GENDER EQUALITY AND SOCIAL INCLUSION IN URBAN WASH

LINKING URBAN POOR TO WASH SERVICES IN ODISHA

Anju Dwivedi | **Tripti Singh** | **Abhinav Kumar** | **Pradeep Mohanty** | **Sudeshna Sathpathy**

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List of Abbreviations

ALF	Area Level Federation
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BoV	Battery Operated Vehicle
BLC	Beneficiary Led Construction
CAA	Constitutional Amendment Act
CBO	Community-Based Organisation
CDPO	Child Development Project Officer
CLF	City Level Federation
CM	Chief Minister
COVID-19	Coronavirus Disease 2019
CPL	Community Participation Law
CSO	Civil Society Organisation
CT	Community Toilet
DBT	Direct Benefit Transfer
FGD	Focused Group Discussion
FI	Financial Institutions
FSM	Faecal Sludge Management
FSTP	Faecal Septage Treatment Plant
GESI	Gender Equality and Social Inclusion
GoO	Government of Odisha
HH	Household
HUDD	Housing and Urban Development Department
IDI	In-Depth Interview
IEC	Information, Education and Communication
IHHL	Individual Household Latrine
INR	Indian Rupee
JNNURM	Jawaharlal Nehru National Urban Renewal Mission

KII	Key Informant Interview
LEC	Land Entitlement Certificate
LRC	Land Rights Certificate
MAS	Mahila Aarogya Samiti
MCC	Micro Composite Centre
MFI	Micro Finance Institution
MoU	Memorandum of Understanding
MRF	Material Recovery Facility
MSG	Mission Shakti Group
MUKTA	Mukhya Mantri Karma Tatapara Abhiyan
NGO	Non-Government Organisation
NULM	National Urban Livelihoods Mission
OBC	Other Backward Class
OLHM	Odisha Liveable Habitats Mission
OD	Open Defecation
O&M	Operation and Maintenance
PHED	Public Health Engineering Department
PRI	Panchayati Raj Institution
RWHS	Rain Water Harvesting Structure
SC	Scheduled Caste
SDA	Slum Dwellers' Association
SHG	Self-Help Group
SBM-U	Swachh Bharat Mission-Urban
SeTP	Septage Treatment Plants
ST	Scheduled Tribe
SWOT	Strengths, Weaknesses, Opportunities and Threats
ULB	Urban Local Body
UWEI	Urban Wage Employment Initiative
WASH	Water, Sanitation and Hygiene
WSHG	Women's Self-help Group

Abstract

India has made considerable physical progress towards infrastructure creation under various national water and sanitation programme, yet, the pandemic in 2020 further deepened WASH inequities for the urban poor. Evidence on the pandemic has demonstrated that community-based organisations (CBOs) played a pivotal role in facilitating on- ground during the pandemic to mitigate shocks to urban poor. They were instrumental in providing support in accessing food, health, and WASH services to urban poor by partnering with city governments. In Odisha, Self Help Groups (SHGs) and Slum Dwellers Associations (SDAs) are emerging as part of the fourth tier of governance structure that allows urban poor to actively participate in civic work.

Against this background, participatory research was undertaken in Dhenkanal in Odisha to understand the challenges most marginalised groups face in accessing WASH services in poor urban settlements; explore the role of the fourth tier of governance in ensuring inclusive, equitable and sustainable access to WASH services to the urban poor, especially to the marginalised groups in unserved and underserved urban poor settlements during the pandemic; identify the underlying principles and factors for the deepening of engagement of community-based organisations (CBOs), in the framework of the fourth tier of governance, such that urban poor-led community-based groups can ensure inclusive and sustainable WASH services in a poor urban settlement.

The study explores various opportunities, such as enabling policy and programmatic focus and challenges, such as weak capacities and deep-rooted exclusionary processes CBOs face to support marginalised groups accessing WASH services. Finally, the study analyses the concept of fourth-tier governance in the context of SHGs and SDAs in Odisha.

The study recommends defining the framework for the fourth tier of governance with clear roles and responsibilities of different CBOs, strengthening CBOs to become anchors for disseminating information on programmes and schemes to the poor and marginalised who often get excluded from programmes because of lack of knowledge. The study underpins the need for institution-building and improving the financial health of these institutions.

1 | INTRODUCTION

Access to essential and basic services such as water and sanitation for the urban poor, especially the most marginalised groups – Scheduled Castes or Tribes (SCs/STs), women, transgender, elderly, differently-abled person, slum dwellers, etc. remains a challenge worldwide. In recent years India has made significant progress in improving access to water and sanitation. Under the Swachh Bharat Mission (SBM), more than 6 million toilets have been built, and nearly 11 million households have received piped water supply. Community-Based Organisations (CBOs) have been key in addressing these challenges. They are crucial in representing the priorities of their communities, linking communities and external agencies, and facilitating the implementation, maintenance and monitoring of development projects, including projects and schemes on water and sanitation.

Various state governments leverage the CBOs in development programmes to enhance access to the most vulnerable. These groups often act as a connect between the citizen and the government. India's 74th Constitutional Amendment Act (CAA), promulgated in 1992, paves the way for decentralisation by constituting the third tier of governance at the municipal level.

The CAA recognises three tiers of government – Union, State and Municipal – symbolising democratic decentralisation and devolution of executive and legislative functions. The jurisdiction of the last tier of government in urban areas is over a large geographical area, which makes the direct participation of citizens a challenging proposition. Under the Jawaharlal Nehru National Urban Renewal Mission (JNNURM), a flagship programme of the Government of India initiated in 2005, one of the reforms aimed to increase the role of community participation in urban governance. A community participation law (CPL) was created as a mechanism for deepening the process of democratic decentralisation. In addition, it proposed the introduction of elected "*area sabha* representatives" at the level of electoral booths, i.e. about 3,000 voters or about 12,000 population. The Area Sabhas were seen as forums for grievance redressal, information exchange and suggestions for development (Bhide 2017). Instances of organisations based on community participation in states include Madhya Pradesh's Mohalla Committee,[1] which is supposed to advise the local body about the interests of a Mohalla and its residents and help the Urban Local Body (ULB) provide essential services and implement other government programmes. Kerala has also institutionalised the role of CBOs through Kudumbashree,[2] especially

Self-Help Groups (SHGs), in service delivery of various government programmes, including housing and Water, Sanitation and Hygiene (WASH).

During the COVID-19 pandemic, CBOs across India were leveraged to meet the demand for personal protective equipment for frontline workers, including sanitation workers and masks, especially for the urban poor. As a result, about 20,000 SHGs from 27 Indian states produced masks, sanitisers and handwash. In addition, SHGs provided banking and pension services and enabled individuals to access credits in their accounts through direct benefit transfers (DBTs) (The World Bank 2020). Further, CBOs spread awareness of social distancing and hygiene practices and were involved in distributing food and other necessary material disrupted by the lockdown policies (National Disaster Management Authority 2020; National Institute of Urban Affairs 2020).

The pandemic has spotlighted governance, infrastructure, and water and sanitation services gaps in poor urban settlements that must be addressed to create resilient cities. It exposed the fragility of marginalised and vulnerable groups like women, transgender people, children, the elderly, urban poor, SCs, STs and differently-abled people residing in poor urban settlements. COVID-19 led to the widening of WASH service gaps in urban areas. How far can CBOs help to plug those gaps? As local governments increasingly collaborate with CBOs to effectively deliver essential services, concerns have emerged about their representative character. These organisations face challenges in promoting the voices of marginalised groups in poor urban settlements.

The study in Dhenkanal, Odisha, seeks to:

· Understand the challenges most marginalised groups face in accessing WASH services in poor urban settlements
· Explore the role of the fourth tier of governance in ensuring inclusive, equitable and sustainable access to WASH services to the urban poor, especially to the marginalised groups in unserved and underserved urban poor settlements during the pandemic.
· Identify the underlying principles and factors for the deepening of engagement of CBOs, in the framework of the fourth tier of governance, such that urban poor-led community-based groups can ensure inclusive and sustainable WASH services in a poor urban settlement.

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1 Mohalla is a subset of a local body or any colony or apartment complex comprising a minimum of 100 members residing there or as the local body decides (Madhya Pradesh Nagar Palika Mohalla Committee (Constitution, Functions, Powers, and Procedures for Conduct of Business 2009)

2 Kudumbashree is the poverty eradication and women empowerment programme implemented by the State Poverty Eradication Mission of the Government of Kerala. Its formation was in the context of the devolution of powers to the Panchayati Raj Institutions (PRIs) in Kerala, and the People's Plan Campaign, which attempted to draw up the Ninth Plan of local governments from below through the PRIs. Kudumbashree has a three-tier structure for its women's community network, with Neighbourhood Groups at the lowest level, Area Development Societies at the middle level, and Community Development Societies at the local government level.

2 | THE FOURTH TIER OF GOVERNANCE IN ODISHA

The Housing and Urban Development Department (HUDD), Government of Odisha (GoO), has conceptualised CBOs such as SHGs and Slum Dwellers' Associations (SDAs) as "the fourth tier of governance"(HUDD, 2021). These collectives act as a layer between the ULB and citizens to ensure participatory governance (Janaagraha n.d.).

The involvement of CBOs in the governance process has a long history in rural areas of Odisha, where they have supported the government in various programmes related to service delivery.

the fourth tier of governance by the GoO. This scheme was later converted to the Mukhya Mantri Karma Tatpara Abhiyan (MUKTA) scheme.[4] SHGs and SDAs have played a crucial role in the implementation of both UWEI and MUKTA.

Additionally, in 2017, the Odisha Land Rights to Slum Dwellers Act was passed. This was followed by the launch of the Odisha Liveable Habitats Mission (OLHM), better known as the JAGA Mission, in 2018.[5] It aims to upgrade 2,919 slums in the state by assigning land rights to
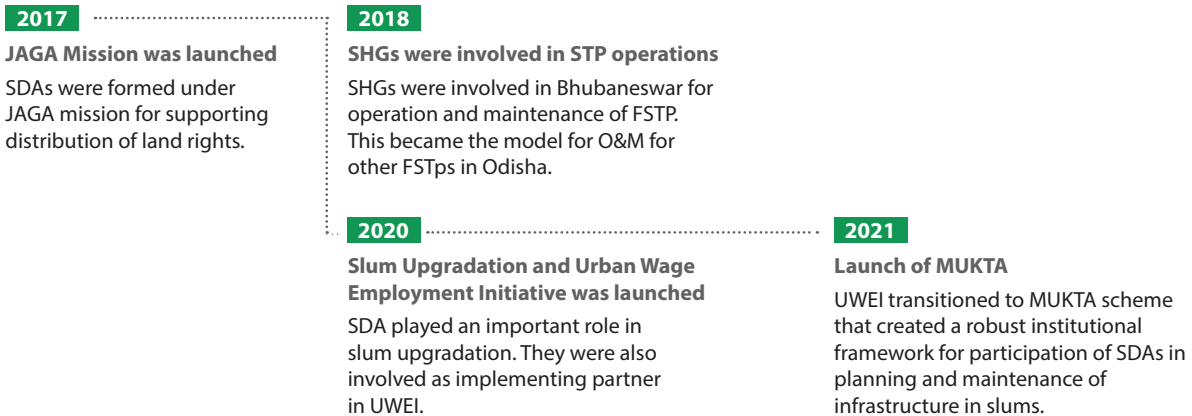
2017
JAGA Mission was launched
SDAs were formed under JAGA mission for supporting distribution of land rights.

2018
SHGs were involved in STP operations
SHGs were involved in Bhubaneswar for operation and maintenance of FSTP. This became the model for O&M for other FSTps in Odisha.

2020
Slum Upgradation and Urban Wage Employment Initiative was launched
SDA played an important role in slum upgradation. They were also involved as implementing partner in UWEI.

2021
Launch of MUKTA
UWEI transitioned to MUKTA scheme that created a robust institutional framework for participation of SDAs in planning and maintenance of infrastructure in slums.

Figure 1: *Evolution of CBOs in Urban Development Programmes in Odisha*

However, the involvement of SHGs in urban development programmes began only in 2018 when SHGs were engaged in managing the septage plant in Bhubaneswar. This paved the way for further involvement of SHGs in the operation and management (O&M) of Faecal Sludge Management (FSM) services in other cities in Odisha where the Faecal Sludge Treatment Plants (FSTPs) were being built.

The role of SHGs and SDAs in urban areas was further institutionalised under the Urban Wage Employment Initiative (UWEI),[3] The urban employment programme started during the lockdown in April 2020 to provide employment opportunities to the urban poor. Under this programme, SHGs and SDAs were identified as CBOs and

residents and upgrading community assets and WASH infrastructure through the construction of roads, drains, street lights and provision for sanitation and clean water supply. SDAs have been formed under the JAGA Mission and entrusted with implementing land rights distribution and slum upgradation. They are viewed as implementing partners of the ULB for JAGA Mission work.

Increasingly, SHGs and SDAs in Odisha are involved in the construction and O&M of community assets or infrastructure at the city level. SHGs are engaged for O&M of public and community toilets and solid waste management. SHG members are also engaged to play the role of Swachh Sathis[6] and Jal Sathis[7].

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3 UWEI, launched in 2020, aims to provide immediate wages to the urban poor by executing work orders to create community assets identified by ULBs.

4 The MUKTA scheme was launched by the HUDD in 2021. It is an urban wage employment scheme directed at providing sustainable livelihood opportunities to vulnerable groups like the urban poor, informal and migrant labourers, women, transgender persons and persons with disability. MUKTA aims to create wage employment opportunities, create and maintain inclusive and sustainable community assets, and enhance the capacities of CBOs to build community resilience and leadership to strengthen the fourth tier of governance.

5 The JAGA Mission seeks to transform slums into liveable habitats through land rights and a comprehensive slum improvement process focusing on essential infrastructure upgradation in slums.

6 Swachh Sathis are responsible for assisting the ULB in sanitation-related work at the community level. They also provide support to IEC (Information, Education and Communication) activities and door-to-door waste collection from settlements.

7 The GoO launched the Jal Sathi initiative in 2019. Members of SHGs formed under Mission Shakti were engaged as the Jal Sathis for water supply distribution, provision of support in consumer-compliant redressal, testing the quality of water, reading water meters, generating and distributing water bills, collecting user charges and facilitating new water connections. In addition, Jal Sathis act as a link between residents and the Water Corporation of Odisha (WATCO).

2.1 Slum Dwellers' Associations (SDAs)

In Dhenkanal, during 2018–2019, SDAs were formed in all 43 slums. A Memorandum of Understanding (MoU) was signed between the ULB and each SDA, valid for one year. Every household residing in the slum is part of the SDA. Each SDA has an executive committee comprising ten members. Of this, 50% are women.

Under the JAGA Mission, SDAs are envisaged to be actively involved in all stages of slum upgradation projects, including slum mapping, surveys and decision-making. In addition, they partner with government officials to ensure that urban development projects are executed and WASH services are available in their areas. Moreover, SDAs provided income support to slum dwellers affected by lockdown protocol and joblessness by engaging them in slum upgradation projects (Housing and Urban Development Department 2020b; Chakrabarty 2020).

The GoO has engaged SDAs to perform a variety of roles, such as identifying landless people in the slums, safeguarding land and infrastructure in the slums, executing work orders for the creation of community assets, and undertaking O&M of infrastructure such as parks, open gyms, Parichay Kendras (community centres) and rainwater harvesting structures. They also coordinate with government departments for water, sanitation, electricity, health, education, and forest and land diversification.

2.2 Self-Help Groups (SHGs)

In Odisha, SHGs in urban areas are formed under both National Urban Livelihoods Mission (NULM)[8] and Mission Shakti[9] in urban areas. Each SHG has 10–12 members. SHGs conduct regular monthly meetings for which they have a fixed date. Members contribute INR 50–100 every month towards the SHG savings.

In Dhenkanal, under NULM, 427 SHGs have been formed. These are federated at both area and city levels. There are 23 Area Level Federations (ALFs) and 1 City Level Federation (CLF) in Dhenkanal, which falls under the purview of Dhenkanal ULB. Additionally, 200 Mission Shakti Groups (MSGs) have been formed in Dhenkanal under the Mission Shakti programme. MSGs fall under the purview of the Child Development Project Officer (CDPO). The government provides a revolving fund of INR 10,000 after three months of formation of an SHG and capacity-building training to the members.

In Dhenkanal, SHGs manage Micro Composite Centres (MCCs), Material Recovery Facilities (MRFs), and Aahaar canteens.[10]. Almost 25 Swachh Sathis have been appointed from SHGs. They are responsible for assisting Dhenkanal ULB in IEC (Information, Education and Communication) activities and door-to-door waste collection from settlements (Orissa Post 2019). In addition, SHG members run Battery Operated Vehicles (BoVs) for solid waste collection. Currently, 45 BoVs operate in Dhenkanal, and women drive these BoVs. These operators are called Swachha Karmis. Around three to five BoV operators are from the ragpicker community; one or two are from the transgender community.

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8 The Ministry of Housing and Urban Poverty Alleviation, Government of India, launched the National Urban Livelihoods Mission (NULM) in 2013. The main objective of NULM is to reduce poverty and vulnerability of urban poor households by providing them access to self-employment and skilled wage employment opportunities.

9 The GoO launched its flagship programme, Mission Shakti, in 2001 to promote the empowerment of women through the formation of Women's Self-Help Groups (WSHGs). The objective of Mission Shakti is to ensure that credit and market linkages are provided to WSHGs in order to take up various socio-economic activities. A Separate Directorate of Mission Shakti was created under the Department of Women & Child Development to support WSHGs.

10 The Aahaar programme was launched by the HUDD in 2015. The aim of the programme is to provide cooked meals to the poor and vulnerable groups at the cost of INR 5. Nearly 110 Aahaar centres are operational in Odisha.

3 | RESEARCH METHODOLOGY

3.1 Conceptual framework of the study

The study adopts a Gender Equity and Social Inclusion framework across its research design. It recognises marginalised groups and CBOs as partners, placing their voices at the centre of the research design. The report also analyses the role of CBOs (focusing on SHGs and SDAs) to understand their role in facilitating access to water and sanitation facilities for slums and marginalised groups within the community, highlighting the challenges they faced in improving access to water and sanitation. The study helps understand how the engagement of these CBOs in the provision of water and sanitation infrastructure and services can be deepened by enhancing the power of women and other marginalised groups to influence decision-making.

Figure 2: *Participatory research*

In the study, principles of participatory research like putting the last first, reducing cultural, gender and other barriers to participation, and engaging with the community as research partners have been followed. Community members have partnered in the research and jointly undertaken a critical investigation, critical analysis and critical action. The study uses participatory methods to highlight communities' perspectives to

understand WASH-related roles and responsibilities of relevant stakeholders and available resources. The enabling factors and barriers for CBOs in engaging with a wide range of stakeholders for WASH services in slums are also examined using participatory research methodology.

It is envisaged that study findings will deepen the engagement of SHGs and SDAs as the fourth tier of governance that facilitates marginalised communities' access to WASH services and empowers them to demand WASH services.

3.2 Selection of study sites

The study was conducted in Dhenkanal, a small town in Odisha. Odisha is located in the eastern part of India and is one of India's poorest and least urbanised states. According to Census 2011, the total population of Dhenkanal is 67,414, out of which 7,821 people live in slums. Dhenkanal was chosen for this study as both SHGs and SDAs in the city have been actively engaged as the fourth tier of governance in slum upgradation and provision of WASH services. Further, as building trust and rapport with community members is important for participatory research, long-term engagement with the slum dwellers and the presence of an on-field team helped in the smooth execution of the participatory research methodologies.

There are 43 slums in Dhenkanal. Of these, 37 had at least one SHG, and all had an SDA. Identification of slums and CBOs for the study was made in consultation with the Dhenkanal ULB. While deciding on the field sites/CBOs, we considered the following criteria:

Dominant SC/ST population: Often, those who are left behind in water and sanitation programmes are from the most vulnerable and marginalised groups, so it was ensured that SHGs and SDAs operating in slums with a dominant SC and/or ST population were selected for the study.
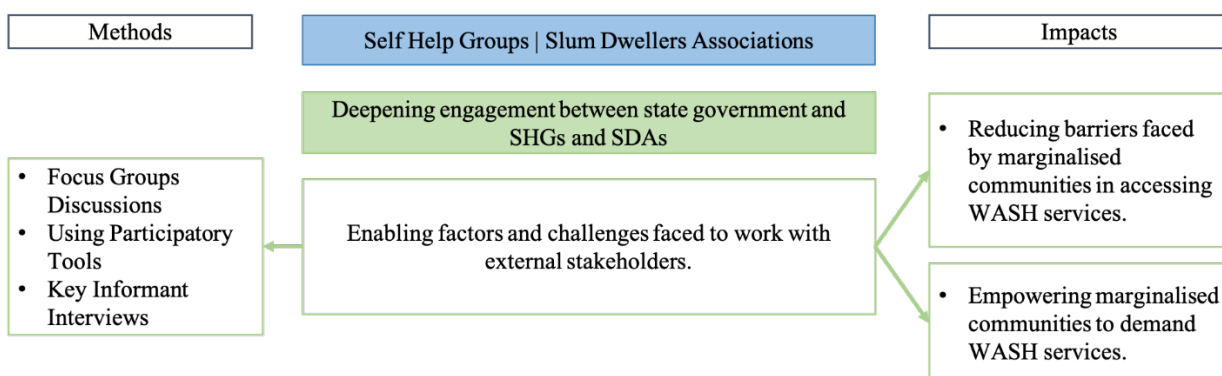

Figure 3: *Conceptual framework for the study*

Gender representation: SHGs predominantly constituted by women were preferred. For the selection of SDAs, the gender distribution of core committee members of SDAs was considered. SDAs with a gender-balanced core committee or dominated by women were preferred.

Active SHGs and SDAs: CBOs that are actively engaged in WASH-related activities and the Odisha Liveable Habitat (JAGA) Mission were selected. It was ensured that they also played an active role in the COVID-19 response.

Based on the above-mentioned criteria and consultation with the CBOs and ULB, we identified five slums after taking into account their willingness to participate jointly in the study.

The following table presents details of selected sites:

As the team did not find transgender communities living

challenges and understanding of problems and solutions form the base of the research study. We used participatory research tools like Focused Group Discussions (FGDs), transect walks, resource mapping and social mapping. The research tools used for the study were developed jointly with the BGVS team and translated into the local language. The details of the research tools are available in Annexures 1, 2, 3 and 4. We conducted a workshop on participatory research methodology with the field team to orient them to the research tools and participatory research ethics to be observed during fieldwork.

We carried out fieldwork in five slums over the three months between May and September. In each slum, two FGDs with members of SHGs and the executive committee of the SDA and a minimum of two In-Depth Interviews (IDIs) with marginalised households (HHs) were

Table 1: Identified Sites for the study

Slums	Age of Habitation	Social Composition	No of SHGS in the settlement	Gender distribution of the executive committee of the SDA	Occupation
Slum 1	1950s	Mostly general caste and Other Backward Classes (OBC), some Muslim population	1 SHG (11 members)	10 members (5 male and 5 female)	Daily wage labours, street vendors
Slum 2	1970s	Mostly ST and OBC households	5 SHGs	10 Members (5 male, 5 female)	Daily wage labour
Slum 3	1950s	Most households belong to ST (Juang tribe)	1 SHG (10 members)	10 members (5 male and 5 female)	Daily wage labours
Slum 4	1970s	Most households belong to SC (harijan caste)	1 SHG (10 members)	SDA: 11 members (10 males and 1 female)	Daily wage labour and drivers
Slum 5	1960s	Majority population is from SC (Bishwakarma caste) and ST (Sabar tribe)	1 SHG (10 members)	10 members (all 10 females)	Daily wage labours & low skilled workers engaged in private offices
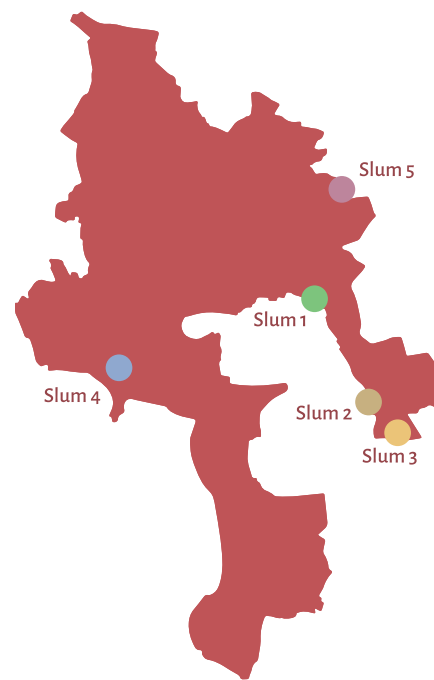
Figure 4: *Sites identified for the study*

within the slum area in the selected sites, a separate FGD was conducted with transgender groups in non-slum settlements.

3.3 Participatory research tools

The main focus of the research methodology was to place the voices of community members at the centre of the research design so that views of local people, their reality,

conducted. Additionally, an FGD was also conducted with the City Level Federation (CLF) and a transgender group that resided outside slums. Three Key Informant Interviews (KIIs) were conducted with ULB officials, and another KII was conducted with an ALF representative. Altogether, approximately 12 FGDs and 10 IDIs (two individuals in each slum representing marginalised communities) and three KIIs were conducted across five slums.

12 FGDs	10 IDIs	4 KIIs
• In each slum, **2 FGDs** were conducted (with SHg & SDA committee members). • 1 FGD was conducted with the **transgender** group in a non-slum urban settlement. • 1 FGD was conducted with the **CLF**.	• In each slum, a **minimum of 2 IDIs** were conducted **with marginalized communities**.	• 3 KIIs with **ULB** officials. 1 KII with **ALF** representative responsible • for O&M of the FSTP.

Figure 5: *Sample size*

Transect walks and observation: Transect walks were conducted during the fieldwork with community members to identify water resources and sanitation infrastructure. These helped in understanding community members' dependence on water and sanitation infrastructure. Further, it provided insights into issues community members face in accessing WASH infrastructure. We realised that a transect walk before an FGD was useful as researchers (including the resource person from the SHG or SDA) could get a sense of the habitation (residence of renters, other marginalised groups) and water and sanitation resources. The transect walk helped to trigger discussions during the FGD and social mapping on why some houses that the team had seen during the transect walk were not marked on the maps. In addition, during the walk, researchers observed Open Defecation (OD) sites and got an idea of the OD practices in the slums. Housing units were observed to determine residents' preferences for toilet infrastructure. Water infrastructure (wells, water taps, handpumps) and community toilets in the slums were also observed.

Figure 6: *Transect Walk*

Social mapping: A social mapping exercise was carried out with CBO members to identify where the most vulnerable groups reside in the settlement. Participatory mapping tools were used to understand the spatial distribution of communities and groups living within the slum (Annexure 5). These helped identify spatial segregation in the community based on social identities emanating from caste, gender and nature of employment. After locating the pockets occupied by different groups, the next step was identifying the areas where SHG members reside in

Figure 7: *Social Mapping*

the settlement. The step that followed involved mapping where SHG members live in the settlement and analysing whether specific subgroups occupy certain pockets. This provided insights into whether the SHG adequately represents various groups and sub-groups residing in the settlement. Identifying and mapping the high-risk groups was crucial in further analysing their access to resources. In addition, the CBOs identified the most marginalised HHs on the map; their interviews were then conducted by the research team. The criteria for the identification of marginalised groups by CBOs were mainly economic and social.

Resource mapping and matrix ranking: All WASH-related resources accessed by the slum dwellers were identified and mapped by CBOs to show their spatial distribution. These resources included community or public toilets used by slum dwellers, public taps, handpumps, wells and other relevant resources recognised by the SHG members. This process assessed and mapped infrastructure and service access, quality and importance. The SHG members determined the parameters for evaluating the quality and significance of assets through discussion among themselves. The importance and quality of the identified WASH resources during COVID-19 were also discussed. This was done through participatory and community mapping exercises with CBO members. Each water resource was then scored and ranked.

On the first day of fieldwork, we would conduct the social and resource mapping with the SHG or SDA (any

Community Toilet
Tubewell (Hand pump)
Parichay centre
Open dification site
No latrine
Water connection points
Temple
Open well
Individual well
Sanitation workers staying on rent (SC)
Forest area
National highway
Mission Shakti office
Forest office
Revenue inspector office
Cluster of Govt. staff houses
Cluster of muslim community
Water harvesting structure
Cluster of HHs belonging to SC/ST/OBC
Vulnerable community (SC)
Refugee community (Bengali)
Individual HH

Figure 8: *Resource mapping*
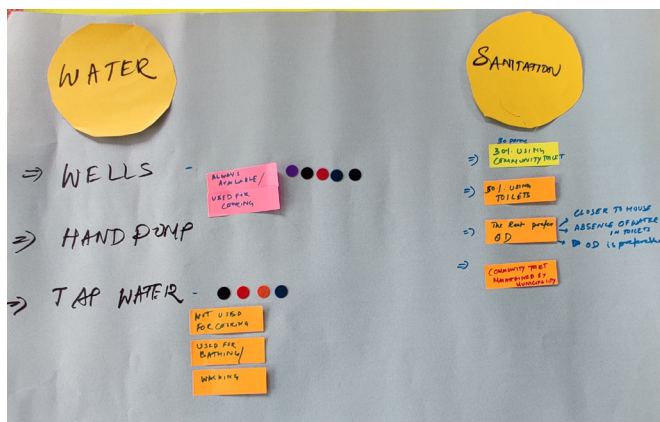
Figure 9: *Matrix Ranking*

Figure 10: *Stakeholder Engagement*

one group), and the next day we would show the map to the other group to generate discussions and ratification of information. This led to including excluded houses or infrastructure on the maps, thereby enriching the information.

Stakeholder mapping: The primary objective of this exercise was to identify stakeholders with whom SHGs and SDAs interact for WASH, such as ULB officials, elected representatives, other Non-Government Organisations (NGOs)/Civil Society Organisations (CSOs) working on WASH, desludging operators, water tank providers and any other actors. Based on discussions emerging from the

FGD with SHG and SDA members, a list of stakeholders and potential stakeholders with whom SHGs and SDAs interact has been developed. In consultation with SHG members, it was assessed how the nature of these activities and the role of stakeholders changed during the pandemic. This also helped explore how members' social networks (kinship networks, caste affiliations, regional networks and referral

networks) are leveraged or how close the relationships with various stakeholders are. Stakeholders' power interests and influence were assessed, and the CBOs' effectiveness in resolving issues and conflict among stakeholders was explored.
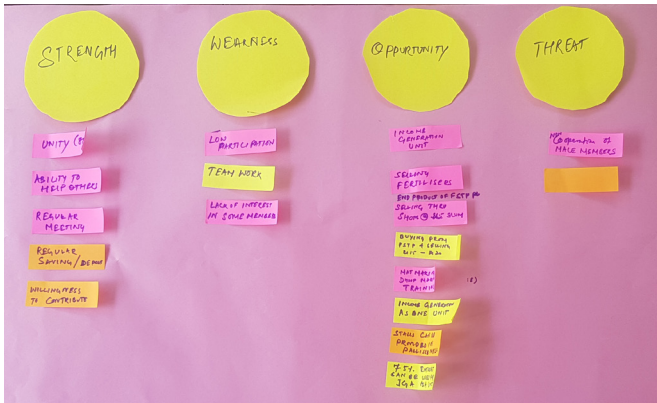
Figure 11: *Consultation at Dhenkanal ULB*

Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis: This exercise focused on developing a framework for assessing the role of SHGs in ensuring WASH services to all sections, including the marginal groups, in everyday life and during disasters. Through FGDs and other participatory tools, SHG members identified their strengths and weaknesses in carrying out WASH-related functions. They also attempted to identify opportunities and threats associated with performing these activities. The assessment also incorporated the opportunities and threats from the external environment. Based on the SHG/SDA members' evaluation of the internal and external environment affecting WASH-related services in the slums, frameworks and pathways for ensuring adequate and universal access to WASH by all — including the marginalised groups — have been developed.

3.4 Reflective analysis

After the formulation of the initial research findings, a community consultation meeting was conducted with

Figure 12: *Reflective Workshop*

selected CBOs in the five slums. The community ratified the study findings through consultation, and their feedback was incorporated to ensure adequate representation of local concerns and knowledge. After that, a consultation with the ULB officials was organised for community members, on-field practitioners and researchers working on issues of gender equity and social inclusion. The main objective of the consultation was to amplify the voices of the CBOs and bring them into the policy conversation on inclusive WASH. Based on the research and the consultative workshops, a policy roundtable discussion was organised in Delhi to disseminate study findings (and a set of recommendations on deepening engagement with CBOs).

4 | ANALYSIS AND STUDY FINDINGS

SHGs and SDAs are taking centre stage in the policy landscape of Odisha. These groups are becoming a link between the government and the community to ensure access to basic services such as water and sanitation. A notable feature is that they have representation from the marginalised and vulnerable communities. All the SHGs are women's groups, while SDAs have members from all

were used to supply water. During the lockdown too, municipal tankers were used to supply water as the period of lockdown coincided with the summer months, when water scarcity was at its peak. Handpumps were also used as a source of water but not very frequently. It was mostly the women who were responsible for collecting water from wells, tankers or handpumps.

Table 2: SHG Composition in identified slums

	General	SC	ST	OBC	Muslims	TOTAL (All Women)
Slum 1	4	2	-	-	4	10
Slum 2	4	1	-	7	-	12
Slum 3	7	1	1	1	-	10
Slum 4	-	11	-	-	-	11
Slum 5	2	2	2	4	-	10

Table 3: SDA Composition in identified slums

	General	SC	ST	OBC	TOTAL
Slum 1	6	1	-	2	9 (5 Women & 4 Men)
Slum 2	1	2	1	5	9 (6 Women & 3 Men)
Slum 3	2		7	2	11 (10 Women & 1 Man)
Slum 4	-	11	-	-	11 (9 Women & 2 Men)
Slum 5	1	1	2	5	9 (All Women)

the households of a slum; the executive committee of the SDA is a mixed group representing men and women. Both these groups have been encouraged to play a critical role in decision-making processes related to facilitating access to WASH services for urban poor slum dwellers.

4.1 Access of the marginalised to water and sanitation in slums has improved in slums

4.1.1. In-house piped water supply has increased, but dependence on wells for drinking continues

Before the pandemic, most households depended on individual and community wells to access water for drinking and non-drinking purposes. In cases of water scarcity, especially during the summers, municipal tankers

Figure 13: *Individual Tap Connection*

After the lockdown, the number of HHs with access to in-house tap water supply increased as the Public Health Engineering Department (PHED) made tap water available in slums. As the table above depicts, most marginalised

Table 4: Access to Water and Sanitation in identified slums

Slums	Water	Sanitation
Slum 1 (Mostly general caste and OBC, some Muslim population)	Before 2020, households were dependent on community well and common tap points. 10.8% HHs have individual wells. After 2020, most HHs have individual tap connections. However, households are still dependent on community wells for drinking water. There are two handpumps, of which only one is functional. The slum also has a water-harvesting structure.	97% of HHs have an IHHL. There is also one community toilet (CT). Only 2 HHs have no IHHL, and they belong to the ST community. HHs that do not have IHHL prefer OD. The OD site is located near the forest area.
Slum 2 (Mostly ST and OBC HHs)	Existing water supply sources include wells, individual taps and two handpumps (of which only one is functional and has poor water quality). The majority of the HHs (50%) have their own wells. There is one community well. They were dependent on water tankers till 2020. Now, most HHs have access to piped water.	Nearly 85% HHs have IHHL. HHs that do not have a toilet have half-constructed toilets. Some of the HHs that do not have IHHL are from the ST community. These households mostly prefer to practice OD. There is one CT in the settlement.
Slum 3 (Most HHs belong to ST)	Before 2020, slum dwellers were dependent on water from tankers, especially for drinking and cooking water. 17% HHs have their own wells. The water in the well and from the hand pump was of poor quality. By 2022, individual water tap connections were provided to all HHs. There are two community wells, out of which one is dried up, so only one is functional.	Nearly 15% HHs do not have individual IHHL. Most of these HHs are ST. There is only one CT, and HHs that do not have toilets practise OD in the forest outside the slum.

Slums	Water	Sanitation
Slum 4 (Most HHs belong to SC)	Currently, the different sources of water are handpumps and individual taps provided by the ULB to every HH. 13% HHs have individual wells. Some HHs also have overhead tanks for storing water. Before 2019, the slums were dependent on one community well, currently, in addition to one community well.	Only 50% of HHs have IHHL. The rest of the HHs practise OD, as there is no CT in the area.
Slum 5 (Majority of the population is SC and ST)	Before 2022, the slum depended on a pond and one community well in the area. Only 4% HHs have individual wells. Now the majority of households are dependent on individual taps. However, water quality is an issue. The slum also has a hand pump and community well, but water availability is insufficient.	Before 2020, most houses practised OD as they did not have toilets. Now they have toilets, but over 30% of toilets are dysfunctional primarily because of incomplete construction. There are two CTs; however, they are not functional; hence many continue to practise OD.

communities and HHs did not have access to individual wells and were dependent on community wells. While it was reported in the group discussions that families could take water from individual wells of their neighbours, our interactions with SC HHs suggested that caste rules continue to be followed: they preferred to take water from the community wells – which are at a distance from their houses – over going to neighbours' houses of different castes. Piped water connection at the HH level has contributed, to some extent, in reducing challenges faced by vulnerable groups due to their caste status, now, as most marginalised groups also have individual connections and

Figure 15: *Wells used by slum dwellers*

the dependence on community water sources (handpumps and community wells) has reduced.

Access to the piped water supply at the HH level has also reduced the burden on women (including elderly women and young girls) fetching water, and some (as reported by SHG members) were able to invest time in other work. However, HHs mostly use it for non-drinking purposes because of poor water quality. For drinking water, wells continue to be the primary source. The short duration of the water supply (once a day for an hour) also perpetuates the dependence on the well. This issue was raised in a consultation workshop with the ULB officials by SDA and SHG members. The Municipal Engineer (ME) and Vice Chairman of Dhenkanal Municipality informed them that the entire city was facing a water shortage because of the dependence on the Brahmani river. To address the issue, they have a strategy in place and have signed a contract to source water from the Mahanadi river, which can address the future water shortage. The ME apprised the CBO members that the ULB would inform the PHED about the quality issues and stressed the need for regular meetings with the PHED to resolve the issue.

Reduced burden of fetching water

After the installation of tap water at home, the President of the SHG in Slum 1 remarked,

> I can save a minimum of two hours a day, which I can utilise for other community functions, and this access to water has reduced drudgery considerably.

Figure 14: *Handpump in rare use*

4.1.2 Penetration of IHHLs has increased significantly, but the practice of OD persists

Before the lockdown, most households in slums practised open defecation. Since the lockdown, the number of HHs that have an individual IHHL in the slums has increased (85–95%) significantly. However, some households, mostly belonging to SC and ST, who are socially and economically vulnerable, lack an IHHL. The dearth of finances was cited as the main reason for the HHs not being able to construct an IHHL. Moreover, the subsidy offered by the government is inadequate as the cost of constructing a toilet with an

Figure 16: *Individual Toilets in Slums*

onsite sanitation system is INR 15,000–22,000. Most HHs, especially those who are marginalised, do not have the additional funds, leading to incomplete toilets. In some settlements, the OD site is located near the forest area. HHs without toilets practice OD because the OD sites in the forest are closer to their habitation than the CTs, if any, in the slum. In some of the slums, OD sites are segregated based on gender.

4.1.3 SDAs and SHGs have played a vital role in the improvement of water and sanitation in slums

CBOs like the SHG and SDA have played an essential role in improving access to water and sanitation for households in slums. SHGs were formed with the primary objective of improving a member's economic status by engaging in savings and credit activities and taking up livelihood activities. However, they have been co-opted by the government to take up a wider role in the community by involving them in "non-conventional" livelihoods such as operating and maintaining water and sanitation infrastructure.

Before 2018, SHGs had mobilised slum dwellers to demand the provision of water connections to all slum HHs. After a few months, tap connections were provided to slum dwellers by the PHED. During the laying of piped water supply, the SHGs ensured that every HH in the slums, irrespective of the land tenure, received a connection. They worked with the ULB to enable last-mile connectivity and also brought up issues of reduced flow of water to HHs living in elevated areas. SHGs in one of the slums have decided to take a lower fee or no fee for solid waste collection from the most marginalised groups in the slum. They also extend support to their group members by providing loans for constructing toilets and individual wells. This loan offered by the group to its members is at an interest rate of 3% per month. The SHG members take a collective decision to extend this support to the members, and they stand guarantee for the member. The groups have never encountered any problems in recovering this loan other than minor delays.

SDAs have played a critical role in the planning and implementation of the JAGA Mission. In the first phase of the JAGA Mission, SDA played the role of intermediary between slum dwellers and the government in ensuring all eligible households get land rights. This enabled households to receive subsidies under various government schemes for building housing and toilets. In the second phase of the JAGA Mission, the focus was on slum upgradation; during this phase, nine key infrastructures, including piped water supply, were created.

4.2 Quality of water and sanitation infrastructure and social and economic exclusions remain a concern

4.2.1 Water infrastructure and services are of inadequate quality and accessibility

Despite access to piped water supply, most households continue to rely on wells for water for drinking or cooking because of the poor quality of tap water, which has high iron content. Most HHs use well water for drinking, either with basic or no treatment because residents find its taste and quality better than from other water sources. Water from common wells is also preferred. All HHs in the slums have been provided with tap water connections. However, getting the tap to the doorstep requires additional resources

Figure 17: *Tap connections in houses*

to lay the pipe which poor families find a challenge as the cost is high. Ailments relating to water quality, like stomach infections and eczema, have also been reported. These can be attributed to the overhead water tank that stores water for the piped network not being regularly maintained by the PHED.

4.2.2 Community toilets are poorly maintained and are difficult to access

Four of the five settlements have a community toilet, and not all are functional. In one settlement, a newly built CT is kept locked up, while the other is dysfunctional because desludging has not been carried out. There is a lack of

Figure 18: *Community Toilets in Slums*

proper maintenance and cleanliness in CTs, and residents themselves are forced to clean the toilets. Moreover, there is a limited water supply, and water cannot be pumped to the overhead tank as the pump does not work sometimes. Hence, residents carry water to the toilet from nearby wells, which is difficult for the elderly. CTs are located farther from the households, relative to OD sites, so households which do not have an IHHL prefer OD.

4.2.3 While most households in slums are covered under the door-to-door solid waste collection, some households do not have access to this service

The door-to-door solid waste collection covers all the studied slums. It is done mainly through battery-operated vehicles (BoVs). However, some households are left out of it. The Municipality BoV does not collect waste from areas in which transgender persons reside. These transgender groups reside in non-slums areas. These habitations are isolated and often remain neglected as the residents are not counted as slum dwellers. Services usually accessed by urban poor in slums do not reach the transgender groups in non-slum settlements. As a result, they resort to the open dumping of solid waste in a field close to their house.

Further, residents living on forest land have not been provided waste bins like other households in the slum. Due to the irregular collection of solid waste in some slums, it is disposed of in vacant plots or burnt. Moreover, houses located at the end of a street often cannot access the BoV service. Some residents are also unaware of the solid waste collection mechanism provided by the ULB, leading to accessibility gaps.

4.2.4 Lack of priority and social preferences adversely affect the construction and use of IHHLs

In some cases, households do not prioritise the construction of toilets if the OD site is near their house. Households often prioritise building a spacious house over constructing a toilet since the total area of land allotted to them is very small, and a toilet would block space. In addition, there is a limited water supply in some IHHLs. As a result, residents store water in buckets to use inside the toilet.

Since some IHHLs constructed under previous housing programmes are next to the kitchen, slum dwellers are not keen to use them due to socio-cultural beliefs of purity and pollution; these are mostly used as storerooms. Some residents don't use these IHHLs for fear that the tanks might overflow due to the high water table.

4.2.5 Markers of social identity, like caste, gender and age, continue to act as barriers to WASH access for the most marginalised groups

Households that do not have access to an IHHL or a CT are generally from the category of SC, ST, female-headed households or transgender people. In one of the slums, a

Figure 19: *LRC and LEC households on same kind of land*

girl from the SC community was barred from accessing the CT by OBC people in the same slum.

Some tribal households living on forest land did not have toilets as they were excluded from the survey for Land Rights Certificate (LRC) under the JAGA Mission.[11] And did not get the certificate; this deprived them of benefits such as subsidies for building houses and toilets.

Tenant households were not included in the survey under the JAGA Mission and were consequently excluded from receiving land rights and benefits. Moreover, different land rights (LRC and LEC) provided under the JAGA Mission

Different types of land rights under the JAGA Mission

The JAGA Mission survey (carried out using drones), which divided the community into Land Rights Certificate (LRC) and Land Entitlement Certificate (LEC) holders, led to conflict amongst community members LRC is a possessional right, whereas LEC is a recognition of eligibility to receive LRC, subject to fulfilment of other conditions under the Odisha Land Rights to Slum Dwellers Act and Rules. Those households with LRC can access housing scheme benefits like Beneficiary Led Construction (BLC), while those with LEC remain deprived of housing benefits. However, other services like water and sanitation are provided to them irrespective of their tenure status. During the social mapping exercise, SHG members ignored the households left out in the JAGA Mission drone survey. This led to tensions between community members, and residents began to walk away from the discussion.

Identifying the special needs of transgender groups

Marginalised groups like the transgender community who do not necessarily live in slum settlements but in non-slum settlements need special attention due to their identity as they are systemically excluded from government policies and therefore have limited access to government schemes and benefits. One IHHL is insufficient for a group of 20 residents. Hence, there has been a rising demand amongst the transgender group for a CT from the ULB. The flexibility of the scheme norms is necessary as the ULB is unable to provide a CT in a non-slum settlement for a group of 20 users under the rules.

further marginalise these communities and act as a source of conflict.

Figure 20: *FGD with Transgender group*

4.2.6 Financial constraints block access to WASH services

Although the ULB has laid the pipe network for water supply in all five slums, those houses which are not located near the road must spend an additional amount (INR 2000–2500) to connect their houses to the water supply. It imposes an additional burden on the households. HHs who built individual wells also depended on the SHG for loans if they were members.

Further, the cost of constructing a toilet exceeds the subsidy provided under the Swachh Bharat Mission-Urban (SBM-U). The additional expenditure must be borne by the household, and the most marginalised groups do not have the necessary funds. In some cases, SHGs provide loans to their members for the construction of toilets. However, other HHs that are not part of the SHG do not have any financial support to construct an IHHL, and consequently, the construction of the toilet remains incomplete. Delay in disbursal of subsidies under SBM also disincentivises

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11 The Odisha Land Rights to Slum Dwellers Act, 2017, enacted by the GoO, states that landless residents in a slum or urban area are entitled to a settlement of the land, and a certificate of land rights shall be issued to them in accordance with the provisions of this Act. There are three key attributes of the LRC: it is heritable but not transferable, it is issued jointly in the name of both spouses in case of married persons and in the name of a single head in case of single-headed households, and it is accepted as evidence for proof of residence.

Figure 21: *Extra Pipes laid for HH Tap connection*

households from toilet construction. Community members who have been unable to construct toilets so far are demanding financial assistance from the SHG and SDA to facilitate the construction of toilets. They point out that ULBs do not regard SHGs and SDAs simply as organisations to implement ULB programmes but also support them in providing loans to needy people in the settlement to build infrastructure for water and sanitation.

4.3 CBOs engage with a wide range of internal and external stakeholders to improve access of marginalised groups to services

4.3.1 SHG and SDAs act as a bridge between the community and the ULBs for issues related to WASH and other services

While slum dwellers in Dhenkanal engage with multiple stakeholders, including the PHED, Jal Sathis, Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), Councillors, the Electrical Department and the Police, the ULB remains the primary stakeholder. SDAs work in close coordination with the ULB for the implementation of various schemes – MUKTA, JAGA Mission and similar welfare policies – in the slum. They act as an intermediary between the community and the ULB. The SHG primarily acts as an implementing agency for the ULB; due to the overlap between members of the SHG and SDA, some of

them also play the role of intermediary. However, in some cases, SHGs have demanded accountability from the ULB, such as joining protests for water tap connections in the slums.

Community members reach out to the ULB through the SHGs and SDAs. These groups facilitate community members in availing of subsidies provided by the government for the construction of houses and IHHLs. In addition, they connect with the ULB for issues related to solid waste collection and accessing desludging services. Engagement with ULB is a two-way process. While the SHGs and SDAs reach out to the ULB, the ULB also contacts these CBOs.

Besides the ULB, PHED and Jal Sathis, slum dwellers connect with ASHAs[12] (for immunisation and maternal care). They also engage with AWWs.[13] (for the distribution of ration, ensuring child nutrition and education) and Mahila Arogya Samitis (MASs)[14] (which take collective action on issues related to health, nutrition, water and sanitation) within the settlement.

Councillors are also important stakeholders as they are well-connected with communities in their constituency. In Dhenkanal, a municipal election was held after five years in 2022, and as a result, slum dwellers now recognise Councillors as critical stakeholders. Residents reach out to the Councillor for service-related issues like lack of water supply and sanitation and sometimes even involve them in conflicts within the settlement. The dynamics between elected representatives and CBOs are still in the nascent stage but might be critical for ensuring access to basic services.

4.3.2 During the pandemic, SHGs, SDAs and other CBOs supported ULBs in providing support to slum dwellers

ULBs often used CBOs as the medium through which to provide ration and financial support to households during the pandemic. SHGs and SDAs were crucial in the maintenance of COVID-19 safety protocols within urban poor settlements. They also ensured quarantine in the slums for those who came back from other districts, cities and states.

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12 Accredited Social Health Activists (ASHAs) are frontline community workers appointed under the National Urban Health Mission (2013). They act as a link between health facilities such as the Urban Primary Health Centres and the urban slum population. They are responsible for maintaining interpersonal communication with community members and promoting the desired health-seeking behaviour.

13 Anganwadi Centres (AWCs) were formed under the Integrated Child Development Services programme started by the Government of India in 1975 to combat child hunger and malnutrition. Under this programme, Anganwadi Workers (AWWs) were appointed. They provide supplementary nutrition to children and women, carry out immunisation, organise preschool non-formal activities, and conduct regular health check-ups.

14 Mahila Arogya Samitis (MASs) are women's groups formed under NUHM at the community level to create awareness amongst residents. They are responsible for ensuring the provision of preventive and promotive health care to community members, linking community members to identified facilities, and management of a revolving fund.

Figure 22: *Rain Water Harvesting Structures*

Figure 23: *Rain Water Harvesting Structures*

SHG and SDA activities during COVID-19

- Maintaining COVID-19 safety precautions: During the lockdown, the SDAs informed the ULBs about COVID-19 cases in their settlements. They ensured that people residing elsewhere followed quarantine norms before entering the slum. SHGs and SDAs sensitised residents about COVID-19 safety precautions and emphasised the importance of handwashing and wearing masks. SHG members practised handwashing with children.

- Ensuring social distancing while using WASH services in common spaces: SHGs and SDAs ensured that community members observed social distancing and maintained proper queues while procuring water from tankers and using CTs.

- Food distribution during COVID-19: SDA and SHG members facilitated the preparation and distribution of free cooked food for three months. SHG members also distributed dry rations to residents who lost their source of income during the pandemic.

- Contribution to Chief Minister's (CM) relief fund: SDAs contributed to the CM's relief fund.

- Implementation of projects under the UWEI and JAGA Mission: SDA and SHG members executed work orders under the UWEI and JAGA Mission. This provided a source of income to members and other residents who lost their livelihood during the pandemic.

- Providing financial support during COVID-19: SHG members availed of bank loans during COVID-19, and the money was distributed among members for personal expenses. In addition, SHGs also provided financial support to members and other residents for medical expenses.

During the lockdown imposed because of the pandemic, the ULBs, with the support of SHGs and SDAs, were able to link marginalised and vulnerable groups to the UWEI scheme. This acted as a critical livelihood support mechanism for individuals who lost their only source of income during the lockdown.

Through the UWEI, residents were engaged in the construction of community assets such as rainwater harvesting structures, roads, drains, Parichay Kendras (community centres) and so on. These works engaged the community members as labourers and generated employment, especially during COVID when there was low demand for labour, and many people had lost their jobs. Details of projects undertaken by SHGs and SDAs are given below:

Table 5: Works undertaken by SHGs and SDAs

Slum	No. of SHGs	SHG/SDA Social Composition	Type of work undertaken by SHGs	Type of work undertaken by SDAs
Slum 1	1	Mainly general caste and OBC, some Muslim population	4 work orders worth INR 3 million 1. Rainwater harvesting structure 2. Construction of Mission Shakti building 3. Construction of shed for BoV in the municipality office 4. Construction of mud drain	3 work orders worth INR .32 million 1. Wall painting at Jaga Mission community centre 2. Children's Park 3. Rainwater harvesting structure
Slum 2	5	Mainly ST and OBC HHs	3 work orders worth INR .55 million A SHG: • Road and drain construction • Rainwater harvesting structure B SHG: None C SHG: None D SHG: None E SHG: • Rainwater harvesting structure	3 work orders worth INR .33 million 1. Wall painting at Jaga Mission community centre 2. Construction of children's park in the slum 3. Rainwater harvesting structure
Slum 3	1	Most HHs belong to ST	2 work orders worth INR .53 million 1. Rainwater harvesting structure 2. Road construction	1 work order worth INR .5 million 1. Construction of community centre (Parichay Kendra)
Slum 4	1	Most HHs belong to SC	1 work order (value not known) The SHG has undertaken a project on RWHS	1 work order worth INR .43 million 1. Construction of approach road to the slum
Slum 5	2	The majority of the population is from ST and SC	1 work order worth INR .08 million INR 1. Rainwater harvesting structure	1 work order worth INR .25 million 1. Road construction

It was found that SDAs and SHGs in slums with a higher share of the SC/ST population receive smaller and fewer work orders. SHGs/SDAs with higher economic and social status are better able to interface with the government for creating and maintaining infrastructure in the slums.

Since the lockdown was imposed in the peak summer month of March 2020, water scarcity has been reported. SHGs supported residents by demanding water tankers from ULBs and helped people access the water by following norms of social distancing. Slum dwellers registered complaints to the PHED through Jal Sathis and SDAs to demand the cleaning of the main water tank. While Jal Sathis have raised the issue with the PHED, it is yet to be resolved.

4.3.3 SHG and SDAs are approachable for marginalised groups, but they are not fully effective in resolving issues related to water and sanitation

Although SHGs and SDAs are approachable to community members, including those from marginalised groups, their effectiveness in addressing challenges of access to services or equitable distribution is limited to raising issues. Members from the marginalised groups have approached SDAs to resolve water quality problems, but since the issues of water quality and adequate supply are beyond the scope of CBOs, these remain unresolved.

However, they have enabled the poor to access water, toilets and solid waste disposal. Those who are members of SHGs receive financial help in the form of loans, but some of the most marginalised – such as older women and sanitation workers – who need the resources most cannot access financial help as they are not SHG members. Further, SDAs cannot effectively resolve challenges faced by marginalised groups as they are newly formed, and their roles and responsibilities still need to be clarified.

4.4 Weak internal organisation, lack of clarity in roles and responsibilities, and lack of coordination within and among SDAs, SHGs, ALFs and CLFs are significant constraints on their effectiveness in service delivery including water and sanitation

4.4.1 Limited role clarity of SDAs and SHGs

There needs to be more clarity among SDA members about the roles and functions of the organisation. Role clarity is crucial for successful collaboration with the ULB. Further, in some settlements, the opinion of the SDA continues to be divided, and often, no consensus is arrived at if there are two dominant communities within the settlement.

Limited agency of SDA in resolving land ownership-related disputes

An OBC (Bishwakarma caste) resident received land rights in 2019 over the plot where her in-laws lived. In April 2020, she received the work order from the ULB to construct the house under an ongoing government housing scheme. However, after the house layout was finalised, some community members from the Sabar tribe in the neighbourhood opposed the construction. Both parties, the Bishwakarma (OBC) community and the Sabar (tribal) community, had the backing of their respective social groups in the settlement, leading to a further rift between the two dominant social groups over ownership of the plot of land. The SDA had no power to resolve the issue.

Again, while SDAs' contracts with ULBs elucidate their responsibilities and roles, these documents are in English rather than in the local language (Odia), which limits their ability to read and understand them.

Although two members (including the President and Secretary) are part of the ALF, some weak SHGs have limited interface with the ALF. Members of these SHGs are not invited to monthly meetings that the ALF organises. Additionally, the CLF in Dhenkanal has not yet been registered. The coordination mechanism between members is weak. It neither has fixed dates for meetings nor does it have a common platform for coordinating with members.

SHGs and SDAs are new institutions so far as WASH services are concerned, yet to fully mature to take up this role effectively. Their awareness and capacity-building efforts have not been firmly embedded due to COVID. The government is planning to support SDAs to emerge as a single nodal point of contact for the ULBs in the coming days.

4.4.2 Weak leadership and irregular functioning of SDAs and SHGs

SDAs do not have fixed dates for monthly meetings. In four out of the five slums, SDAs hold meetings irregularly as it is challenging to gather members for meetings. In most of the slums, the majority of SDA members are inactive. Since most of them are wage labourers, they would have to miss out on their daily wages to engage in SDA-related activities. Often one or two active members in the settlement are part of various SHGs and the SDA. They are often overburdened and under pressure. Further, due to political aspirations within the community, conflict of interest arises and hampers the functioning of the SDA. Moreover, conflict among members due to partisan politics leads to difficulty in collaborating with the ULB.

4.4.3 Inequitable distribution of earnings between SHG members leads to conflict and exclusion of members

An SHG receives a supervisory charge of 7.5% on the component of the labour cost of the work order for projects related to slum upgradation and rainwater harvesting structure (RWHS). However, this amount is often distributed only amongst the active members as the active members do not want to give inactive members a share in the earned profits. This has led to conflicts within the SHGs. Further, releasing payment from the ULB requires the signature of all SHG members, which leads to delays. In future, the ULB will route most work orders through the SDA. In such a situation, the SDA will likely become the leading implementing partner of the ULB and directly receive the 7.5% supervisory charge on the labour cost.

4.4.4. Poor financial health, low technical and organisational capacities, and inability to raise resources act as barriers for SHGs and SDAs to independently execute projects for creating community assets

SHG and SDA members face difficulty in executing work orders. Since SHGs and SDAs do not receive an advance for executing the work order, they have to depend on intermediaries such as contractors and Councillors to complete the project. SHG members find it challenging to balance their traditional livelihood or business interests with the work assigned to them by ULBs. They feel the

Dependence on Contractors

One SHG was given a work order for the construction of RWHS, but due to its limited financial capacity, it could not front the construction cost of the RWHS. This work order was then executed through the Councillor.

One of the SDAs received a work order for the first time. It was for road construction in the slum. However, the SDA did not have the working capital to cover the cost of construction, purchase raw materials and execute the project. A local contractor reached out to them to complete the work order. As they are daily wage workers, the SDA members knew the contractor. Subsequently, the SDA gave the work order to the contractor.

need for support from the ULBs in carrying on with their business interests, such as help with market linkages to sell products they have made. Additionally, as the skill-based training organised by the ULBs is often at the ULB office, or the training centres are located far from the slum, SHG members find it challenging to attend them as they cannot leave their houses unattended. Therefore, only some members go for this training.

Strength of participatory research

During the field research in May 2022, we interviewed an old lady in a slum who lived with her grandson. She was a widow and had also lost her son and daughter-in-law. She did not receive an LRC in the first phase but was provided with a LEC. However, she felt that her neighbour residing on the same kind of land was given a LRC. She raised this issue with the SDA and ULB but received no information on why she was excluded. During the course of the research, SDA leaders helped her raise this issue with the ULB, which insisted that the kism (type) of land was forest land; hence, she was not eligible for the LRC. Further investigation was carried out, and her plea was heard in August 2022. The elderly lady received the LRC and work order to build the house under the ongoing government scheme. She is happy and wants three other grievances to be addressed as well. These include getting her son's death certificate and her caste certificate, and the ration quota for herself and her grandson to be increased from 10 kg to 35 kg.

5 | CONCLUSIONS

Community-based organisations, especially those with the active participation of women like SHGs and SDAs, play a vital role in achieving equitable access to water and sanitation at the community level. The Housing and Urban Development Department, Government of Odisha, has leveraged these groups to promote gender equity and social inclusion in WASH services. These groups act as implementing partners of the ULBs and play a critical role in extending WASH services to marginalised communities, addressing some of the gender and caste-related challenges faced by different groups in accessing these services earlier. CBOs have also leveraged their relationship with the ULBs to ensure the delivery of other public services and welfare benefits. During the lockdown, these groups proactively linked marginalised groups to services and government benefits like food and employment.

However, challenges of social exclusion, financial constraints, inadequate public infrastructure and service quality persist because of various administrative and operational constraints relating to both the government and CBOs. Weak institutional strength, lack of accountability and poor leadership hinder the ability of CBOs to implement programmes effectively. They also have limited financial resources and rely on contractors for executing projects. Moreover, SHGs face the additional challenge of de-prioritisation of their traditional livelihood work as their dependence on government programmes as a source of revenue increases.

While the social and gender composition of SHGs and SDAs is representative, some marginalised groups, such as transgenders, sanitation workers, and poor tenants, still remain excluded. One of the reasons for this is the limited resources and agency for influencing policy implementation.

The high representation of women in these forums has helped women play an active role in programme implementation. Women's SHGs also act as pressure groups to demand services from the ULB, as evident in the protest for tap water in 2018. However, their role as implementing partners of the government (as they receive financial support and funds) restricts their ability to act as empowered forums to demand accountability from the government or address issues of exclusion. In addition, there is a great risk of the ULB pushing the burden of accountability on them.

6 | RECOMMENDATIONS AND THE WAY FORWARD

The role of community-based organisations in urban governance is still in the nascent stage. However, in many states, these play an essential role in the last-mile delivery of basic services and the O&M of public infrastructure at the neighbourhood level. This is a trend across various domains like health, water, sanitation, roads, livelihood generation and skill development.

Women form an integral part of CBOs, and as their role in urban governance increases, their role in fostering gender equity and social inclusion must be examined. The concept of "invited space" and "claimed space", as proposed by Cornwall (2002), helps understand the limits of CBOs in promoting gender empowerment and social inclusion. Invited spaces are those where authorities (government or non-governmental organisations) invite users, citizens or beneficiaries to participate. In contrast, claimed spaces are organic spaces that emerge from common concerns or identifications shared by citizens or may result from popular mobilisation (Cornwall 2002). In the context of Odisha, most CBOs, like SDAs and SHGs, exist in the "invited space". Hence, their ability to address the question of power in the governance framework is limited. Nevertheless, they can play an essential role in ensuring equitable and inclusive access to basic amenities and services like water and sanitation if they can address the challenges.

CBOs can move in this direction if they can be **representative, accountable and efficient** in their role as implementing partners of the government. The term "representativeness" here denotes their ability to ensure that community voices, especially of the marginalised, are adequately represented in the governance systems, especially in the planning and execution phase of service delivery. "Accountability" indicates that these groups should be accountable towards both ULBs as implementing partners and the community for ensuring equity and inclusion. Finally, "efficiency" denotes the delivery of essential services and amenities effectively to all sections of society. CBOs can significantly contribute to equitable and inclusive service delivery if they can ensure accountability, representativeness and efficiency.
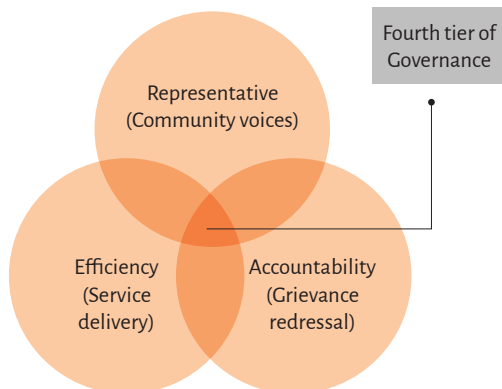

Figure 24: *4th tier of the Governance Model*

Table 6: SHG and SDA Comparison on the 4th Tier Governance Model

	Self-Help Groups (SHGs)	Slum Dwellers' Associations (SDAs)
Representative	The community does not elect SHGs. Moreover, they are driven by members' interests rather than the community.	SDAs are nominated/elected and are more representative as all households (except tenants) are SDA members.
Efficiency	At present, SHGs are more effective than SDA in programme implementation because they are more involved in executing work orders.	SDAs are not very active. Only a few members, mainly those from SHGs, are active.
Accountability	SHGs are accountable only to the ULB and their members.	SDAs are accountable only to the ULB. Although nominated by the community, there are no precise mechanisms to hold them accountable in case of issues with the implementation of government programmes.

Based on representativeness, accountability and efficiency, SDAs are emerging as the fourth tier of governance in Odisha, as indicated in the table below. In contrast, the role of SHGs as the fourth tier of governance is not yet clear. However, SDAs' inability to establish accountability on behalf of the community undermines their representativeness. While SHGs are not representative in nature and are driven by the members' self-interest, their ability to rise above the self-interest of the members and work for the community cannot be taken for granted.

Strengthening of CBOs to ensure gender equity and social inclusion is a long-term process, and we propose the following recommendations for this:

1. Clearly define the framework of the fourth tier of governance: SHGs and SDAs are not the only CBOs working in slums. There are a host of other CBOs like MASs, ALFs, and other formal or informal CBOs. As the importance of CBOs within the governance mechanism increases, conflict over overlapping roles and resource sharing will increase. Therefore, a framework is required to delineate the roles, responsibilities and resource allocation of these different groups.

2. Develop SHGs and SDAs as resource centres for welfare programmes: While SHGs and SDAs currently primarily act as implementing agencies for the ULB, they have the potential to bridge the information asymmetry between

the ULB and the community because they are embedded in the community and are easily approachable. They can act as knowledge centres for disseminating information on eligibility of various welfare policy programmes and assist marginalised groups to access welfare incentives to overcome exclusion.

3. Encourage SHGs and SDAs to provide loans for improving access to water and sanitation: Lack of resources for toilet construction and last-mile connectivity for piped water is one of the challenges faced by marginalised groups in accessing these services. The ULB can develop community-based financing mechanisms coordinated by the SDA for providing small loans that complement government subsidies for toilet construction.

4. Ensure institutional strengthening of SHGs and SDAs: While SDAs and SHGs need operational support from the ULBs, they need to focus on their broad institutional strengthening. Their roles and responsibilities within the decentralised governance structure should be clearly identified. It will help create clear routes for establishing both upward and downward accountability.

5. Strengthen the capacity of SHGs and SDAs: Capacity building of SHGs and SDAs is needed to improve their ability to implement programmes and ensure the identification and inclusion of marginalised groups. Ensuring equitable delivery of WASH services requires enhanced capacity from the SHGs and SDAs. Their administrative and operational capacity needs to be augmented. It is crucial to building their leadership and organisational skills. They should be explained contracts and other documents, which should be simple and made in the local language so that each member understands the content clearly.

6. Improve the financial health of SHGs and SDAs by improving access to the market and financial institutions: SDAs and SHGs need working capital for implementing government programmes. In most cases, they do not have the necessary funds and depend on contractors for finance. For smooth implementation and to remove dependency on contractors, the financial health of SHGs and SDAs needs to be strengthened. Linkages of SDAs with Financial Institutions (FIs) and Micro Financial Institutions (MFIs) need to be bolstered so that the financial access of the group can be increased to undertake work orders. The economic activities of SHGs can also be supported through improved market linkages, capacity building and access to cheaper finance.

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ANNEXURE 1

Participatory FGD Checklist for SHG and SDA Members

	General information	
	Slum name:	
	Ward no.:	
	Group name:	
	SHG or SDA (specify):	
	Name of FGD facilitators:	
S. No.	**Questions**	**Process**
1	When was the SHG/SDA set up? For what purpose?	
2	Since when did you start to engage in WASH activities? What was the trigger point?	
	Social mapping of groups in the settlement	
3	Identify residents/groups/sub-groups (socio-economic, renters, occupations) that exist in the community. - Their locations in the settlement	Mapping
4	Are these groups represented in SHGs/SDAs? - Identify where they live in the settlement	
	Resource mapping (with a focus on WASH)	
5	Identify individual and community access to water and sanitation (with a focus on marginalised groups). - Sources of water (public taps, tankers) - Existing practices and role of women in accessing water and sanitation - Water usage behaviour - Dependence on sanitation infrastructure	Mapping
6	Assessment of quality of WASH infrastructure (frequency and regularity) (*WASH assessment parameter will be decided in consultation with the group) - Infrastructure and service gap during COVID-19	Matrix scoring of each WASH infrastructure and service through participatory scoring methods. Identify reasons for low or high scores.
	Functions related to WASH and stakeholder mapping	
7	What WASH-related functions and activities do you perform? (Interface with service providers: desludging operator, O&M of CTs, water, etc.) - Functions during the pandemic - List of stakeholders for each function - Special efforts made for linking marginalised groups to WASH services	Mapping of roles and functions
8	Relationship with the stakeholder - Responsiveness of stakeholders to the SHG/SDA (especially during restrictions placed after the outbreak of COVID-19) - Cooperation	Gauge the proximity of SHG/SDA with the stakeholder (close/far) through ranking of stakeholders and Venn.
	Strengths and weaknesses	
9	Identify key strengths and weakness of the group in improving access to WASH services in the settlement.	SWOT analysis
10	Identify opportunity and threats in the external environment in improving access to WASH services in the settlement.	
11	Identify how can they address these challenges. Who can support them in this?	

ANNEXURE 2

IDI: Marginalised Groups (Identified through a Participatory Process)

General information		
	Slum Name:	
	Respondent Name:	
	Gender	
	Age	
	SC/ST/OBC/General	
	Religion	
	Interviewer name:	
	Team on field:	
S No	**Question**	
	Water	
1	What is the source of water? - Is the water collection point close/far?	
2	- Do you have adequate and regular access to water? - What are the timings for water supply? Is the water supply at household level regular? - Do you get adequate quantity of water for your household and drinking needs? - Do you experience water shortage? (seasonal/daily) - Is the quality of water adequate? Can you drink the water without treating it? If treatment is needed, then what is the method followed?	
3	Do you rely on community facilities to access (a) drinking water and (b) water for household needs? What water storage techniques do residents adopt?	
4	Prior to the pandemic, did you face difficulty in accessing water? If yes, what challenges did you face?	
5	During the pandemic, did you face any challenges in accessing water facilities in common spaces? If so, what difficulties did you face?	
	Sanitation and hygiene	
6	What do you rely on for sanitation? - Do you regularly use IHHL/PT/CT? Or do you sometime use IHHL/PT/CT? - Do you practise open defecation? Where is the OD site? - Do all HH members regularly use IHHL or CT/PT or rely on OD site?	
7	If you rely on IHHL, do you face any difficulties? What difficulties do you face?	
8	If you rely on PT/CT then: - Prior to the pandemic, what difficulties did you face in accessing PT/CT? (Probes: distance, water, affordability, cleanliness, crowding, restriction on timings) - During lockdown, what difficulties did you face in accessing PT/CT? (Probes: distance, water, affordability, cleanliness, crowding, restriction on timings, conflicts due to usage of CT/PTs by COVID-19 positive slum dwellers)	
9	If you practise OD, then: - Why do you practise OD? - Where do you practise OD?	
10	During the pandemic, did you or your HH members have to change toilet usage patterns? If so, why? What challenges did you face?	
	Special arrangements for WASH during COVID-19	
11	During the pandemic, were there any special arrangements made for addressing water and sanitation access?	

12	What was the nature of these arrangements?
13	Who initiated these special arrangements?
14	Did the SHG and/or the SDA adopt any WASH-related activities during the pandemic?
	SHG interface
15	Do you engage with SHG on water- and sanitation-related issues? What has been your experience of engaging with them? Which member do you engage with? (How often do you engage with them? How does the SHG provide support? Are they effective?)
16	How do you contact the SHG? Are they easily approachable?
17	Do you face any challenges when interacting with the SHG over water and sanitation issues? What challenges do you face?
18	Have you received any benefits through the SHG? (Probes: livelihood, service level benefits, relief response)
19	Did you receive any support from the SHG during COVID-19? If so, what support do you get?
	SDA interface
20	Do you engage with the SDA on the water- and sanitation-related issues? What has been your experience of engaging with them? Which member do you engage with? (How often do you engage with them? How does the SDA provide support? Are they effective?)
21	How do you contact the SDA? Are they easily approachable?
22	Do you face any challenges when interacting with the SDA over water and sanitation issues? What challenges do you face?
23	Have you received any benefits through the SDA? (Probes: livelihood, service level benefits, relief response)
24	Did you receive any support from the SDA during COVID-19? If so, what support do you get?

ANNEXURE 3

KII: ULB Nodal Officer (for SHG Interface)

	General information
	ULB Name:
	Respondent Name:
	Designation of Respondent:
	Interviewer name:

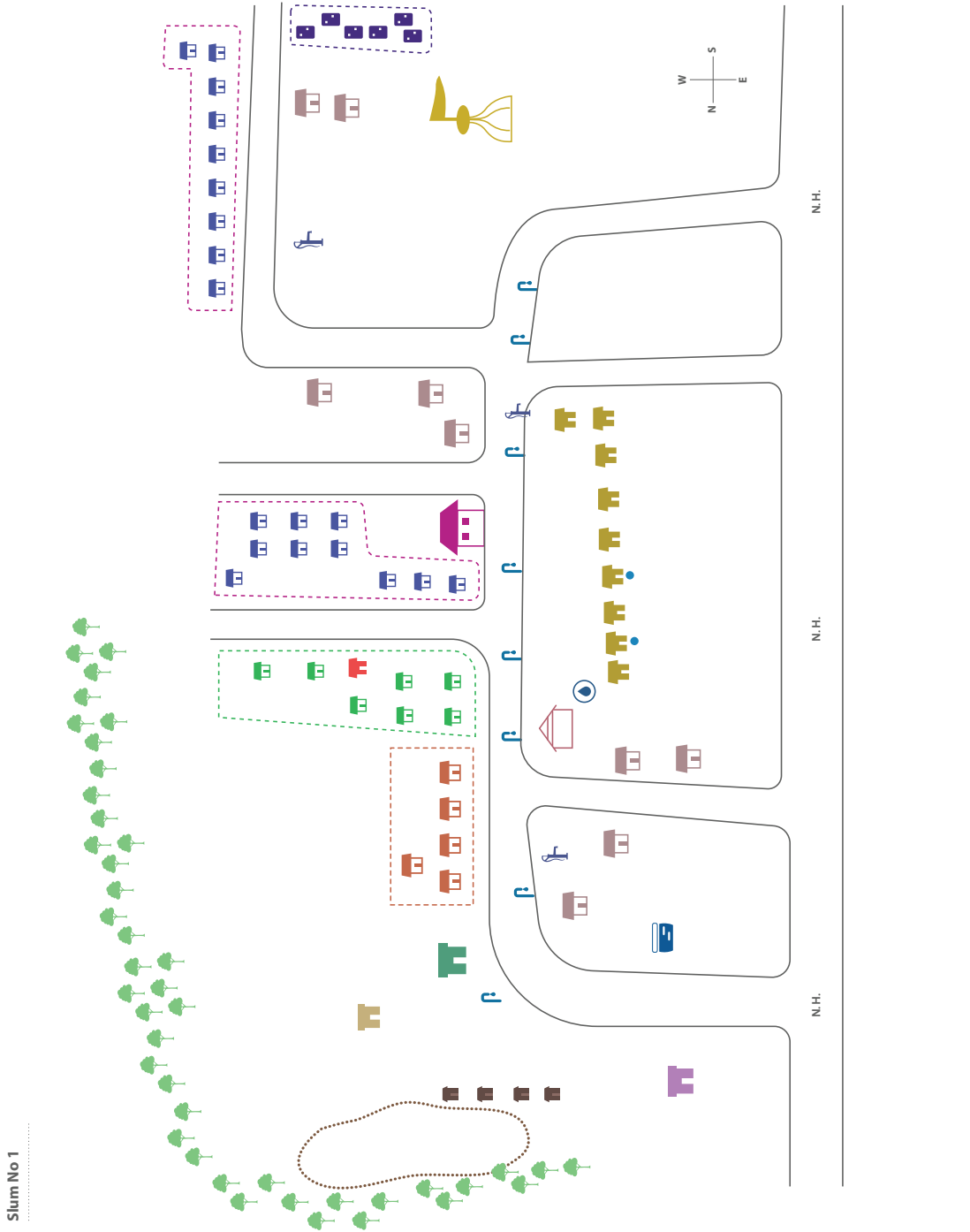| S. No.	Questions
	ULB–SHG partnership for WASH service delivery
1	How does the ULB engage with the SHG?
2	If the ULB engages formally with SHGs in Dhenkanal for WASH service delivery, then explain the process of engagement. (Probes: MoU, Agreement, Contract) Which SHG did you partner with? For which WASH service? How frequently do you need to interact with the SHG? [*Get a copy of the contract/agreement.]
3	What was the criteria for SHG selection? - Were special efforts made to partner with an SHG of vulnerable groups? - Are some SHGs more active than others? If so, which SHGs are more active (especially in selected slums)? Were these selected by the ULB?
4	What is the nature of the partnership? Have you provided monetary support to the SHG as part of the arrangement?
5	What is the role of the SHG? What is the role of the ULB or any other stakeholder?
6	What is the duration of the partnership?
7	What has been the experience of partnering with the SHG? - What was the process of onboarding the SHG? - Did you face difficulties in onboarding the SHG? If so, what difficulties did you face? - What support does the SHG provide in WASH service delivery in urban poor neighbourhoods? - What difficulties do you face in partnering with the SHG?
8	Does the ULB informally engage with SHGs in selected slums in Dhenkanal for WASH service delivery? If so, for which services does it interact with the SHG? How frequently do you need to interact with the SHG? What has been the experience?
9	Have you conducted any needs assessment for slums in Dhenkanal? How did you carry out this assessment? Did you involve the SHG/SDA/marginalised groups for this? If so, how did you engage them? What role did they play?
10	Were SHGs involved in the ULBs' response to COVID-19 with a focus on improving WASH services? If yes, what was the nature of activities carried out? (Probes: WASH service delivery, awareness creation, community mobilisation, reaching out to marginalised groups) What were the responsibilities of the ULB and SHG respectively? What was the duration of these activities?
11	What steps can be taken by the ULB for improving this interface?
12	Has the ULB faced any challenges when coordinating with SHGs on WASH-related activities before and after the pandemic?
13	How can engagement with SHGs be strengthened?
	Interface of SHG with ULB for addressing WASH issues in the community
14	Does the SHG reach out to you if they face WASH-related issues in the urban poor neighbourhood?
15	During the pandemic, were special WASH provisions made in the urban poor neighbourhood? (Especially in selected slums.) Did the SHG play an active role in ensuring that special WASH arrangements were made in the urban poor neighbourhood after the outbreak of COVID-19?
	Capacity of the SHG
16	What do you think of SHGs as a group? What is the strength and weakness of the SHG? - What have been their key achievements? - What are the capacity gaps?
17	Who do you prefer to partner with: SHGs or SDAs? Why?
18	What efforts have been undertaken to strengthen capacities of SHGs?
19	How can they be further empowered?

ANNEXURE 4

KII: ULB Nodal Officer (for SDA Interface)

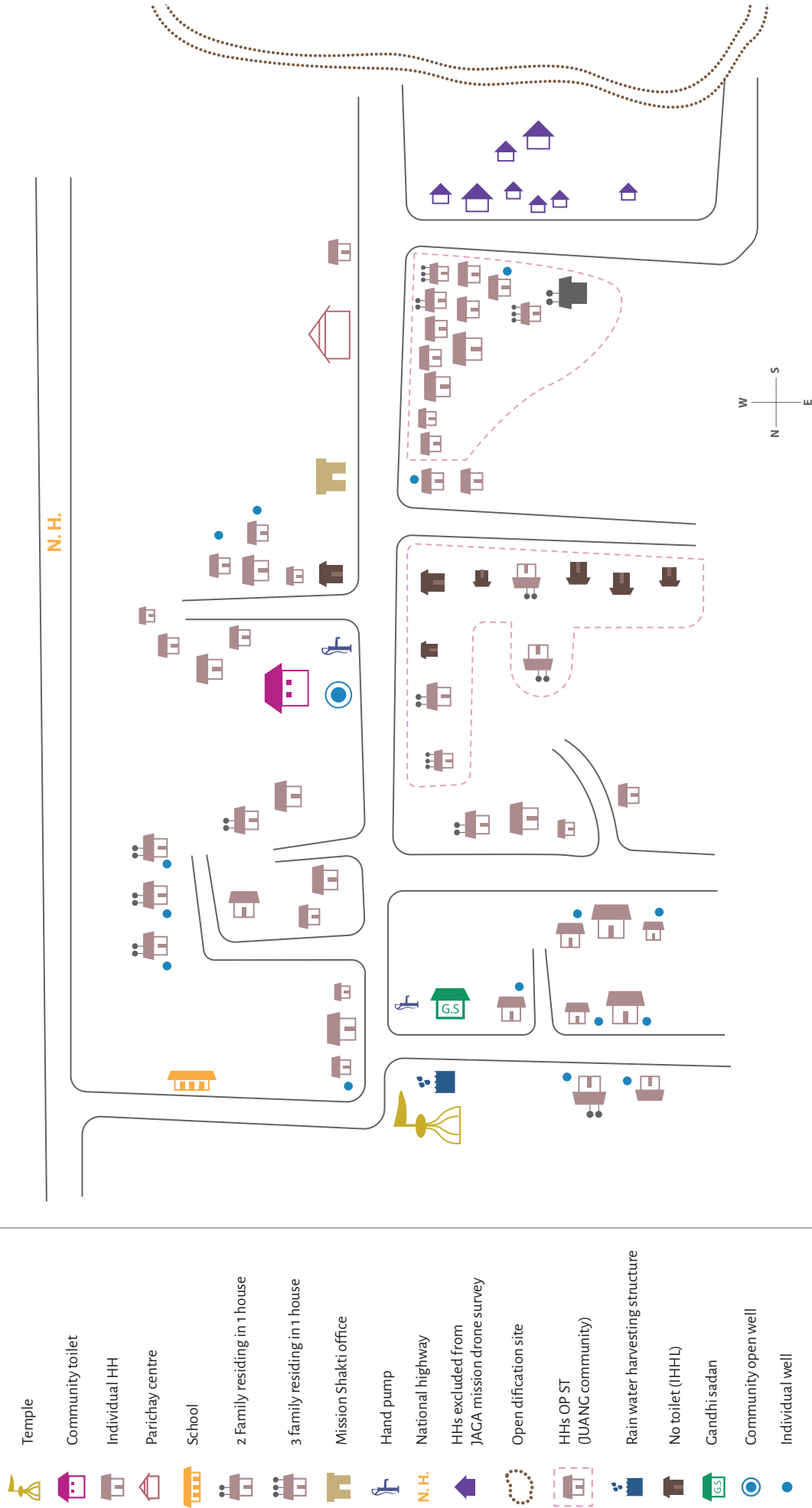|	General information
	ULB Name:
	Respondent Name:
	Designation of Respondent:
	Interviewer name:
S. No.	**Questions**
	ULB–SDA partnership for WASH service delivery
1	How does the ULB engage with the SDA? Do they engage formally or informally?
2	If the ULB engages formally with SDAs in Dhenkanal for WASH service delivery, then explain the process of engagement. (Probes: MoU, Agreement, Contract) For which WASH service? How frequently do you need to interact with the SDA? [*Get a copy of the contract/agreement.]
3	What is the nature of the partnership? Have you provided monetary support to the SDA as part of the arrangement?
4	What is the role of the SDA? What is the role of the ULB or any other stakeholder?
5	What is the duration of the partnership?
6	What has been the experience of partnering with the SDA? - What was the process of onboarding the SDA? - Did you face difficulties in onboarding the SDA? If so, what difficulties did you face? - What support does the SDA provide in WASH service delivery in urban poor neighbourhoods? - What difficulties do you face in partnering with the SDA?
7	Does the ULB informally engage with SDAs in selected slums in Dhenkanal for WASH service delivery? If so, for which services does it interact with the SDA? How frequently do you need to interact with the SDA? What has been the experience?
8	Have you conducted any needs assessment for slums in Dhenkanal? How did you carry out this assessment? Did you involve the SHG/SDA/marginalised groups for this? If so, how did you engage them? What role did they play?
9	Were SDAs involved in the ULBs' response to COVID-19 with a focus on improving WASH services? If yes, what was the nature of activities carried out? (Probes: WASH service delivery, awareness creation, community mobilisation, reaching out to marginalised groups) What were the responsibilities of the ULB and SDA respectively? What was the duration of these activities?
10	What steps can be taken by the ULB for improving this interface?
11	Has the ULB faced any challenges when coordinating with SDAs on WASH-related activities before and after the pandemic?
12	How can engagement with SDAs be strengthened?
	Interface of SDA with ULB for addressing WASH issues in the community
13	Does the SDA reach out to you if they face WASH-related issues in the urban poor neighbourhood?
14	During the pandemic, were special WASH provisions made in the urban poor neighbourhood? (Especially in selected slums) Did the SHG play an active role in ensuring that special WASH arrangements were made in the urban poor neighbourhood after the outbreak of COVID-19?
	Capacity of the SHG
15	What do you think of SHGs as a group? What is the strength and weakness of the SHG? - What have been their key achievements? - What are the capacity gaps?
16	Who do you prefer to partner with: SHGs or SDAs? Why?
17	What efforts are being undertaken to strengthen capacities of SHGs?
18	How can they be further empowered?

ANNEXURE 5

Social Maps of Slums

Slum No 1

Community Toilet

Tubewell (Hand pump)

Parichay centre

Open dification site

No latrine

Water connection points

Temple

Open well

Individual well

Sanitation workers staying on rent (SC)

Forest area

National highway

Mission Shakti office

Forest office

Revenue inspector office

Cluster of Govt. staff houses

Cluster of muslim community

Water harvesting structure

Cluster of HHs belonging to SC/ST/OBC

Vulnerable community (SC)

Refugee community (Bengali)

Individual HH

Main road

Slum No 2
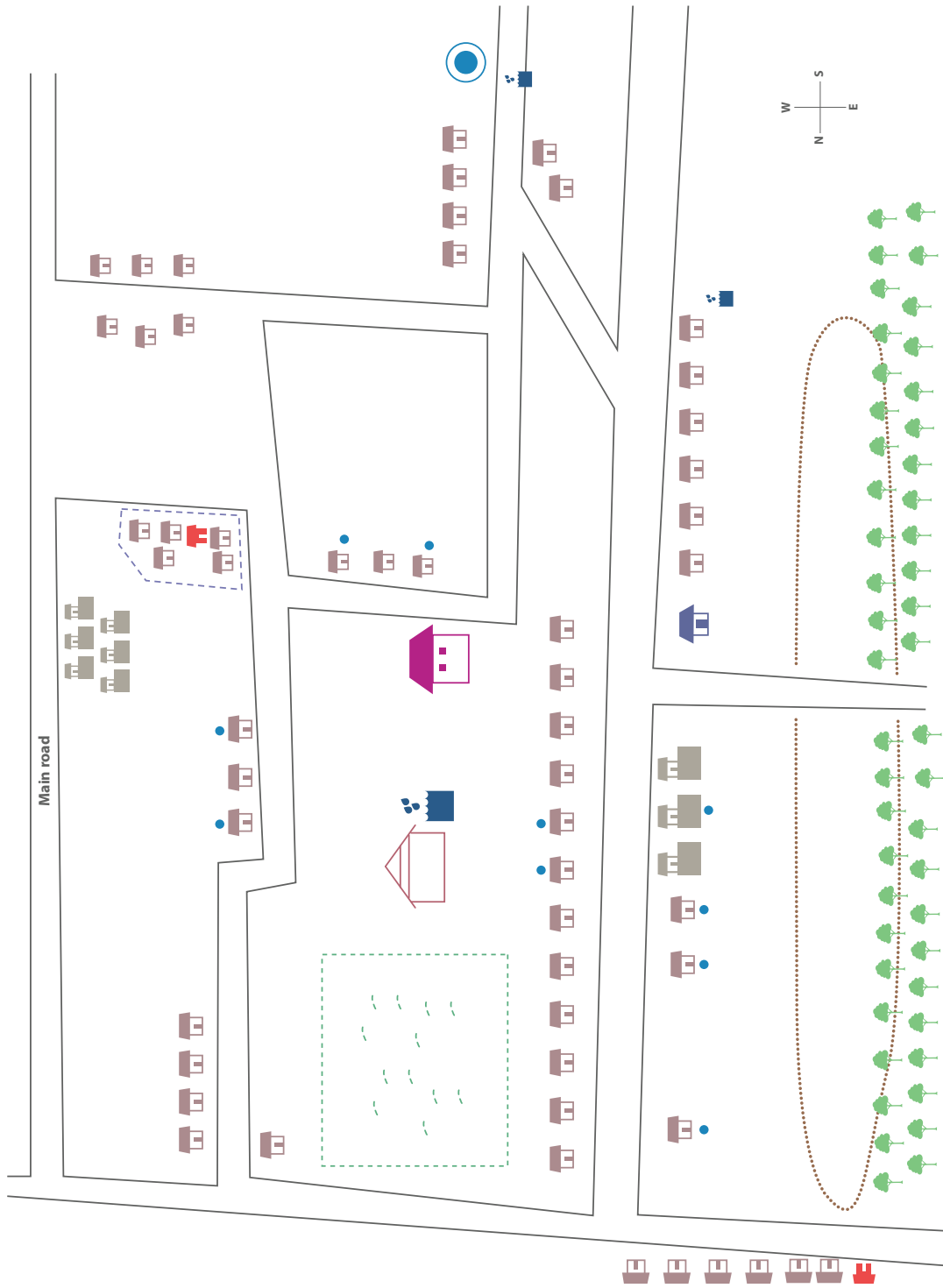
Rain water harvesting structure

Anganwadi centre

Forest area

Individual HH

Double storyed house

Individual well

Parichay centre

Community park

Open dification site

Community well

Community Toilet

HH of poor, ST excluded
from JAGA mission survey

Marginalised HHs

Slum No 3

W — S
N — E

	Temple
	Community toilet
	Individual HH
	Parichay centre
	School
	2 Family residing in 1 house
	3 family residing in 1 house
	Mission Shakti office
	Hand pump
N. H.	National highway
	HHs excluded from JAGA mission drone survey
	Open dification site
	HHs OP ST (JUANG community)
	Rain water harvesting structure
	No toilet (IHHL)
	Gandhi sadan
G.S	Community open well
	Individual well
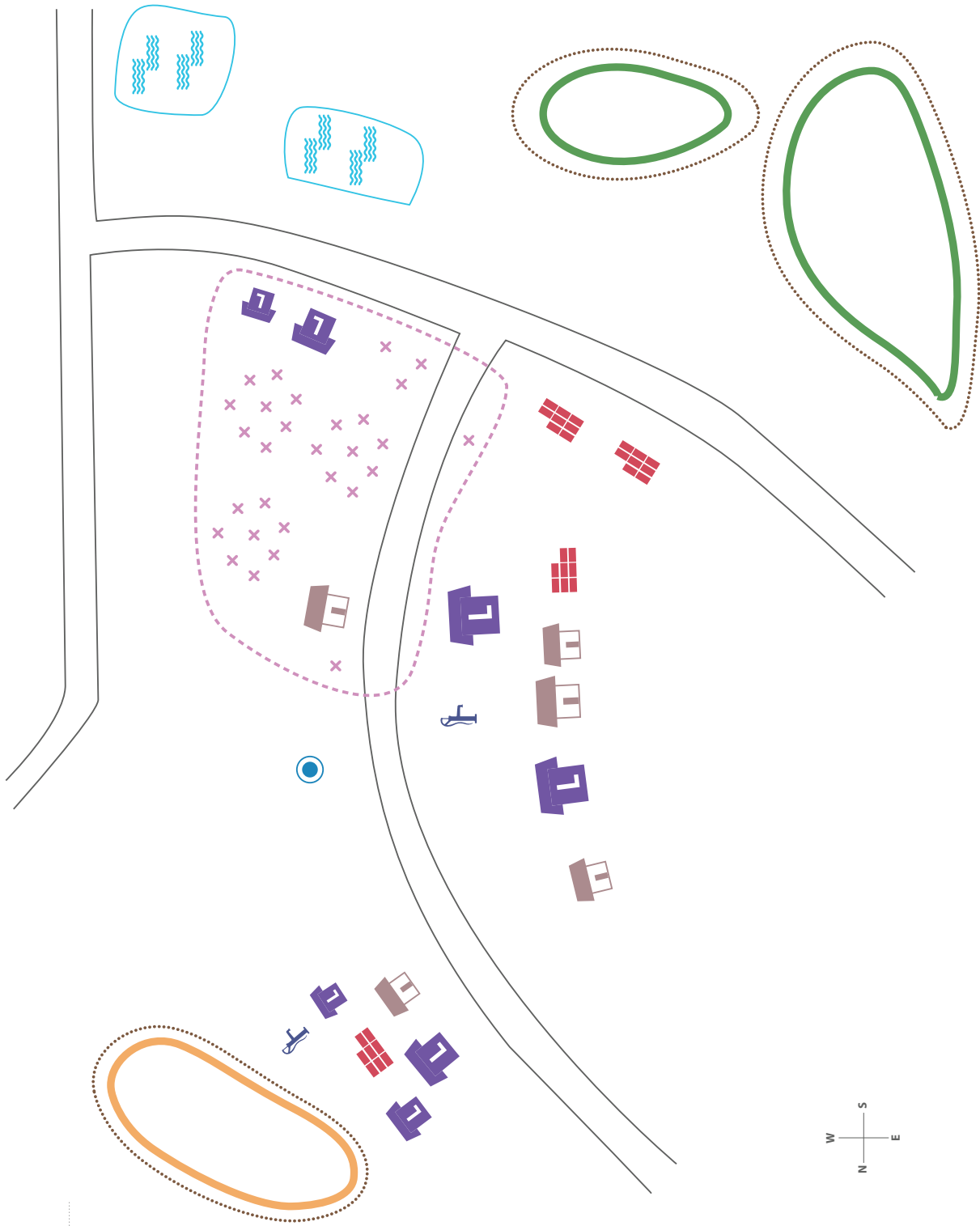
Slum No 4

Individual HH

Community open well

Hand pump

HH having IHHL

IHHL under construction

Water logging area during rains

Open defecation site for men

Open defecation site for women

Pond

Slum No 5
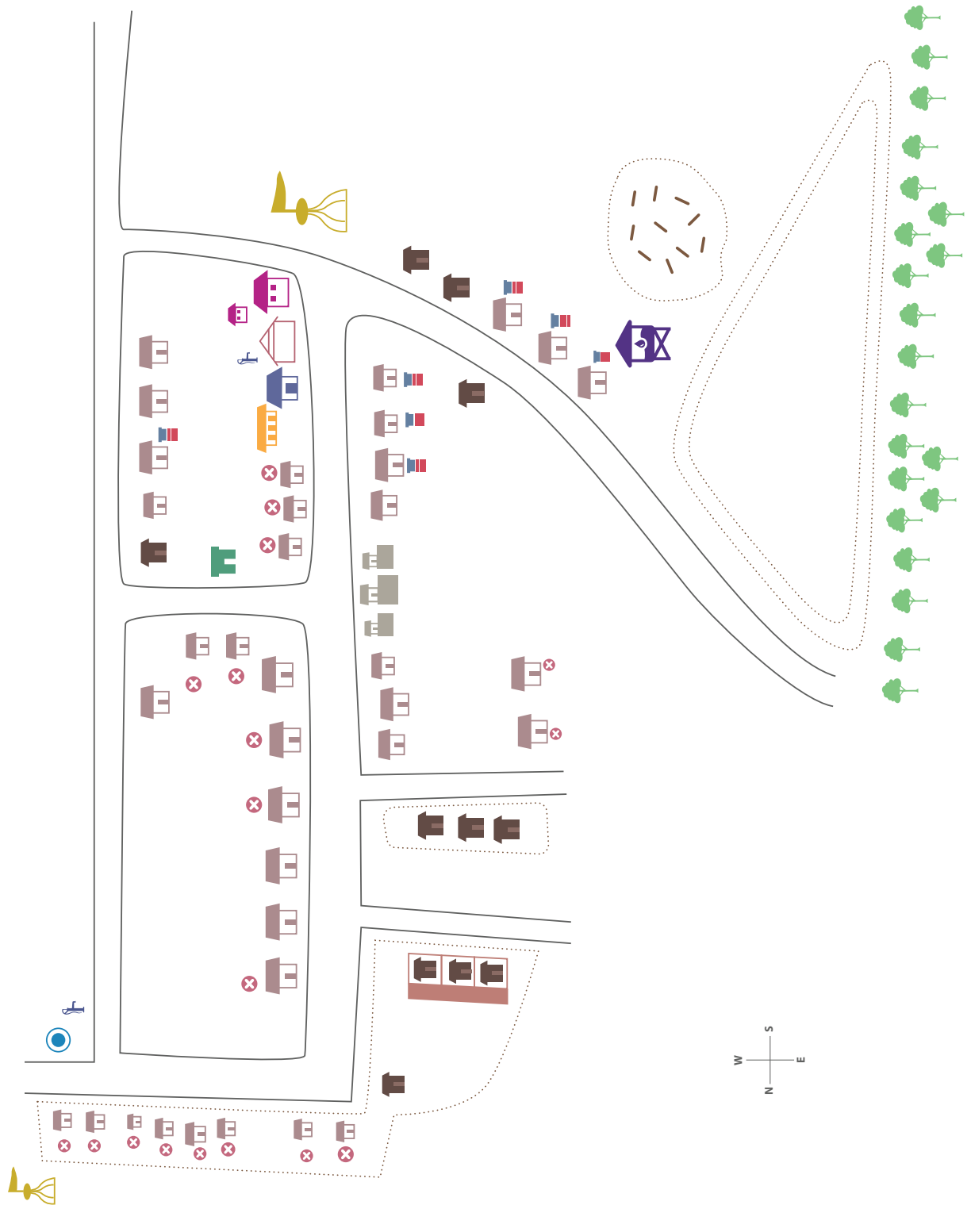
Temple
Tubewell (Hand pump)
Open well
No toilet (IHHL)
Dysfunctional toilet
Individual HH
Double storyed house
Houses in a row
Open dification site
Forest area
Community Toilet
Community centre
School
Forest office
Toilet under construction
Garbage dump area
Sabar community
Supply water storage point
Anganwadi centre

SCALING CITY INSTITUTIONS FOR INDIA (SCI-FI)

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