11.11%**	72	**88.89%**	81
Suggestion box	8	**9.88%**	73	**90.12%**	81
Care taker	59	**72.84%**	22	**27.16%**	81

105. Does this toilet have female section?		
	Frequency	Percentage
Yes	81	100%
No		
Total	**81**	**100%**

106. Does the female section have following facilities?					
	Yes	Percentage	No	Percentage	Total
High walls	69	**85.19%**	12	**14.81%**	81
Grills	33	**40.74%**	48	**59.26%**	81
Lights	34	**41.98%**	47	**58.02%**	81
Door lock	62	**76.54%**	19	**23.46%**	81
Bucket	36	**44.44%**	45	**55.56%**	81
Mug	35	**43.21%**	46	**56.79%**	81
Dustbin in every cubicle	16	**19.75%**	65	**80.25%**	81
Separate MH disposable bin	1	**1.23%**	80	**98.77%**	81
Incinerator (MH)	2	**2.47%**	79	**97.53%**	81
Caretaker	47	**58.02%**	34	**41.98%**	81
Facilities for children	9	**11.11%**	72	**88.89%**	81

107. Does toilet have special facilities for VMPG?					
	Yes	Percentage	No	Percentage	Total
Ramp	10	**12.35%**	71	87.65%	81
Side handle	6	**7.41%**	75	92.59%	81
Western seat	1	**1.23%**	80	98.77%	81
Chair toilet	2	**2.47%**	79	97.53%	81
Water in the cubicle	20	**24.69%**	61	75.31%	81
Dustbin	13	**16.05%**	68	83.95%	81
Light inside the cubicle	18	**22.22%**	63	77.78	81
Light on the path	22	**27.16%**	59	72.84	81

109. How frequently does the waste in the toilet get removed?		
	Frequency	**Percentage**
Once daily	59	**72.84%**
Twice daily		**0.00%**
Thrice daily		**0.00%**
307 days in a week		**0.00%**
Once or twice in a week		**0.00%**
Less than once a week	1	**1.23%**
Never cleaned		**0.00%**
Not aware	21	**25.93%**
Total	**81**	**100%**

110. How satisfied are you with the services that you get in the community toilet? Please score your satisfaction level in a scale of 1-10.		
	Frequency	Percentage
Not satisfied at all	22	**27.16%**
Some what dissatisfied	26	**32.10%**
Neutral	3	**3.70%**
Moderately satisfied	30	**37.04%**
Highly satisfied	0	**0.00%**
Total	**81**	**100%**

111. How is the faecal sludge managed in the CTC?		
	Frequency	**Percentage**
Connected to sewerage	66	**81.48%**
Septic tank	15	**18.52%**
Not connected to anything		**0.00%**
Total	**81**	**100%**

112. Is the septic tank maintained properly, including timely desludging?		
	Frequency	**Percentage**
Yes	0	
No	15	100%
Total	**15**	**100%**

113. If yes what is the method?		
	Frequency	**Percentage**
Manual	0	0
Mechanised	0	0
Total	**0**	**0**

114. Where was the sludge transported to?		
	Frequency	Percentage
Dumped in open field or drain	0	0
Transported to FSTP	0	0
Don't know	0	0
Other	0	0
Total	**0**	**0**

115. Why there is no proper fecal sludge management?		
	Frequency	**Percentage**
Toilet is unauthorized	0	
No space to build saptic tank	0	
No consensus	0	
Other	0	
Don't know	15	
Total	**15**	

124. What is the age of the member who had malaria/Dengue/Chikungunya?		
	Frequency	**Percentage**
< 12	16	**30.19%**
Dec-17	8	**15.09%**
18-40	16	**30.19%**
41-59	9	**16.98%**
>60	4	**7.55%**
Total	**53**	**100%**

125 What do you think was the main cause of the malaria/Dengue/Chikungunya?		
	Frequency	**Percentage**
Bush/grass	2	**3.77%**
Germs	4	**7.55%**
Mosquitoes	27	**50.94%**
Dirty food water	4	**7.55%**
Sunshine	1	**1.89%**
Blacksmith / witchcraft	0	**0.00%**
Don't know	13	**24.53%**
Other	2	**3.77%**
Total	**53**	**100.00%**

125b		
	Frequency	**Percentage**
Stored garbage	2	1000%

126. Do you know how malaria/Dengue/Chikungunya can be prevented?		
	Frequency	Percentage
YES	369	**33.01%**
NO	749	**66.99%**
Total	**1118**	**100%**

127. Please tell me how malaria/Dengue/Chikungunya can be prevented.		
	Frequency	**Percentage**
Using oil/lotion/herbs on skin	28	**100.00%**
Use smoke	38	**100.00%**
By not consuming dirty water/food	149	**100.00%**
Stopping witchcraft	8	**100.00%**
Eliminating mosquito breeding sites	290	**100.00%**
Using bed nets	85	**100.00%**
Other(specify)		

116. Do you desire any additional essential facility in the CTC?		
	Frequency	Percentage
Yes	60	**74.07%**
No	21	**25.93%**
Total	**81**	**100%**

117. What is that facility?		
	Frequency	**Percentage**
Water , light, dustbin, cleaning daily, facility for PWD/oldage	27	**45.00%**
Bucket. Mug, Light, Dustbin	21	**35.00%**
Facility for old age/PWD	12	**20.00%**
Total	**60**	**100%**

118. In the last 4 weeks, has anyone in your family had a diarrhoea?		
	Frequency	Percentage
YES	108	**9.66%**
NO	1010	**90.34 %**
Total	**1118**	**100%**

119. What is the age of the member who had diarrhoea?		
	Frequency	**Percentage**
< 12	53	**49.07%**
Dec-17	9	**8.33%**
18-40	25	**23.15%**
41-59	14	**12.96%**
>60	7	**6.48%**
Total	**108**	**100%**

120. What do you think was the main cause of the diarrhoea?		
	Frequency	**Percentage**
Rain	5	**4.63%**
Germs	11	**10.19%**
Flies	14	**12.96%**
Dirty hands	11	**10.19%**
Open defecation	5	**4.63%**
Part of child's growth	1	**0.93%**

127b		
	Frequency	**Percentage**
Mosquito coil	41	100%

128. What are the key times you wash your hands at the following times?		
	YES	**Percentage**
Before eating	1076	**96.24**
After eating	1001	**89.53%**
After defecation	1077	**96.33%**
After using the toilet	973	**87.03%**
Before feeding your child	617	**55.19%**
Before food preparation	801	**71.65%**
After handling garbage	802	**71.74%**
After handling animals	508	**45.44%**
Others		

129. What do you and your family use to wash your hands?		
	Frequency	Percentage
Water only	262	**23.43%**
Water and soap	849	**75.94%**
Water and ash	0	**0.00%**
Water and sand/leaves	7	**0.63%**
other		
Total	**1118**	**100%**

130. What is the main factor that prevents your family from using soap?		
	Frequency	**Percentage**
Soap is expensive	133	**49.44%**
Water alone cleanses the hand	63	**23.42%**
Washing with soap takes time	14	**5.20%**
Negligence/laziness	53	**19.70%**
Using soap was not a practice even before	0	**0.00%**
Don't know	6	**2.23%**
Other	0	**0.00%**
Total	**269**	**100.00%**

131. Do you wear footwear while going to toilet		
	Frequency	Percentage
YES	1073	**95.97%**
NO	45	**4.03%**
Total	**1118**	

Black magic / witchcraft	0	**0.00%**
Don't know	56	**51.85%**
Others	5	**4.63%**
Total	**108**	**100%**

120 b.		
	Frequency	**Percentage**
Because of dirty water	5	100%

121. Do you know how can diarrhoea be prevented?		
	Frequency	Percentage
YES	324	**28.98%**
NO	794	**71.02%**
Total	**1118**	**100%**

122. How diarrhoea can be prevented?		
	Frequency	**Percentage**
Latrine use	64	**100.00%**
Covering food	177	**100.00%**
Treating water	174	**100.00%**
No open defecation	67	**100.00%**
Do to traditional healer	9	**100.00%**
Drink more water	75	**100.00%**
Prepare food properly (cooking/washing)	192	**100.00%**
Prayer	3	**100.00%**
Store water safely	36	**100.00%**
Wash hands with water and soap	54	**100.00%**
Other		

123. In the last 4 weeks, has anyone in your family had malaria/ Dengue/ Chikungunya?		
	Frequency	Percentage
YES	53	**4.74%**
NO	1065	**95.26%**
Total	**1118**	**100%**

134. Where do you primarily take care from, when any family member fall sick?

132. Does any member (including you) of this household have any chronic illness (other than diarrhoea and malaria)?		
	Frequency	Percentage
YES	130	**11.63%**
NO	988	**88.37%**
Total	**1118**	**100%**

133. What is the illness?		
	Frequency	Percentage
Asthama	19	**14.62%**
BP	10	**7.69%**
Brain Disease	4	**3.08%**
Cancer	2	**1.54%**
Deaf	5	**3.85%**
Diabetes	16	**12.31%**
Eye Problem	1	**0.77%**
Gathiya	5	**3.85%**
HIV	1	**0.77%**
Heart Issues	5	**3.85%**
Hernia	1	**0.77%**
Lever Problem	1	**0.77%**
Mental issues	4	**3.08%**
Pain in knee	9	**6.92%**
Paralysis	5	**3.85%**
Piles	1	**0.77%**
Stomach Issue	5	**3.85%**
Stone	6	**4.62%**
TB	12	**9.23%**
Thyroid	10	**7.69%**
Handicamp	6	**4.62%**
Handicamp and Blind	2	**1.54%**
Total	**130**	**100%**

149. How many primary schools are there in the settlement?			
		Frequency	Percentage
Girls	0	912	#####
Boys	0	915	#####
Co-ed	0	710	#####

	Frequency	Percentage
Do not seek care	1	**0.09%**
Take home medicine	13	**1.16%**
Take medicine from chemist/ Pharmacy	10	**0.89%**
Public health centre	753	**67.35 %**
Community health provider/doctor	38	**3.40%**
Private clinic	262	**23.43 %**
Hospital	41	**3.67%**
Other	0	**0.00%**
Total	**1118**	**100%**

135. Where do you store household waste?

	Frequency	Percentage
Plastic bag	49	**4.38%**
Dustbin with lid	132	**11.81 %**
Dustbin without lid	895	**80.05 %**
Dump in open space/drain	42	**3.76%**
Other	0	**0.00%**
Total	**1118**	**100%**

136. How is the waste collected at your locality?

	Frequency	Percentage
Door to door	119	**10.64 %**
Van / truck	784	**70.13 %**
Other	215	**19.23 %**
Total	**1118**	**100.00 %**

136 b

Dump in open area	123	**57.21 %**
Dump on road	1	**0.47%**
In drain	2	**0.93%**
Jamadar	1	**0.47%**
Jungle	7	**3.26%**
Waste truck do not come	81	**37.67 %**

149. How many primary schools are there in the settlement?

		Frequency	Percentage		Frequency	Percentage
Girls	0	912	81.57%	1	206	18.43%
Boys	0	915	81.84%	1	203	18.16%
Co-ed	0	710	63.51%	1	408	36.49%

150. How many secondary schools are there in the settlement?

		Frequency	**Percentage**		**Frequency**	**Percentage**
Girls	0	1016	90.88%	1	102	9.12%
Boys	0	1016	90.88%	1	102	9.12%
Co-ed	0	1016	90.88%	1	102	9.12%

151. How many Primary Health Centres (Govt) are there in the settlement?

	Frequency	**Percentage**
1	1011	90.43%
2	107	9.57%
Total	**1118**	**100.00%**

152. How many government hospitals are there in the settlement?

	Frequency	**Percentage**
0	118	

153. How many private health centres/ nursing homes are there in the settlement?

	Frequency	**Percentage**
0	909	**81.31%**
1	104	**9.30%**
2	105	**9.39%**
Total	**1118**	**100%**

154. How many community/public toilets are there in your slum?

	Frequency	**Percentage**
0	856	76.57%
1	256	22.90%
2	6	0.54%

Total	**215**	**100.00 %**

137. How frequently is the waste collected?

	Frequency	Percentage
Once a day	760	**67.98 %**
Every alternate day	161	**14.40 %**
Weekly	183	**16.37 %**
Less frequently than weekly	14	**1.25%**
Total	**1118**	**100.00 %**

138.Who collects waste at your locality?

	Frequency	Percentage
JMC	1107	**99.02 %**
Private contractor	11	**0.98%**
Other	0	
Total	1118	**100.00 %**

139. How much do you have to pay monthly for waste collection service?

	Frequency	Percentage
0	1088	**97.32 %**
10	1	**0.09%**
100	2	**0.18%**
20	3	**0.27%**
30	6	**0.54%**
300	1	**0.09%**
50	6	**0.54%**
60	1	**0.09%**
75	1	**0.09%**
Nothing	6	**0.54%**
Roti/bread	3	**0.27%**
Total	**1118**	**100%**

140. Do you segregate dry and wet

155. How many community water points are there in your slum?

	Frequency	Percentage
0	714	**63.86%**
1	303	**27.10%**
4	101	**9.03%**
Total	**1118**	**100%**

156. Is water quality of these points being tested by government?

	Frequency	Percentage
YES	2	**0.18%**
NO	1116	**99.82%**
Total	1118	**100%**

157. What are the offices of local representatives are there in this settlement?

	Frequency	Percentage
0	118	

158.Are you a member of any of the following community forums? If yes, please provide details.

	YES	Percentage	NO	Percentage
MAS	15	1.34%	1103	98.66%
SHG	2	0.18%	1116	99.82%
Area level Federation	0		1118	
Front line workers	0		1118	
Slum development groups	0		1118	
CBO	1	0.09%	1117	99.91%
NGO/CSO	0		1118	
CMC	0		1118	
Male Forum	0		1118	
Women's Forum	0		1118	
Adolescent forum	0		1118	

wastes?		
	Frequency	**Percentage**
YES	16	**1.43%**
NO	1102	**98.57 %**
Total	**1118**	**100%**
141. How do you reuse wet waste?		
	Frequency	**Percentage**
Composting	0	**0.00%**
Enzymes/cleaner	0	**0.00%**
For animal feed	7	**43.75 %**
Manure	2	**12.50 %**
Do not reuse it	7	**43.75 %**
Other	0	**0.00%**
Total	**16**	**100%**
142. How do you reuse dry waste?		
	Frequency	**Percentage**
Sell	3	18.75%
Waste to product		
Throw	13	81.25%
Other		
Total	**16**	**100%**
143. Are there dustbins located inside the settlement?		
	Frequency	Percentage
YES	31	**2.77%**
NO	1087	**97.23 %**
Total	**1118**	**100%**
144. Is there any government designated space for dumpling?		
	Frequency	Percentage
No Gov designated place	1062	**94.99 %**
Dhalav Ghar	47	**4.20%**
Land Fill	6	**0.54%**
Treatment Plant	3	**0.27%**
Other		**0.00%**

Peer Educators	0		1118	
WASH committees	0		1118	
Other	0			
159. Are you affected by the following during summer?				
	YES	**Percentage**	**NO**	**Percentage**
Water scarcity	1012	90.52%	106	9.48%
Drought	245	21.91%	873	78.09%
Disease/Illness	395	35.33%	723	64.67%
Other				
160. Are you affected by the following during monsoon?				
	YES	**Percentage**	**NO**	**Percentage**
Water logging	836	74.78%	282	25.22%
Flood	84	7.51%	1034	92.49%
Waste management	737	65.92%	381	34.08%
Clogged drains	756	67.62%	362	32.38%
Contaminated water	536	47.94%	582	52.06%
Disease / illness	660	59.03%	458	40.97%
Other				
161. Have you ever been affected by the following natural calamities?				
	YES	Percentage	N0	Percentage
Earthquake	16	1.43%	1102	**98.57%**
Cyclone	50	4.47%	1068	**95.53%**
Flood	7	0.63%	1111	**99.37%**
Drought	14	1.25%	1104	**98.75%**
Other	0			

TOTAL	**1118**	**100%**

145. Is there any essential waste facility management in the settlement that you would like to have?

	Frequency	Percentage
Yes	988	**88.37%**
No	130	**11.63%**
Total	**1118**	**100%**

146. Mention the facilities

Facilities	**Frequency**	**Percentage**
Community Dustbin	62	**6.28%**
Dumpbin and waste collection vehicle	49	**4.96%**
Dust bin , cleaning workers	49	**4.96%**
Dustbin , drains	95	**9.62%**
Dustbin for waste collection	571	**57.79%**
Solid waste truck should come daily	162	**16.40%**
Total	**988**	**100%**

147. Is there an Anganwadi in your settlement?

	Frequency	Percentage
YES	1024	**91.59 %**
NO	90	**8.05%**
Don't know	4	**0.36%**
Total	**1118**	**100%**

148. How many Anganwadis are there in the settlement?

	Frequency	**Percentage**
1	718	**70.12 %**
2	306	**29.88 %**
Total	**1024**	**100%**

162. Do you think the management system of these issues is effective in your area?

	Frequency	Percentage
Yes	37	**3.31%**
No	814	**72.81%**
Some what	55	**4.92%**
Not aware	212	**18.96%**
Total	1118	

163.Have you ever made any suggestions to improve their management?

	Frequency	**Percentage**
Yes	30	**2.68%**
No	1088	**97.32%**
Total	1118	

164. Have you ever expressed any interest in participating in any initiatives in your area related to effect of climate?

	Frequency	Percentage
Yes	25	**2.24%**
No	1093	**97.76%**
Total	1118	

165. Have you made your own preparations to handle the effects of climate related problems?

	Frequency	**Percentage**
Yes	14	**1.25%**
No	1013	**90.61%**
In some aspects	91	**8.14%**
Total	**1118**	

166. Do you think you can collaborate with your neighbors to jointly handle the effects of climate related problems?

	Frequency	**Percentage**
Yes	484	**43.29%**
No	560	**50.09%**
In some aspects	74	**6.62%**
Total	1118	

SECTION I: ADOLESCENT GIRLS

167. What menstrual absorbent do you use?

	Frequency	Percentage
Clothes	15	**5.32%**
Pads	227	**80.50%**
Cloth and pad	40	**14.18%**
other	0	
Total	282	

168. How do you maintain/clean the cloth?

	Frequency	Percentage
Wash with soap and water	20	36.36%
Wash with only water	1	1.82%
One-time use	34	61.82%
Other		0.00%
Total	55	

169. How do you dry the cloth after cleaning?

	Frequency	Percentage
Dry in sun	15	**71.43%**
Dry in shade	5	**23.81%**
Dry in dark and hidden place	1	**4.76%**
Total	21	

170. How do you dispose used pads?

	Frequency	Percentage
Wrapped in a newspaper/ Polythene & throw in open	34	**12.06%**
Throw in dustbin (Unwrapped)	248	**87.94%**
Wrap in paper/Polythene and throw in dustbin	0	**0.00%**
Throw in the open (Unwrapped)	0	**0.00%**
Total	282	

176. Does the toilet have following facilities?

	Yes	Percentage	No	Percentage
Separate section for girls	130	**86.67%**	20	13.33%
Water	148	**98.67%**	2	1.33%
Door lock / latch	143	**95.33%**	7	4.67%
Peg	65	**43.33%**	85	56.67%
Handle	71	**47.33%**	79	52.67%
Light	127	**84.67%**	23	15.33%
Incinerator	22	**14.67%**	128	85.33%
Separate MH disposal bin	18	**12.00%**	132	88%
Dustbin in every cubicle	70	**46.67%**	80	53%
Grills	45	**30.00%**	105	70%
High walls	136	**90.67%**	14	9%
Bucket	136	**90.67%**	14	9%
Mug	143	**95.33%**	7	5%
Caretaker	98	**65.33%**	52	35%
Other				

177. Does your school have handwashing facility?

	Frequency	Percentage
Yes	150	100%
No		
Total	150	100%

178. Does your school have drinking water facility?

	Frequency	Percentage
Yes	150	100%
No		
Total	150	100%

171. How often do you change the absorbent daily?		
	Frequency	**Percentage**
Every 2-3 hours	93	**32.98%**
3-6 hours	146	**51.77%**
Over 6 hours	43	**15.25%**
Total	282	

172. Do you go to school?		
	Frequency	**Percentage**
Yes	150	**47.92%**
No	163	**52.08%**
Total	313	

173. Are you a school dropout?		
	Frequency	Percentage
Yes	77	**47.24%**
No	86	**52.76%**
Total	163	

174. What was the main reason for dropping out?		
	Frequency	**Percentage**
MHM		
House work	12	**15.58%**
Distance	13	**16.88%**
High fees	14	**18.18%**
Lack of WASH facilities	0	**0.00%**
failed	6	**7.79%**
Marriage	1	**1.30%**
Brother education	0	**0.00%**
Care and support	27	**35.06%**
Security issue	4	**5.19%**
Other		**0.00%**
Total	77	

175. Does your school have toilet facility?		
	Frequency	**Percentage**
Yes	150	100%
No	0	
Total	150	100%

179. Does your school have any WASH related curriculum?		
	Frequency	Percentage
Yes	135	90%
No	15	10%
Total	150	

180. What MHM facility available in your school?				
	Yes		No	
Counselling	68	45.33%	82	**54.67%**
Free napkin distribution	60	40.00%	90	**60.00%**
MHM curriculum	49	32.67%	101	**67.33%**
Other				

181. The toilet that you (elderly/PWD) use is at your home or at community?		
	Frequency	**Percentage**
Home	327	**89.84%**
Community	28	**7.69%**
Other	8	**2.20%**
Both home and community toilet	1	**0.27%**
Total	364	

181 b		
	Frequency	**Percentage**
Go to forest	1	**12.50%**
neighbour	2	**25.00%**
No toilet	2	**25.00%**
Open defecation	2	**25.00%**
Relative	1	**12.50%**
Total	8	

182. What are the facilities existing at your home toilet which are suitable for PWD/elderly needs?				
	Yes	**Percentage**	No	**Percentage**
Bathing	158	47.02	178	**52.98%**
Washing cloths	156	46.43	180	**53.57%**
Hand washing	119	35.42	217	**64.58%**
Dustbin	57	16.96	279	**83.04%**
Lights	227	67.56	109	**32.44%**
Door lock	238	70.83	98	**29.17%**
Taps	174	51.79	162	**48.21%**
Bucket	285	84.82	51	**15.18%**
Mug	318	94.64	18	**5.36%**
Pegs	126	37.5	210	**62.50%**
Other				

183. What are the facilities existing at the community toilet which are suitable for PWD/elderly needs?				
	Yes	**Percentage**	No	**Percentage**
Ramp	4	12.90%	27	**87.10%**
Side handle	1	3.23%	30	**96.77%**
Western seat	0	0.00%	31	**100.00%**
Chair toilet	1	3.23%	30	**96.77%**
Water in cubicle	10	32.26%	21	**67.74%**
Dustbin	9	29.03%	22	**70.97%**
Light inside cubicle	5	16.13%	26	**83.87%**
Light on the path	14	45.16%	17	**54.84%**
Other			**31**	**100.00%**

184. Does the community toilet have any facility for female/ elderly or PWD?		
Yes	0	**Percentage**
No	31	100%
Not aware	0	
Total	**31**	**100%**

185. How far is the toilet from your house?		
At home	325	**90.28%**
Not far from home	24	**6.67%**
Far from home	11	**3.06%**
Total	**360**	**100%**

186. Do you always have a caregiver with you for helping you using the toilet?		
	Frequency	Percentage
Yes	2	**0.56%**
No	358	**99.44%**
Total	360	

ENDING THE INTERVIEW

187. Did you feel uneasy at any point while answering any question?

	Frequency	Percentage
Yes	18	**1.61%**
No	1100	**98.39%**
Total	**1118**	**100%**

188. Is there any question / issue that got left out which you would have wanted to be included in the questionnaire?

	Frequency	Percentage
Yes	85	**7.60%**
No	1033	**92.40%**
Total	1118	**100%**

189. Do you think the information you shared will be usefull in starting a conversation with the government and bring positive change for the VMPG?

	Frequency	Percentage
Yes	860	**76.92%**
No	258	**23.08%**
Total	1118	**100%**

Target for Jaipur

Project Location	Beneficiaries – Two Cities (BBSR and Jaipur)					People with a disability				Elderly urban poor (CFAR ADDED)			Urban poor youth (CFAR ADDED)			Urban	WASH components			Locations# of				Poverty
	# total					# beneficiaries										# beneficiaries								%
	Total	Women	Men	Other	Total	Total	Women	Men	Other	Total	Men	Women	Total	Boys	Girls	Urban	*Water	**Sanitation	***Hygiene	Household	Communities	Schools	Health Facilities	Other institutions	% beneficiaries in lowest wealth quintile
Bhubaneswar	96,040	17919	18755	1451	40000	1875	881	994	0	4693	2487	2206	12119	6423	5696	96,040	8881	8000	23119	8000	40000	26	10	60	20% 8000
Jaipur		24715	26208	1652	56040	3465	1629	1836	0	7968	4223	3745	21284	11281	10003		12440	11205	32395	11208	56040	15	15	50	20% 11208
Total		42,634	44,963	3103	**96040**	5340	2510	2830	0	12661	6710	5951	33403	17704	15699	**96,040**	**21321**	**19205**	**55514**	19208	96,040	41	25	110	19208