Sanitation, Water and Hygiene: Strengthening Community-Centered and Gender Responsive Provisioning

Mid Term Evaluation by IHD Research Team

Sponsored by Centre For Advocacy and Research

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Acknowledgements

We are thankful to the Centre for Advocacy and Research (CFAR) for giving us this opportunity to undertake the midterm evaluation of the WASH -BMGF intervention programme on *Strengthening Community-Centered and Gender Responsive Provisioning and Use of Sanitation Services* in select clusters of Delhi. The discussions, inputs and help received from the organization and its members during the course of the study have been very beneficial. We would like to acknowledge Ms. Akhila Sivadas, Ms. Shramana Majumder, Ms. Girija Sahu and Mr. Kundan Chauhan who we have been in constant touch with and they have all made time and provided all information as requested from time to time. Apart from them, other members of CFAR who facilitated the fieldwork, especially the location of the base line households and key informants were Nida, Tabassum, Junaid, Seema and their colleagues.

At the Institute for Human Development, we acknowledge the strong support and cooperation of our Director, Professor Alakh Narayan Sharma while conducting this study. Discussions with our colleagues at the Institute while deciding the methodology for the evaluation study were extremely helpful. We thank Prof. Rajesh Shukla, Dr. Sumit Mazumdar and Prof. Sandip Sarkar. Other members who provided the core inputs for the study especially the field survey are Serene Vaid and Aditi Gururani for the qualitative FGDs; Vikas, P.K. Mishra and Subodh Kumar for their help in organizing and supervising the quantitative survey, data scrutiny, entry and analysis. Mr. Shri Prakash Sharma formatted the report. We are thankful to each one of them, all the investigators and our respondents without whose support this study would not have been possible.

IHD Research team

Executive Summary

Sanitation, Water and Hygiene: Strengthening Community-Centered and Gender Responsive Provisioning

This is the midterm evaluation report titled, *Sanitation, Water, and Hygiene: Strengthening Community-Centered and Gender Responsive Provisioning*. In order to correct the gap in awareness relating to sanitation, water and hygiene, the Center for Advocacy and Research (CFAR), in collaboration with the Convergence Mission of Delhi Government undertook an awareness-building intervention based project for the Bill and Melinda Gates Foundation. The project is geared towards strengthening overall public participation in demanding change by empowering the local community, particularly its women and girls, with awareness, information and instilling ownership among the inhabitants by organising them into groups.

The evaluation study focused on 18 clusters -both intensive and extensive areas. A total of 1361 households were covered in the survey. In addition, several focus group discussions (FGDs) were conducted among forum members and nonmembers. By covering at least one half of the households which were surveyed for the baseline, the evaluation study examines the changes over time.

Overview of the Intervention

The quality of sanitation services, water supply and hygiene in urban localities, occupied predominantly by the poor, begs for action for improvement. There are multiple fronts in these sectors which urgently require attention. For example not only is the supply of services inadequate there is also little recognition and articulation of the fact that the provision of public facilities is lacking. The question of urban health and sanitation conditions becomes especially complex because a large number of these slum settlements are unauthorized and therefore there is little community awareness about the means through which residents can express their grievances and concerns. Moreover, the multiple authorities that operate in isolation in these areas are often not prepared to engage with the populations livings in these peripheral regions of the city.

In light of this situation, the Convergence Mission of the Delhi Government, in collaboration with non-governmental organisations (NGOs) such as the Center for Advocacy and Research (CFAR), initiated the WSH (Water, Sanitation, Hygiene) programme intervention. The main focus of this intervention is to improve the access to sanitation services available to the marginal and most at-risk urban communities living in unsanitary and poor health conditions. The Mission Convergence coordinated between the structures at the highest levels of government down to those at community level such as Gender Resource Centres. Such organisation can ensure that the response to the needs of the community is effective and well organised. Given this framework, the intervention served to help scale up the provision of services and strengthen the informed demand of the community while keeping with the overall mandate of Mission Convergence.

CFAR had been working in some of the clusters since 2005-6. Being aware of the basic demographic and socio-economic characteristics of these areas was helpful. They undertook various exercises and measures to identify who the gate keepers of the clusters were, who could likely be trouble makers or shooters. Based on such preliminary knowledge of the areas, the project was launched in June 2012.

The initiative began with the purpose of generating awareness, among the women and girls in the selected clusters on matters related to water, health, sanitation, hygiene, sewerage and garbage disposal. To achieve this goal and further create a sense of ownership within the community, the intervention called for the formation of groups. It comprised initially of women and subsequently adolescent girls. After initial activities, the project began forming women's forums by August 2012. Today, there are seven women's forums, including one group for adolescents.

As part of the information dissemination component, the project team worked with the women's groups and with other local community centres to raise awareness about healthy lifestyle practices and the risks related to the absence of these practices. For example, the practice of hand washing was emphasized on throughout the intervention. Pictures, charts and films were used to explain the correct method and time to wash hands. This was accompanied by activities such as the dart game which would help participants retain knowledge about healthy practices. Other good habits such as brushing teeth, bathing, cleaning etc. were also discussed in these sessions.

To promote effective water management and improve community hygiene, the CFAR created a training component that would teach participants to safely store, purify and use water. Storytelling and interactive activities such as the "Dori" Game were used to convey this message. Similarly, the CFAR programme used films to educate participants about the safe storage and disposal of household wastes as well as the importance using a clean toilet. This training was accompanied by discussions about the diseases associated with unclean water, open defecation and garbage in the open.

The promotion of menstrual hygiene among women and adolescent girls was also an important focus of the intervention. Through group exercises, participants were made to understand the physical and emotional changes that are brought on by puberty. In addition, leaflets and films were used to explain the menstrual cycle and also debunk the myths associated with it. The intervention practitioners used charts, role plays and discussions to explain why and how proper care should be taken during menstruation. This training emphasised the use of sanitary napkins vis-à-vis cloth, highlighting the advantages of the former and its proper use and disposal. The intervention also connected participants to the local Gender Resource Centres which provided them with low cost sanitary napkins.

Apart from these, they also organised numerous health camps and meetings in collaboration with different partners The small group interactions involved an outreach of nearly 3000

individuals, the Dengue, Malaria, and Chikungunya campaign was undertaken along with the Municipal Corporation of Delhi (MCD)and covered nearly 500 community persons. Nearly a thousand women were taught to write applications for various issues such as demanding a new community toilet complex (CTC), repair and maintenance of CTCs, providing dustbins, cleaning of drains etc. Many were also taught to file a Right to Information (RTI) inquiry.

Outcomes

Overall, access to water has improved over the intervention period. As per the baseline only 15 per cent of the households had a DJB connection at home this has increased to 25 per cent in the midterm. The knowledge regarding water storage and cleanliness has improved. About 22 per cent of the households which initially did not purify water reported doing so now. While boiling is the common method of purifying water, the high cost that goes towards obtaining fuel for boiling water is an important concern. Four per cent of households reported that CFAR members were instrumental in inducing this change, while other households credited ASHA workers and Anganwadi sevikas for the change.

During the intervention period, women's groups became more proactive in demanding improved sanitation. They filed a total of 14 petitions with DUSIB related to the condition of CTCs, although many of these were redirected to the MCD. Many individuals report that they now have free access to community toilets as opposed to the base line. Midterm surveys shows that the access to sanitation improved as the proportion of households that have their own toilets increased from 20 per cent to 26 per cent, while proportion of shared toilets also increased from 2 per cent to 3 per cent. As a result, the proportion of households depending on community toilets declined from 60 per cent to 55 per cent, while the practice of open defecation, as per the stated objectives, also decreased from 18 per cent to 16 per cent.

In this period, many households constructed toilets within their household premises. The majority of these said that they did so primarily to maintain their privacy as well as due to security concerns, shrinking open spaces, and high density of population. A few households reported that awareness campaigns had an influence on their decision. Ninety three per cent of the households felt that their social status had been improved since they became owners of a toilet.

The behaviour change component on hand washing proved to be hugely successful as people now wash their hands more frequently and a larger number of them use soap while doing so. Five per cent of the respondents stated that CFAR members were their primary source of information on this practice.

Post-intervention, garbage storage practices within the community witnessed an overall improvement. Fewer people dispose the children's excreta in open drains. Similarly, the proportion of households that store garbage in closed containers as opposed to leaving them in the open increased from 69 per cent to 79 per cent. To allow for safer disposal,

MCD vans now visit more areas that are situated away from the community dhalaos or large garbage bins. The overall behavior change can be associated with the methods of proper waste disposal that were emphasised in the weekly group meetings and IEC (information, education, and communication) materials.

Over the intervention period, the use of sanitary napkins increased dramatically and the credit for this change goes to improved literacy, awareness, and availability. About one fourth of the respondents suggested that the increase in napkin use is due to the spread of literacy. One third attributed awareness generation as an important reason and another one third stated the better availability increased the use of napkins.

Perhaps the most salient outcome of the intervention is the effect that the group formation had on community confidence and its involvement in the change-making process. Since the intervention, more women have come forward with complaints and petitions to improve and expand public facilities. For example, the group in NTPC Subhash Camp came together and managed to ensure that the local authorities covered the open drain that lay between their houses as well as extend the water connection up to their houses. This same camp as well as Jain Mandir filed complaints and saw to it that the local sweeper cleaned the drains without demanding extra money.In Soboli Khadda, the forum, through a series of complaints, made sure that the MCD garbage collection van tended to their area.

Despite this progress, many of the community needs are yet to be recognised. Poor drainage and the issues associated with it such as waterlogging are yet to be addressed by authorities in Soboli Khadda and Anand Vihar. In Jain Mandir, the request to have a guard stationed outside the women's CTC from 6 p.m. to 10 p.m. as a deterrent for harassment has not received a response. Complaints from the adolescent group about the condition of school toilets are also yet to be heeded. The community in Rajiv Camp, due to a lack of consensus, is yet to take the first step towards complaining about the lack of dustbins in their colony.
Collectively, the women's forums have been able to address a variety of issues, including those that are not covered by the mandate of the WSH programme. The women have said that taking community initiatives have helped them feel more empowered. Women from the NTPC Subhash Camp tackled domestic violence and alcoholism, while girls from the adolescent groups can now voice their desire to receive an education before getting married. The women assert that both boys and girls deserve an equal opportunity to be educated and realising the value of a good education, a larger number of mothers now attend parent-teacher meetings and ensure that their children are not absent from school. Based on CFAR guidance, the community is also more aware of the importance of keeping copies of important documents.

Conclusions and Recommendations

The CFAR initiatives and interventions have been successful in certain contexts and require more concerted actions on several other fronts. It is important to recognize that the area of their intervention and the communities inhabiting therein face several persistent problems, of

poor employment avenues, low incomes, unemployment, alcoholism, drug abuse, petty crimes apart from the problems of WSH. Any programme of the kind that CFAR is involved in is bound to face these issues which come up as local concerns. Often, as is the case in most areas, these issues are interlinked with the WSH concerns as well.

From a service delivery standpoint, there is still tremendous scope to improve the level of cleanliness and maintenance in CTCs. Demands for dustbins, especially in women's CTCs, closed and clean drainage systems, hand pumps during periods of water scarcity, and low cost sanitary napkins also need to be addressed by the concerned service providers.

Mobilising and Incentivising

To address the concerns of WSH and convince as well as mobilize local women around these issues requires adoption of mechanisms that can attract them and also serve as an incentive of sorts. With respect to the community, one of the major problems during the implementation process was that the community was unenthusiastic about activities. Having lived through years of deprivation without witnessing any sincere efforts to help them, most women tended to be suspicious of the programme. Making women and their communities realise that an association with an NGO or more importantly, the formation of a group can be beneficial, requires an illustration or practical experience.

Building Trust and Investing in Training, Campaigns and Interactions

The community mobilisers play a critical role in generating trust, building confidence and sustaining community interest. Having a long term association with the mobilisers and training them is critical. A break in continuity does not help the cause of formation of trust based women's groups.

Bridging Distances

One of the most important factors that prevents the women and girls of these clusters from accessing many a services is the distance at which the service is available. This situation can be addressed either by ensuring that the GRCs visit the slum clusters more regularly or that new GRCs are set up in more accessible locations.

Raising Demand for Services

Clean and well maintained toilets, regular and assured water supply, demand of DJB tankers were all aimed in the course of this midterm evaluation. Several clusters pointed out that the CTCs require better maintenance and cleaning. Since cleanliness is an important factor that prevents residents from using the CTC, improving this service is likely to yield a variety of positive health outcomes associated with safe defecation.

Effectiveness of Tools

FGDs and interviews suggested that compared to GRC training and health and awareness camps, the IEC materials received a milder response, reflecting potential for their further development. To ensure that the forums mature into self-sustaining bodies, it is important that CFAR members remain associated with their designated locality for a specified period of time without any abrupt breaks.

Intensity and Involvement of CFAR

Ideally, the CFAR members should continue to work with the community until local leaders emerge from the region to carry forward the mission of the WSH programme. To bring about this level of commitment, the programme will require greater input with respect to personnel and resources.

Converging Synergies

Collaborating with other organisations that work on similar issues of interest can also strengthen the implementation of the intervention. However, more information is required as to how these synergies can be created in a feasible manner.

Sanitation, Water and Hygiene: Strengthening Community-Centered and Gender Responsive Provisioning

I: Introduction

This is a midterm evaluation of CFARs interventions in selected clusters across three districts of Delhi. The overarching objective is to help create awareness of issues concerning water, sanitation and hygiene among women so as to strengthen community level demand for these services and ensure gender responsive provisioning among the localities inhabited by the poorer sections of society.

The quality of sanitation services, water supply, and hygiene in urban localities that are predominantly occupied by the poor begs for action for improvement. It is the women who are most affected by this, given their household responsibilities and the social inhibitions associated with mobility in public spaces. Water collection, storage, and use largely tend to be the responsibility of women. Resorting to open defecation is made difficult especially for women in urban contexts as they are densely populated and there are not many open spaces with vegetation. There are multiple fronts in these sectors which urgently require attention. For example, not only is the supply of services inadequate in general, there is also little recognition and articulation from the community that the provision of public facilities is lacking.

The question of urban health and sanitation conditions becomes especially complex because a large number of these slum settlements are unauthorised and therefore, there is little community awareness about the means through which residents can express their grievances and concerns. Moreover, the multiple authorities that operate in isolation in these areas are often unprepared to engage with the population living in these peripheral regions of the city. Under these circumstances, safe and easy access to community toilet complexes (CTCs) becomes very important. Ensuring safety around the CTCs and the cleanliness of the CTCs is essential. Many of these concerns need to be collectively realised by the community. Strengthening the women in these localities to demand and struggle for the provisioning of these services is the most important objective of the interventions made by CFAR under this WSH programme in collaboration with Mission Convergence.

The focus of the intervention is to improve access to sanitation services for the most marginal and at-risk communities living in insanitary and chronic poor health conditions. CFAR partnered and closely coordinated with the Municipal Corporation, government departments, and officially mandated community structures such as the Gender Resource Centres (GRCs) set up by Mission Convergence in Delhi.

The Mission Convergence coordinated between the structures at the highest levels of government down to those at the community level such as Gender Resource Centres (GRC) and Anganwadi Centres of the Integrated Child Development Scheme (ICDS). Such an organisation was there to ensure that the response to the needs of the community is effective and well-organised. Given this framework, the intervention served to help scale up the provision of services and strengthen the informed demand of the community, while keeping within the overall mandate of Mission Convergence.

In other words, the intervention operates at two levels. First, it is aimed at developing the demands of the community and promoting behaviour change by organising women residents

into forums. Second, by using programmatic spaces and opportunities, it aims to partner with various government mechanisms. In doing so, the intervention seeks to realise the objectives of scaling up sanitation services, promoting safe and hygienic health practices, improving access to information especially for women and young girls, and strengthening service delivery and overall responsiveness.

In this, CFAR sought to play a critical role, in partnership with Women's and User Forums, in strengthening collaboration between government and community led forums to address the sanitation needs of marginal communities living in these urban settlements. Therefore, the aim is to create community-centered solutions, improve access to sanitation services, facilitate and address the specific needs of women and girls on menstrual hygiene and women's health, and link them to healthcare services to address reproductive tract infections (RTI), urinary tract infections (UTI) and related ailments as well as the safe disposal of menstrual waste.

CFAR is a non-profit organisation that among other issues facilitates community centered advocacy initiatives. Its involvement with the intervention is significant as it has been working with the urban poor in Delhi slum clusters since 2005-6. It was already managing a Gender Resource Centre and a District Resource Centre (DRC), set up by the Mission Convergence to ensure that the poor and marginal communities are reached out to with basic services and schemes. Therefore, its members were aware of the basic demographic and socio-economic characteristics of the areas. Prior to the initiation of this project, CFAR identified the area clusters and became aware of their problems and other relevant details. They were able to undertake exercises and measures to identify the gate keepers, difficult and problematic people and troubleshooters of the clusters. Based on this preliminary knowledge, the WSH project was launched in June 2012.

For the implementation of the project, 27 slum/ clusters (See Appendix 1) were selected from three districts in Delhi. They were organised into three groups—the intensive group, the extensive group, and the comprehensive group. A baseline survey was conducted in the 9 intensive slum clusters, covering nearly 600 households. These clusters were selected for intensive practice as they were found to be the most vulnerable among all the localities. Following the selection, the project has been in effect in the intensive slum clusters for a period of one and half year.

About the Clusters

The nine settlements identified for intensive operation were zeroed in on from two specific administrative categories, namely those classified as 're-developed' and 're-located' settlements. For administrative purposes-'re-developed' are defined as those settlements where in-situ development has taken place such as Jain Mandir (near Dilshad Garden), 're-located' are those that run the possibility of being further re-located in the near future subject to administrative/government decisions. Of the total 9 settlements, 4 settlements fall under the 're-developed' and the remaining 5 under the 're-located' settlement. It was interesting to note that whether they were 're-developed' or 'relocated', none were identified by authorities such as Delhi Urban Slum Improvement Board (DUSIB) or Municipal Corporation of Delhi (MCD) as authorized settlements. This also explained the disenfranchisement that the residents of these settlements faced. The visible apathy in these areas led CFAR to focus on these selected 9 settlements as intensive areas. The majority of the population living in these areas comprised of migrants who also form a large section of the workforce in the unorganized sector.

Table 1: Name of Intensive Cluster, Land Owning Authority and Population

Name of cluster	District	Land Owning Agency	Total HH
Indira Camp, Kalyanpuri	East	DUSIB	1300
Priyanka Camp, Sarita Vihar	South	DDA	700
Rajiv Camp, Industrial Area Jhilmil	Shahdra	DDA	500
Saboli Khadda, Saboli Bagh Area	Shahdra	Private	600
Jain Mandir, Dilshad Garden	Shahdra	DDA	1600
Indira Camp, Khichripur	East	Partially DUSIB & Partly Flood	400
JJ Camp, Anand Vihar	East	DUSIB	500
Rajasthani Camp, Sarita Vihar	South	DDA	600
Subhash Camp, NTPC Badarpur	South	NTPC &DDA	500
Total			**6700**

The following report is a midterm evaluation of the water, sanitation, and hygiene intervention undertaken by CFAR in the selected clusters of Delhi.

II: Methodology

A mixed methodology was adopted for the midterm evaluation so as to maximize the coverage of baseline households and reach a certain number of households from the intensive and extensive slum clusters. A total of 1361 households were surveyed from these 18 clusters.[1] The sample size in each cluster was determined using population proportionate sampling. It must be noted that identifying households from the baseline areas proved to be a challenge.[2] However, the Institute of Human Development (IHD) survey team ultimately identified over 300 baseline households. The setback in data collection was compensated for by canvassing additional non-baseline households in the same slum areas.

The process of data collection included both quantitative and qualitative data methods. For fieldwork, the IHD team developed a detailed research schedule for households which were field tested and then administered to the adult female member of the household. The schedule included general information about the household, personal details of all household members, household income /expenditure/assets/debt, basic amenities such as water, toilet/bathroom, garbage disposal and street cleaning, the use of community sanitary complexes, overall cleanliness and hygiene practices, women's sanitary health and hygiene

[1] This number allowed survey takers to keep a margin of extra households for reference in the event of an inadvertent error or incomplete information.

[2] The existing record of names and addresses was insufficient to capture the baseline because (1) many of the female baseline respondents had the same name; (2) there were often discrepancies between the respondent's age as mentioned in the baseline survey and as mentioned in present identification; (3) respondents frequently changed their rented residence within the slum; (4) some baseline households left the slum during the one year project implementation period; (5) there is a possibility of recording household addresses inaccurately; (6) some households were uncooperative despite the researchers' efforts; and (7) information on the names of other household members was often missing, especially when people married or moved away.

issues, and the role of external agencies. A quantitative schedule was prepared for the survey which included major variables such as the background of the cluster, the source of water, the water quality, the water sufficiency, the water disposal and drainage system, sanitation, community toilets, open defecation, garbage disposal and street cleaning, and the status of health and hygiene in the cluster.

Qualitative information was elicited using participatory methods which included in-depth interviews, focus group discussions (FGDs), and case studies. The FGDs were conducted separately for women who were members of the forums and for those who were not. The IHD also consulted CFAR members, slum pradhans, Anganwadi Sevikas, ASHA workers, ward members, caretakers of community toilet complexes (CTCs), and other knowledgeable members of the community.

Having used both quantitative and qualitative methods to collect information, the evaluation was organised into several parts. The survey tools used include quantitative sample survey, focused group discussions, key informant interviews, profile of community toilet complexes and interviews of caretakers or other informants. It assesses the changes in sanitation behaviour and practices. This was done through a comparison of data from the CFAR baseline[3] and the midterm evaluation as well as an assessment of whether the initiatives taken by the Community Forums (gathered from CFAR reports) have impacted the shift in sanitation habits. Initiatives or leadership practices of the community forums have also been distilled from CFAR reports and a few key informant interviews. In addition, based on, FGDs and key informant interviews, this evaluation will formulate a set of recommendations aimed at bettering the realisation of the stated outcomes of this project.

The end line evaluation will not only track the progress that the project makes in keeping with the recommendations and observations made in the evaluation study but will also examine in greater depth the quality of engagement of slum development authorities and bodies that the project has catalyzed. The final report will include the observations from discussions with DUSIB, Delhi Development Authority (DDA), GRCs and other relevant agencies. CFAR can use them to revisit their strategies or strengthen any on-going interventions with better modes of engagement with these nodal bodies.

III: Overview of CFAR Initiatives

The thrust of the model adopted by CFAR was to help generate a sense of ownership among the community and empower its women to act as links of communication between officials, service providers, and residents. As mentioned earlier, this was done by encouraging the formation of groups of women and subsequently of adolescent girls. Roughly six months were required to establish one women's group and make it operative. Today, the total number of women's forums has gone up to 6.[4] Interaction with the women in these areas revealed the need for forums of adolescent girls as well. Therefore, an adolescent group was created in Rajasthani Camp and brought under the supervision of CFAR. More adolescent groups are currently in the process of formation.

[3] llected from secondary sources of CFAR reports

[4] Initially, 7 groups were formed, but two groups from the same locality merged to become one. In other areas, the process of group formation is underway.

CFAR members were first turned away when they approached the women from the clusters. "Hum sab ne toh usko bhaga diya" (We all made her leave), said a member, from the intensive cluster Kalyanpuri, while recalling her first interaction with the local CFAR member (key informant interview, 18th July 2014). However, with time, the community and the facilitator became close-knit. "Mujhe kharaab lagta hai jab voh nahin aati," (I feel bad when she does not come) said a girl from Jain Mandir about her local facilitator sometimes being absent from group meetings.

After establishing this trust, the first step towards initiating group action was fostering a sense of oneness within the group. Women from the NTPC Subhash Camp explain that when the forum started, a CFAR member spoke to them and explained the power of unity while working in groups. She tried to convince them that when they are faced with a pressing problem, there is strength in operating as a group. At first, she convinced 3 or 4 members to join the group. "A single person cannot do the work that a group can do," she explained to them. Based on this learning, the members reached out to other women in the locality and finally raised the strength of the group membership to 24 women. The problems that they initially tackled were not necessarily under the mandate of the WSH project, but they did give the members an opportunity to work together and realise the value of the forum. Ultimately, this proved to be an achievement as it reflected both the need for such a group and the promise that it offered the community.

Initially, the formation of the group was met with suspicion from other members of the community. One of the community leaders from Kalyanpuri, an intensive cluster, explained that non-members such as the members' husbands would argue that there is no need for women to keep going out of the house. Since the work of the forum included minding the community and making sure that its resources were not misused, many non-members began viewing the group as a threat. The creation of the adolescent group was also met with opposition by the members' families. The members' parents did not consent to the formation of the group until they observed its proceedings in a meeting. Even among the group members, there was initially a lack of trust which needed to be worked on to create a sense of cohesion (Key Informant Interview, Shashi Kaur, 18th July 2014).

Getting the group members to overcome their hesitation required that they understand the purpose of collective action when faced with a challenge. This way, several communities which were experiencing major problems, formed the group as a means of tackling them. Other channels of mobilisation included forming Self Help Groups (SHGs) in the GRCs as a forerunner to the forum. The SHG not only provided the group with a structure, but also gives them monetary support as members could receive loans at low interest rates. The promise of monetary aid was reassuring not only to the members, but also to their family. Therefore, this formation enabled the smooth transition into the forum because the SHG itself was met with little opposition.

Issues of non-attendance and members dropping out of the groups initially affected their functioning. Some of these groups demonstrated tendencies to get involved in fights with members of the group and with people outside it. These disagreements sometimes created external pressures that threatened the unity of the group. Women from the FGDs recalled some of these attempts at division, but then explained that they remained united despite them. "Hum log apne dimaag se chalte hain" (We act and do what our mind thinks is the right thing to do), they added. In many areas, group members now meet without the supervision of a CFAR facilitator, making the forum more sustainable. However, some groups

such as the one in Jain Mandir is yet to show such initiative. It was found that good leadership within the group made a significant difference to the unity and coordination of the forums.

Despite establishing their presence in the locality, forum members report that there is still some hostility surrounding the group, but this sort of social scrutiny does not trouble the functioning of the group. In the instance of the adolescent group in Rajasthani Camp, several boys threatened to video record the girls' dance performance at a Pitampura exposure visit and put the recording on the internet. The group remained unfazed by them. One of the community leaders from Kalyanpuri, explained that if the members were unable to reason with the non-members, they simply ignored their criticisms and carried on with their work. The formation of the groups served multiple functions. Most importantly, it allowed women and girls to come together and become aware of their collective and individual needs. The groups gave its members the opportunity to discuss their problems, learn from each other and have knowledge about different facilities, services, rights and duties etc. CFAR often partnered with groups such as their own peers, group members, and government or NGO officials to help the forums develop their knowledge about various issues including sanitation, hygiene, health and clean and safe drinking water. Regular groups discussions not only helped members become aware of and focus on sanitation issues, but also made them more conscious of other subjects problems such as the break down and poor quality of education in government schools, the harmful and sometimes devastating effects of liquor, especially on household security, the desperate need for skill-based training for themselves and for their children, and the need to possess some form of card to prove their domicile status and their identity in the city. The forums enabled the community to think and prioritise their problems. This decreased its dependence on middlemen and other entrenched influences and allowed people to act independently. Sometimes, such group activity also helped people find creative solutions to intra household and inter household problems.

Box-1: List of CFAR Activities

- Project Baseline
- Capacity Building Workshop
- Exposure Visit
- Health Camp
- Training of Anganwadi Target Groups
- Consultations
- Small Group Interactions
- Writing Applications and Petitions on Sanitation Issues
- City Level Consultation
- Local Campaigns/Awareness Camps

The women's forums both strengthened the feeling of belonging within the community and enabled group action. CFAR was able to administer a variety of capacity buildings activities and behaviour change communication through them (see Box 1 for CFAR activities). While the first six month period had fewer meetings and thereby reached out only to some, the period after that they undertook many more meetings and capacity building workshop (see Table 2).

Capacity building interventions included informative workshops, hands-on training sessions, and exposure visits, including visits to departments. All these activities were aimed at enhancing the women's capabilities as facilitators, educators, experts, and leaders within the community. They focused not only on technical issues such as health and sanitation, but also on complex social problems such as the gender-discrimination that legitimises male hegemony or domination, the silence on and denial of different forms of violence and other structural indignities faced by women. Such an approach sought to build the stake of the community in the change-making process.

Table 2: Total Number of Activities undertaken by CFAR and its Outreach

Number of Community Meetings/ Capacity Building Workshops and their Outreach				
Year	No. of Meeting	No. of people outreached	No of total Capacity Building Workshop	Total number of Participant
November 2012 to March 2013	44	898	7	150
April 2013 to March 2014	234	3090	4	192
Total	**278**	**3988**	**11**	**342**

Source: CFAR documentation.

As a part of this effort, CFAR undertook a wide range of measures which targeted the community at large as well as the women's forums and the individual leaders within them.

At the individual level, CFAR identified and trained several women as "health champions" who would further community health initiatives and spread awareness regarding health and hygiene. The definition of a health champion as envisaged by CFAR is given in Box 2.

Similarly, some of the adolescent girls were named "health monitors". This role required them to assist school teachers during blood tests and teach other students about healthy and nutritious food habits. Anganwadi workers received Training of Trainers (TOT) that was jointly conducted by CFAR and the Department of Social Welfare, Department of Delhi. It covered the role of sanitation in improving the health of women and girls. This measure ensured that the ICDS was integrated into the mission of educating women and girls. The training reached 34 Anganwadi workers (AWWs) and supervisors from 28 Anganwadis in Districts South, East and North East in Delhi.

At the forum level, intervention practitioners or the project team worked with the women's groups and with other local community centres to raise awareness about healthy lifestyle practices and the risks related to the absence of these practices. For example, the practice of hand washing was emphasised throughout the intervention. Pictures, charts, and films were used to explain the correct method and time to wash hands. This was accompanied by activities such as a dart game which would help participants retain knowledge about healthy practices. Other good habits such as brushing teeth, bathing, cleaning etc. were also discussed in these sessions.

To promote effective water management and improve community hygiene, CFAR created a training component that would teach participants to safely store, purify and use water. Storytelling and interactive activities such as the 'Dori' Game were used to convey this message. Similarly, the CFAR programme used films to educate participants about the safe storage and disposal of household wastes as well as the importance of using a clean toilet. This training was accompanied by discussions about the diseases associated with unclean water, open defecation, and littered and piled up garbage.

Box. 2

'Health Champions', are individuals who possess the commitment, zeal and requisite skill (honed during capacitating exercises) to encourage, motivate and support the larger community in creating a health seeking behaviour

The promotion of menstrual hygiene among women and adolescent girls was also an important focus of the intervention. Through group exercises, participants were made to understand the physical and emotional changes that are brought on by puberty. In addition, leaflets and films were used to explain the menstrual cycle and also debunk the myths associated with it. The intervention practitioners used charts, role plays, and discussions to explain why and how proper care can be taken during menstruation. This training emphasised the use of sanitary napkins vis-à-vis cloth, highlighting the advantages of the former and its proper use and disposal. The intervention also connected participants to the local Gender Resource Centres which provided them with low cost sanitary napkins.

CFAR also engaged the community at large, organising a series of meetings, health camps, awareness activities and local campaigns that included interactive components such as street plays and wall paintings. As per the information from CFARs calendar of events, 1569 community meetings and interactions have been held, reaching out to about 2522 people in the community.

Over the past year, CFAR organised 10 local campaigns such as the 'Awaaz Uthao' or 'Speak Up' campaign which reached out to a total of 1734 people. 'Awaaz Uthao' was initiated to break the silence on all forms of violence that women and girls experience, often suffering in extreme fear and anxiety. The total number of street plays and mass awareness campaigns, in addition to that of local campaigns is 22, reaching approximately 1814 people.

Many of these campaigns commemorated flagship days such as World Toilet Day, Environment Day, Global Hand-Washing Day etc. They included many interactive mini events such as a poster exhibition, street plays and a quiz competition. Intensive discussions with the community regarding their problem, concerns and proposed solutions also formed an important component of the campaigns.

Box. 3

Key messages delivered during capacity building

Nearly 60 to 80 per cent diseases are spread due to unclean water and unsafely disposed human feces. Good sanitation practices and clean surroundings play a vital role in keeping good health.

Following six steps to wash hands with soap can reduce the percentage of diseases substantially, by half. Nearly 80 per cent of diseases are caused because of Water and Poor Hygiene and these can be brought down to about 40 per cent.

Nearly a hundred women were taught to write applications to demand various services such as a new CTC, the repair and maintenance of CTCs, mobile provisioning of toilets, provision of dustbins, cleaning of drains etc. Many women were also taught to file a Right to Information (RTI) inquiry.

CFAR conducted 6 thematic health camps in which 275 women and young girls were examined for RTIs and STIs. These camps helped establish linkages with the local service providers by tying up with the Pandit Madan Mohan Hospital and the Jamia Hamdard Hospital.

Health camps were organised on the basis of intensive discussions with the women's forums. These discussions shed light on the needs, concerns, and priorities of the community regarding health. For instance, during such a discussion in Priyanka Camp, 28 of the 85 women participants reported various symptoms related to RTI/UTI. Based on this finding, CFAR organised a RTI/UTI screening camp in association with the local GRC run by Empowerment for Rehabilitation Academic, and Health (EFRAH). They reached out to not only the 28 women, but also the rest of the community on a door-to-door basis. After the health camps, the women were accompanied to the health centre for their first visit as a follow-up measure,. This engagement impacted future interactions between CFAR and women's forums as well as the overall community.

CFAR also conducted a dengue, malaria, and chikungunya campaign when a high incidence of these diseases was reported among children and the elderly. This was done with the Health Department of the MCD and the GRC, covering nearly 500 community persons. The significance of clean drinking water was communicated through some of the key messages put out during the educative and informative activities (see Box 3)[5]

Once again integrating ICDS into the project, CFAR interacted with the women and children enrolled in the Anganwadis through a series of 28 group meetings and peer workshops. Discussions covered a wide range of issues from hand washing to menstrual health, reaching out to 1305 community members, out of whom 735 were children, 242 were adolescent girls, and 328 were mothers.

IV: Outcomes

The interventions and initiatives taken by CFAR under this WSH programme are seen to have had several impacts -from islands of successes, few victories which may only be momentary to the more enduring behavioral changes observed among the women and girls in the community. Some of these are discussed amidst the overall changes observed over time from an analysis of the same households as covered in the base line and their being revisited again. The discussion in this section includes water supply, health and personal hygiene, sanitation, menstrual hygiene, garbage disposal, and so on.

[5] CFAR report on training of trainers (TOT) of Anganwadis Supervisor and Workers on Water, Sanitation and Hygiene,, dated 23.03.2013

Water Supply

As per the baseline, only 15 per cent of the households had a DJB connection at home. This figure increased to 25 per cent in the midterm. In the intensive areas, there is a 10 percentage point increase in the provisioning of piped water supply to households. This is even more remarkable since the earlier base line survey collected information for the main source of water, not drinking water ,as was done in the midterm survey.

Overall, the scenario for access to drinking water has changed with a decline in the household dependence on DJB stand posts and bore well water connections. The average is influenced by a larger number of households having tap water or piped water connections at home as compared to the baseline. However, there are area specific variations. For example, Saboli Khadda in the base line was largely dependent on its local hand pump/motor (70%) and the Priyanka Camp relied on bore well connections. Now, Saboli Khadda depends on DJB stand posts (75%) as its main source of drinking water and in the case of Priyanka Camp, bore well water is now used only for other non-drinking purposes as the water from this source is salty and inappropriate for human consumption. Since there is no supply of water through DJB connections at home, most households collect their drinking water from other neighbouring areas such as Madanpur Khadar and Aligaon, depending on their proximity to these areas. About 20 per cent of the households in Priyanka Camp now depend on DJB stand posts, while another 13 per cent get water from government water tankers.

Box 4

Water Problem: Priyanka Camp
For the Women's Forum at Priyanka Camp, the utmost concern was drinking water. They had to carry water from Madanpur Khadar, about 1-2 Km from the camp. Though there is no piped water supply, the Forum did manage to get a dedicated tanker allotted for their area from where they get their drinking water.

Earlier, 169 of the 318 surveyed households depended on DJB stand posts for water. This number remains high at 106 households who report DJB stand posts as their main source of drinking water. Of these, 36 households now have DJB connections at home, while another 11 of them depend on government water tankers.

It must be noted that the period between the baseline and midterm surveys was also run-up to the 2014 General Elections. Therefore, it is quite possible that the expansion in services is a result of increased government action aimed at boosting voter confidence. However, during this period, the role of the Women's Forum at Priyanka Camp or Saboli Khadda was critical given the persistent dialogue and negotiation that they entered into.

A brief case study in box 4[6] of one of the forums at Priyanka Camp details the nature and extent of negotiation that the forum successfully ventured into.

Besides service delivery, behaviour change was also a factor in ensuring adequate water supply for the communities. Further insight revealed the various educational and information

[6] CFAR brief case study on Priyanka Camp, dated July 2014

sharing activities facilitated by CFAR played a role in establishing the linkage between sanitation, health and the rights of the community members. For example, a series of nukkad nataks (street plays) were performed in 5 clusters in the North East, South, and South East Districts of Delhi. These plays disseminated messages about the proper utilisation of water and the need to stop unnecessary wastage. During feedback, it was observed that 4 out of the 5[7] clusters had adequate water supply. Although it is unlikely that the street plays were the sole reason for improvement, this example illustrates that changes in behaviour can improve the usage and thus, overall distribution of water.

Health and Personal Hygiene

Overall, there has been an improvement in the knowledge regarding water storage and cleanliness. The percentage of households that covered and stored water in a clean vessel increased from 96 per cent to 99 per cent. Also, the proportion of households which cleaned their storage vessels on a daily basis increased from 85 per cent to 87 percent. Now, more households report purifying water before use than they did earlier in the baseline survey. About 22 per cent of the households which initially did not purify water reported doing so now. Purification is done, especially when the water is visibly unclean, dirty or smelly. Boiling is the common method of purifying water; however, as expressed by the women during the FGDs, the high cost that goes towards obtaining fuel for boiling water is an important concern.

When surveyed, 36 per cent of the households reported that the Anganwadi sevika had taught them to purify water before consumption. Four per cent attributed this knowledge to CFAR and another 4 per cent attributed it to the Anganwadi and ASHA workers.

Many households in the baseline reported putting their hand directly into the pot to take water out (23%), but now a bulk of these households reported using a ladle pot, mug or jug to take water out from the container (more than 50 per cent). Only 9 per cent of the households continue to report using their hand to take water out.

In the past one month of the survey, the proportion of households that reported the incidence of diarrhea has reduced from 66 per cent to 47 per cent in the midterm[8]. Cases of skin disease, worm infestation and typhoid also witnessed a decrease. Overall, the

Occurrence of disease declined from 109 reported cases to 38 reported cases[9]. (Table 3)

[7] With the exception of Sangam Vihar

[8] It must be noted that the midterm survey asks for information on the previous one month, but baseline does not specify a fixed time period. Hence the two data sets may not be directly comparable.

[9] Baseline data on itching was missing. Midterm data on boils and pimples, and skin disease was also missing.

Table 3: Number and percentage of households by type of disease

Disease	Mid-term*	Baseline*
	Number	Number
Diarrhoea	18	72
Typhoid	6	16
Jaundice	7	5
Worm infestation	4	8
Skin Disease	1	4
Itching	2	NA
Boils & Pimples	NA	2
Stomach pain	NA	2

Studies show that the practice of washing hands can reduce the incidence of diarrhoea and other childhood diseases that are prevalent in these areas such as impetigo and respiratory infections. Therefore, promoting hand washing became an important priority in the implementation of the programme. Schools, CFAR agents, GRCs, and AWWs were all associated with this message. Through demonstrations, workshops and a film, they explained what situations required hands to be washed. Children were taught a song about the health risks of not washing hands and how to avoid them. Although the residents knew about washing hands after defecation and before eating, many were unaware that hands needed to be washed after handling livestock. The intervention practitioners also emphasised the use of soap and through photos, they showed which parts of the hand often get left out while washing. Apart from the messaging on how to wash hands, the information that this is the most common route through which infections spread and how diseases can be avoided or prevented by adopting this simple routine of washing hands properly and with soap was a very useful value addition.

The midterm survey shows that compared to the baseline, the practice of hand washing has become more common in the community as did the use of soap. In almost all the FGDs, women and girls mentioned this message and the various IEC material. This campaign has been effective and seems to have connected with the community, thereby definitely having a behaviour changing impact.

Table 4: Who Influences You or Your Children to Make Hand Wash Compulsory?

	Extensive	Intensive	Total
Learn by birth	80.7	79.3	79.7
Government agency brief about it	2.4	2.1	2.2
NGO other than CFAR volunteer brief about it	3.5	2.8	3.0
CFAR volunteer brief about it	4.3	4.8	4.6
Radio and television ads inspire to do it	3.5	5.6	5.0
Children learn those habits in Anganwadi and School	5.6	5.4	5.4

To assess the factors that facilitated this behaviour change, Table 4 explains which agents were influential in making hand washing a compulsory practice. About 80 per cent of the households said that they learned this practice from their family. Other important agents for

spreading awareness about washing hands were schools and Anganwadis. FGDs with Anganwadi sevika revealed that the sevika forced children to wash their hands before eating the midday meal that was provided to them. The sevika would refuse to serve children who came to the centre without washing their hands. In addition to these agents, CFAR was also recognised as a source of information by about 5 per cent of the households. Adolescent girls during their FGD mentioned that demonstrations in schools and CFAR members taught them to wash their hands. They said that following this, they motivated their family members to do the same.

Sanitation

The baseline survey showed that most households in almost all the other clusters, except two[10], depended on the pay and use CTCs (Table 5) However, there were many problems associated with them which discouraged residents from using them. Twenty two per cent of these households stated paying for the facility as a reason. Another 18 per cent referred to the fact that the toilets were not clean, while 14 per cent felt that they were not safe for girls.

Table 5: Proportion of Households with their Access to Sanitation Facilities

Area	Name of Locality	% Households having access to		
		Owned/shared toilet	**CTC**	**Open defecation**
Intensive Area	Rajiv Camp, Industrial Area Jhilmil	5	55	40
	Subhash Camp, NTPC Badarpur	10	`	40
	Rajasthani Camp, Sarita Vihar	10	80	10
	Saboli Khadda, Saboli Bagh Area	95	0	5
	Indira Camp, Kalyanpuri	20	30	50
	Indira Camp, Khichripur	15	45	40
	Jain Mandir, Dilshad Garden	15	65	20
	JJ Camp, Anand Vihar	5	65	30
	Priyanka Camp, Sarita Vihar	10	30	60
Extensive Area	Rajiv Nagar, near Harsh Vihar	100	0	0
	Rajiv Camp, Chitra Vihar	0	80	20
	Shastri Mohalla, Patparganj	25	55	20
	Indira Camp, Trilokpuri	0	50	50
	Priyanka Camp, Mathura Road	0	40	60
	Navjeevan Camp, Kalkaji	0	90	10
	Subhash Camp, Dakshinpuri	10	90	0
	Rajiv Camp, Krishna Market	10	40	50
	Balmiki Basti, Jhilmil Colony	0	80	20

Source: Field work (community schedule)

[10] Saboli Khadda and Rajiv Nagar, Harsh Vihar

A few households also mentioned traveling distance as a concern because the CTCs were far away from their homes. The lack of electricity, water and broken doors/windows were also mentioned by a few others. The community profile based on interviews with local informed persons showed that the proportion of households which resorted to open defecation due to the inability to use CTCs ranged from 5 per cent to nearly as high as 60 per cent.

Box-5

Showing Concerns by Forum Member to JE, DUSIB

In a regular group meeting in the cluster, women came to know that a big toilet complex was going to be built in a nearby cluster in Block18 Kalyanpuri. As soon as the community group members came to know about ongoing CTC construction they came together and discussed it with care taker Mr. Rambabu. After having a brief inspection with the help of CTC care taker, the group members decided to raise some of their concerns with the Junior Engineer (JE), DUSIB.

After fixing an appointment, the group members finally met the Junior Engineer and expressed the following concern on behalf of their community: The first point was to make a partition wall between male and female toilets as without the wall, anyone could easily look into the women's toilet, which could result in harassment and teasing. The second point was to raise the boundary wall of CTC to prevent unwanted people from coming inside and stealing. The third and final point was to install a proper dustbin in the women's toilet for easy disposal of sanitary waste etc. The Junior Engineer agreed on 2 points, but was unable to increase the height of boundary wall as it would cost him much more than the amount quoted in the tender. He agreed to coordinate and cooperate with the women on the other 2 points. *Source: CFAR documents.*

The access to sanitation has gradually improved as the proportion of households using shared toilets increased from 2 per cent to 3 per cent. The proportion of households which constructed toilets within their premises increased from 20 per cent to 26 per cent. When surveyed, they reported that they installed toilets primarily to maintain their privacy, although practical dimensions such security concerns, shrinking open spaces due to construction, and high density were all equally important reasons. A few households also reported that awareness campaigns had an influence on them.

As a result, the proportion of households depending on community toilets declined from 60 per cent to 55 per cent. The practice of open defecation has also reduced to meet the goal of a 2 per cent decrease, falling from 18 per cent to 16 per cent. Reducing open defecation was also one of the objectives of forming and educating women's groups. Many individuals report that they now have free access to community toilets as opposed to the base line.

The community has also been active in demanding improved facilities. Empowered by the intervention, women's forums began petitioning against poor services, demanding that CTCs be constructed, reopened, repaired, and better maintained. The groups filed a total of 18 sanitation-related petitions of which 14 addressed the CTCs, thus putting pressure on service providers. Despite this action, many of the complaints made to DUSIB were redirected as they came under the jurisdiction of the MCD. The outcomes of some of these

petitions will be discussed in detail further on in this report. A detailed case study in Box 5[11] of another intensive area-Kalyanpuri captures the relentless struggle of the Women's Forum in ensuring a functional CTC in their area. The role of CFAR has been one of a catalyst rather than that of a problem solving agency. It has worked towards building capacities, generating awareness, and enabling the exercise of local voices to raise issues with the appropriate authorities. Members of the CFAR create better conditions without necessarily assuming a prominent space in the community. This is done so that that the people do not become dependent on them, but instead gain the confidence to articulate and fight for their own rights.

Maintenance still remains a problem with community toilets. Community profiles and interviews with CTC caretakers suggest several problems associated with the quality of facilities and their maintenance. However, these issues vary depending on whether the CTC is managed by the MCD or DUSIB. Among the few households (33) which have been using shared toilets, a majority of them clean it themselves while some others reported hiring a sweeper to do so. The shared toilets have been in place even before the intervention, its proper maintenance and cleaning is given attention with the additional information post-intervention.

Garbage Disposal

Post-intervention, garbage storage practice within the community has witnessed an overall improvement. The proportion of households that store garbage in closed containers as opposed to leaving them in the open increased from 69 per cent to 79 per cent. Although the proportion of households that dispose waste in open grounds and empty plots has decreased[12], the share of households that throw waste in open drains or outside in lanes has increased[13]. The one significant change over time relates to the MCD vans which are now coming to most locations which are at a distance from the dhalaos. It is important to note that the recent introduction of the MCD garbage van has benefitted 13.5 per cent of the cluster residents (see Table 6). Box 6 illustrates a brief case study on a similar initiative.

[11] CFAR case study on Kalyanpuri dated May 2013

[12] Disposal in open grounds has decreased from 35 per cent to 26 per cent of households and disposal in empty plots has decreased from 6 per cent to 3 per cent of households.

[13] Disposal in open drains has increased from 2 per cent to 9 per cent of households and disposal in outside lanes has increased from 2 per cent to 4 per cent.

Table 6: Household Garbage Disposal (% of Household)

	Mid-Term		Baseline	
	No.	%	No.	%
In open drain	28	8.8	5	1.7
MCD van	43	13.5		0.0
In community Dustbin	138	43.3	153	53.5
Outside on lane non designated	14	4.4	6	2.1
Open Grounds	84	26.3	100	35.0
Empty Plots	11	3.4	16	5.6
Sweeper take out from home	1	0.3	6	2.1
Total	319	100.0	286	100.0

Source: Household Survey 2014.

The share of households which disposed of their children's excrement in CTCs increased from 3 per cent to 7 per cent. The more notable change is that the proportion of households which disposed this waste in open drains fell from 77 per cent to 38 per cent. Methods of proper waste disposal were emphasised in the weekly group meetings and IEC materials. This training was accompanied by information on the ill effects of excreta and how disposal in open drains can lead to the spread of disease. It can therefore be concluded that the behaviour change component with regard to waste disposal has begun to take effect in the intensive clusters.

The group of adolescent girls, during their FGD, said that they felt that there has been improvement in many areas of the colony. Earlier, the place was not very clean as people would dispose off garbage and kitchen waste in the area in front of their houses. However, this gradually changed. After the formation of the groups, girls learned about their rights and duties from the CFAR members. As part of their group activity, they began cleaning their house and its surroundings and discussed the importance of cleanliness with their family members as well. This created a ripple effect for other households in the community which also began cleaning. The parents of these girls tried to learn cleanliness and began throwing garbage in designated places. As a result, they also inspired their neighbours to maintain cleanliness in and around their houses.

In their own words: "Pahle hamara ghar ki saf safai hotithi, par log edhar udhar kuda fenkte rahte the, itni safai nahin rahti thi, Jab hum hamare ghar ka safai kar rahain hai to hamara dekh dekh kar dusrone bhi sikha. Isi taraha saaf safai aur acha hone laga" (Previously people did clean their houses, but they disposed of the garbage in front of the house. When we began cleaning the garbage that was put in front of our house, our parents as well as other households learned from our actions).(FGD with adolescent group at Rajasthani group on 14th March, 2014)

Box-6
Collective Efforts by Forum Members

The Women's Forum has been initiating various collective efforts to ensure that the sanitation services of the Municipal Corporation are extended to their settlement. To ensure support for their effort, the Women' Forum collaborated with the Resident Welfare Society in Saboli Khadda to mobilise the community. They organised a public meeting on WSH on 12 December 2012. Despite the support they received, the Women's Forum was unable to convince the authorities that they were entitled to the services as much as the neighboring settlements.

Speaking about this, Vidhyawati (30), one of the founder members of the Women's Forum said that the authorities bluntly asked them, "Why did you decide to live in this ditch?" They told them, that they were so poor that they had no other option but to stay there. Vidhyawati added, "Our association with the Gender Resource Centre had really helped, as we were able to establish contact with the Municipal Corporation though the Centre."

Undeterred by the lack of response from the authorities, Women's forum members met the MLA on 16 August, 2013 and submitted a petition in which they asked him to provide relief immediately by constructing a drain to flush out the water that was stagnating throughout the settlement.

They also revisited the MLA on 23 August and 26 September, 2013. And again on 26 February 2014.They submitted a letter to the Councillor and the newly elected MLA asking for a garbage collection van to be brought to Saboli Khadda to collect waste.

Two days later, on 28 February 2014, the garbage collection van started coming on alternate days to one side of the cluster to collect the garbage. The women then negotiated with MCD to send the van to the other side of cluster as well. Since 7 March 2014 the van has been collecting garbage from all the lanes.

Similar to this, there were several community-led initiatives to ensure the installation and regular clearing of community dustbins. These initiatives are discussed further on in this report.

Menstrual Health and Hygiene

Considerable change was observed among the members of the women's groups, especially with respect to their approach towards menstrual health and hygiene. Over the intervention period, the use of sanitary napkins increased drastically from 39 per cent at the base line to 68 per cent in the midterm. The credit for this change goes to improved literacy, awareness and availability. The women's groups acted not only as a platform for discussion, but also as a channel for spreading awareness from NGOs and government organisations to slum

households. About one fourth of the respondents suggested that the increase in napkin use is due to the spread of literacy. One third attributed awareness generation as an important reason and another one third stated the better availability increased the use of napkins. Ten per cent of the women also reported that the free distribution of sanitary napkins encouraged them to use them. The adolescent group members said that they were no longer as ashamed of matters related to menstruation as they were earlier. Most girls procure pads when they are available in the school or GRC. However, interviews with residents of Saboli Khadda indicated that the GRCs are not always sufficiently stocked, thus severely inconveniencing the residents.

Despite the overall increase in the usage of pads, some girls still use cloth because sanitary pads are a costly option. Baseline surveys show that 51 per cent of women were aware of the positive effects of using pads, but were unable to avail them due to financial constraints. About 32 per cent of women continued to use cloth unless pads were available at subsidised rates. However, after the formation of adolescent groups, the awareness of hygienic practices has increased and even those who used cloth ensured that it was disinfected properly with Dettol, and then washed and dried, and only then re-used . The proportion of women who disposed off the cloth after use increased from 32 per cent to 72 per cent. During the rainy season, when the cloth does not dry properly, the women used sanitary pads which they are able to procure with some difficulty.

On the awareness of use of sanitary pads and the dangers associated with using unclean cloth during menstruation, almost all the girls we spoke to in the FGDs referred to these issues. "Pahale pad ke baremain ham ko pata nahin tha, didi ne bataya ki pad main kuch chemical ho ta hai jo hamare sharir main kitanu nahin jane deta hai. Ham pahele use karte the par iska achyai ke bare main pata nahin tha" (Rajasthani Camp)

"Agar sukhi kapda istemal kara to saf hona chahiye aur din main 4-5 baar saaf karna chahiye aur dho kar dhoop main sukhana chahiye kyon ki dhoop main kitanu mar jate hain" (Discussion with the adolescent group Indira Camp Khichripur)

Another significant change is that instead of self-medicating while experiencing menstrual ailments or discomfort, the women would visit the doctor. For example, some of the girls in the adolescent group faced problems of irregularity caused by excessive blood flow. They were checked by a doctor and since then their condition has improved. One member of the group stated that she once experienced a severe problem during mensturation. Her parents were advised by some villagers to take her to a village for "jhar-funck" (exorcism), but she ultimately convinced them to take her to a doctor instead. She was eventually cured.

From a social perspective, the adolescent girls do face some restrictions during menstruation. For example, they are not allowed to participate in religious activities and cannot freely discuss their periods in front of male members of the family. However, all the girls do attend school, missing it only sometimes when they experience menstrual cramps.

Emerging Practices

Perhaps the most salient outcome of the intervention is the effect that the group formation has had on community confidence and its involvement in the change-making process.

Once the groups were established, its members were empowered to come together and not only voice the concerns and problems that needed attention, but also navigate the various steps and procedures required to deliver results. "Unko pata hai ki yeh ladki NGO se judi hai, toh yeh kuchh bhi kar sakti hai" (They know that this girl is linked to an NGO, so she can do anything) said a member from Jain Mandir, discussing the response of service providers. Their attempts at advocacy were met with different sets of challenges and therefore, each endeavor achieved varied levels of success. This section will examine these community efforts, noting cases that were successful as a result of this intervention as well as those which were not able to take flight.

The group in NTPC Subhash Camp went on to achieve significant success as a result of its group activity addressing drainage. They came together and managed to ensure that the local authorities would cover the open drain that was flowing between their houses and extend the water connection up to their houses. The open drains was a safety hazard to children who fell in and a few even died as a result. The group, first contacted the concerned Junior Engineer (JE), but despite several visits, they were not heeded as the engineer stated that there was no water problem in the locality. The group then, with the support of the CFAR members and the *pradhani*, created an elaborate map of the drains, water systems, and motors used in the community. To do so, the CFAR members called a meeting of the group members and decided to map the drain and water problem faced by the households. The women of the group sketched every nook and corner of their locality, tracing every *gali* and plotting every water connection and drain. The *pradhani* also attended the meeting and since she was an elderly and knowledgeable member of the slum, she could easily identify and help sketch the type and number of water connections. The members went to the engineer with their map. The engineer further asked them to locate the motors that were used. They did so and presented their map again.

After two weeks of persistent efforts, the group members were successful in getting the engineer to recognise their claim and covered the drains. The local households helped in this process by providing them with labour service. The effects of community hygiene education were also visible as residents were careful to throw waste away from the drain. Subsequently, it was found that the pathway between the drain covering and the nearby houses remained muddy and unsafe during the rainy season. Once again, the group members convened and agreed that the affected members would cement the remaining area at their own expense, thus resolving the problem. Since then, no child has fallen into the open drain. This example is one of the strongest demonstrations of the convergence as envisioned by the intervention. Not only were the women able to collectively campaign for their cause, but they also endorsed the various health practices that were promoted by CFAR.

Another example of community initiative was seen with the adolescent girls from Rajasthani Camp. Following a street play that CFAR organised to observe Global Hand Washing Day in 2012, some of the girls in the audience approached the CFAR members and said, “We also want to perform. We like what they are doing can you help us?” With support from CFAR, there is now a group of 17 girls, aged between 11 years and 16 years who call themselves ‘Umeed’ or Hope. They performed recently at the government-organised Fair or the Vatsalaya Mela, addressing issues such as the rights of the girl child and the challenge of a declining sex ratio.

Constraints

The forum members in Saboli Khadda were unhappy to find that although the responsibility of garbage collection lies with the local government authorities, the MCD van came to collect garbage on an irregular basis. After making several complaints, the forum was pleased to find that the van began coming into regularly. This successful attempt built the women’s confidence and gradually strengthened their group.

Despite this success in mobilizing the community, not all initiatives from Saboli Khadda achieved their goal. The colony is situated at a low level and the lack of a drainage system in the colony posed tremendous problems for the households. Water from their bathrooms and kitchens had no proper outlet and flowed into the streets and open plots. Nearly 30 women, including all the members of the group, collectively wrote an application and submitted it to the authorities, but till now, no progress has been made regarding this issue.

Box 7:

Women’s Forums Undertaking Advocacy on Wider Platforms

Women’s forums, along with CFAR, have also taken the initiative to become active contributors to larger campaigns such as Right to Sanitation Campaign of South Asian Countries (SACOSAN). Similarly, on November 19 on World Toilet Day, the forums participated in a consultation organised by the Right to Sanitation Campaign on the “Crisis of Sanitation”. The forums were represented by 14 women from Kalyanpuri, Sunlight Colony, and Indira Camp Kalyanpuri of whom 3 shared their views at the event.

Source: CFAR.

(Picture 1: Houses Built on Low Land in Saboli Khadda)

Since poor drainage was not properly addressed, water logging soon became a major challenge for Saboli Khadda. Working people often faced difficulties going to work when the roads were water logged. Often, they have had to spend time to arrange for domestic water, draining of water due to the water logging. As an added challenge, the cluster does not have a proper drinking water system and so the residents had to rely on nearby areas for water. The rainy season makes it especially difficult for people to arrange for drinking water. Children are affected as commuting to school becomes difficult for them. Water logging also leads to the spread of diseases such as malaria, chikungunya etc. Households from this locality took the issue up with the local Member of Legislative Assembly (MLA) on multiple occasions, but the authorities did not have any solution to the problem.

Picture 2: Drain Outlet at Saboli Khadda

Like Saboli Khadda, many clusters have been unable to get their needs addressed to by the concerned authorities. Although women in these areas received information and encouragement to raise issues, their efforts have not yet been successful.

For example, some women in Anand Vihar came forward to complain about the poor drainage system. Most of these drains are open and unhygienic in the rainy season. This is worsened by the fact that residents block the drains discharging solid wastes into them. This also indicates the failure of the behaviour change communication against unsanitary waste disposal. The response to the residents' complaints has been poor as the MLA who initially received the complaint is yet to respond and so far, no organisation has come forward to address the issue.

In another instance of inaction by the authorities, as told in the FGDs, in some areas, women were experiencing harassment and teasing from male groups. This was found especially in the Jain Mandir area where there were even cases of the boys pulling at the girls' duppattas. They said that these incidents happened with adolescent girls when they went to the public toilet, especially in the evening or at night. As a result, the incidents restricted their

mobility and their use of the community toilets. The group members, with the help of other households, submitted a written application to Maharani Bagh police station against the harassment, but the police has taken no initiative in response to this. Neither has any organization nor any police officer came forward to tackle this issue. The group suggested that police be stationed outside the community toilet, especially from 6 p.m to 10 p.m. At present, their complaints to the local police station about teasing and harassment has yet to receive a response.

Box 8

Negotiating for Sweeper Services and Drain Cleaning

The households in the Navjeevan Camp, Kalkaji group discussion reported another example in which despite making complaints, the community could not make a difference. However, this situation also resulted in a disagreement between the residents and the authorities. The condition of the drains was very poor and garbage was not collected properly. “Sweeper aate hain aur dekh ke jaate hain” (Sweeper comes regularly, but does not work). In fact, the sweeper worked only when paid to do so. These unsanitary conditions allowed mosquitoes to breed and spread illness. Despite complaining about the situation, no solution has been found. Rather, it has often resulted in two sides criticising each other—the officers criticising the inhabitants for their poor sanitary practices and the inhabitants complaining about the inadequate and unsatisfactory services. Eventually, the local residents were forced to clean the area themselves which can be especially challenging in the rainy season when drains overflow and dirty water enters their homes.

Although the Navjeevan Camp is yet to achieve success, the areas of NTPC Subhash Camp and Jain Mandir, which also faced conflict with the local sweeper, who demanded money for service, were able to successfully correct the situation through filing complaints.

The girls in the adolescent forum became concerned about the toilets in their school after learning about the consequences and dangers of unhygienic toilets and surroundings. The toilets, even in the school, were very dirty and unhygienic. Motivated as forum members, the adolescent girls put in a written application regarding the matter, but no changes have been observed yet. This demonstrates community engagement in a powerful way, but also shows poor response on behalf of the service providers.

In Rajiv Nagar Camp, near Harsh Vihar, there was an instance of community inaction, caused by the lack of group consensus. In this area, there was no community dustbin and so garbage was disposed in a large government plot that was close to the colony. The garbage from that area and the nearby areas was then disposed by the MCD. The MCD vans collected

garbage from these colonies on a regular basis and rag pickers came to the plot everyday to take plastic and iron bits. According to the local women, the condition of the plot was very poor and got worse during the rainy season. This in turn affected the health of the households residing in the nearby slum, causing diseases such as malaria. However, the households are yet to complain about this either to the MCD or to the local MLA or MP. During the FGD, members of the women's forum believed that if women demonstrated unity and harmony, then they would succeed in improving their condition. Many women feel motivated to participate in group activities and they even recognize the necessity of protesting and writing complaints. However, other women in these groups continue to remain reticent. This example demonstrates the failure of the community mobilisation mechanism.

V: Impact of Women's Groups and Adolescent Groups on Other Social Spheres

Collectively, the women's forums have been able to address a variety of issues, including those that are not covered by the mandate of the WSH programme. The women have said that taking community initiatives helped them feel more empowered. "Ab to thana main ja kar lad latehain" (Now we can go to the police station and argue), they say. Women from NTPC Subhash Camp have tackled domestic violence and adolescent girls from Rajasthani Camp have been able to assert their desire to get education before getting married. With respect to gender issues, the women's groups acknowledge that boys and girls are equal and deserve an equal education. Forum members have become more proactive in this by attending parent-teacher meetings and ensuring that their children do not skip school. The women also made concerted efforts to bring the levels of alcoholism down. As reported by a woman from Saboli Khadda, people now consume liquor at home, thus reducing the occurrence of quarrels and violence to some extent. However, these positive examples are often off-set by highly entrenched habits. A forum member from Kalyanpuri (Shashi Kaur) reported that alcohol consumption and the problems related to it had in fact increased in recent times.

These days most of the deliveries are institutional. Forum members have now become aware that complications during pregnancy can be fatal if appropriate help is not sought. Earlier, when complications arose with home delivery cases, households would end up spending more money, seeking emergency health services. They realized that hospitals are best suited to handle pregnancies and other health complications.

Women's groups have now come to understand the importance of surveys and the census, reaching out to the investigators and providing information themselves to ensure that their locality and households are enumerated. General knowledge about various government programmes, application procedures and advertisements related to these help the locals to apply and avail the opportunities associated with them. A CFAR volunteer in Jain Mandir helped raise awareness about keeping a copy of important documents. Members of the group are now also aware that the application for any identity card can be printed from the internet.

VI: Conclusions and Recommendations

The CFAR initiatives and interventions have been successful in certain contexts and require more concerted actions on several other fronts. It is important to recognize that the area of their intervention and the communities inhabiting therein face several persistent problems, of poor employment avenues, low incomes, unemployment, alcoholism, drug abuse, petty crimes apart from the problems of WSH. Any programme of the kind that CFAR is involved in is bound to face these issues which come up as local concerns. Often, as is the case in most areas, these issues are interlinked with the WSH concerns as well.

Mobilising and Incentivising

To address the concerns of WSH and convince as well as mobilize local women around these issues requires adoption of mechanisms that can attract them and also serve as an incentive of sorts. One of the major problems during the implementation process related to the fact that the community was unenthusiastic about such activities. Having lived through years of deprivation and not witnessing any sincere efforts at helping them, most women tended to be initially suspicious. Making the women and their communities realise that association with an NGO or more importantly formation of a group can indeed be beneficial requires an illustration or practical experience. For example when the women experience that as a group they can demand for due services and have them delivered without any commission or illegal payment, they feel encouraged. The formation of SHGs as part of GRC activities also served such a purpose of incentivising the women. This becomes a first step at times which subsequently turns into the realization of the significance of forming and functioning as women's forums. The realization of the power of groups, working as a united force, is

witnessed in most of the areas of study, although not in all instances. Thus, these may be viewed as islands of success amidst the persistent and common problems facing the communities.

Building Trust and Investing in Training, Campaigns and Interactions

The community mobilisers play a critical role in generating trust, building confidence and sustaining community interest. Having a long term association with the mobilisers and training them is critical. A break in continuity does not help the cause of formation of trust based women's groups. There are few things which are necessary. It is important that they be well-trained and familiar with the WATSAN (water and sanitation) activities so as to ensure that the communities accept the messages of the intervention. This can be achieved by providing them with strong training and assigning more time to the training sessions. It is also important that they get practical exercise and that all training workshops are uniform across GRCs. Regular refresher training can also strengthen the programme. In addition, community mobilisers also need more support from the MCD and other stakeholders, including the Member of the Legislative Assembly (MLA), who are often not responsive.

Bridging Distances

One of the most important factors that restrains the women and girls of these clusters from accessing many such services is the distance at which they are available. In Saboli Khadda, it was found that residents were unable to visit the GRC to acquire sanitary napkins or get checked for sexually transmitted infection as the centres were too far away. This situation can be addressed either by ensuring that the GRCs visit the slum clusters more regularly or that new GRCs are set up in more accessible locations.

Similarly, the one adolescent group formed by CFAR and some of the women's groups, especially NTPC Badarpur, wanted to receive vocational training in areas such as stitching, dancing, work in beauty parlours etc. These are offered at the GRCs, but since they are distantly located, the residents now demand that the training be offered during group meetings itself. As an alternative to GRC training, partnering with local NGOs that offer skill-based teaching can also help the residents realise their aspiration to learn. These opportunities are especially important as they can enhance the women's skill and chances of

their getting better employment . It is strongly recommended that forum members participate in training programmes or form SHGs as a form of social security. This not only benefits them individually, but also offers them an incentive to remain united with the forum.

Discussions with the residents established that the generation of awareness and provision of services is not sufficient to ensure that they avail them. The issue of accessibility is also an important factor because in many instances, the lack of accessibility is the most prominent factor that inhibits residents from using these facilities. As reported earlier, many households chose to construct private or shared toilets because CTCs were too far away from their homes. Similarly, when residents fall ill, they first approach the nearest healthcare provider, one who often turns out to be a quack. The intervention of the ASHA worker has the potential to provide doorstep services, making information on health more accessible. Based on the recommendations above, it is clear that the problem of distance needs to be tackled either by widening the coverage of services providers or creating alternatives for an inaccessible service.

Raising Demand for Services

Clean and well maintained toilets, regular and assured water supply, demand of DJB tankers were all aimed in the course of this midterm evaluation. Several clusters pointed out the CTCs require better maintenance and cleaning. Since cleanliness is an important factor that prevents residents from using the CTC, improving this service is likely to yield a variety of positive health outcomes associated with safe defecation.

There are several demands that are yet to be met and addressed to in all the FGDs across the clusters. Among adolescents this was regarding provisioning of dustbins within the community toilets and the safety and security in the toilet complexes but also more generally in the localities. The latter has been addressed often effectively in some clusters. Participants in FGDs also expressed the need for closed sewerage and drainage to prevent the spread of disease. It is also recommended that the slum clusters be sprayed on a regular basis to prevent mosquitoes from breeding and transmitting diseases. Examples such as that of the NTPC Subhash Camp show that dustbins need to be placed in each street because even though slums do tend to have one or two dhalaos, the households situated far away from these sites are less likely to dispose their garbage properly. Similarly, all the women’s CTCs

must also be equipped with dustbins so that women can safely dispose off their sanitary napkins, without having to throw them into toilets, open drains etc.

In addition, these girls and women must also be given access to low cost sanitary napkins, especially during the rainy season since the option of using cloth which is clean and sun dried is more difficult during this season.

While discussing the response of service providers, some of the FGDs state that even though water supply is available from Delhi Jal Board, hand pumps should also be installed because the residents of these areas still faced water scarcity. Care must also be taken that the water tankers used by the Delhi Jal Board are cleaned from time to time.

Effectiveness of Tools

When asked about the different behaviour change tools that were used in the intervention, respondents in interviews and FGDs suggested that the camps and GRCs were the most memorable. Information, education, and communication (IEC) material, on the other, hand received a milder response. Therefore, the quality of IEC materials could be further developed to increase the retention of information.

Inadequate personnel and resources to sustain the intensity desirable for such an intervention to be effective came through. More interactions and meetings were clearly required in many areas, where the women's forums are not yet confident of handling problems faced by them independently. Groups which have been in place for a longer duration have been more effective and women members have indeed turned into leaders.

Enhancing the frequency of health camps, providing training for girls within the clusters and more regular meetings with CFAR members were some of the demands raised.

Intensity and Involvement of CFAR

Findings from the field surveys, FGDs, and interviews indicate that CFAR members should be employed and remain posted in a designated position for a specified period of time. The CFAR member is central to the overall progress of the community and therefore, cannot be abruptly removed. Rather, the member should be allowed to stay on until a strong leader has emerged from the community to guide the people further. In the case of NTPC Subhash

Camp, once the designated CFAR member who had built the rapport with the women stopped working with the people, it affected the group formation significantly. Following her departure, the forum was unable to organise regular meetings for two months. Thus, adequate involvement for the requisite time till the group matures is mandatory, but this calls for more resources and personnel, which is often scarce.

The instance of Saboli Khadda is a reflection of the effectiveness of a group which has matured from infancy and is now capable of conducting its own meetings and activities without CFAR supervision. Box 10 tells the story of one such community leader in this area. Encouraging this sort of leadership and initiative is of utmost importance to the project, and this can be realised only with the initial support of a dedicated CFAR member.

In a particularly surprising case from Saboli Khadda, members of the women's forum walked into the local electricity office, demanding that the power supply be restored in their colony. As a part of their protest, the women switched off the lights and fans in the office, demonstrating to the officers, the discomfort that they were facing. The electricity, connection was restored and the womens' group felt vindicated.

Converging Synergies

There are a number of organisations working in these areas with similar or connected concerns and issues of interest. Bringing them together in some form of a concerted way can help them to become more effective. In what ways this is feasible and can a way of finding mutual interests help towards building a network of sorts to fulfill the WSH objectives more effectively and economically remains an area of future exploration.

Box 9

'Rita' the Role Model

Rita (name changed) from Saboli Khadda is an active member of the forum. At the time of joining, she faced considerable opposition to her involvement with the forum, but with time she became a role model for her community. Since becoming a member, she has tackled a range of challenging issues such as electricity shortages, inflated electricity bills, stopping pre-natal determination of sex, irregularity in CTC services, and the need for protection from women police officers. She negotiates with offices such as the electricity department, GRCs, and DUSIB. The people in her locality as well as other slums have come to respect her as a leader and depend on her as a resource person.

Box 10

Toilet Built and Shared by Hindu and Muslim Households in NTPCSubhash Camp

On one side of the NTPC Subhash Camp, roughly 26-30 households use shared toilets. Among these, a particularly interesting case emerged in which Hindu and Muslim households came together to construct and share their toilet. The households shared the cost of construction and jointly run and maintain it. Their primary reason for installing a toilet is the CTC is situated too far away from their gali to be accessible at night. They decided to share the facility because there was enough space to construct only a single toilet. The joint construction may also have reduced the overall cost of construction. Decisions regarding repair and maintenance are made democratically. Recently, they spent about Rs. 10,000 to rebuild the wall of the toilet with each user contributing Rs. 400. The cost of sweeper services is also shared equally. However, since the toilet is not cleaned regularly, it remains dirty. The residents report no instances of quarrels over the toilet, possibly because they have no alternative. They do point out that the biggest problem is that a large number of people depend on the two-seat toilet, often resulting in the formation of queues in the morning.

This toilet was constructed before the commencement of the WSH programme, suggesting that if provided with adequate resources and capital, households are willing and capable of generating creative and rational solutions to their problems.

Box 11

Shared Toilets in Priyanka Camp Sarita Vihar near Ali Gaon

In Priyanka Camp Sarita Vihar near Ali Gaon different households jointly constructed a total of 12 shared toilets, sharing the cost equally. Each toilet was constructed and managed by 5-12 households. These were constructed in the households that were situated above the drain as it provided them with an outlet for waste. The cleaning of the toilets was overseen mainly by the women of the user households. The households reported no instances of conflict over the toilet. Neighbouring households also expressed their desire to build toilets, but were unable to do so as they were not well situated around the sewage line.

This example shows that if provided with sufficient means, the community is able to organise itself to realise its needs. All that is required is the support of an agency and the will.

Box 12

Waste Disposal in NTPC Subhash Camp

The NTPC Subhash Camp has an open land area called "daldal". The name, "daldal" means that the land is very deep. People often disposed their garbage in the daldal, leading to health problems in the locality. Despite the installation of a dhalao, households near the daldal continue to dispose garbage there because the dhalao is situated at a distance. This part of the slum does not have access to a dustbin either. Although MCD vans collect garbage from the dhalao, they fail to clear garbage from the daldal. A locally held belief, as expressed by one of the female residents, is that if the community continues to throw garbage into the daldal, it will fill up one day and more land area will then become available to them. However, it is clear that the primary cause for disposing garbage in the daldal and not the dhalao is that the dhalao is not conveniently accessible.

Box 13

Act against Pre-natal Sex Determination

An example from Kalyanpuri slums demonstrates that with time and training, women's forums can become capable of exerting considerable influence on their surroundings. In this cluster, the women's forum received news that a local clinic was conducting tests for pre-natal determination of sex. Aware of the fact that this practice is unjust and illegal, the women's forum decided to pursue the matter. However, as they approached the clinic, they found that the owner had shut down his facility and left. One of the local leaders, Shashi Kaur reckons that the owner fled the locality, fearing action from the women's forum.

Annexure 1: District / GRCs wise details of clusters

District	Area GRCs	Name of cluster	Land Owning Agency	Total Households	Total household covered
Shahdra	Save II	Railway Quarter Mandoli Road	DUSIB	300	0
Shahdra	Action India	Old Seemapuri, near crimination ground	DUSIB	1600	0
North East	Ganga SocialFoundation	Block C Sanjay Camp Gokulpuri	DUSIB	900	0
East	Caring Foundation	Block 1 2, Khichripur, near Gajipur Ph 1	Partially DUSIB & Partly Flood	250	0
East	Ashadeep Foundation	JJC, block 18 Indira Camp , Kalyanpuri	DUSIB	1200	0
East	Ashadeep Foundation	Block 19 20 Kalyanpuri	DUSIB	400	0
South East	Ark Foundation	I.G. camp II	DDA	400	0
South East	CASP Delhi Ext. centre	Harijan Camp Mehar chand market Lodhi Road	L&DO (Ministry of UD)	700	0
South	Sakaar Outreach	Mini Subhash Camp, near Police station,Daki Ext.shinpur	DUSIB	300	0
Comprehensive				**6050**	0
Shahdra	Save I	Balmiki Basti Block B Jhilmil colony	DUSIB	300	19
Shahdra	Save I	Rajiv Camp behind Krishna Market,Jhilmil Colony	DUSIB	800	73
Shahdra	CFAR	Rajeev Nagar, Near by Harsh Vihar	Private	2000	41
East	Amba Foundation	Rajiv Gandhi camp, Chitra Vihar	DDA	400	20
East	Amba Foundation	Shashtri Mohalla, Patparganj	DDA	1300	43
East	Sadik Masih	Indra Camp,	DUSIB	1200	41

		surrounded by block 28 29,Trilok Puri			
South East	Praytna	Priyanka Camp, Mathura Road	DDA	250	20
South East	Shanti Shahyog	Navjeevan camp, Govindpuri, Kalkaji	DDA	5000	50
South	Sakaar Outreach	Subhas Camp, block 4,5,6,7 near Police Station, Dakshinpur	DUSIB	1289	44
Extensive				**12539**	**351**
East	Ashadeep Foundation	Indra Camp Block 17 21 Kalyan Puri	DUSIB	1300	194
South (SouthEast)	EFRAH	Priyanka Camp, Ali gaon near Sarita Vihar	DDA	700	132
Shahdra	Save I	Rajiv Camp Jhilmill Industrial Area, near A & B block	DDA	500	55
Shahdra	CFAR	Saboli Khadda, Nearby Mandoli	Private	600	109
Shahdra	Action India	Jain Mandir, DIlshad Garden	DDA	1600	187
East	Caring Foundation	Indra Camp Khichripur	Partially DUSIB & Partly Flood	400	54
East	Amba Foundation	J.J Camp Adjoining Anand Vihar	DUSIB	500	91
South (SouthEast)	JMC (Jai Shankar Memorial)	Rajsthani Camp, near Janta Quarter Sarita VIhar	DDA	600	89
South (SouthEast)	EFRAH	Subhash Camp NTPC, Badarpur Border	NTPC &DDA	500	99
Intensive				**6700**	1010
Grand Total				**25,289**	1361

Annexure 2:
A Case of Group Initiative in Constructing Drain in NTPC Subhash Camp

The women's group in the NTPC Subhash Camp managed to achieve a major success due to their effective group activity. The group ensured that the local authorities would cover the open drain that lay between their houses and also extend the water connection up to their houses. Previously the group contacted the concerned Junior Engineer (JE), but despite several visits they were not heard. The engineer replied that there is no water problem in their locality. "He never listened to us," said the women. They remained adamant and the organization members helped them think of a strategy. Drawing up a map would make the JE appreciate their problem better. So when the JE asked the women for a map, they braced themselves to do something that they had never attempted in their lives.

The CFAR members *(didi aur bhaiya*) called a meeting of the group members and decided to map the drain and water problem faced by the households. The women of the group sketched every nook and corner of their locality, tracing every *gali* and plotting every water connection and drain. In the past, there had been two or three incidents when a child fell in and even died an open nala (drain).The *pradhani* (head woman of village) also attended the meeting and since she was an elderly and knowledgeable member of the slum, she could easily identify and help sketch the type and number of water connections. The members went to the engineer with their map. The engineer asked them to locate the motors that were used. The group members sketched the motors the households used. For almost 15 days the group, time and again, went to the engineer. Eventually, the JE responded and the drain was covered and water pipeline was extended to all the households. The women were delighted as they had finally succeeded in solving their problems. They view this achievement as a result of making the map collectively. "Naksa banana se yeh fayda hua ki nala bhi hamara ban gaya, pani bhi hum ko mil gaya, faida hi faida"(The benefit we got by making map is that the problem relating drain was solved and we got water).

During construction all the households helped the department in providing them with labour service. They threw the waste away from the drain and when asked about empowerment of the group they said, “Ab to hum jagruk ho gaye, ab usse bhi age daurenge, hamara dour aage tak hai, haar nahin manenge, ab aage ladhenge” (Now we are aware, we run faster than that, we will not accept defeat, we have to fight). “Pahele to koi bolti nahin thi dar ke mare, awaj nahin nikalta tha, ab to hum aap se bhi baat kar lete hain, koi bhi aa kar khada ho jai, hum baat kar letehain” (Before, no one could speak up because we were all afraid, our voices were too weak, but now we can talk even to you, we can now talk to anyone who stands before us).

The department constructed the cement slab above the drain, but the space between the slab on the drain and their houses remained muddy.Rain made the pathways muddy and unsafe for walking and negotiating. Hence the members organized another meeting and decided that all the households that are affected by this problem, after the construction of the slab over the drain, will cement the rest of the area as well at their own expense. This solved their problem completely, making the entire path between the jhuggis pucca and cemented. There is now no fear of a child falling into an open drain or any other such mishap.