MICRO-PLANNING

for safer and more inclusive WASH in slum settlements of Bhubaneswar and Jaipur, India

A System Strengthening Approach

Australian Aid | Water For Women | Centre for Advocacy and Research

Report by:
Centre for Advocacy and Research (CFAR), Delhi, based on the work done under the project 'Mobilising, Facilitating and Replicating Socially Inclusive WASH Initiatives in India's Urban Slums'.

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About Water for Women:
Water for Women (WfW) supports improved health, gender equality and wellbeing in Asian and Pacific communities through socially inclusive and sustainable water, sanitation and hygiene (WASH) projects and research. It is the Australian Government's flagship WASH program delivered as part of Australia's aid program, investing AU$118.9 million over five years from 2018 to 2022. WfW partners with civil society organisations (CSOs) and research organisations to deliver 33 projects in 15 countries including India, to support socially inclusive and sustainable WASH projects and research. involving all people within communities – women, men, marginalised groups, and people with disabilities.

About CFAR:
CFAR, a non-profit public charitable trust founded in January 1998, is committed to advancing the rights of urban poor across 1,016 informal settlements in ten states of India. CFAR's mission statement "Voice for the Voiceless" drives all their endeavours towards strengthening the voice and agency of the most at risk and marginalised groups through diverse, collective and trained Community Management Committees (CMCs) and Single Window Forums (SWFs) across the urban slums and wards of India. These community operating structures act as a bridge between the community and local government bodies; representing the needs of the former, while coordinating with the latter in the interest of serving the hard-to-reach and underserved populations. CFAR ensures that all capacities, resources, and leadership are handed over to the communities and community structures. Over the past 24 years, CFAR has reached out to a cross-section of the marginalised groups in the areas of (a) Social Inclusion; (b) WASH; (c) Health Communication; (d) Health Advocacy, Response & Vaccination. It also brings a cross-cutting focus on gender, climate, and community leadership, across all its interventions.

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Foreword

The Report aptly titled 'MICRO-PLANNING for safer and more inclusive WASH in slum settlements of Bhubaneswar and Jaipur, India: A System Strengthening Approach' presented by Centre for Advocacy and Research (CFAR) has emerged from their decade long experience across many cities and specifically from their work since 2018 in two cities, Bhubaneswar and Jaipur, in the states of Odisha and Rajasthan. This work is implemented in partnership with Water for Women (WfW) Fund, and the Australian Government's Department of Foreign Affairs and Trade (DFAT).

The Report attempts to present a practical framework of community engagement for an issue like WASH, which in today's context in India, needs functional institutional arrangements and leadership at multiple levels to deliver successful implementation of systems and service delivery. This framework aims to bring about people-centric changes and ensure that existing systems pay attention to communities and put them at the centre of the planning and response systems which is essential to ensure sustainability and inclusivity.

The processes that were used in the project throws up much learning, on developing highly purpose-oriented horizontal community platforms that can manage WASH services, particularly in the post-COVID context. This includes conducting baseline studies; mapping service gaps and planning service improvement and up-gradation plans; strengthening the voices of the community, in particular, women, girls, transgender and persons with disabilities; raising public awareness including through organising campaigns on safe and inclusive WASH; and carrying out concurrent monitoring and end line assessments. All these are led by trained community leaders at the slum and ward level with the involvement of relevant supportive stakeholders, frontline workers, and supported by existing programs.

It must be noted that all this unfolded under the backdrop of the nationwide Swachh Bharat Mission (urban) (Clean India Mission) 1.0 and 2.0 and many other related programs implemented by the governments of Odisha and Rajasthan, which worked assiduously to strengthen urban WASH systems. The objective was to create more liveable habitats by setting up better infrastructure and improved service delivery, through plans that included gender-responsive poverty reduction interventions.

In fact, the report shows how the coordination and synergy between the different departments of the state governments, urban administrations and stakeholders, slum level leadership, and the local level non-governmental institutional arrangements, can underpin the effort to establish inclusive WASH systems and services in the target areas.

With the growing recognition that community engagement is critically necessary for building inclusive and sustainable WASH solutions, the time has now come to develop and institutionalise complete and comprehensive localised decentralised solutions with sustained peoples' participation.

In a report of this nature, the areas of interest generally are to (i) look at the WASH service delivery standards and see how that is being communicated, interpreted by various stakeholders, delivered, monitored and sustained (ii) promote the professionalisation of WASH services through technology and innovation, and (iii) ensure the long-term sustainability of WASH service delivery to the consumer; all the time keeping the community's central role in mind. In this case, at the heart of the effort is the professionalisation of services achieved through setting up community-led operating structures such as Community Management Committees in each slum settlement federated at the ward level as a Single Window Forum.

I am sure that this report will generate interest and inform similar interventions by various agencies across geographies while also influencing policies of governments and its agencies and partners in the planning and implementation of WASH sector programmes and projects.

Sujoy Mojumdar
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Summary

This report is part of a two-city project, 'Mobilising, Facilitating and Replicating Socially Inclusive WASH Initiatives in India's Urban Slums', supported by Water for Women (WfW) Fund and the Australian Government's Department of Foreign Affairs and Trade (DFAT). It is derived from the lessons learned and evidence of change observed during the course of CFAR's work in two Indian cities – Bhubaneswar in Odisha and Jaipur in Rajasthan. Based on CFAR's experiences of micro-planning with a system strengthening approach, the report suggests the five building blocks for Sanitation and Water for All (Sector Policy/Strategy; Institutional Arrangements; Sector Financing, Planning, Monitoring and Review; and Capacity Development) as a way of tackling the complexities of WASH inclusion in the Indian context, keeping community engagement at the core.

CFAR's efforts focused on the following:

- Reinforcing the process of local participatory governance with the municipal ward as the administrative unit and point of entry
- Bringing about transformative change at multiple levels – from behavioural to systemic, user to provider, and community to governance – that went beyond the practical needs of the marginal population groups to build sustainability
- Positively impacting power relations within communities and societies

The project began in 2018 in Bhubaneswar and a year later, in 2019, it was started in Jaipur. The project established common goals to understand and recognise the differential needs of community groups and their commitments. These were addressed through collective response of all stakeholders. The team carried out a series of public awareness campaigns on safe and inclusive WASH in the slum settlements of Bhubaneswar and Jaipur, followed by rounds of gathering household data and conducting baseline surveys to map their access to WASH services. The project team, supported by rights holder organisations (RHOs) and gender and social inclusion (GESI) actors, shared this data with government officials, sector experts and CSO partners and then oriented them on the safe WASH priorities of slum communities.

CFAR also assessed how services[1] were deficient for women and people at risk of marginalisation, and why they faced multiple barriers in accessing safe WASH. It focused on the inclusion of women and marginalised populations and their involvement at every level. This led to joint introspection and examination, followed by collective action to bring about improvements in WASH services. Micro-planning processes were started in early 2019 in Bhubaneswar, and in 2020 in Jaipur, and were intensified after the COVID-19 pandemic. CFAR integrated WASH with livelihood development in the context of the pandemic.

The project nurtured strong WASH champions and enabled robust bottom-up governance by establishing Community Management Committees (CMCs) at each slum settlement and community operating platforms called Single Window Forums (SWFs) at the ward level. The project holders, CFAR, with the support of SWFs and CMCs, tracked the progress of WASH interventions and ensured they reached the people living in situations of severe vulnerability and at high risk of marginalisation. Periodic assessments of different WASH components were also conducted, culminating in a midline survey in 2021. The project adopted and installed Saniwall, a service dashboard that tracks the demand for and access to WASH services and promotes its advocacy and upscaling to strengthen equitable and inclusive WASH, in the various wards of Bhubaneswar and Jaipur.

The combined efforts of the autonomous community platforms, government, think tanks, private sector and CSOs, led to stronger community engagement, institutionalised participatory planning and joint execution of WASH improvement projects in a transparent manner. Supported by WfW, this made other elements – optimising policy, institutional arrangements, coordination, budgetary support (refer to Box 1 below), and execution – both gender-responsive and socially-inclusive. Women, people living in vulnerable conditions, and the marginalised, were trained in WASH planning, implementation and monitoring that helped expand social inclusion from 10 wards to 22, in Bhubaneswar, and 11 wards to 27, in Jaipur.

These steps were taken from the perspective of safety and inclusiveness and helped shift the approach of WASH services from engineering-centric to human-centric. Many actors and factors worked together using the gender lens to build and sustain WASH infrastructure and services that recognised it's environmental and climate impacts.

Due to the context specific nature of WASH systems, no single model can be applied to gain consistent results in different settings. This document, therefore, is not intended to be viewed as a blueprint for best practices but as a structured guide for strengthening and formalising community engagement as an integral part of local governance for influencing safe, inclusive, and sustainable WASH service delivery. It is meant for WASH practitioners, governments and donors implementing or funding safe and inclusive WASH. It is divided into five sections:

- Section 1 sets the context for inclusive WASH in urban India and gives an overview of the project as part of the Australian Government's WfW Fund.
- Section 2 provides WASH policy background and highlights key programs leveraged to achieve inclusive WASH in Bhubaneswar and Jaipur.
- Section 3 presents the experiences of micro-planning and describes the tools and approaches used.
- Section 4 describes the process adopted for strengthening WASH systems with a GESI focus and draws out evidence of change and lessons learned.
- Section 5 consolidates lessons learned, makes recommendations for doing better, and sets out the way forward.

1 access to gender and socially inclusive safe and sustainable sanitation (ODF+, SLWM, FSSM), water (adequate HH piped water supply) and hygiene (MHHM and hand washing including O&M and quality service delivery).
ODF- Open Deification Free, SLWM - Solid and Liquid Waste Management, FSSM - Facal Sludge and Septage Management, HH- Household, MHHM - Menstrual Health and Hygiene Management

BOX-1 - Relevant WASH Sector Components in India

Sector Policy

WASH sector policy, guidelines and programs are meant to fulfil the vision of schemes such as the Swacch Bharat Mission (SBM, first launched in 2014 followed by SBM-Urban 2.0 in 2020), the Atal Mission for Rejuvenation & Urban Transformation (AMRUT, first launched in 2015 followed by AMRUT 2.0 in 2021), Jal Jeevan Mission Urban (JJM-U, Water Mission Urban) and Smart Cities Mission (SCM), as well as the state level Odisha Liveable Habitat Mission (JAGA), Odisha, and Integrated Houses and Slum Development Program (IHSDP), Rajasthan.

- SBM-U 2.0 for 2021-2026 aims for a 'Garbage Free' urban India, sustaining open defecation free (ODF) status by ensuring strict implementation of protocols (ODF+ and ODF++) for safely managed sanitation, and solid waste management (SWM).
- AMRUT 2.0 aims to provide clean water for all urban citizens, increase coverage of sewerage and septage management, and rejuvenate management of water bodies.
- JJM-U aims to strengthen universal water supply and liquid waste management
- IHSDP- The basic objective of the Scheme was to strive for holistic slum development with a healthy and enabling urban environment by providing adequate shelter and basic infrastructure facilities to the slum dwellers of the identified urban areas..
- SCM- Smart City Mission- This is the minister of housing and urban development undertaken programme .in 2016 govt of odisha started the programme and constituted a unit i.e called "Bhubaneswar Smart city Limited" .Initial it started area based 985 acres for development purpose after that 100 slums included as social development purpose .
- Jaga mission - One of the Key model programme of H&UD department govt of odisha, it is also a slum dwellers empowerment programme.

Sector Financing

- The Fifteenth Finance Commission (FFC) recommendations focus on cities and making urban local bodies (ULBs) more accountable. The Commission has recommended grants of Rs 4,36,361 crore from the Union Government to local governments for 2021-26. For the urban component of local governments, the FFC emphasises on the need to focus on the complex challenges of air quality, drinking water supply, sanitation, and SWM in the million-plus urban areas (UAs) and cities (Million-plus Challenge Fund). For less than the million-plus category, the FCC recommends a mix of basic, tied, as well as performance-based grants. Of these, 40 per cent of the grants are basic or untied and can be used by ULBs for felt needs under 18 subjects enshrined in the Twelfth Schedule of the Constitution. Another 30 per cent is earmarked for drinking water, rainwater harvesting and water recycling. The remaining 30 per cent is performance-linked to: (i) maintaining the ODF status, including management and treatment of used water, human excreta, and faecal sludge; and (ii) attainment of star ratings in sanitation management by ULBs (less than a million category).

- The components for funding are Solid Waste Management, Water Waste Management, Information Education Communication (IEC)/Behaviour Change Communication (BCC) and Capacity Building. Funding for the projects under AMRUT 2.0 is to be shared by the Centre/States/Union Territories (UTs) and ULBs with at least 10 per cent of total project allocation for all million plus cities to be mandatorily taken up in Public Private Partnerships (PPP) mode. Swachh Bharat Mission-Urban 2.0 sets out the overall principles for release of funds by the Centre to States/(UTs), and leveraging of FFC grants by States/UTs and ULBs to augment funds for the various Missions. For this, ULBs must fulfil certain conditions. These are:
- Entry level conditions are to be mandatorily fulfilled by States/UTs and ULBs to participate in SBM-U 2.0
- State Nodal Account (SNA) and Public Financial Management System (PFMS) mandating all transactions to be made through Direct Benefit Transfer (DBT)/ Expenditure Advance Transfer (EAT) modules to receive funds under SBM-U 2.0
- Public Private Partnerships (PPP) to be encouraged for investment of private capital in urban infrastructure and for bringing private sector efficiency in the delivery of urban services and O&M (operations and maintenance).

Institutional Arrangement and Capacity Building for Swachh Bharat Mission-Urban

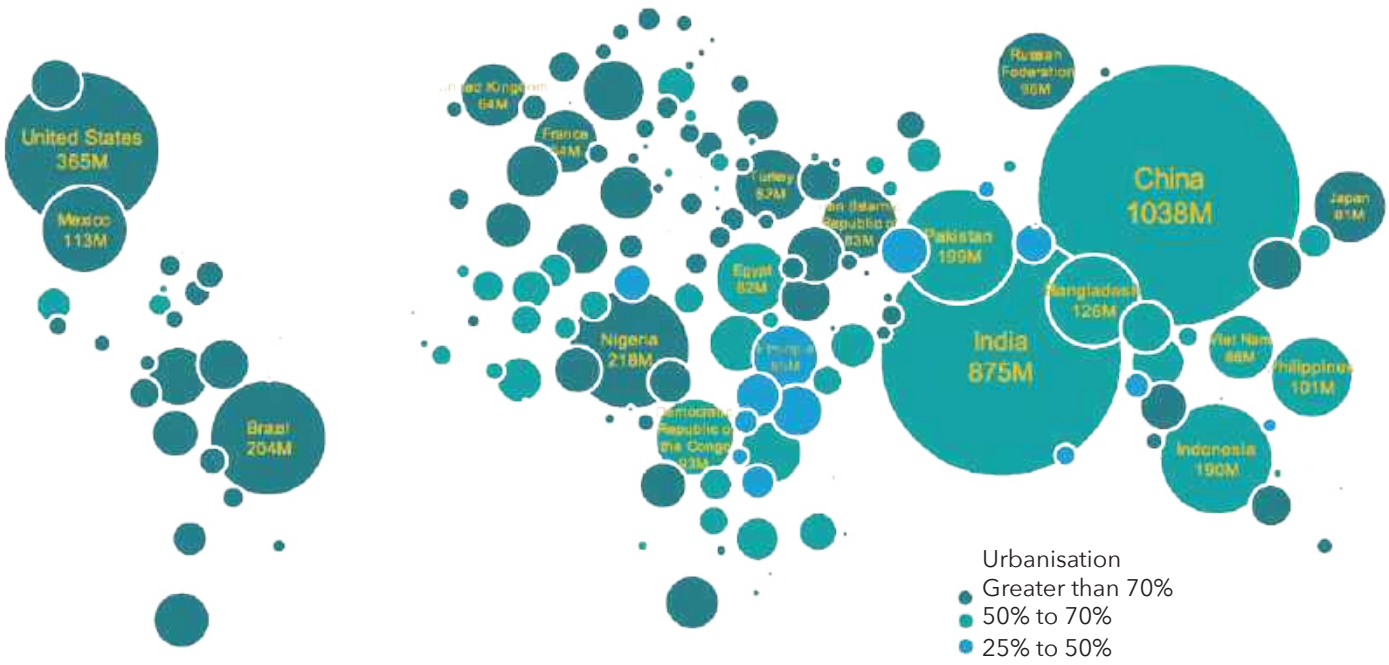
- Institutional mechanisms must be established and capacity building at all levels undertaken for effective implementation of SBM-U.
- SBM-U 2.0 will have a four-tier management structure: 1. National Level – a) National Advisory and Review Committee (NARC), b) National Mission Directorate (NMD); 2. State Level – a) State High Powered Committee (SHPC), b) State Level Technical Committee (SLTC), c) SBM State Mission Directorate; 3. District Level – District Level Committee (DLC); 4. ULB Level – Municipal Commissioner (MC)/Executive Officer (EO).
- The SBM-U 2.0 Jan Andolan (people's movement) will keep equity and inclusion at the heart of 'swachhata' (cleanliness) by engaging all categories of citizens. All Self Help Groups (SHGs), especially women SHGs, will work on ground level/community level facilitation and interpersonal communication initiatives. Women's leadership will be promoted in the various phases of sanitation and waste management, from planning to O&M. ULBs will focus on the sanitation and waste management needs of the people living in poverty (especially slum dwellers) and the vulnerable (senior citizens, girls, pregnant and lactating mothers, PwDs, transgender, migrants, homeless, construction labour, etc.). There will be continuing emphasis on behaviour change. All infrastructure created under the Mission will have gender and disabled-friendly features for ease of access, and will be disaster resilient. The safety and well-being of sanitation workers will be ensured. Recyclers and scrap dealers will be integrated into the SWM recycling value chain.

1 Project overview in the Context of Inclusive WASH, India

Human rights to water and sanitation has been recognised by various international treaties and affirmed in political commitments worldwide. Under Sustainable Development Goal 6 (SDG 6), eight targets need to be met by 2030 to fulfil the goal of ensuring sustainable WASH for all. This has spurred the governments of many countries to prioritise WASH access and work towards fulfilling the SDG targets. The World Health Organisation (WHO) and United Nations Children's Fund (UNICEF) are jointly responsible for global monitoring of the SDG targets for WASH through the Joint Monitoring Programme (JMP).

While remarkable progress has been made in providing access to safe WASH, a significant number of people across the world continue to face barriers based on where they live and who they are. People living in situations of vulnerability and facing a high risk of marginalisation in urban slum settlements, including women, adolescent girls, ethnic minorities, transgender persons and persons with disabilities, often face additional barriers to access water.

As per the UN World Urbanisation Prospect (the 2014 Revision), India was a country of 1.3 billion people of which nearly a third lived in urban areas. With an estimated influx of another 350 million people, more than half its population (over 875 million people) was expected to be urban by 2050. Accompanying this increase in urban population, urban slums would also grow exponentially.

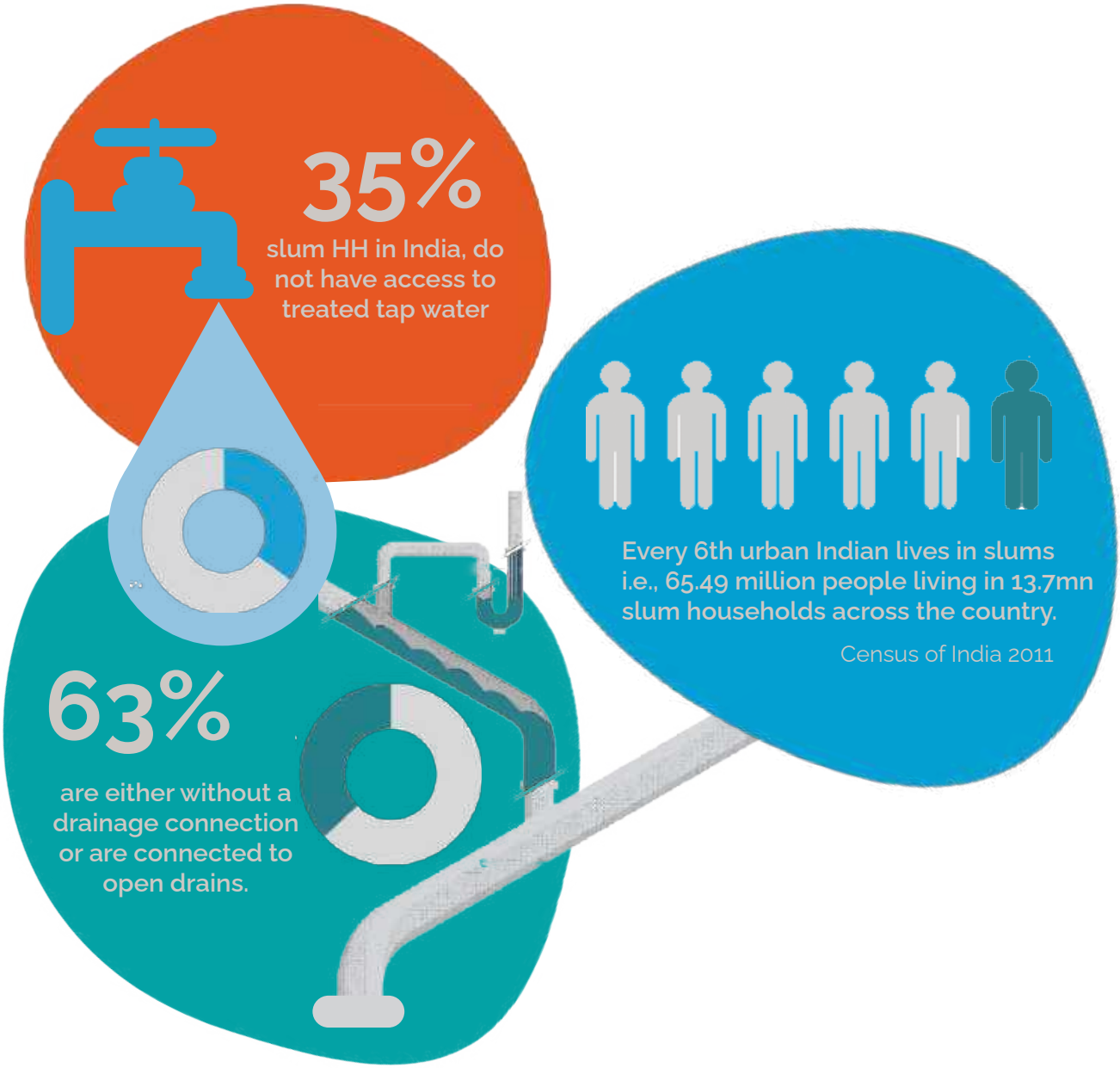


World Urbanisation Map
(developed from State of the World Children, UNICEF, 2012)

It is estimated that by 2050, more than half the country's population will be urban. This will be one of the largest rural-urban migrations the world has seen, creating not only huge economic opportunities but also sustainable development challenges.

According to the Census of India 2011, every sixth urban Indian lived in slums unfit for human habitation, i.e., 65.49 million people in 13.7 million slum households. As many as 35% slum households in India did not have access to safe tap water while 63% were either without a drainage connection or were connected to open drains. The vast scale and speed of urbanisation puts an added pressure on existing infrastructure and resources that support gender and socially inclusive and sustainable access to WASH. This will make people living in Indian cities, particularly the urban poor and the marginalised, more vulnerable to the growing water and sanitation crisis. It is estimated that by 2050, more than half of India's population will be urban. This will be one of the largest rural-urban migrations the world has seen, which, though creating huge economic opportunities, will also throw up sustainable development challenges that would be difficult to address.

As India struggles with reducing the risks of marginalisation for people living in situations of vulnerability, statistics have highlighted that: 23% of girls who have reached puberty are forced to drop out of school due to lack of safe, functioning toilets and menstrual hygiene facilities in schools; 76% of women have to travel a long distance to use sanitation facilities due to lack of local services, and face considerable risk; up to 1 in 3 women reduce their consumption of food while up to 1 in 4 reduce their water intake to minimise toilet use. Thus, inadequate access to WASH has a detrimental impact on health and nutrition, further reducing their participation in social, economic, and political activities and decision making. (https://www.waterforwomenfund.org/en/project/water-for-women---india.aspx)



Water for Women (WfW) is the Australian Government's key WASH program and is being implemented in 15 countries across South Asia, South East Asia and the Pacific as part of Australia's aid program over five years, from 2018 to 2022. WfW's key priority is universal access to WASH.

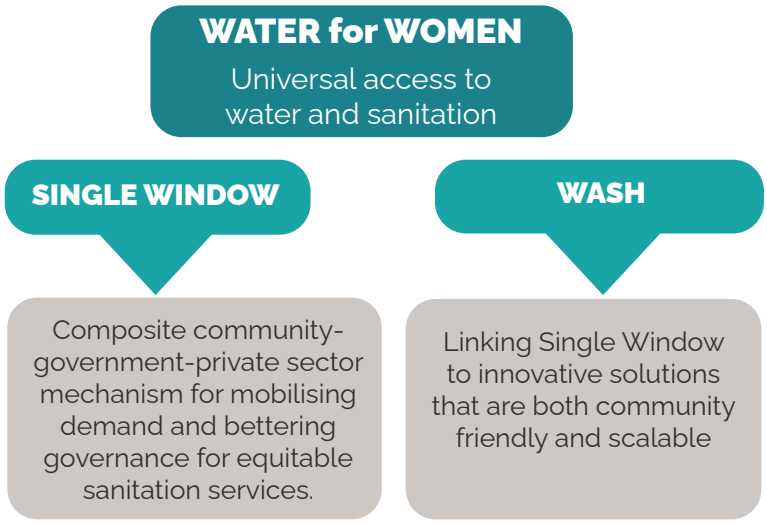
WfW has partnered with Centre for Advocacy and Research (CFAR) India and Research Triangle Institute Global India Private Limited (RTI India) to reach some of India's most at-risk communities through the two-city project, 'Mobilising, Facilitating and Replicating Socially Inclusive WASH Initiatives in India's Urban Slums'. While the project targets the people facing high risk of marginalisation, it aims to particularly support all inhabitants of slum settlements in Bhubaneswar and Jaipur. This is being achieved through composite community-government-private sector mechanisms for mobilising demand and improving governance to provide WASH services including a Single Window Forum. It is linked to innovative solutions that are both community-friendly and scalable.

The overall goal is to establish an 'inclusive' policy environment for the urban poor and a community-based model for demanding, planning and implementing WASH services for marginalised groups in these two slum settlements. There are four pillars for Inclusive and Sustainable WASH based on the Theory of Change:

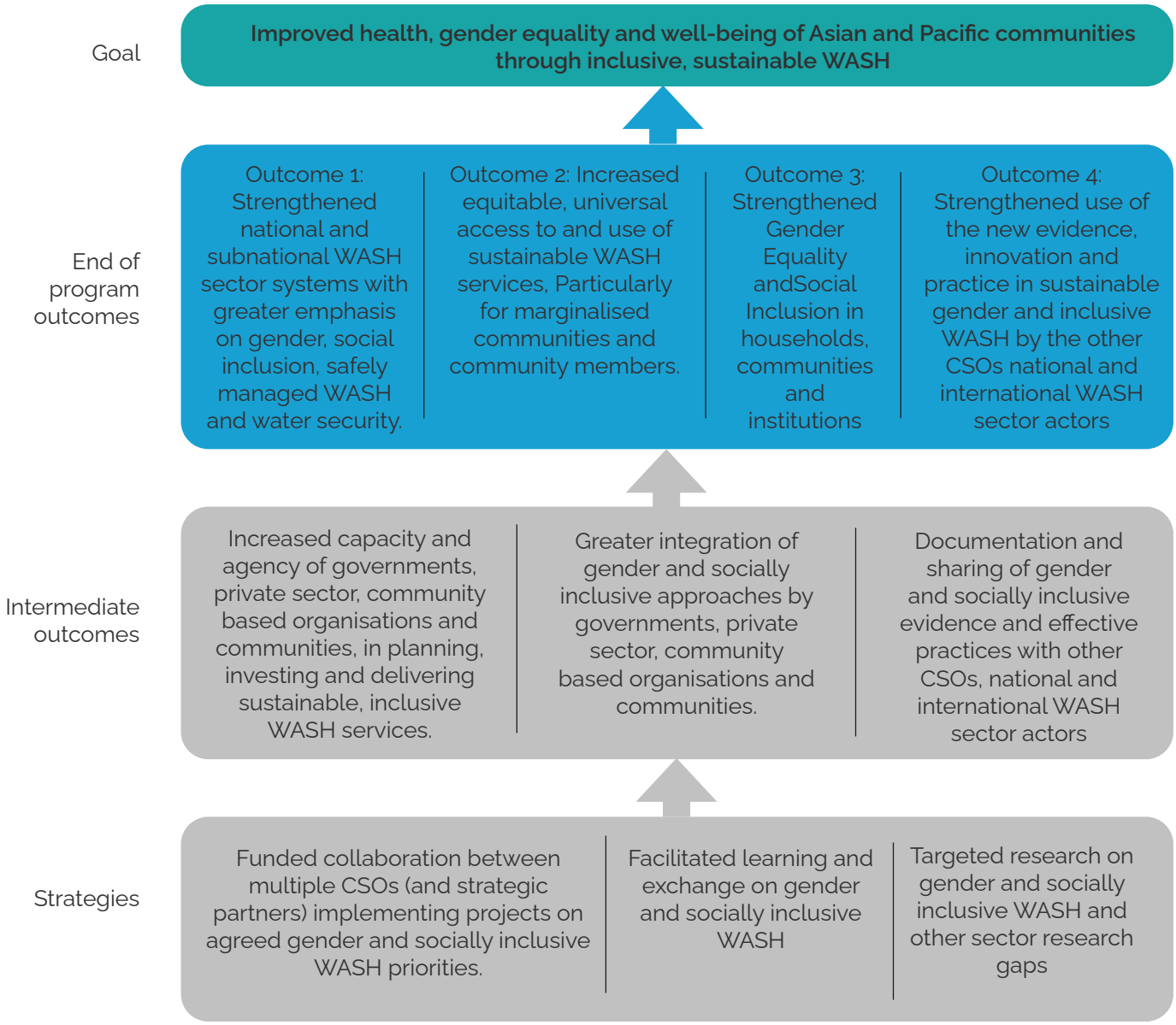
1. Strengthening WASH sectoral systems
2. Ensuring equitable access to WASH services
3. Reinforcing gender equality and social inclusion
4. Building on new evidences, innovations and practice,

Single Window Forum

The SWF, which is represented by members from the slum settlements living in situations of vulnerability and facing marginalisation, facilitates administrative convergence by bringing the slum residents, the government and other stakeholders on the same platform.



Theory of Change WfW, DFAT Australia with the goal to improved health, gender equality and well-being of Asian and Pacific communities through inclusive, sustainable WASH



2 Policy Background for Inclusive WASH in Bhubaneswar and Jaipur

Urban WASH has received significant attention since the mid-2000s with the introduction of Government of India's flagship programs such as Jawaharlal Nehru National Urban Renewal Mission (JNNURM, 2005), National Urban Sanitation Policy (NUSP, 2008), Swachh Bharat Mission (SBM, 2014; SBM 2.0, 2020-2025), Atal Mission for Rejuvenation and Urban Transformation (AMRUT, 2015; AMRUT 2.0, 2021-2026), and the National Policy on Faecal Sludge and Septage Management (FSSM, 2018) (Also refer to Box-1).

These programs have provided the required momentum to take safe WASH to the top of the agenda of implementation agencies and increased WASH sector budgets. The historical 74th Constitutional Amendments (1992), by granting constitutional status to ULBs and delegating several administrative functions to the local level, gave them space for decision-making linked to several WASH service quality improvement parameters. The delegated functions included the preparation of development plans, detailed project reports (DPRs), modern accounting systems, e-governance, better cost recovery for water supply, sanitation and solid waste management, and targeting of investments to the poor through enhanced financial contributions.

With a greater focus on marginalised groups, these WASH programs supported community forums and people's movements (jan andolan), while the Ministry of Housing and Urban Affairs (MoHUA) issued guidelines

for 'Community Engagement' to strengthen the links of communities with administrative bodies. At the same time, their involvement in decision-making in ULBs, made the programs more inclusive. While India has created considerable WASH infrastructure in the last decade, there are persistent inequities in access resulting from social differences, gender biases, economic factors and the geographical context. The missions aim to correct these inequities.

In addition to the national missions, states launched their own schemes. For example, Odisha passed the Odisha Water Works Rules 1980, and launched the Odisha State Water Policy 2007, Odisha Urban Sanitation Strategies 2011 and 2017, Odisha State Urban Water Supply Policy 2013, Odisha Urban Septage Management Guidelines 2015, and Odisha Urban Sanitation Policy 2017 focusing on Faecal Sludge Management (FSM). Odisha also started the Buxi Jagabandhu Assured Water Supply to Habitations (BASUDHA), and allocated a budget to improve access to drinking water. Additionally, it started the Bhubaneswar Smart City Limited 2016 and Odisha Liveable Habitat Mission (JAAGA) 2020. On its part, Rajasthan passed the Water Supply and Sewerage Corporation Act 1979, and launched the State Water Policy 2010, Jaipur Smart City Limited (JSCL) program 2015, State Sewerage and Wastewater Policy 2016, Integrated Houses and Slum Development Program 2017, Faecal Sludge and Septage Management Policy 2018, and the Rajasthan State Action Plan 2020-21.

The strong national commitment and functional local/state governments provided CFAR the required legislative framework to make transformative WASH interventions that encouraged gender equality and social inclusion. CFAR and the project partners strengthened the WASH building blocks2 to reinforce gains from the existing WASH policies and programs in the two cities and overcome challenges in providing quality[2] and sustainable services. It aligned WASH services with social aspirations of excluded groups, strengthened the administrative and technical processes, in addition to providing universal access to WASH facilities.

People living in situations of vulnerability and facing risks of marginalisation such as the Scheduled Castes (SCs), Scheduled Tribes (STs), Other Backward Classes (OBCs), Persons with Disabilities (PwDs), the elderly, women, girls and transgender persons, represented the different community-led structures set up under the project. These structures included Community Management Committees (CMCs) in slums and the Single Window Forums (SWFs) at the ward level. CFAR trained them in WASH communication, management, and planning and implementation, to enhance social inclusion. It provided data information and support to frontline workers, Self Help Groups (SHGs), Area Level Federations (ALFs) and Slum Development Committees (SDCs). This ensured each household took appropriate WASH actions. It also strengthened the coordination between SHGs, community organizers, ward-level officers, supervisors, technical leads and zonal/city level officers.[3]

[2] Please refer to the brief explanation on and diagram for the SWA building blocks in the section 3 of this report

[3] Please refer to the stakeholder diagram and tabulation for institutional structuring provided in Section 3 of this report

BOX-2a The Bhubaneswar City Context

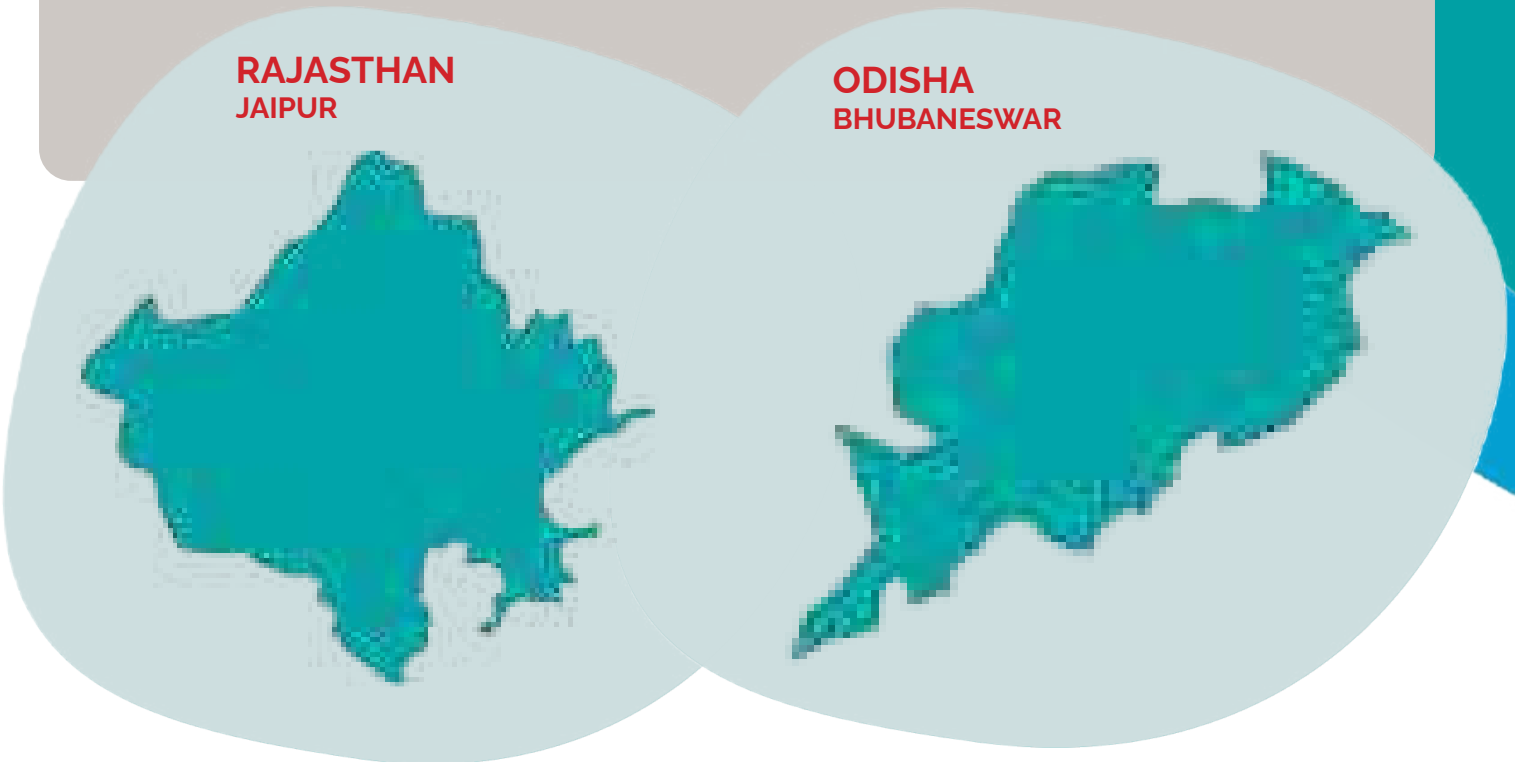
Odisha is located on the eastern coast of India along the Bay of Bengal. As per Census 2011, it had a population of over 41.9 million[4] and was the eleventh most populous state in India and the fourth least urbanised (17% urbanisation). 32.6% of the state's population lived below the poverty line with 40% comprising SC/STs, categorised as marginalised by the Socio-Economic Caste Census (SECC). Odisha was also prone to disasters: 14 out of 30 districts were vulnerable to floods and cyclones in the coastal region, while 11 districts were prone to drought.

Bhubaneswar, the capital of Odisha, categorised as a tier-2 city, covers an area of 135 square kilometres with 67 administrative wards across three zones – North, South-west and South-east. The state's decadal population growth is faster than its urban growth rate. Along with this, there was an increase in the slum population, from 5.92% in 1991 to 18.56 % in 2011

As per Census 2011, 18.5% of the city's population lived in 436 recognised slums (identified by the Bhubaneswar Municipal Corporation, BMC) of which 320 (73%) were unauthorised and 116 (27%) authorised. The area of each slum ranged from 0.045 hectares to 18.31 hectares. The total slum population was 3,01,611 or 80,665 households. A large chunk of the population was poor, the density was high, and therefore, the lack of space and tenure were barriers to providing WASH infrastructure.

Bhubaneswar has experienced unprecedented extreme weather events more frequently over the past few decades including the super cyclone of 1999 followed by cyclone Fani of 2019. The city suffers enormous damage during such natural disasters, with slum communities being particularly vulnerable.

An assessment of the WASH infrastructure in 2017 to revise the City Sanitation Plan and align the sanitation priorities with SBM and AMRUT highlighted some gaps that could widen with increasing migration. The total piped water supply to Bhubaneshwar was 265 MLD, while the demand estimated for 2025 was 197 MLD (Swachh City Plan) and 152 MLD (exponential). While 39,722 households were yet to get basic sanitation under SBM, the projected gap for 2025 was 62,577 (Swachh City Plan) and 48,450 (exponential). The data on FSM indicated that only 41.4% HHs were connected to a containment system. Of the 520 MT of solid waste generated by the city, only 2 MT was being recycled. Thus, while water supply was adequate, sanitation and waste management were poor.



4. As per UIDAI, the latest figure was 43.7 million in 2014 and 45.43 million in 2021-2022)

BOX-2b The Jaipur City Context

Rajasthan is located in the north-west region of India. As per Census 2011, it was the largest state occupying 10.4% of the country's area. It had a population of 68 million that was 5.8% of India's total population, of which nearly 25% lived in urban areas. Despite the huge land and population size, according to the Rajasthan Action Plan on Climate Change (RAPCC), the state had only about 1% of the country's water resources. As the driest state in India, Rajasthan faced severe water scarcities marked by very low average annual rainfall. Nearly 70% of the geographical area was classified as either arid or semi-arid. The rivers of the state were rain-fed and there was no perennial river in the state with the exception of Chambal.

It also displayed a high degree of spatial heterogeneity with the southern and south-eastern parts having a semi-arid climate with hilly terrain while the western and north-western parts had an arid/hyper-arid climate and a flat topography (Report on Mapping Climate Risk in WASH Sector of Rajasthan, 2017 by UNICEF, Jaipur, and IRAP). There were 33 districts in Rajasthan, of which 11 were prone to high drought and water scarcity, 19 to moderate drought, while three were prone to flash floods. The state ranked 29th in the Human Development Index (HDI) with 28.9% of the population living below the poverty line.

As per the 2011 Census, Jaipur, the capital of Rajasthan, was one of its fastest growing cities. Ranked as a tier-1 city, it had a population of 3.1 million and was the administrative headquarters of Jaipur district that had a population of more than 6.6 million. The city was governed by the Jaipur Municipal Corporation (JMC), divided into Jaipur Nagar Nigam (JNN) and Jaipur Development Authority (JDA). Within JNN, the jurisdiction for the various wards was divided into Greater Jaipur Municipal Corporation (150 wards, 7 zones) and Jaipur Heritage Municipal Corporation (100 wards, 4 zones). The city had 211 notified slums, of which 164 were under JNN and 47 were under JDA. In addition, there were non-notified slums in the city periphery which were not recognised by the government and no reliable data was available for them. The slum population of Jaipur was reported to be 3,20,000 with 56,471 households, i.e. 10.24% of the city's total population. According to the Jaipur Status Report 2014, 56% households in slums lacked access to a reliable water source while half did not have access to toilets (Population Foundation of India Report, 2012).

While considerable progress has been made towards achieving access to basic WASH infrastructure under SBM, AMRUT, JJM-U, etc., inequalities persisted in accessibility, availability, adequacy, affordability and quality. The rising slum population due to natural growth and in-migration has imposed a heavy burden on the city water supply and sanitation. This mandated immediate action on safe, inclusive and sustainable WASH.

Location and Physical structure of Bhubaneswar

Bhubaneswar is one of India's fastest developing cities, as such; it acts as the nucleus of development in Odisha and attracts large numbers of migrants.
It is located in coastal Odisha, situated on the banks of the Kuakhai River, a distributary of the Mahanadi River. The Daya River, which branches from Kuakhai, flows in the south-eastern part of the city.

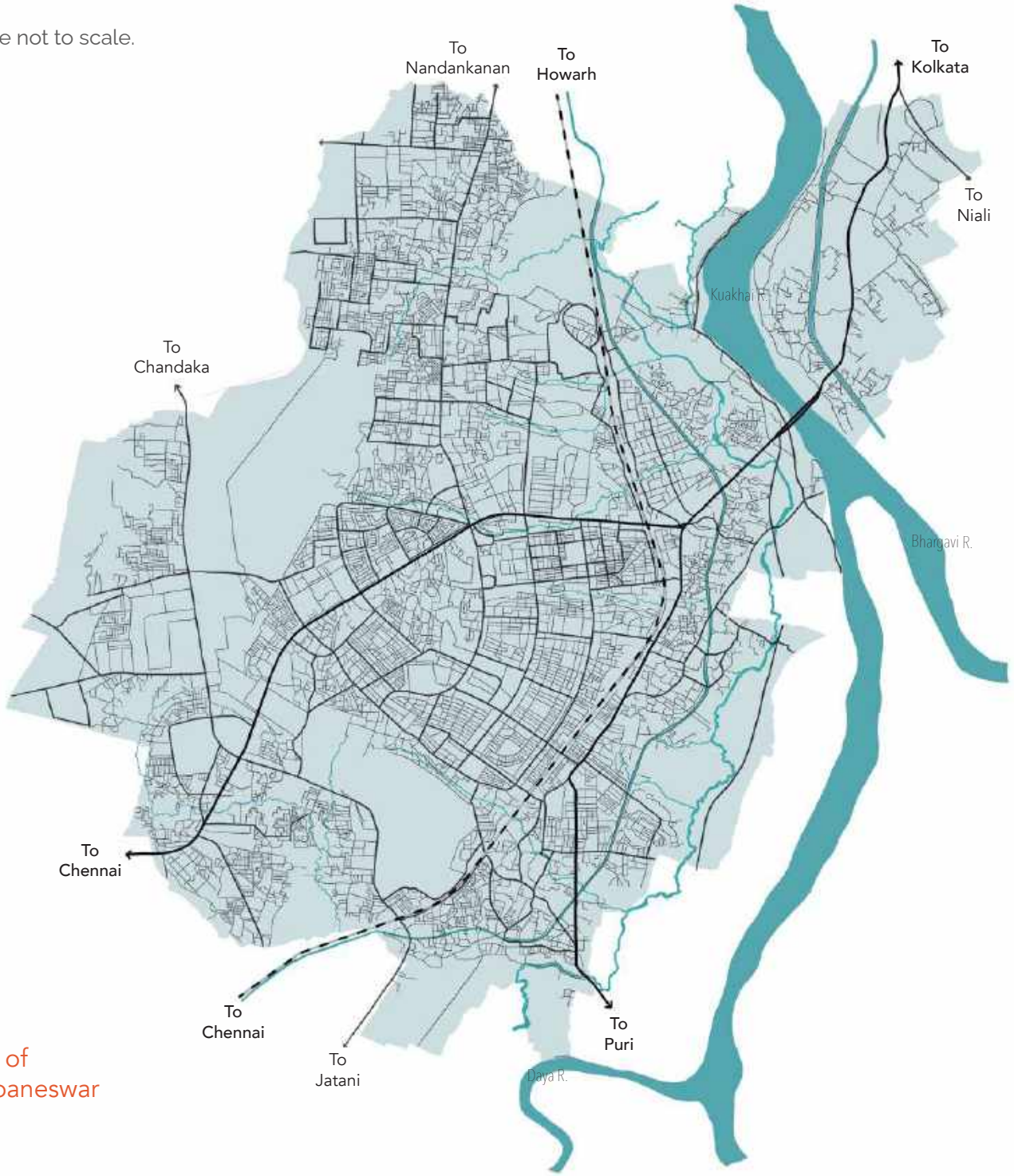
Wards in Bhubaneswar

Bhubaneswar has 67 wards and is divided into three zones – North Zone, South-West Zone and South-East Zone.

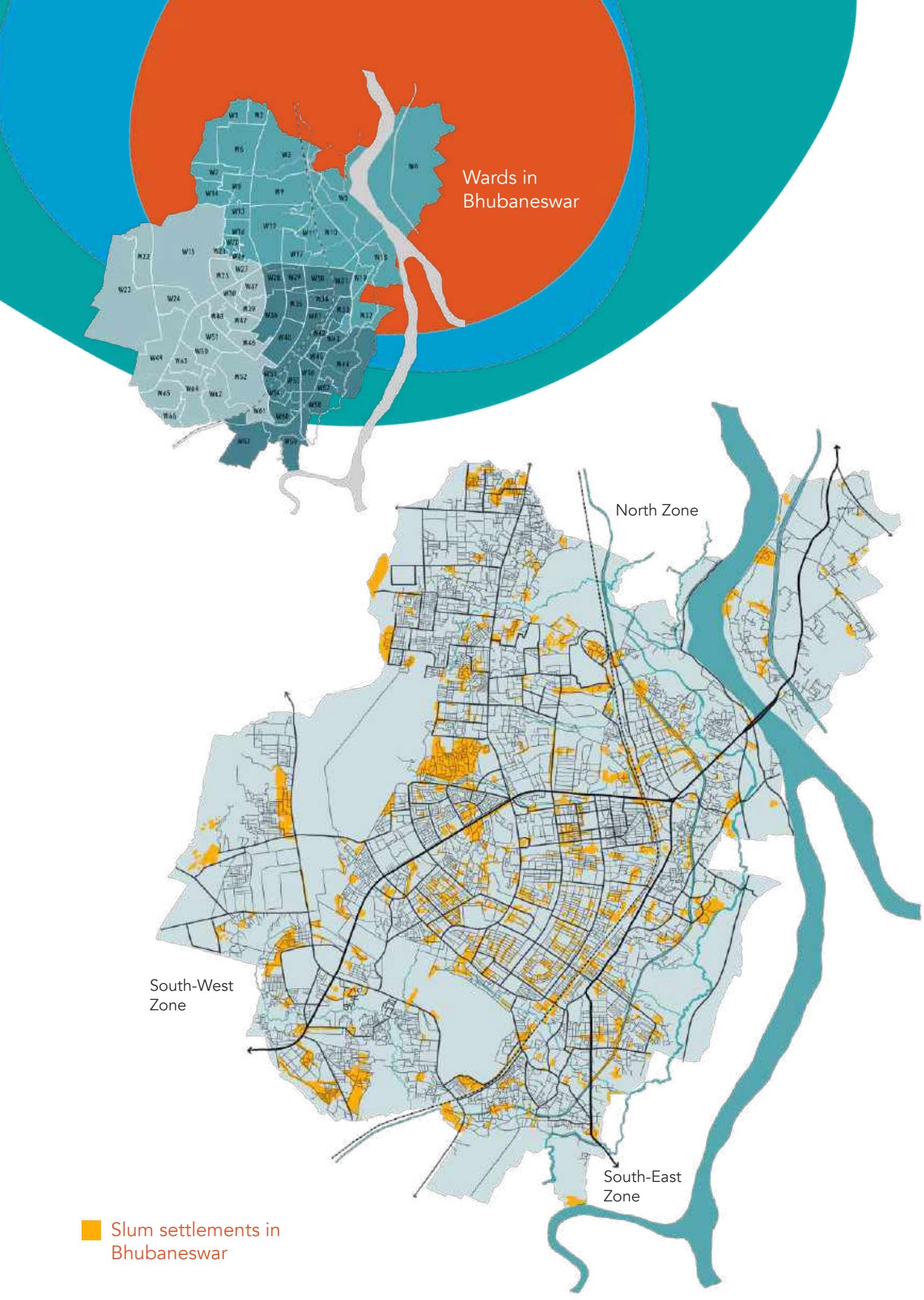
Slum settlements in Bhubaneswar

There are 436 recognised informal settlements in Bhubaneswar as identified by the Ministry of Housing and Urban Affairs(MoHUA) . While the 2011 Census showed total slum population of 163983 persons or 42277 households , we are following Housing and Slum population of Bhubaneswar as provided by MoHUA.The total slum population is 301611 persons or 80665 households in 2019 as per the MoHUA.

Maps are not to scale.



Map of Bhubaneswar


Wards in
Bhubaneswar
North Zone
South-West
Zone
South-East
Zone
Slum settlements in
Bhubaneswar

Location and Physical structure of Jaipur

Jaipur, the capital city of Rajasthan, located in the semi-arid region. The city is surrounded by the Nahargarh hills in the north and Jhalana in the east, which is a part of Aravalli hills - ranges. To the south and the west of the city are also prevailing hillocks but they are isolated and discontinuous in formation. The southern end of the city is open to the plain and stretches far and wide towards Sanganer and beyond. The walled city was originally located on the rocky street to provide an easy drainage system on either side of the city.

Wards in Jaipur

Jaipur has two ULBs which are Greater Jaipur Municipal Corporation and Jaipur Heritage Municipal Corporation.

Greater Jaipur has 150 wards and Jaipur Heritage with 100 wards stretched under 11 zones viz. Murlipura, Mansarovar, V.D.Zone, Jhotwara, Sanganer, Jagatpura, Malviya Nagar, Hawamahal -Amer, Adarsh Nagar, Kishanpole, Civil Lines zones.

Slum settlements in Jaipur

There are 211 informal settlements in both the ULBs with a population of 3,046,163

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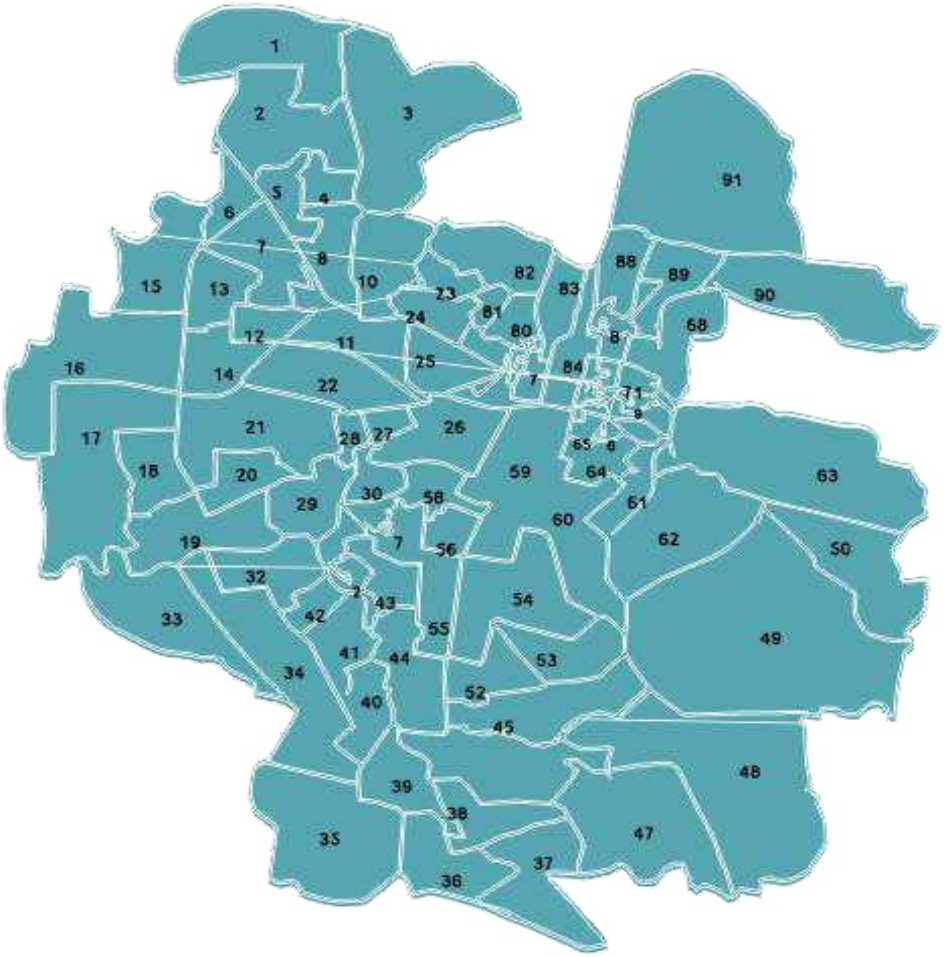
Maps are not to scale



Map of Jaipur

3 A System Strengthening Approach

This section describes CFAR's approach to system strengthening and highlights the process adopted and interventions made under the project using the five building blocks defined by Sanitation and Water for All.

These building blocks are:

1. Sector policy/reforms
2. Sector financing
3. Institutional arrangements
4. Planning, monitoring, and review
5. Capacity building, which is cross cutting across all the other building blocks.

The above blocks formed the interlinked components of a larger and more complex WASH system comprising of multiple actors (such as policy makers, right holders, CSOs, service authorities and service providers) and factors (elements and influences such as political will, financial institutions, private players, laws and regulations, technologies and markets).

Using the blocks to understand and analyse a WASH system helped to break down the complexity and sharpened the focus of WASH interventions. However, efforts to strengthen one part of the system influenced others and therefore, this process guide does not present CFAR's approach under the different building blocks to avoid repetition.

The project influenced the system at different levels and across different building blocks through ward level community actions. This improved the system's performance and increased the responsiveness of actors towards inclusive WASH in the slums of the two cities with a focus on GESI. The approaches were context-specific and the project's activities for system strengthening allowed flexibility and course correction so that interventions remained effective and relevant in changing contexts.

Five SWA Building Blocks

The SWA Building Blocks capture the key elements that the sector must have in place to be able to deliver sustainable services and progressively eliminate inequalities in access.
https://www.sanitationandwaterforall.org

Sector Policy / Strategy

- Sector policies and strategies that identify sector goals and pathways, giving direction to sector investments
- Strategies for implementation, including agreement on implementation models/sustainable service delivery approaches
- Policies/strategies covering:
  - All sub-sectors (urban, rural, drinking water and sanitation)
  - National and sub-national levels

Sector Financing

- Medium Term Expenditure Framework which matches government priorities with available resource
- Realistic and transparent sector budget with identifiable funding streams
- Availability and use of data on financing streams including the 3Ts (taxes, tariffs and transfers) and comparable, realistic estimates for all sector cost categories for sustainable service delivery.

Institutional arrangements

- Identification and allocation of institutional roles and responsibilities, including decentralization commitments
- Country driven and inclusive coordination mechanisms that allow for participation of a broad range of stakeholders in dialogue, communication, and identification of mutual interest around service delivery and sector learning
- Legal and regulatory frameworks to underpin the desired targets and reinforce roles and allocation of resources

Planning, monitoring, and review

- Effective, inclusive and systematic planning, monitoring and evaluation of sector performance to ensure the most effective route to achieve goals
- Mid- and longer-term review of sector performance through multi-stakeholder platforms and mechanisms for sector dialogue and learning
- Clearly defined accountability mechanisms
- Data transparency and public access to information

Capacity development

- Capacity building and development plans, crosscutting between all the other building blocks, which address:
  - The capacity of institutions to fulfil sector roles and responsibilities for sustainable service delivery at scale, including the availability of necessary structures, tools, training, and incentives
  - The capacity of individuals to effectively engage in the sector through sector institutions or as educated consumers
  - The capacity of sector stakeholders to adapt and innovate by engaging in (collective) sector learning

i. Analyses of the Existing WASH System To develop a clear understanding of the actors and working of the WASH system.

Process and Interventions:

To understand the actors and factors that were ambivalent and constantly responding to the new conditions, sanctions and incentives, CFAR and the project partners analysed the existing system within which WASH functioned in the project cities. This involved the following.

1. WASH gap analysis: Assessing the ground situation with respect to safe and inclusive WASH access.
2. WASH marginalisation analysis: Identifying people within the slum settlements who faced multiple barriers in accessing WASH, such as environmental, institutional, social, and attitudinal.
3. WASH stakeholder analysis: Listing different stakeholders and examining the relationships/interactions between them that had an impact on how the WASH system functions.
4. WASH institutional structure analysis: Understanding WASH institutions at all levels to map roles and responsibilities with human and financial resources as set out in government policy.

Lessons:

Since access to safe and inclusive WASH functioned within a broader set of actors and factors, CFAR first developed an understanding of the system to strengthen it to ensure sustainability. The WASH gap analysis, marginalisation analysis, stakeholder analysis, and institutional structure analysis at the start of the project identified entry points and priority areas and ensured that the project was responsive to the current WASH system.

WASH Surveys in Bhubaneswar

A baseline (BL) survey of slums in Bhubaneswar was conducted in 2018-19 to map the ground situation with respect to the status of WASH access, both services and behaviour, to plan project intervention. This was followed by a midline (ML) survey in 2021 to monitor the progress and impact of WASH interventions in the slum settlements.

Sampling Strategy

Following a review of program documents, policy notes, government databases, stakeholder ecosystem and administrative mechanisms relevant to WASH, a citywide survey of all wards was conducted to review their status regarding WASH needs. The wards for intervention were selected ensuring representation of the population living in situations of vulnerability and marginalisation from the three zones of Bhubaneswar using the government database, slum settlements, both authorised and unauthorised, were selected based on the number of households.

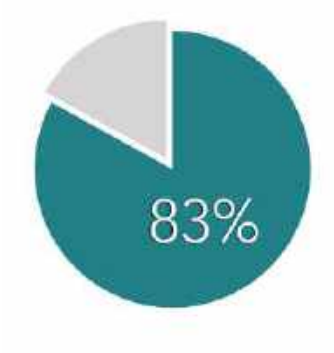
To assess the need and challenges related to WASH, a mixed-method-research was adopted. CFAR engaged trained community researchers for data collection after putting them through guided presentations, step-by-step demonstrations on questionnaires in Google forms and mock surveys. All indicators were based on Joint Monitoring Programme (JMP) definitions, and the project interventions aimed at taking beneficiaries to the top rungs of the different JMP WASH ladders. Both surveys, BL and ML, were conducted after ethical clearances were obtained from Institutional Review Board (IRB), an independent ethical compliance committee.

Sample Distribution Chart

A sample distribution chart as given below, highlighting social determinants and structural barriers such as gender, poverty and caste, was considered to assess the factors that shape social exclusion and gender inequality in Bhubaneswar.

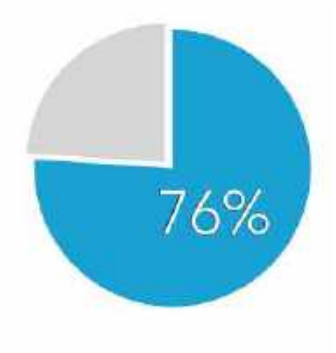
BASELINE SURVEY

Women and Transgender population comprised 83% (or 884 persons) of the survey sample.



People living in situations of vulnerability and marginalisation comprise 53% (or 556 persons) of the survey sample.

Social Groups at risk of marginalisation comprised 76% (or 806 persons) of the survey sample

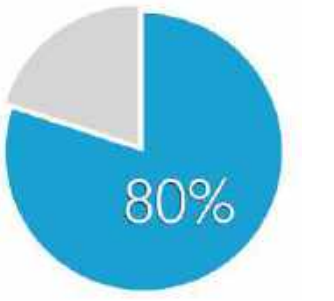


MIDLINE SURVEY

Women and Transgender population comprised 72% (or 797 persons) of the survey sample.

People living in situations of vulnerability and marginalisation comprised 50% (or 537 persons) of the survey sample.

Social Groups at risk of marginalisation comprised 80% (or 811 persons) of the survey sample.



Gap Assessment (Bhubaneswar):
After the BL and ML surveys, data was analysed for trends and gaps against basic and safe WASH standards, with an inclusion criteria. Outcomes from qualitative and quantitative surveys were triangulated to strengthen the findings and robustness of the results. The information was cross-validated using different kinds and sources of data – questionnaires, key informant interviews (KIIs), focussed group discussions (FGDs), and photographic surveys.

WASH Gaps – Baseline Survey
Water

- 31% of the surveyed population had household (HH) piped water connections.
- 33% were people living in situations of vulnerability and marginalisation.
- 17% faced issues of irregular water supply where the supply was for less than 2 hours per day.

Sanitation

- 95% of the surveyed population had access to toilets (Individual Household Latrines /IHHLs + shared toilets), 89% had access to exclusive IHHLs, 84% transgender persons and 23% PwDs had access to IHHLs; 6% respondents who had a toilet, did not use them.
- 11% respondents without access to toilets used one or multiple types of toilets available in the settlements with only a few (18%) defecating in the open. Of the population using shared toilets, 66% were those living in situations of vulnerability and marginalisation was 66%.

Hygiene

- 93% of the total surveyed population were aware of hygiene practices and washed their hands whenever needed. Nearly 80% used water and soap for cleansing.
- 22% reported following unsafe hand-washing practices, and 17% suffered from illnesses.
- The respondents from gender-excluded and socially marginalised groupdid not practice hand washing with soap as 25% found it expensive and 35% were used to hand-washing without soap.

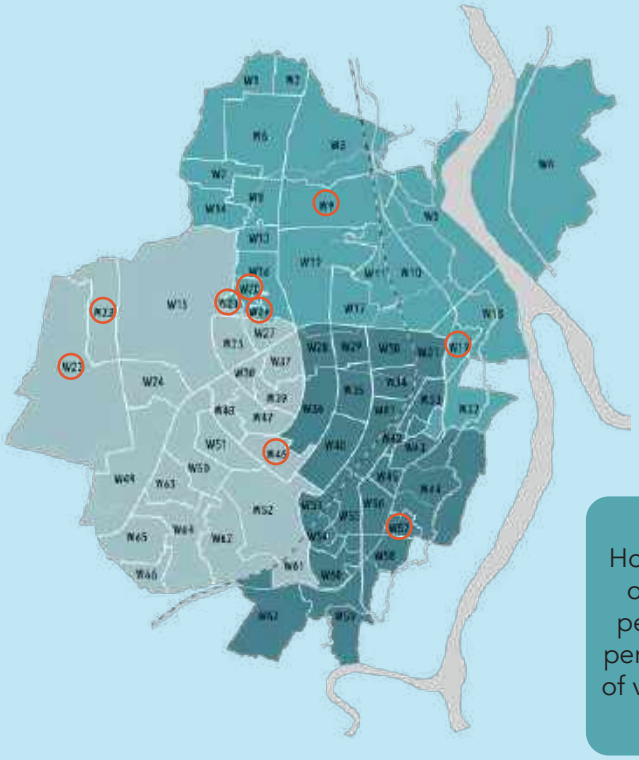
People living in situations of vulnerability and marginalisation constituted 238 persons or 28% of the sample while women (861) made up 77.37%.

Total 63 settlements
16189 HHs 60154 PPL

reached out to

26 settlements
(24VMPG + 2TG)
7335HHs, 21564 PPL

selected for survey



10 settlements
(8VMPG + 2TG)
3969HHs, 14641 PPL
9 wards across all 3 zones

3154 HHs listed

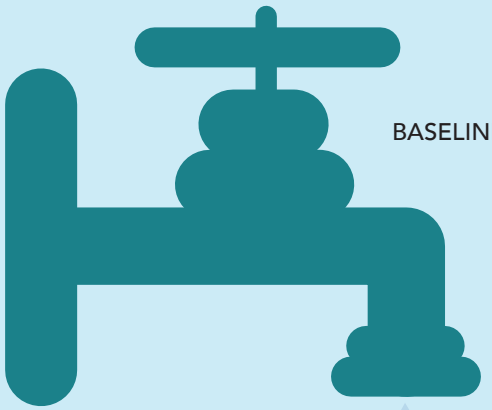
General population Households with at least one general category person, with or without person living in situations of vulnerability and risk of marginalisation.

Population living in situations of vulnerability and risk of marginalisation. Households with at least one person with disabilities (PwD) / elderly person / adolescent girl / widow / abandoned woman / transgender persons.

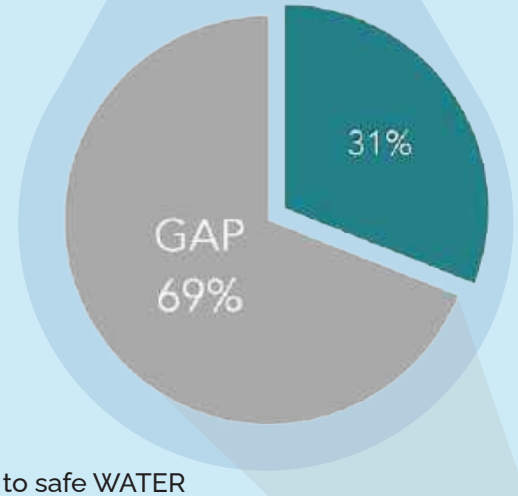
1061 HHs for Baseline Survey

1103 HHs for Midline Survey

Sampling Strategy



BASELINE SURVEY



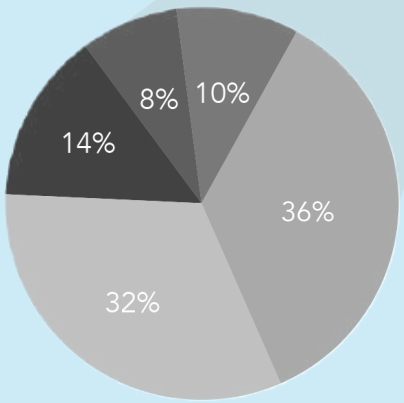
Access to Safe WATER

31% of the total surveyed population have access to household piped water connection

GAP in access to safe WATER by people living in situations of vulnerability and marginalisation

69% of the surveyed population use public taps plus other sources such as hand pumps, open wells, tankers and other sources for water needs.

Of the 61% respondents that dependent on public tap water 58% belong to households living in situations of vulnerability and marginalisation



Distribution of people living in situations of vulnerability and marginalisation
Gap in access to safe WATER

- Elderly Persons
- Adolescents
- Single Women
- Persons with Disability
- Transgender Persons


Australian Aid
Water For Women

Gap Assessment (Jaipur):
A baseline survey was conducted in 11 settlements of Jaipur in four zones of the city covering 1,118 households. People living in situations of vulnerability and marginalisation made up 28% or 238 persons, while 77.37% or 861 were women.

WASH Gaps – Baseline Survey
Water

- 62% of the households in the settlements reported having piped water connections.
- 48.76% received less than 135 LPCD of water supplied for less than 1 hour during the day.

Sanitation

- 84.70% (947) of the households reported having a toilet within their premises (IHHL + shared toilets) with 18.27% sharing it with other families.
- 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 55.76% (528) were connected to sewerage for FSM.
- Only 10.14% of the toilets in the houses conducted regular desludging through manual (11.46%) and mechanised (88.54%) methods.

Hygiene

- As many as 96.24% respondents reported washing hands before eating, and 96.33% reported washing hands after defecation.
- 23.43% respondents used only water for washing hands, while the rest, 75.94%, used both water and soap While 0.63% used both water and sand/leaves
- As many as 81% adolescent girls used sanitary pads as a menstrual absorbent while 6% used cloth and 14% used both sanitary pads and cloth. 88% reported that there was no separate menstrual hygiene disposal bin in schools.

The marginalisation analysis helped in identifying groups at high risk of exclusion from WASH services due environmental, institutional, and social or attitudinal barriers. This intersected with their gender, health, disability and age, factors that intensified their marginalisation and increased vulnerability. Using the GESI lens helped understand the extent of to which gender equality is considered and addressed by the system. These are elaborated below.

Social: Marginalised population groups including women and the other most excluded such as sexual and gender minorities, adolescent girls, PwDs, the elderly and social groups at risk of marginalisation.

Economic: Marginalised population groups including unemployed or occupationally vulnerable such as informal sector employees, sex workers, daily wagers and low-income households.

Environmental: Marginalised groups including those living in resource poor and under-serviced settlements particularly in low-lying areas, hilly-terrains and other ecologically vulnerable sites or next to hazardous establishments.

Bhubaneswar

- Characteristics of 1,018 households with 5,090 people in eight slums
- 338 households (1,334 people) lived in low lying areas or hilly terrains lacking tenure security
- 367 households (1,449 people) belonged to SC, ST, OBCs, fishermen, and other.
- 121 households (477 people) worked in the informal sector and worked as petty vendors, daily wage labourers, sex workers, rickshaw pullers, domestic workers, etc.

Stakeholder Diagram

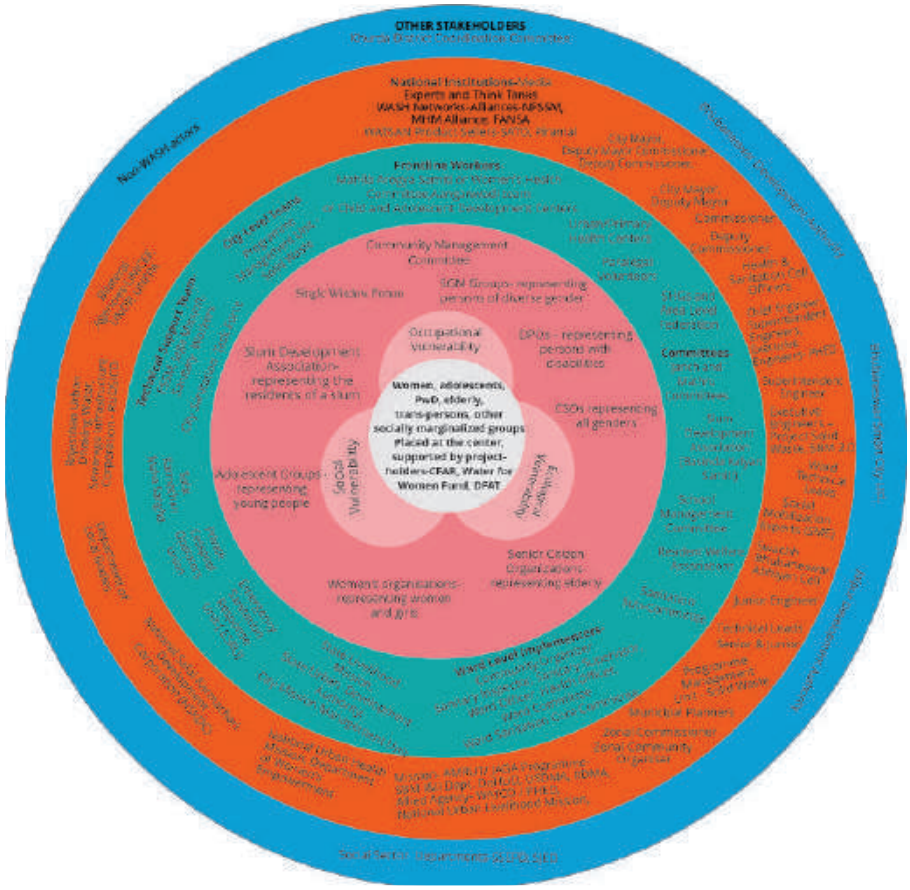
Stakeholder groups facing high risk of marginalisation

CORE Stakeholder Group

PROXIMATE Stakeholder Group

PERIPHERAL Stakeholder Group

OTHER Stakeholder Group



Stakeholder Mapping

The stakeholder analysis provided a comprehensive listing of stakeholders (shown in concentric circles in the diagram) identified as core, proximate, and peripheral stakeholder groups. Such a stakeholder arrangement was intended to promote better decision-making by ensuring that the views of the most marginalised about a particular decision were heard and integrated through dialogue and consensus building. The representative organisations of marginalised groups were integral to their engagement with the system.

Institutional Structuring (Strong to Emerging Stakeholder Involvement)

The table below illustrates the actors at different institutional/administrative levels dealing with or involved with WASH, all of whom need to coordinate and align their efforts towards delivery of WASH services to the most marginal groups. The stakeholder analysis helped classify WASH institutional structures as having strong, medium or emerging stakeholder involvement. When repeated, it showed how the involvement of stakeholder groups had evolved over the project period in terms of who they were, changes in their needs or expectations, and the project's relationship with them.

STRONG PROJECT INVOLVEMENT

	Ward Level	City Level	State Level	National Level
SYSTEM STRENGTHENING	Community Management Committee- CMC, Single Window Forum- SWF, Ward Officer, Sanitary Inspector, Ward Councillors for 22 wards	BMC -Zonal Deputy Commissioner, Deputy Commissioner like DC Sanitation, DC Welfare, DC Marketing and DC Establishment Jaga Fellow	Jaga Mission ,Water Quality Testing Laboratory	National Urban Livelihood Mission National Safai Karmachari Development Corporation (NSKDC) Gram Vanhi (IVRS)
INCLUSIVE WASH	Community Management Committee CMC, Single Window Forum- SWF, Slum Development Committee- SDC, Area Level Federation- ALF, Ward Officer, Sanitary Inspector, Swacha Sathis, Jala Sathis, JAGA Fellow, Self Help Groups- SHGs, Ward Committee, Mahila Arogya Samiti, Janch & Matru Committee Members Private Cesspool Vehicle Operator	City Level Deputy Commissioner Sanitation, Swacha Bharata, Technical Support Unit- TSU, Desludging Operation Grievances Cell, BMC Additional Executive Engineer (FSTeP plant) Manager WATCO , Executive Engineer for UWEI and Water ATM services Safai Karmachari Maha Sangha ICDS office regarding MHM and handwashing practice, JAGA Fellow , Canara Bank (Swachhta Udyami Yojana - Cesspool Vehicle) CSO-SAHA,CORE (SWM)	Department of Housing and Urban Development, Odisha OWSSB, Advisor and Mission Director JAGA Mission	National Alliance for Faecal Sludge Management, E&Y Private Sector Agency SATO, Piramal Foundation WASH Institute
GESI	Community Management Committee CMC, Single Window Forum SWF, Ward Officer, Sanitary Inspector, Transgender SHG, PwD SHG Vatsalya Foundation - Sanitary Pad Unit Support	District Social Security Officer, Deputy Commissioner Welfare Transgender CBO like SAKHA, Third Gender Welfare Trust, PwD organisations like Swabhiman, Odisha Association for the Blind, Senior Citizen Association City Mission Manager under NULM	Security for Empowerment of Persons with Disabilities, WCD Department, Gender experts, SSEPD National Alliance of Women's Organisation (NAWO)	

		Ward Level	City Level	State Level	National Level
MEDIUM - STRONG PROJECT INVOLVEMENT	SYSTEM STRENGTHENING	Ward Officer, Sanitary Inspector, Ward Councillors for 45 wards	BMC -Commissioner, Additional Commissioner, City Sanitation Task Force, Sanitation Standing Committee Member, District Disaster Coordination Committee	Department of Housing and Urban development, Odisha, Principal Secretary Mission Director, SBM Odisha Disaster Management Authority (OSDMA), General Manger Smart City, Odisha Water and Sewerage Board (OWSSB), State Urban Development Agency (SUDA)	Ministry of Housing and Urban Affairs, National Safai Karmachari Development Corporation (NSKDC)
	INCLUSIVE WASH	Swacha Sathi , Solid Waste Management Supervisor, Anganwadi worker, ASHA, School Management Committee, Ward Technical leads Assistant Engineer, Ward COVID Sachetak Committee, Ward Kalayn Samiti (WKS)	BMC-Senior and Junior Municipal Planner, ICDS, Zonal Community Organiser, Public Health Engineer Organisation, Private Agency for SWM -Jagruti, RaMRY, PMR	State Institute for Empowerment of Person with Disabilities, working on children with disabilities and their caregivers	Ministry of Housing and Urban Affairs (MoHUA), Clean India Mission, AMRUT National Health Mission Private Sector Agencies- SATO, Piramal Foundation Wash Institute National Safai Karmachari Development Corporation (NSKDC) UNDP for technical support Water Aid India -technical support
	GESI	-	Block Social Security Officer (BSSO) SSEPD Mission Shakti Department- SHG Livelihood	Odisha State Commission for Protection of Child Rights	Minister of Social Justice and Empowerment
EMERGING - MEDIUM PROJECT INVOLVEMENT	SYSTEM STRENGTHENING	-	Mayor and Corporation Standing Committee Municipal Administrator	Rural water Supply and Sanitation (RWSS) ,WQT Testing Laboratory State Relief Commission (SRC) Mission Shakti Department School and Mass Education under RTE and we are focusing school sanitation	SBM I & II Clean India Mission, National Safai Karmachari Development Corporation (NSKDC) Jal Jeevan Mission CSO Partners, National Institute of Urban Affair, DoHUD, OSDMA, Mission-AMRUT Media Partner
	INCLUSIVE WASH	Community Management Committee	Block Education Officer	-	-
	GESI	Residents Welfare Association	Market Association	-	-

ii. Determining the Entry Points into the WASH System

Identifying how to access and initiate the process of WASH system strengthening.

Process and Interventions:

CFAR and the project partners started the process of WASH system strengthening in Bhubaneswar by identifying municipal wards as the administrative point of entry and intervention. At this level, the Community Management Committees (CMCs) and Single Window Forums (SFWs) took suitable actions to resolve the existing WASH service bottlenecks that were identified during the baseline survey. CFAR facilitated the setting up of CMCs as an autonomous platform at the slum level that was federated at the ward level into SWFs, with representation and participation of groups and individuals at risk of exclusion and marginalisation.

The initial efforts were to gain quick wins by identifying and sanctioning subsidies for construction of IHHLs through the Swachh Bharat Mission. SWFs and CMCs connected beneficiaries with services and schemes. CFAR and the project partners analysed the commitment and willingness of the government to initiate systemic changes and motivated them to take action. As the project progressed, the community pro-actively took every opportunity to 'reform' and 'change'. This showed their ability to be active agents of change and system-builders and not just end-users. (Refer Box 3 and 4).

Lessons:

The strategy to work at the ward level, as the smallest but most effective administrative unit for strengthening locally-responsive and decentralised governance, enabled the community structures to work closely with ULBs, which made it easier to reach out to the people living in vulnerable situations and provide them better and more effective services.

The project generated a demand for quality, and inclusive and sustainable WASH services by targeting service bottlenecks and regular registration of complaints, grievances and petitions. The WASH gaps were highlighted at the stakeholder meetings. Guided by the SWFs and CMCs at the ward and community levels, efforts to bring about small changes by generating demand and leveraging policies/ programs gradually led to the community's involvement in shaping and contributing to larger systemic changes.

BOX3: Number of complaints, grievances, petitions, applications for subsidies etc under various WASH programs leading to WASH demand generation at the start of the project and the present status in Bhubaneswar.

Number of complaints, grievances redress submitted and resolved"

Bhubaneswar						
	Application attended and Action taken (Completed services)	Application submitted but No response (Pending)	Application attended and assured to take action (grievance)	Total	Individual application	Common application
HH Pipeline connection	13			13		1
Borewell connection	1			1		1
CTC installation		1		1		1
CTC management	1	1		2		1
Desilting of drains	4		2	6		2
Desludging	4275		1076	5351	5351	
Regarding de-clogging/covering drains	2		1	3		2
Regular water supply with accurate pressure	5		6	11		3
Regularise solid waste collection at HH level	4			4		2
Road construction	3			3		1
Sewer de-clogging	1	1		2		1
Sewer line incorporation	1	1		2		1
Water pipeline repair	2			2		2
Water tank installation						1
Water testing	13			13		7
Tube well Repairing	2			2		2
IHHT	295	302	24	0	621	
Water ATM	10	0	0	0		10
Electricity Connection			1			1
Total	**4632**	**306**	**1110**	**5416**	**5972**	**39**

Box-4 Field account from Bhubaneswar showing how small changes starting with targeting, identifying and sanctioning of subsidy for construction of IHHL leveraged under the SBM program using 'Paribortan Single Window' mechanism enabled the process of Social Inclusion

Deploying the Single Window to institutionalise FSSM practices in the informal settlements/slums of Bhubaneswar

The account outlines the efforts of the Single Window Forum in strengthening the value chain for safe and sustainable sanitation. This includes the process of situational assessment, aggregating the demand for desludging, strengthening knowledge on FSSM (Fecal Sludge and Septage Management) and partnering with the Bhubaneswar Municipal Corporation to develop a coordinated plan for FSSM in the slum settlements for implementing the Urban Septage Management Guidelines, 2018.

The Early Situation

The baseline survey conducted in 2018 showed that 98% of respondents were dependent on on-site septage management, but despite this high number, only 29% conducted periodic desludging. Septage was disposed in the open fields or drains, thus, increasing health risks of the people and harming the environment.

The Process and Conclusion

Facilitated by CFAR, the CMC and SWF members at the ward level assessed the quality of containment and emptying of pits of 1252 households in 8 slums. Subsequently, knowledge on safe containment and proper emptying of pits/tanks were strengthened and learning was deepened by facilitating audits of pits across 199 households. Technical capacities were built by enabling Odisha Water Supply and Sewerage Board and Technical Support Unit on FFSM to train 31 CMCs and 42 SWF members on FSSM, which included a learning visit to the Basuaghai treatment plant. At the end it was noted that the pit designs did not meet the required standards and the residents found desludging unaffordable and unsatisfactory.

Single Window Forum members at the Basuaghai Treatment Plant

From Learning to Practice

Post cyclone Fani, from August to November, 2019, the SWFs with the support of Bhubaneswar Municipal Corporation (BMC) and the Technical Support Unit, initiated the process of providing affordable and proper desludging across 665 households (HHs) in 21 wards of Bhubaneswar.

Success was achieved in linking 513 HHs with private operators at the affordable cost of Rs. 600 and later with BMC at Rs. 492 for 152 HHs. In this phase, the SWF members facilitated coordination between the HHs identified for desludging, concerned government officials and cesspool operators by developing a route map connecting them to each settlement and household.

Formalising the Initiative

In December, 2019 this entire initiative was formalised by BMC and expanded to a city-wide operation covering all 67 wards. In July 2020, the SWF completed the desludging process that had been suspended due to the pandemic and lockdown. Following this they began the process of scaling up the service across 437 slums in 67 wards in a phased manner. In the first phase, 216 settlements across 36 wards, and in the second phase, 221 settlements in 31 wards, were given slots. This process ensured that all 437 settlements secure safely managed sanitation and contributed to the process of strengthening the sanitation value chain.

Desludging in progress

Operationalising the Process

The Single Window functioned at all levels – City, Ward, and Slum – coordinating with key officials including the Deputy Commissioner-Sanitation, Sanitation Branch SBA Cell, Cesspool Vehicle Operators-Assistant Executive Engineer, Technical Support Unit (E&Y), ward officers and sanitary inspectors.

At the city level, one representative of the 30 technically trained SWF was allotted a space in the Municipal Office to monitor the movement of cesspool vehicles from the BMC office to the different slums.

When it was noted that the regular cesspool vehicle with 3000 litre capacity could not enter the narrow lanes of nearly 8-10 slums in Bhubaneswar from where the demand had been aggregated, the SWF and BMC held several rounds of deliberations with the authorities. They secured approval for the purchase of a cesspool vehicle with 1000 litre capacity with GPS tracker to resolve this issue. The process of tendering and administrative approvals was fast tracked and the vehicle was flagged off on November 19, 2020.

The Learning

The coordination between service authority-provider-user established the efficacy of the Single Window mechanism in providing timely, affordable and standardised service in the slum settlements.

The trained team of community volunteers prioritised HHs living in situations of vulnerability and at risk of marginalisation with pregnant and lactating women, families with chronically ill person, persons with disability and SC/ST HHS.

This helped to strengthen the implementation of the value chain, ensuring safe and sustainable sanitation in the slum settlements of Bhubaneswar.

Flagging off the 1000 litre cesspool on WTD 2020

iii. Setting-up Common WASH Goals and Building Commitment

To agree on WASH goals and build commitment towards inclusive WASH, avoiding one-size-fits-all fixes.

Process and Interventions:

Having understood the current state of the WASH system and identified the entry points into it, the project moved onto strengthening the engagement and collaboration of different stakeholders. It created platforms where stakeholders could come together to discuss and build consensus on priorities for improved WASH services. Several outreach methods were used: the Jansampark Diwas (People's Contact Day); public hearings; knowledge camps; community campaigns; lane-wise dialogues on WASH rights; and multiple consultations on safe WASH priorities. The stakeholders recognised and reflected common goals for the differential needs of community groups and built a commitment towards inclusive WASH. They leveraged the autonomous community platforms and those set up by the government; supported by think tanks, the private sector and CSO partners.

The project's three-pronged approach can be summed up as:

1. Multi-stakeholder approach to understand, coordinate, commit, support and finally improve the performance of change agents to co-deliver WASH activities.

2. Collaborative approach to join forces with CSO partners including Disabled Persons Organisations (DPOs), Women's Group Members in WASH, Transgender Organisations and Elderly Care Organisations to integrate Gender Equality and Social Inclusion (GESI) through knowledge and attitude transfer for sustained impact, achievement of the SDG goals and transformational change.

3. Context-specific approaches to allow WASH system strengthening to evolve as the need arose and as opportunities occurred at different levels and contexts.[4]

These approaches incorporated community engagements, going beyond the intent to develop trained and representative WASH leadership and drawing on the diverse communities that needed to shape and benefit from change (Refer Box 5).

Lessons:

The project helped the concerned authorities to become responsive, enter into dialogues and share resources with communities. This government buy-in and commitment addressed the differential WASH needs of people living in situations of vulnerability and at risk of marginalisation. The SWFs, CMCs, and project partners, made constant efforts to register and address grievances and identify new opportunities in WASH programs through formal records verification as well as considering proposals for the best possible ways for service delivery.

These activities encouraged local authorities to respond to WASH service gaps and provide explanations for delays in service delivery. Setting-up common goals thus strengthened partnerships and institutional coordination and led to greater local ownership of activities and outcomes, making them more sustainable.

[4] Here, the WASH actors, particularly the SWF and CMC members, changed their behaviour and responses in keeping with the changes in the policy/programme environment. The available opportunities or incentives in many cases, had a short validity and therefore, constant alterations in responses were needed.

Box-5 :Making Menstrual Health and Hygiene Management (MHHM) everyone's business in Jaipur

- **Engaging men and boys**

At the onset of the COVID-19 pandemic, CMC and SWF members, trained and facilitated by CFAR, sensitised men and boys about the need for their involvement in access to safe WASH services and practices at HH and community levels. Male forums with 107 members were formed in 17 wards. They reached out to 796 men and youth to strengthen hand-washing and safe hygiene practices including MHHM. They set-up nine low cost foot operated hand-washing stations, ramped the access to the pad-bank to ensure timely and on-demand distribution of sanitary napkins and most importantly extended support to SWF and CMC members in addressing long standing WASH issues.

To quote an example, following the first ward level meeting in ward 67 of Jaipur, where the SWF engaged men and youth in their efforts towards access to safe WASH services for all, Deepak, a sanitary worker, supported by project partners, came forward to constitute a male forum. He reached out to other men for building IHHT to safeguard the dignity of women at the household and community level and constituted 6 male forums to strengthen the male engagement in WASH activities. This small initiation of Deepak triggered a momentum in men across the ward to come forward not only to support women in the household work, but also, with support from SWF, scale-up actions in wards 27 and 32, particularly to improve access to safe WASH services for female sanitary workers at their workplaces.

- **Multiple stakeholder engagement on safe MHHM**

To make the pad-bank initiative sustainable (providing easy access to bio-degradable sanitary pads at a subsidised cost), it was pivotal to engage with multiple stakeholders and putting the most marginal at the core of the program. The project partners engaged with existing and new civil society organisations working in a gender rights framework, and reached out to bilateral and UN bodies with a mandate to work on inclusive WASH with urban local bodies. Multiple stakeholder consultations were held to update all on the prevailing MHHM situation and to develop an action plan with the support of external stakeholders. In Jaipur, consultations were organised in partnership with Department of

Women and Child Development (DWCD), Swachh Bharat Mission (SBM) or Clean India Mission, National Health Mission (NHM), and the Integrated Child Development Services (ICDS) in coordination with representatives from Jaipur Municipal Corporation (JMC), National Urban Livelihood Mission (NULM), Ward Councillors, CSOs, frontline workers and community representatives. Four different panels agreed to develop a curriculum on MHHM with the support of the Nodal Officer and create a common framework, which would be implemented and integrated in the schemes and services by ICDS, SBM, NHM and DWCD.

These efforts were further strengthened through facilitation of various campaigns and occasions such as Violence against Women, MHHM Day, ICDS review meetings, Women's Day celebrations, World Water Week etc. in the years 2020 and 2021. This provided collaborative platforms for interaction and engagement between men, women and the transgender community to develop a common understanding of the extent and enormity of exclusion.

The pad-bank unit was set up during the pandemic with support from CFAR and operated under the Deen Dayal Yojana-National Urban Livelihood Mission (DAY-NULM), a government livelihood program for women's economic empowerment.

Multistakeholder Consultation on MHHM

iv. Orienting and Advocating System Strengthening in WASH with Explicit GESI Response

To create awareness about the importance of strengthening citizens voices particularly those that face marginalisation and exclusion.

Process and Interventions:

CFAR made efforts to integrate GESI in the project by orienting community representatives and the project team on the specific WASH needs of women, adolescents, PwDs, elderly and transgender persons. Disabled persons organisations (DPOs), women's group members, and organisations representing transgender persons and the elderly such as Swabhiman, Helpage and Sakha facilitated these sessions. CFAR provided training to CMC and SWF members on enumeration and rapid participatory appraisal of WASH services. Trained community researchers assessed the needs of the people in situations of vulnerability and facing marginalisation, and their possible role in strengthening the WASH system. The unified voice of CSO partners using field data and evidence on WASH gaps with the GESI lens made advocacy more credible and effective.

These initial efforts helped them in reaching the 'last mile' among the people living in the slums. With an increased emphasis on improved WASH behaviour, especially handwashing, the COVID-19 pandemic reinforced the inclusion of the highly marginalised groups and their involvement at every level. The government agencies and service providers began to see GESI differently, and started including their representatives in WASH planning. An example of this was how transgender needs were recognised, and their representatives were made part of WASH planning.

Lessons:

CFAR could assess needs of the people living in situations of vulnerability and at high risk of marginalisation by orienting and advocating for WASH system strengthening with a focus on GESI. This helped define their role in planning and joint implementations which influenced the behaviour and attitude of formal and informal institutions towards these groups. SWFs and CMCs facilitated use of their 'voice' and 'agency' to define WASH inclusive policy and priorities in diverse context/ realities, which resulted in customised solutions. By enabling them to be better informed about the process of WASH service improvements, slums could become involved in city governance in a more meaningful way. Additionally, it could discourage conditions that breed disease, morbidity, social stress, and disharmony.

WASH and Social Entitlements for Persons with Disability (PwD), Bhubaneswar

To reach out to 1,875 PwDs, representatives from Disabled Persons Organisations (DPOs) and Self-help Groups (SHGs) played a key role in designing, implementing and advocating for inclusive WASH services in Bhubaneswar. The following processes were adopted.

1. **Raising Confidence in the Process of Social Inclusion**
2. **Enabling Collectivisation; Assertion of Voice and Agency**
3. **Building Capacity and Sensitising Stakeholders**
4. **Advocacy to Bridge the Gap Between the Disabled and Service Providers**
   a. World Toilet Day, 2018
   b. Advocacy with India Summit on Leaving No One Behind
5. **Strengthening Coping Strategies**
   a. Deepening community-led planning
   b. Learning to audit accessibility
   c. Building greater awareness on GESI inclusive WASH
   d. Securing the first level of response for inclusive services
   e. Shaping Disaster Response
   f. Auditing Infrastructure to enhance toilet acces
6. **Evolving care and support practices**
7. **Economic Empowerment**
8. **Mainstreaming PwD issues with support of JAGA Mission**
9. **Post Pandemic - Revisiting Strategies and Partnerships for Advocacy**
10. **Building Cross Sector Linkages-Networking with Partners and CSOs**

Placing Transgender at the Centre of the WASH Inclusive Programme, Odisha

To develop transgender-led inclusive WASH programming in Odisha, the following processes were adopted by CFAR in partnership with Sakha and Third Gender Welfare Trust

1 Strengthening Evidences

Sakha and CFAR conducted a rapid assessment to identify the extent of exclusion/inclusion from basic services and social entitlements faced by transgender persons. It was observed that in absence of the basic 'citizenship' card called Aadhar or Unique Identification Number, most of them were ineligible for a majority of services and schemes

2 Securing support form the Nodal Institution or Department

In March 2018, to redress the situation, CFAR and Sakha, with the support of the Principal Secretary (Head) of the Nodal Department (Social Security and Empowerment of Persons with Disabilities), set up a Single Window which was named as Paribartan (transformation) and managed entirely by transgender volunteers.

3 Shaping social inclusion

Of the total applications submitted to the government, 22 transgender got the Unique Identification Number and 13 transgender got household water connection and more recently many got the Transgender Identity Certificate.

4 Securing social entitlements to advocating for inclusive WASH

The success of the venture raised the aspirations of the transgender community by building government accountability for mainstreaming the issues faced by transgender and recognising their unique needs. For WASH it meant, the principle that 'one size does not fit all', and respect for diversity, were to be recognised and affirmed.

5 Turning point

Observance of World Toilet Day in 2018 brought the WASH system heads and policy makers and transgender representatives on a common platform where transgender issues and needs and the exclusion faced by the community were highlighted.

6 Integrating transgender in urban planning

With increased focus on inclusion and support from CFAR, the JAGA Mission reached out to the transgender communities and documented their concerns around WASH and livelihood. However societal attitudes continued to be discriminatory.

7 Campaigning online for inclusive toilets

To address the societal attitude, on the eve of World Toilet Day, 2019, a representative from Third Gender Welfare Trust initiated an online campaign for inclusive toilet and garnered over 20,000 online signatures for the cause. This resulted in heads of government departments extending support to making all public toilets trans-person friendly and inclusive.

8 Post-COVID context

In the wake of the pandemic and the subsequent loss of livelihood faced by many workers in the informal settlements, in particular transgender and women, the government began the process of strengthening the urban livelihood initiative. The focus was on ensuring that the urban poor, in particular, women, transgender and sanitary workers, improve their skills and leverage the many income generating and micro-enterprise development opportunities that is being generated by modernising solid and liquid waste management. Transgender persons have formed self-help groups and are being contracted to recycle waste management and collecting parking fee from vehicle owners.

9 Scaling up the intervention

The CFAR-Sakha partnership, established in 2018 and later strengthened with the support of Third Gender Welfare Trust with the aim of empowering transgender to secure WASH services and other social entitlements, including livelihood, is growing from strength to strength

BOX-6 Photo voice with change agents 'Placing Transgender at the Centre of the WASH Inclusive Program' in

1.
Educates fellow transgender persons on safe sanitation

2.
Counsels peers to remain happy

3.
Facilitates desludging of community septic tanks

4.
Contracted as parking fee collectors by Shri Prem Chandra Choudhary, Commissioner, BMC

5.
Transgender group now collecting parking fee in Bhubaneswar

6.
Transgender engagement and local participatory governance

BOX-7 Enabling access to PwD friendly handwashing facilities in Jaipur.

Persons with Disability (PwD) faced multiple barriers in access to community hand-washing facilities which was seen as critical during the COVID-19 pandemic. To address this gap and develop a common understanding about the barriers faced by PwD, CFAR, along with the project partners CMCs and SWFs, facilitated multi-stakeholder consultations with support from subject experts, service providers, and government officials. Following the consultations, a core committee drawn from CMCs and SWFs was set-up for tracking and monitoring of the handwashing stations that worked in collaboration with ICDS centres and health care facilities. The active members of the committee strengthened the handwashing practice, learned new techniques and thereafter worked with the government departments concerned to address barriers by designing accessible low-cost handwashing stations and developing a monitoring plan to ensure their sustained use. The design of hand-washing stations was done in collaboration with the Resource Group of PwDs set up to co-design the disabled-friendly handwashing stations.

BOX-8 Including PwD in WASH and Social Entitlements in Bhubaneswar.

In Bhubaneswar, ventures supporting PwD showed that waste collection was not only about provisioning vehicles but also about sensitising the service provider to the challenges faced by PwD and their caregivers. The BMC along with CMCs and SWFs, in particular, representatives of PwD and CFAR, initiated an affirmative action to make waste collection and management more disability inclusive in three wards, 57, 63, and 21. Clearly visible signboards were put up in areas/lanes and stickers were pasted on doors to ensure that waste collection was easily facilitated for HHs with PwDs..

Voices:

"I welcome this move of ensuring that all households where disabled persons live get the service they are entitled to. By marking these homes with stickers, we can provide service in a dignified manner." — Ms. Pooja Behera, government official from ward 21

"The homes where persons with disabilities live and are often located in interior lanes could not segregate or give out waste. Now with stickers outside their homes, they cannot be ignored and if that happens we will file complaints through our community leaders." — Sushant Rout, PwD resident from ward 21







v. Strengthening Community Capacities and Governance Mechanisms

To strengthen the ability of the community and their organisations to function with ease in their designated environment, through a process of learning and development.

Process and Interventions:

CFAR trained CMCs and SWFs on the delivery of essential services and sensitised them on GESI to handle demands for services, manage grievances, negotiate with officials while placing the demands for resolution, organise awareness drives and manage special global WASH Day events. The project helped build the technical competence of members to understand ward-level governance processes, solid and liquid waste management, and water quality testing. After the COVID-19 pandemic, the project addressed economic distress by skilling SHGs on sanitation-related livelihoods and enterprises including training transgender SHGs to make disinfectants, cleaning products and setting up biodegradable sanitary pad manufacturing units. They also trained sanitary workers on the use of safety measures such as PPEs and mechanised cleaning of septic tanks and sewer lines.

The CMC and SWF members were trained in communication, management and regulation of WASH service improvements and behaviour change. This helped them become pro-active and assume leadership for sustainability. The combined efforts of these two community structures and the local authority with support from think tanks, private sector players and CSO partners, further strengthened community engagement, institutionalising participatory planning and joint execution of WASH improvement projects. This improved the monitoring and reviewing processes at the municipal ward level for service enhancement.

Lessons:

CFAR augmented community capacity and developed regulatory frameworks in a consultative and citizen/community-centric way. This fostered accountability and ensured that guidelines and standard operating procedures were shaped keeping in mind the public interest. Trained and empowered members of SWFs now use their voice and technical competence to engage directly with local government officials and decision makers, track budgets, participate in planning and execution of WASH programs and service delivery, and with support, translate data and evidence into materials that improve inclusive access to WASH services.

Box-9 Photo voice with change agents highlighting how SWF/CMC members from the community used her/their new capacity, knowledge, confidence and relationships to engage with government officials to create change in Bhubaneswar

1.
In Sabar Sahi, 22 HHs used shared pit toilets. The toilets had no privacy, water or electricity and exited in open drains.

2.
The need for access to safe toilets was highlighted by Single Window Forum (SWF) members across many settlements.

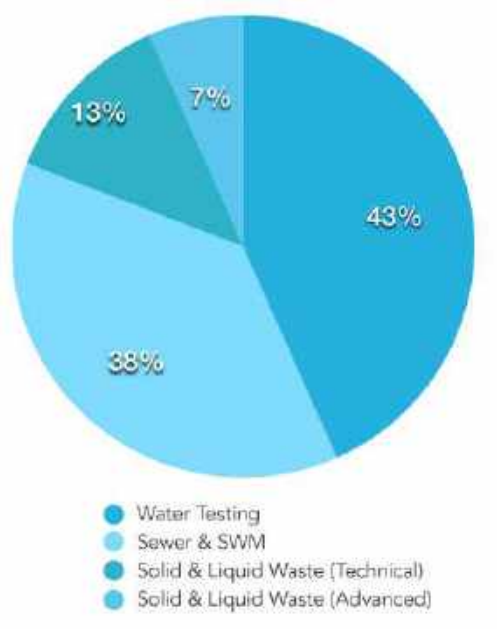
3.
SWF members submitted several requests for Community Toilet to the Bhubaneswar Municipal Corporation.

4.
Together, the CMC and SWF members highlighted the need for desludging of septic tanks.

5.
Jyotsna Dutta, SWF member motivated three HHs in Sabar Sahi to construct IHHTs (individual household toilets).

6.
SWF members currently address sanitation related concerns through the Single Window set up in the BMC and contributing towards better access to safe sanitation in informal slums.

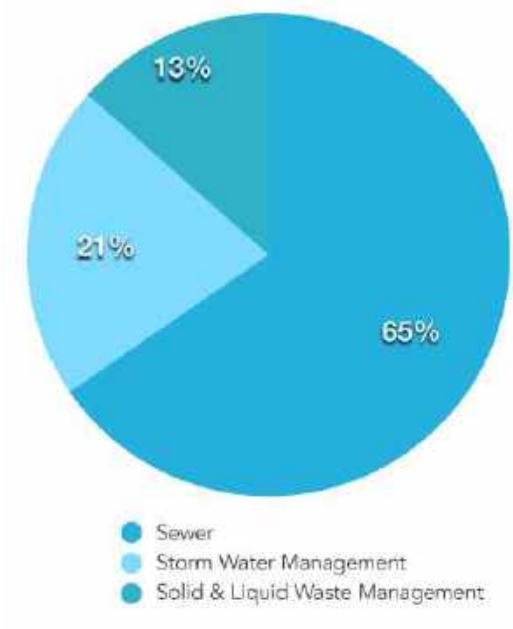
Trained CMC and SWF members, Bhubaneswar



Number of Single Window Forum (SWF) Members Trained

THEME	SWF members
Water Testing	52
Sewer & SWM	45
Solid & Liquid Waste (Technical)	15
Solid & Liquid Waste (Advanced)	8
TOTAL	**120**

TRAINING	Water Testing	Sewer & SWM	Solid & Liquid Waste	Solid & Liquid Waste
Managerial	2	12	4	3
Advocacy	8	12	2	2
Planning	4	8	4	1
Behaviour Change	4	13	9	2
Male	2	9	1	0
Female	16	36	14	8



Number of Community Member Committee (CMC) Trained

THEME	CMC members
Sewer	34
Storm Water Management	11
Solid & Liquid Waste Management	7
TOTAL	**52**

TRAINING	Sewer	Storm Water Management	Solid & Liquid Waste Management
Managerial	9	3	2
Advocacy	10	2	2
Planning	6	2	1
Behaviour Change	9	4	2
Male	7	2	0
Female	27	9	7
Elderly	5	0	0
PwD	1	0	1
Urban Poor	15	11	6
Single Women	1	0	0

Advanced Training SWF

GROUPS	Advanced SWF Training on Drinking Water
Male	1
Female	11
Elderly	1
PwD	3
Urban Poor	6
Single Women	2

Advanced Training CMC

GROUPS	Advanced CMC Training on Waste Water and Storm Water Management
Male	11
Female	26
Elderly	2
PwD	2
Urban Poor	39
Single Women	1

Community Leadership - Bhubaneswar and Jaipur

Forum	Total Members	Men	Women	Transgender	Elderly	Persons with Disabilities	Single Women	SC/ST/ OBC	General
BHUBANESWAR									
Community Management Committee (CMC)	758	182	567	9	47	33	29	672	86
Single Window Forum (SWF)	263	27	233	3	9	6	11	132	131
Ward Committee	49	7	32	10	0	5	0	24	25
Basanda Kalyan Samiti (Jaga Mission)	83	33	40	10	4	4	3	70	13
Water Committee	43	4	39	0	0	2	3	35	8
Adolescent Girls' Forum	335	0	335	0	0	6	0	318	17
Male Forum	154	154	0	0	0	4	0	133	21
COVID Master Trainers	25	4	21	0	0	1	5	25	0
JAIPUR									
Community Management Committee (CMC)	898	42	840	16	79	71	137	742	122
Single Window Forum (SWF)	186	19	167	0	28	6	20	165	21
Ward Committee	10	1	9	0	1	1	2	1	9
Adolescent Boys group	87	87	0	0	0	2	0	24	17
Water Committee	108	45	63	0	27	9	18	55	53
Adolescent Girls' Forum	329	0	329	0	0	1	0	316	13
Male Forum	107	107	0	0	16	5	0	87	20
Mother in Law, Daughter -in -law Committee	256	0	256	0	1	0	6	283	18

vi. Developing Collective Plans and Practical Actions for Inclusive WASH Access

To operationalise the roadmap for participatory planning and implementation at the local level

Process and Interventions:

The project teams collated evidence from slum settlements and deliberated with stakeholders to ensure there was progress up the WASH ladder, from basic to safely managed services in a systematic, coordinated and consultative manner. The SWFs and CMCs conducted ward meetings where WASH gaps highlighted in the baseline survey were shared with the duty bearers, sector experts, and CSO partners. They were sensitised and engaged in the process of joint introspecting, examining, and implementing WASH infrastructure improvements. These included sewerage connections, access to affordable and safe desludging, piped water connections, water quality testing, and solid waste management from segregation to collection and treatment. Members of CMCs and SWFs jointly took ownership along with representatives of WASH delivery programs. They planned for diverse WASH needs through the lenses of gender and social inclusion. This process intensified after the COVID-19 pandemic to include climate impact and mitigation and the response to MHHM.

Lessons:

The baseline survey and joint planning helped develop a common understanding of the issues of access to safe and sustainable WASH faced by people living in vulnerable situations and at risk of marginalisation. This prompted a collective response and created a better understanding of the effectiveness of programming. As a result, critical areas that required strengthening were identified, and a highly detailed and effective road map to inclusive WASH was developed.

Box-10 Examples from Bhubaneswar on collective plans and practical actions for safe and inclusive WASH

For micro-planning on safe sanitation, the CMC and SWF members conducted assessment of households in 13 settlements to determine WASH priorities and needs of the community. As safe water and safe sanitation emerged as the top priority, planning on sewerage connections was initiated in coordination with OWSSB and led by SWF and CMC members across three settlements. The process involved:

a) A door to door survey to identify the types of pits, frequency and cost incurred in desludging

b) Submitting applications for sewerage lines

c) Measuring the distance to the nearest main sewerage line in the three settlements

d) Organising a collective process of drawing up of a settlement map marking facilities and services as well as deliberating on the effectiveness and quality of the service,

e) FacilitatingOWSSBengineervisitstothesettlements to check feasibility of sewage connections,

f) The 538 HHs from 3 settlements made application and for 1 settlement secured approval of sewerage connection. In the other two settlements: i) Applications were made to the Deputy Commissioner (DC) Sanitation for desludging, ii) A route map to the treatment plant was prepared after GPS verification. The route map was released by the Mission Director, Swachh Bharat Abhiyan and Commissioner, BMC. On safe water, the trained CMC and SWF members: i) Tested water sources from 14 settlements, ii) Called for action to be taken on contaminated sources, iii) Worked with the ULB to set up two water ATMs to ensure safe drinking water for the community, iv) Enabled planned provisioning of water supply with WATCO and PHED.

BOX- 11 Tracking the weekly performance of sanitation services in each ward through Saniwall and QR code as a joint action with BMC in Bhubaneswar

As an innovative step forward to generate demand and to track the weekly performance of sanitation services, the Saniwall (or the Swachh Kantha) was installed in every ward office, and in the 22 wards covered by the WfW. In these ward offices all water and sanitation related information such as total population, number of HHs, drinking water facility or piped water connection to each HH, number of IHHT, number of community toilets, name and contact numbers of key personnel of that ward was displayed and periodically updated. Innovative QR code service request was also launched to scale-up and streamline demand generation for mechanised desludging of septic tanks and pits across the wards. The QR code placed in each lane of the wards opened the Google service request form on smartphones of the service users. The details entered on the form by the users were verified by a Single Window Forum member who then coordinated with cesspool operators. Operators were promptly paid through a point-of-sale machine and service users were issued a receipt. This was an innovative step towards jointly monitoring and generating demand for safe and affordable desludging services. Please also refer to Box-4 and Section 3 (viii).

Box-12 Example from Jaipur on the process adopted for the MHHM program during the COVID-19 pandemic

Building an impetus at the ground required multiple strategies to work at tandem. It demanded a clearly chalked out set of ideas that were discussed, planned out and then implemented, bringing together every possible stakeholder. The following processes were adopted for the MHHM program in Jaipur.

No.	Process	Outcome
01.	Break the silence	Community led by 157 women and girls, wards – 63 of Bhubaneswar, 67 in Jaipur.
02.	Speak up at all spaces	From homes to street corners and health, childcare/adolescent community centres and government schools
03.	Build a critical group of change agents	Comprising of frontline workers – 67; elderly – 74; men/boys – 153; women and girls – 275.
04.	Act together	Transform attitudes and create the 'practice of equality' – 24 workshops, 25 street plays and puppet shows, 6 wall paintings.
05.	Connect with stakeholders	Sub-national – six departments/missions; development partners – UNFPA, UNDP, UNICEF; local self-government – mayor, ward councillors, ward committee members, resource and coordination centres; media – 7 publications; CSO – 16 organisations.
06.	Make it a people's movement	Galvanised 5,664 persons – 14.6 % in Bhubaneswar and Jaipur.
07.	Build and innovate local solutions	Pad bank, community-led MHHM education, psycho-social support, and enterprise development.

The key highlights of the project

1. Contextualised approach and adoption of one size does not fit all route for diverse communities with different needs.
2. Interventions keeping at its core women and girls representing social, gender and marginal, including indigenous communities and groups, to reach out to most at risk of marginalisation; also involving men and boys to bring about change in gender norms.
3. Making common cause with local leaders and key influencers in the community such as members of slum development committees, youth clubs, ward councillors, transgender leaders, to strengthen collaborative efforts.
4. Empowerment of frontline workers and community platforms led by women such as self-help groups (SHG), women's health committees / Mahila Arogya Samiti (MAS), integrated child development schemes (ICDS), and auxiliary nurse midwife (ANM) to build long-term stakes in MHHM.

vii. Strengthening Institutional Arrangements and Coordination

To strengthen human resources and facilitate links between service authorities, service providers and the community to fulfil their roles and responsibilities towards inclusive WASH.

Process and Interventions:

CFAR and the project partners engaged consistently with stakeholders and institutions at all levels through the project that made SWFs and CMCs integral parts of the present institutional arrangements in Bhubaneswar. Some highlights on institutional coordination are briefly stated below.

Water: Water Corporation of Odisha (WATCO) officials trained CMC and SWF members on water purification and its conservation, testing, quality control and distribution, and worked with ULBs to set up water ATMs for safe drinking water in Bhubaneswar. The project partners worked closely with Piramal Foundation and BMC to make water ATMs disabled-friendly and facilitated installation of water filters by Deepak Terrafil Pvt. Ltd. These organisations coordinated with WATCO for consistent planning and monitoring of water supply.

Sanitation: SWFs and CMCs supported the entire liquid and solid waste management from collection to transportation, treatment and segregation, recycling of solid waste, strengthening livelihood development, and tracking/monitoring of safely managed sanitation services. They also lent support to BMC by training sanitary workers and ensuring implementation of mechanised cleaning of septic tanks and pits, thus augmenting the rights of sanitary workers.

Hygiene: SWFs and CMCs facilitated interactions with ASHAs and AWWs on the overall health and wellbeing of women in their community. They supported SHGs in strengthening remunerative livelihood opportunities by distributing hygiene products, setting up sanitary pad units, and facilitating loans for cesspool vehicles and tax collection services.
Similar institutional arrangements also exist in the city of Jaipur.

Lessons:

Strong sustainable arrangements and coordination among WASH actors led to institutionalising participatory planning and execution of WASH services that were gender responsive and socially inclusive. Post the COVID-19 pandemic, the SWFs and CMCs, along with WASH system duty-bearers and local stakeholders, made several efforts to create a seamless continuum with the community. They contributed in the steady improvement of inclusive services and built mutual respect and strengthened the culture of co-creation. Integration of WASH across health, education and other sectors can further aid in achieving scale, sustainability and gender inclusivity.

Box-13 Story highlighting cross sectoral coordination

In Bhubaneswar, the Single Window Forum, designated as COVID Focal Point, brought together both health and WASH services. Having been trained by the Municipal Corporation on waste management, the members like Chanchala, Rahaswini Patra, Bidyulata Dash and Laxmipriya Lenka, knew that if waste collection gets neglected during lockdown, this can prove dangerous. So they connected with the Sanitary Inspector and systematised the process with a team from three slums continuing to do the waste segregation at the collection point and sustaining it even during the period when the area was declared a containment zone. In several settlements the Single Window Forum helped the community to register grievances on the App, led campaigns for safe waste collection.

viii. Monitoring, Learning and Upscaling

To develop a sustained system of progressive improvements in WASH indicators through joint and robust monitoring systems that aid advocacy and upscaling.

Process and Interventions:

CFAR and project partners undertook periodic assessments on different WASH components that resulted in the midline survey in 2021 in Bhubaneswar and in 2022 in Jaipur. This was meant to assess the progress of on-going WASH interventions and ensure they reached the people living in situations of vulnerability and marginalisation. While the baseline study mapped the ground situation on the status of WASH access, both services and behaviour to plan project interventions, the midline survey assessed how the project had fared in reality and pointed to steps needed for the project to perform better.

The jointly-managed Saniwall was adopted and installed across 22 wards of Bhubaneswar to track the demand for WASH services and access and aid advocacy and upscaling. Saniwall is a community dashboard to help people understand the status of water and sanitation services starting from individual HHs to the settlement and ward levels. It recognised diversity and tracked the extent of safe and sustainable WASH services accessed by people at high risk of marginalisation such as PwDs and transgender persons.

Active CMC and SWF members and volunteers managed the Saniwall. SWF members monitored quality and quantity of WASH services every day using tracking tool formats. They coordinated with service providers to deliver the services at the household/ community level. The information derived from the Saniwall was jointly reviewed every month by the ward officers with representatives from CMCs and SWFs.

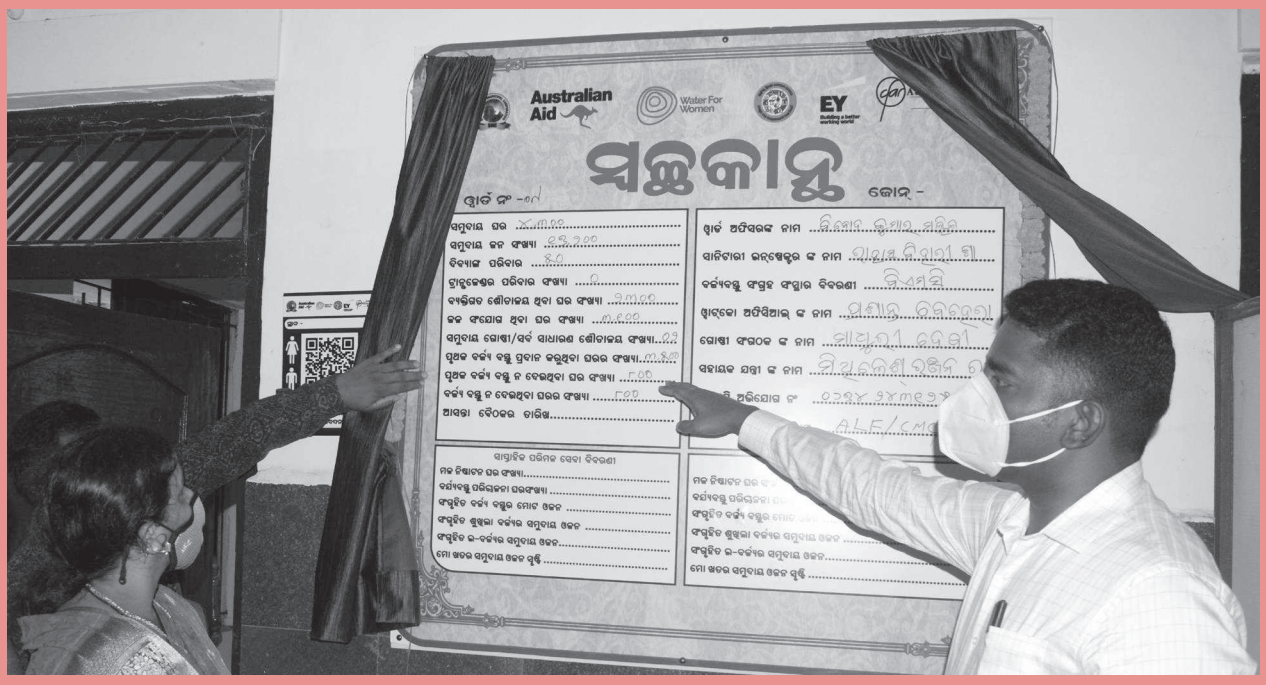
Lessons:

Saniwall has been an innovative monitoring and reviewing tool adopted through this project. It created accountability across the board, fostered greater community participation and eventually made the WASH system more responsive to the diverse needs and expectations of the community. Ongoing service level monitoring, using Saniwall, aimed to further help the government to develop strategic plans identifying gaps in WASH services and strengthen efforts to sustain WASH gains.

Box-14 *Voices on the Saniwall Project*

"After we surveyed households and connected with the authorities, our process became simpler. When we carried out waste segregation and cleaning, after installation of the Saniwall, sanitary inspectors started cooperating with us because they saw the improvement. Now we all talk to each other and the work gets done." — Basanti Jagadev, CMC member

"Whenever people want to clear their waste or get desludging done, we take down their phone numbers, location details and names. Since we are in touch with the BMC, we connect them, or arrange for the vehicle to be sent to them. If the area has narrow lanes, we consult with the BMC and we decide accordingly. The officers and inspectors also understand after we present the issues." — Chanchala Khandei

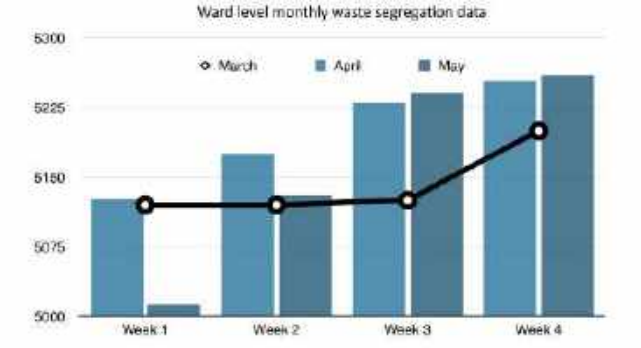


Box-15 Highlighting the process of WASH data tracking through Saniwall leading to stronger monitoring, accountability and WASH service improvement in ward 19, Bhubaneswar

Ward 19 profile: Slum settlements in ward 19, located in the north zone of Bhubaneswar, have a population of 14,800 persons or 3,700 households (HHs). Out of the total HHs, 351 belong to scheduled castes, 65 to scheduled tribes, while 9 have PwD, and 1 has a transgender representation. In terms of WASH infrastructure, 3,400 HHs or 91.89% have toilets and nearly 100% or 3,690 have water connections. In addition, all PwDs and transgender people have access to basic WASH services. The majority of the residents of slum settlements in ward 19 are employed as daily wage labourers or part-time workers in private employment. Only 2% of the total population is employed in government jobs. Much of the leadership comes from the CMC at the slum settlement level which is brought together and federated at the ward level as SWF. They coordinate with community members who are volunteers with the program like Swachh Saathis (for waste management) and Jal Saathis (for water management) and representatives from the Slum Development Committee (SDC) and self-help groups and their area level federation. CMC members and members of Sai Sree, a self-help group in Kimbiria Basti of ward 19, actively make households aware about waste management and periodic desludging using charts and posters to explain waste segregation and mechanised desludging at the household level. The SDC members in Kimbiria Basti, coordinate with Sanitary Inspectors, Ward Officers and private agencies to regularise waste collection. One of the Area Level Federations runs the Micro Compost Centre for preparing manure ('Mo Khata'). SWF members educate households/ individuals on how to use the QR Code App to register demand for desludging and facilitate the service

WASH monitoring through Saniwall

Saniwall was installed in ward 19 in Bhubaneswar, on 24 November, 2021. Analysis of the monthly data tracking from November 2021 to February 2022 through Saniwall brings forth the following:



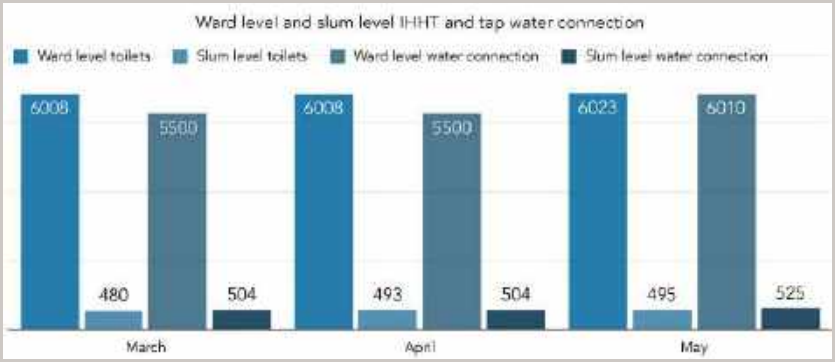
WASTE SEGREGATION

Action taken for improving waste segregation status:

Awareness campaign by BMC with Swachh Sathis, MCC Supervisors, Community Organisers.

Follow up campaign by CMC and SWF members in April.

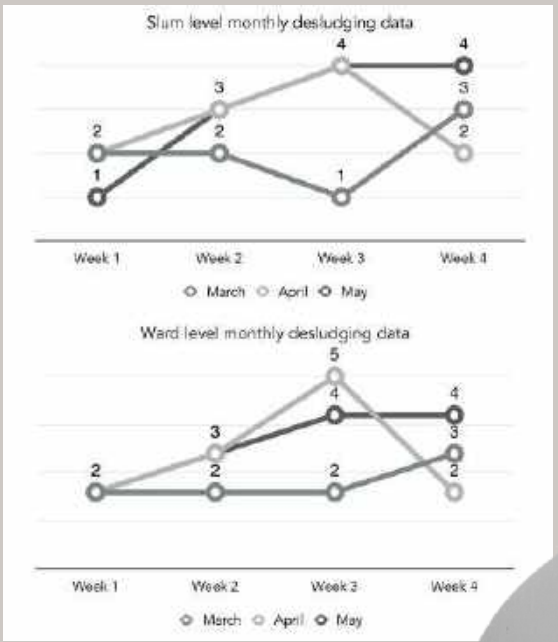
Functioning MCC.



WATER & SANITATION

Action taken for improving access to safe water and sanitation facilities:

Registration of HH lacking facilities through coordinated efforts from CMC, SWF members with Jal Saathis and WATCO.



DESLUDGING

Action taken to prevent unsafe and unsustainable practices:

CMCs and SWFs interacting with cesspool operators for awareness on use of PPE kits during desludging and informing the residents to ensure the safety of workers.

Swachh Sathis carrying out door to door campaigns and collecting data. Mobilising residents to join the campaign.

Signage campaign to include PwD residents.

Inclusive WASH Gap Assessment, Bhubaneswar: The Gap Assessment highlights the progress achieved in WASH inclusion so far through various processes and interventions.

WATER

Baseline Survey Findings 2018-19

- 31% of the surveyed population have HH piped water connection.
- 33% belong to VMPG HHs.
- 17% face issues of irregular water supply. The supply is for less than 2 hours per day.
- 69% of HHs pay money for piped water connection.
- 69% of the surveyed population use public taps, hand pumps, open wells, tankers and other sources for water needs.
- .61% of the 58% respondents depend on public tap water belonging to VMPG households (including 36% HHs with elderly persons, 32% HHs with adolescents, 14% HHs with widows and separated women, 29% HHs with PwD and 35% HHs with transgender persons).
- 75% population spend >15 minutes to fetch water and 31% >30 minutes. This work is largely undertaken by the women in the family (84% HH) increasing their water burden.
- 34% of non-piped water consumers pay for water.
- 18% of the surveyed population reported purifying water before drinking
- Of the 82% respondents who didn't purify water, 5% reported that it is expensive, 61% said that they are used to it and 31% felt that the current water is safe for drinking.

Activities undertaken to improve WASH access

Working with ULBs to set up Water ATMs to ensure safe drinking water to the settlements.

Motivating and mobilising youth volunteers to provide care and support to beneficiaries (40 elderly and PwD HHs) by instructing them how to avail WASH services from the ATM.

Advocating with Piramal Foundation and BMC to make water ATMs disabled-friendly.

A training of 15 community management and water committee members was conducted by Public Health Engineering Department (PHED) officials in ward 6 & 7 on themes of water purification, conservation, testing, quality and distribution.

Collaborating with WATCO and PHED and planning for the provision of water supply across 23 settlements in 12 wards.

Enumerating 648 households in 6 slums through SWF, where common applications on water pipeline, water ATM, and testing water quality were generated. Applications forwarded to the ULB and followed up.

Testing Water Quality Samples from 14 settlements and necessary actions taken towards closure of contaminated source and access to safe drinking water.

Facilitating with support of RTI, installation of water filters through Deepak Terrafil Pvt. Ltd in 54 households across 5 settlements.

Observing World Water Day for generating awareness.

Midline Survey Findings 2021

- 95% of the surveyed population have HH piped water connection.
- 1% faces issues of irregular water supply.
- 40% population pay for piped water connection. 35% don't make any monthly payments for water supply while 40% pay Rs. 100 or less. Only 1% said they pay above Rs. 100.
- 86% draw all their major water needs and 76% are completely satisfied with the piped water supply.
- Households depend on multiple sources of water as standby or supplementary measure to water access.
- 30% surveyed households get their drinking water from water ATMs installed inside or near their colonies.
- 74% receive water for > 2 hours and up to 24 hours, 15% between 1 to 2 hours and 11% <1 hour.
- 81% of the surveyed households responded that water is adequate for meeting all their needs.
- 99% of the surveyed population reported water is suitable for all purposes including drinking.
- 8 out of the 10 surveyed settlements reported that water testing is done regularly

HYGIENE

Baseline Survey Findings 2018-19	Activities undertaken to improve WASH access	Midline Survey Findings 2021
• 93% of the total surveyed population aware of the hygiene practices and wash their hands at critical times – before preparing food, eating, feeding children, and after defecation, using toilets or handling garbage. • Nearly 80% of those who practice hand-washing use water and soap for cleansing, 22% are reported to follow unsafe hand-washing practices, overall 17% suffered from illnesses. • Of the respondents belonging to VMPG (population groups living in situations of vulnerability and marginalisation) not practicing hand washing with soap, 25% find it expensive; 35% are used to handwashing without soap. • 86% of respondents reported using pads as an absorbent during menstruation while 13% use cloth absorbent, 1% use a combination of pads and cloth. • 12% reported that on an average, they change the pads/cloth after six hours or longer. Affordability of pads is a concern. • 74% respondents reported availability of MH incinerator, 65% reported counselling centres in schools; while, FGDs with adolescent girls highlighted huge gaps in MHHM curriculum, counselling and free pads distribution in schools.	Strengthening awareness on the benefits of hand-washing and safe hygiene, reaching out to women and girls in diverse groups, men and boys, transgender and PwD. Enhancing awareness regarding MHHM and gender sensitisation among youth/men. Setting up sanitary pad producing units to ensure a consistent supply of affordable and hygienic pads to women and girls. Reviving Maa Barabhuja Pad Bank for production and storage of biodegradable pads. Facilitating more interactions with ASHA and AWW with regard to the overall health and counselling of women in their community. Supporting SHGs in strengthening remunerative livelihood opportunities – hygiene products, plantation, sanitary pad unit, loans for cesspool vehicles and tax collection services	• Use of water and soap for hand-washing is practiced by 91% respondents as compared to 80% during the BL survey. • Very good level of awareness on importance of hand-washing at critical times i.e. before and after eating; after using toilet for any reason and after defecating; after handling waste; and before food preparation. • Those who don't wash hands in the categories of 'before food preparation' and 'after handling waste' has increased from Baseline to Midline. . • MHHM in schools still remains a matter of low priority. • Used sanitary pads disposed with regular waste household waste or in community dustbins. Knowledge about safe disposal of used sanitary pads needs to be strengthened.

SANITATION

Baseline Survey Findings 2018-19

- 95% of the total surveyed population have access to household toilets (IHHL + shared toilets). 89% of the surveyed population have access to exclusive IHHL, 84% PwD have access to IHHT and 23% of transgender persons have access to IHHT, while 6% respondents do not use toilets despite access to IHHT.
- 11% respondents without access to IHHT use one or multiple types of toilets available in the settlements with only a few (18%) practicing open defecation. Of the population using shared toilets, VMPG representation is 66% including 5 PwD , 8 elderly persons, 9 adolescents, 10 single women and 10 transgender persons.
- 83% use pour flush toilets, pit latrines with slab, and composting toilets categorised as using 'improved sanitation' facility while 8% HHTs are neither connected to sewerage nor any containment system.
- 98% HHT dependent on 'on-site septage' management of which 67% toilet pits are connected to septic tanks with partition or safe containment while 35% are connected to pits with/without slab minus partition.
- 23% respondents have access to desludging services provided by the municipal corporation which include 16% general and 11% VMPG HHs.
- 40% population without reported high construction cost as reason for not having IHHL.

Activities undertaken to improve WASH access

Developing a WASH checklist based on the services and entitlements guaranteed by the SBM and Bhubaneswar Smart City Limited.

Undertaking community campaign on WASH rights.

Enabling community to build consensus and priorities for improved WASH services.

Facilitating household dialogues and ward level meetings to consolidate findings and agree on the next steps,

Sensitising stakeholders through consultations on WASH priorities of community,

Strengthening coordination and governance between SWF / CMC members and Governmental WASH system across 11 Wards to jointly plan improvement in WASH services

Establishing a more formalised role and responsibility to the SWF and project teams in co-managing and supervising solid and liquid waste management, along with the BMC.

Enabling active involvement of women and other marginal groups in micro-planning and execution of projects related to drainage, sewerage and water lines.

Facilitating survey of 850 HHs in 13 settlements across 9 wards to determine type of pit and desludging status and application to DC, Sanitation.

Midline Survey Findings 2021

- 95% of the total surveyed population have access to household toilets (IHHL + shared toilets).
- Of the 95% with access to IHHL + shared toilet, 78% have access to exclusive IHHL and 17% depend on shared toilets (one IHHL shared by multiple households; it may be individually or collectively owned by pooling resources).
- Of the 17% using shared toilets 36% represent people living in situations of vulnerability and at risk of marginalisation – 21% elderly persons, 9% adolescent girls, 41% single women, 7% PwD and 22% transgender persons.
- Of the 5% respondents who do not have access to IHHL or shared toilets, 4% use community toilets, whereas 1% households practise open defecation.
- 69% of the households reported having no community toilet (CT) in their locality. The requirement of CT is limited to a few settlements since the number of IHHLs and shared toilets are quite high.
- 94% of the total population with access to toilets (IHHL + Shared) are pour flush toilets, and 3% are pit latrines with slab, which can be categorised as 'safe sanitation' facilities with no human contact. The use of pour flush toilets has increased by 11% since the Baseline assessment due to the Swachh Bharat Mission (SBM) toilet subsidy availability to the households.

IHHT- Individual Household Toilet, IHHL- Individual Household Latrine

IHHL

Baseline Survey Findings 2018-19

- 81% said that they could not avail the subsidy for IHHL construction; reasons being no follow up and inability to furnish documents.
- Cost incurred for desludging HHT every 1.5 months is 800-1000 INR per month. For the entire tank to be emptied the cost sometimes rise to 2000 INR. Unsafe disposal practices included disposal of faecal sludge into open field or drain adjacent to the settlement usually by private operators.
- 60% collect and store household waste for collection by BMC in plastic bags, 29% use dustbins.
- 56% HHs reported waste collection from their settlement – 37% daily and 33% on alternate days.
- 80% of the respondents said that there is no dustbin (collection of waste) inside the settlement; more than 50% reported that it is not essential.
- 81% respondents do not segregate waste at any level.

Activities undertaken to improve WASH access

Micro-planning, application and approval for sewerage connections for settlements in coordination with OWSSB. Route map for 51 settlements from the Municipal Corporation to the treatment plant developed using GPS verification by the SWF.

Route map released by the Mission Director, Swachh Bharat Abhiyan and Commissioner, BMC.

Trained 145 sanitary worker on mechanised desludging, ensuring implementation of mechanised cleaning of septic tanks and pits.

Co-ordinating with Micro Composting Centre to ensure segregated waste is ready for recycling.

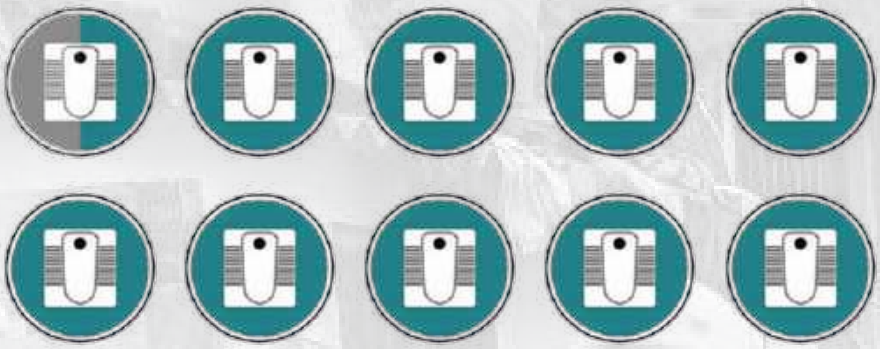
Addressing economic distress by skilling self-help groups.

Observance of Global WASH Days to spread messages on sanitation.

Midline Survey Findings 2021

- Overall, 93% respondents of 1045 HHs (having IHHL and shared toilets) use on-site septage management where issue of safe containment assumes great significance.
- 89% of the HHs with access to (IHHL and shared toilets) are connected to septic tanks (which was 67% during Baseline, thereby indicating a 22% jump by Midline).
- 4% are connected to pits with/without slab minus partition and almost 1% is connected to public sewer lines. 6% discharge directly into the nearby drains. This is mainly due to space constraint. Options of common septic tank should be explored and encouraged.
- 83% of the VMPG HHs with IHHL have their toilets connected to septic tanks (it was 49% during Baseline) and 4% toilets are with/without slab minus partition, 13% households directly discharge to nearby drains.
- 62% clean their toilets daily; another 27% clean twice weekly and 10% weekly once.
- 80% reported not receiving any government subsidy for constructing their toilets; reasons being no follow up and inability to furnish documents, 32% belong to VMPG
- 87% of the households apply for desludging services at frequent intervals as per requirement.
- The desludging service provision has improved in terms of accessibility and availability due to the joint efforts of BMC and CFAR through various knowledge dissemination programs. As per FGDs with the help of CFAR enabled SWF settlement households are able to access desludging services at affordable rates, i.e. Rs. 300-400.
- 92% collect and store household waste for collection by BMC or dispose waste in nearby community bins.
- 85% HHs reported waste collection from their settlement – 46% daily and 31% on alternate days
- 61% segregate waste into dry and wet waste at HH level and 39% do not segregate waste at all.

BASELINE SURVEY



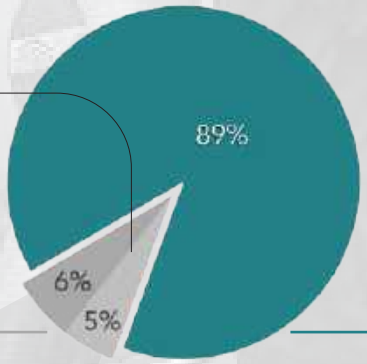
95% 95% of the total surveyed population have access to household toilets (individual IHHL or shared toilets).

Access to IHHT PwD

Access to IHHT Transgender

11% do not have access to IHHL and use one or multiple types of toilets (one IHHL shared by multiple HHs

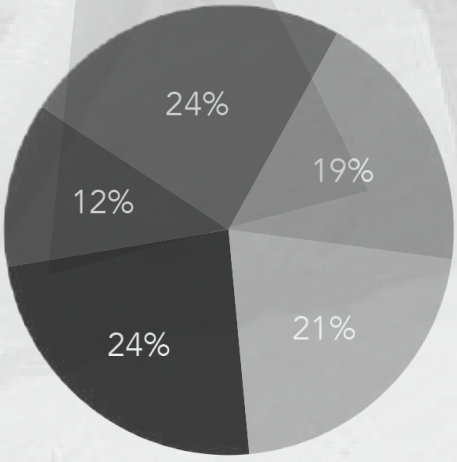
with only a few (18% of the ppl without access to IHHT) practicing OD



Access to IHHT Total Sample

89% of the surveyed population have access to IHHT

Of the 11% that do not have access to toilets 55% use shared toilets (of which representation of people living in situations of vulnerability and facing marginalisation is 66%)

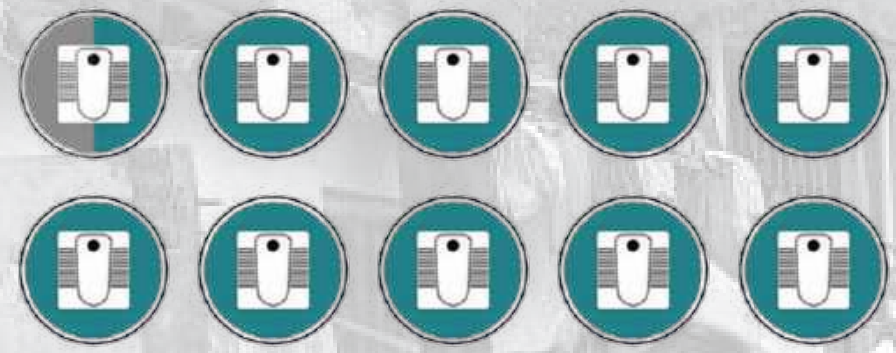


Distribution of people living in situation of marginalisation and vulnerability

Gap in access to IHHL

- Elderly Persons
- Adolescents
- Single Women
- Persons with Disability
- Transgender Persons

MIDLINE SURVEY



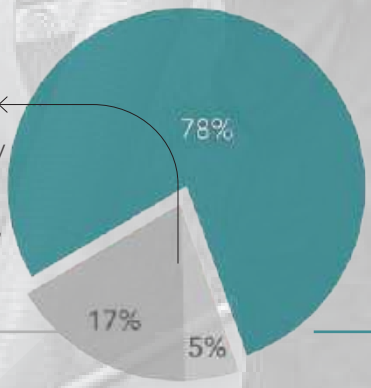
95% of the total surveyed population have access to household toilets (Individual-IHHT or Shared toilets).

Access to IHHT PwD

Access to IHHT Transgender

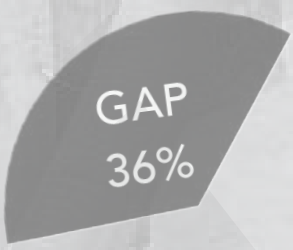
17% depend on shared toilets (one IHHT shared by multiple households; Individually or collectively owned)

4% use community toilets, whereas 1% HHs practise open defecation.

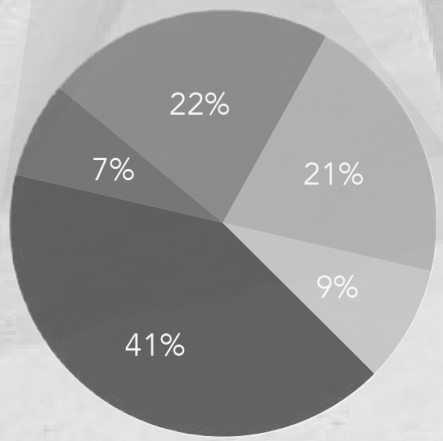


Access to IHHT Total Sample

78% of the surveyed population have access to IHHT



Of the 17% using shared toilets (36% represent people living in situations of vulnerability and facing marginalisation)



Distribution of people living in situation of marginalisation and vulnerability

Gap in access to IHHT

- Elderly Persons
- Adolescents
- Single Women
- Persons with Disability
- Transgender Persons

4 Key Experiences of Micro-planning and Decentralised Governance

Micro-planning can be understood in the context of WASH as a community-based process of preparing a road map for inclusive and sustainable WASH, with understanding and gender and social sensitivity. It uses a multi-level and decentralised approach to address specific and prioritised needs of communities through their representation and meaningful participation, not leaving anyone behind. It covers the WASH project lifecycle from planning and monitoring to implementation. The realisation that macro-level WASH actions are influenced by micro-level efforts created the need to build a stronger understanding of micro-planning for inclusive and sustainable WASH. Over a period of four years, the project stimulated better planning by nurturing strong WASH champions in the system which made it easier for the community members living in situations of vulnerability to collaborate with the system. The project institutionalised participatory planning and joint execution of WASH improvement programs in a transparent manner through CMCs and SWFs at the ward level. This in turn helped to make all other elements – optimising policies, institutional arrangements and their coordination, budgetary support to the final execution – gender responsive and socially inclusive.

These efforts prioritised the need to:

- Address the WASH-deficit services of households experiencing multiple barriers,
- Support the process of targeted improvements guided by BMC and related agencies including the private sector,
- Strengthen knowledge and belief in the sanitation value chain,
- Build sector capacity to address GESI,
- Improve the transparency of planning information and the quality of processes that hold duty bearers accountable for delivering inclusive WASH.
- Strengthen community leadership and engagement to move up the ladder from information gathering to consultation to collaborative planning and joint decision making to self-mobilisation and empowerment.

Micro-planning for WASH system strengthening that led to a detailed outlay plan to achieve inclusive and sustainable WASH access have been described in section 3.

The process was meant to:
Connect with ULBs to mandate micro-planning as a joint system and community effort

1. Conduct awareness campaigns with RHO/ GESI actors and the WASH system on the issues and differential WASH needs
2. Build capacity and develop tools to undertake micro-planning
3. Conduct household surveys to assess gaps and priorities, and audit facilities for safety and inclusiveness
4. Submit WASH improvement proposals to the ULB
5. Facilitate ULB to check feasibility to secure approvals
6. Collaboratively finalise the proposal and plan for administrative/budgetary sanctions
7. Jointly execute the project
8. Monitor the quality of supply of service and uptake by all
9. Document good practices and intensify WASH inclusion
10. The project used the participatory micro-planning process, centred on community participation and leadership, using the ward as a point of entry for joint planning, implementation and monitoring for inclusive WASH service delivery.

Micro-planning context for gender and socially inclusive, sustainable WASH

Pre-planning (A)

1. Initiating the project through public awareness campaigns and evaluating existing WASH access and inclusion in the slums settlements, taking the municipal ward as point of entry for interventions.
2. a). Sharing of WASH data with duty bearers, sector experts and CSO partners who were sensitised and engaged through multiple consultations on safe WASH priorities of the community, b). Integrating GESI through knowledge and attitude transfer facilitated by disabled persons organisations (DPOs), women's group members in WASH, transgender organisations, and elderly care organisations.
3. Developing collaborative community-led operational structures through establishment and curating of ward level Single Window Forums (SWFs) and Community Management Committees (CMCs) ensuring representation and participation of groups and individuals at risk of exclusion and marginalisation, and catalysing their voices and agency through SWF and CMC.

Cross-cutting

Strengthening governance mechanisms, technical competence & community capacities, institutional arrangements & coordination

Micro Planning (initiated in early 2019, intensified post COVID-19)

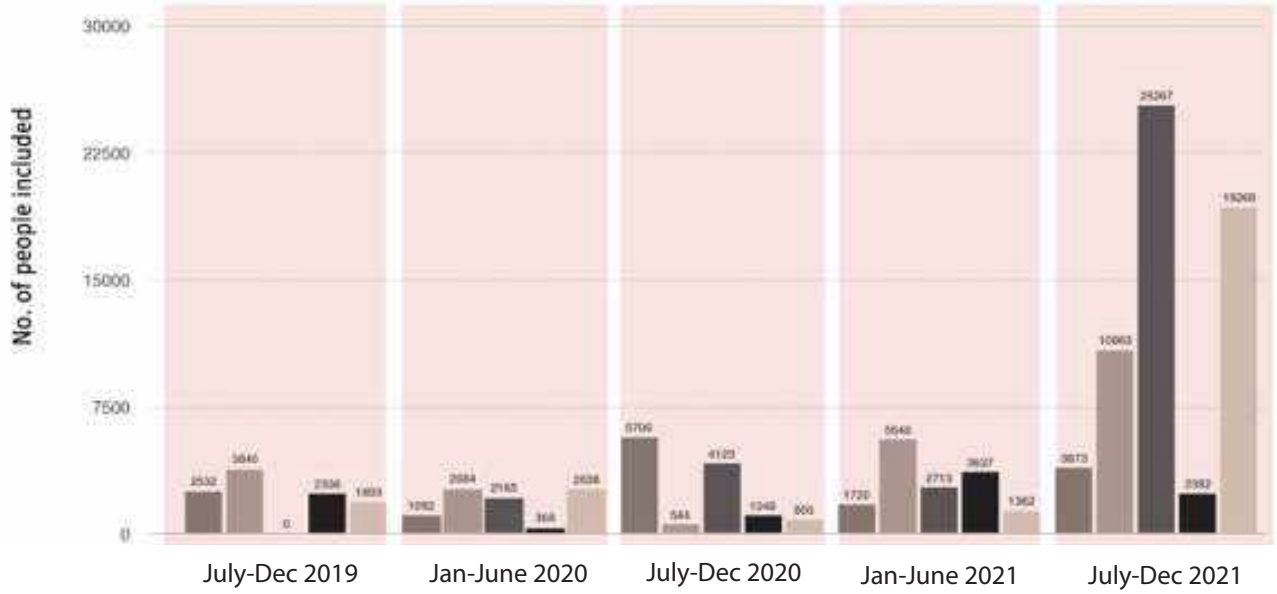
4. Setting-up common goals ensuring recognition and understanding of the differential needs of community groups and building commitment towards inclusive WASH using autonomous community platforms as well as those set up by the government and supported by think tanks, private sector players and CSO partners.
5. Assessing WASH gaps and priorities through the baseline survey and ascertaining community's insights on actual and inspirational WASH services delivery; b). Jointly taking ownership of WASH delivery programs and planning for a diversity of WASH needs through the lens of gender and social inclusion; c). Jointly introspecting, examining, and thereafter implementing WASH service improvements.
6. Strengthening the focus on inclusion of the highly marginalised population groups through their involvement at every level and scaling up of actions; b). Intensifying the process of micro-planning and considering the climate impact and disaster resilience to Menstrual Hygiene Management, as a case in point.

Monitoring and Review

7. Capturing the progress of on-going WASH interventions through periodic assessment of different WASH components including the midline survey in 2021
8. Adopting and installing Saniwall across various wards to track the demand, and access as well as aid in system transparency, advocacy and upscaling in a coordinated manner.
9. Learning, reflecting, correcting, re-learning and knowledge sharing.

Box-16 Year-wise number of slum settlements reached for WASH inclusion, Bhubaneswar and Jaipur

Indicators		July 2019 to December 2019	January 2020 to June 2020	July 2020 To December 2020	January 2021 to June 2021	July to December2021	Total
Number of people accessing basic drinking water (JMP)*	2.1	2532	1092	5706	1720	3873	**11050**
Number of people accessing safely managed drinking water (JMP)*	2.2	3840	2684	544	5548	10863	**12616**
Number of people using basic sanitation (JMP)*	2.3	0	2165	4123	2713	25267	**9001**
Number of people using safely managed sanitation (JMP)*	2.4	2336	368	1048	3637	2382	**7389**
Number of people with basic hand washing facilities in their household (JMP)*	2.5	1893	2638	855	1362	19268	**6748**
Total		**10601**	**8947**	**12276**	**14980**	**61653**	**108457**



5 Conclusions, Learnings and Recommendations

1. Access to safe water and sanitation are basic human rights. There have been several recent advancements in WASH towards universal fulfilment of these rights. There is also a strong policy commitment through a continuum of national flagship programs and institutional arrangements, along with operational guidelines and support for governments and ULBs. Together, these provided the desirable context for implementation of safe and inclusive WASH infrastructure and services in both project cities, Bhubaneswar and Jaipur.

2. CFAR's approach to engage with opportunities and address barriers that people in slums faced, through this project, can be summarised as follows:

3. Enable the voice and representation of the people living in situations of vulnerability and at high risk of marginalisation through slum level CMCs that are trained and representative of diverse groups of populations. Federate an autonomous platform at the ward level into SWFs to ensure the community plays a pro-active role in assuming leadership for ensuring sustainability.

4. Develop strong participatory governance starting from micro-planning for inclusion of all voices to the more critical processes such as ward level monitoring and review; for community operating structures to succeed and last.

5. Improve infrastructure through human-centric design and planning, catalyse systemic and community level reforms including behaviour change to make WASH inclusion responsive and people-centric.

To achieve this, develop a relationship grid to build synergy and shared perspective among multiple stakeholders at multiple levels so that the community has equal responsibility in strengthening systems, maintaining WASH services, communication, management and regulation of equitable supply, feedback and addressing grievances, by having a hierarchy of stakeholders:

- Core stakeholders. Put the community at the centre to catalyse change; build their understanding on WASH systems, participation and leadership to shape effective engagement with WASH system actors
- Proximate stakeholders. Support the core stakeholders by rights holder organisations, connect GESI actors with WASH system to challenge prevailing attitudes and deepen understanding of GESI-focused WASH
- Peripheral stakeholders. Jointly advocate with all duty bearers, policy/decision makers, private sectors and CSOs to ensure there is:

i. A shared understanding of priorities/gaps in WASH system to shape context-based interventions

ii. Consensus on common WASH goal and priorities

iii. Collaborative action for planning-implementation-monitoring and joint decision-making for inclusive WASH service delivery

iv. Reinforced feedback loops for two-way communication and transparency

Further, facilitate micro-planning using a continuum of activities including awareness campaign, participatory appraisal, do survey and facility audit-to identify gaps and enable community to articulate their WASH priorities and shape WASH improvement.

- **Strengthened decentralised governance** through community representation in ward committees, participatory planning and convergent action of all WASH actors
- **Reinforced accountability and responsiveness of system** through ward level community monitoring and review.

There are several lessons from implementing the project, mobilising, facilitating and replicating socially inclusive WASH initiatives. It was clear from the field evidence and practices that WASH advancements at both the behavioural and the systemic level required the following:

1. **Community engagement and leadership**: Active and effective community leadership, which is collective, diverse, and trained in management, communication and regulation of safe and inclusive WASH services.

2. **Organisational/platform development:** Establishment of community operating systems and sub-systems such as CMCs at the slum level and SWFs at the administrative ward level represented by marginalised groups to drive and influence change.

3. **Capacity-building:** A hands-on approach to learning/training to build capacity in different WASH sector processes including planning, implementation, monitoring and review that helped scaling up the process of social inclusion.

4. **Enabling environment with the support of RHOs/GESI Actors:** Awareness generation, sensitisation and data sharing on priorities; knowledge and attitude transfer facilitated by DPOs, Transgender and Women's Organisations.

5. **Policy and programme advocacy:** Collaborative actions from micro-planning, execution, monitoring including citizen feedback through IVRS, a mobile-based technology and the Saniwall or dashboard capturing the status of WASH services.

6. **WASH system's approach:** A system strengthening approach to WASH micro-planning that enabled flexibility and course correction to ensure that the interventions remain effective and relevant in changing contexts.

7. **Commitment to working at the settlement and ward levels** until the WASH system was self-reliant ensuring sustained implementation of WASH services to reach everyone.

The key learning outcomes can be set out as:

- **Community at the core** and well-integrated into the WASH system for recognition of the voice and agency of most marginalised
- **Community leadership** is essential for effective engagement with system actors and contribution to safe inclusive services
- **Community operating structures** are needed for equitable and sustainable WASH gains through collaborative actions

The key recommendations would be to:

- Recognise that voice and agency is representative of gender and all intersectionalities and integral to the process of WASH inclusion from start to finish.
- Develop strong autonomous community operating structures that get recognised or mandated without getting coopted.
- Identify ways to institutionalise leadership capacity development in WASH communication, management, regulation such that it continues beyond a CSO intervention.

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16. Photos, voices, case studies, field data by Centre for Advocacy and Research (CFAR).

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