

**NECESSITY OF COMMUNITY PARTICIPATION IN THE  
PROCESS OF RESETTLEMENT TO IMPROVE WATSAN  
FACILITIES: A STUDY OF INDIAN URBAN POOR  
WOMEN OF MADANPUR KHADAR**

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**Abstract:**

The process of slum demolition in order to marginalize the poor has resulted in the eviction of India's largest urban population. Many poor families have been shipped out of the city's leading to increase in the hardships of urban poor. They face the brunt of lack of proper water and sanitation facilities. In urban areas people belonging to rich sections of the society can always access water and sanitation facilities, however it's the poor who are suffering due to the lack of these basic amenities. They spend quality time and a large portion of their monthly income in accessing them. The women are the main sufferers as their physical hardship, vulnerability to problems increases with the absence of water and sanitation. Although, various initiatives in the form of policies and programmes have been taken to provide these basic amenities, which however fail to achieve the desired goal. One of the reasons is the lack of community awareness and participation. The community should be involved from the very first step of programme planning as it gives them a sense of responsibility and ensures better success rate and sustainability. Moreover, the gender perspective of the problem needs to be understood as women suffer the most as a result of the problems arising due to lack of WATSAN facilities.

**Key words:** vulnerability, community participation, sustainability, WATSAN.

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### **Introduction to the problem:**

More than 150 slums in Delhi, since May 2006 have been demolished under government pretenses of transforming India's capital into a so called better, clean and more cosmopolitan "world city." Home to the city's poor have come under increasing attack by more elite residents and politicians who criticize them for leaving a black mark on the growing image of a "shining India." With the Commonwealth Games to be held in 2010 at Delhi, demolitions have been done to make way for a sports stadium and other associated centers with transport facilities.

This process of slum demolition has marginalized the poor and has resulted in dire human rights violations of India's largest urban population. Evicted from well-established squatter communities in the heart of the city, many poor families have been shipped out of sight, and out of mind, sometimes disappearing altogether from the city. Only those squatters who are able to prove their right to resettlement—a difficult process that requires documentation of having lived in Delhi prior to 1998—are eligible to purchase a tiny one-room home on the periphery of Delhi. Yet the amenities present in resettlement areas are among the worst in the city. Many of these colonies suffer from water poverty and lack of basic sanitation infrastructure and poor hygiene, and further are excluded from many opportunities like employment, education and medical facilities.

Serious problems stand in the way of efforts to expand and sustain water supply and sanitation system . The crisis of safe drinking water and sanitation has reached a critical stage in New Delhi- capital city of India. Securing adequate water supply, which is the very basis for human survival is one of the most critical problem.

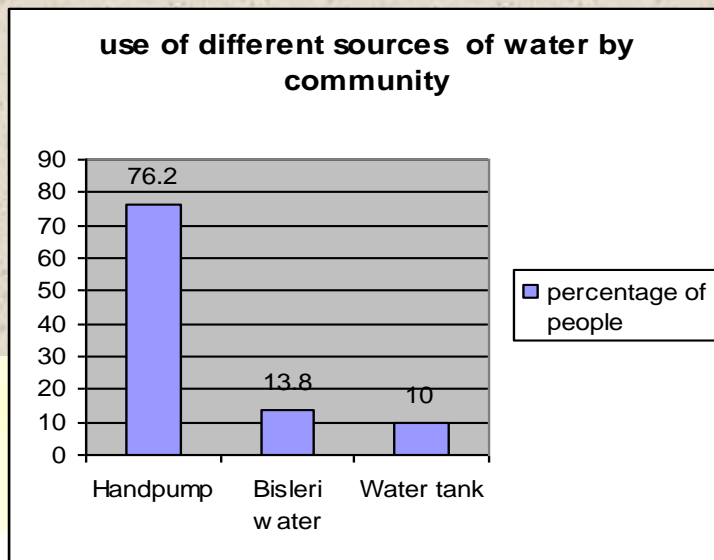
Lack of safe drinking water and sanitation facilities is a major problem impacting all communities, particularly rural, slums and resettlement colonies in the city. The deprived populations have been sent to the peripheries using instruments such as master plans, environmental legislations, slum clearance/rehabilitation projects etc. Functioning of informal land market, too, has facilitated a process of socio-economic segmentation through population redistribution within and around the city. The rise of resettlement colonies have added to the problems of poor rather than solving them.

Even though a great deal of effort has been directed towards the various sanitation activities, the progress has been very slow. Required basic facilities are not being met by the informal settlements. In promoting the International Year of Water (2007), and International Year of Sanitation (2008) UN Secretary General Ban Ki Moon recognized these UN promoted activities as having challenged humankind to spur actions on a crisis effecting one out of three people on the planet.

### **An identification- truth of resettlement colonies:**

The study “Assessment of Water and Sanitation Facilities in a Resettlement Colony” was conducted to assess the water and sanitation status of Madanpur Khadar. The objectives of the study were: to find out the existing water and sanitation facilities available to the community, understand the community’s practices in respect to these facilities and develop strategies for improved and equitable facilities. Interviews, focus group discussions, observations and community mapping were the methods used to collect the data. Interviews were conducted with women as key respondents to understand the problem of water and sanitation from a gender perspective.

The study revealed that the water and sanitation conditions in the resettlement colony were unsatisfactory. The community did not have access to clean drinking water and the main source of drinking water for all the residents were handpumps (76.2 %). The remaining families relied on either packaged drinking water (13.8 %) or Delhi Jal Board (DJB) water tankers (10 %).



Source: Survey done during dissertation work

Every cluster of two-three households had one handpump but the quality of the water from the hand pumps was pitiable. The water was found to contain suspended particles, odour and was of a yellowish colour. There was no fixed time for the supply of water by the DJB tankers whose frequency of visits to the community was once or twice a week. This forced the people to procure the packaged mineral water which was reported to cost Rs. 20 for a 20 litre bottle. The average requirement of packaged water was fifteen bottles per month, which meant an average expenditure of Rs. 300 per month. This was reported to be of exorbitant overheads for the majority of the inhabitants.

The hand pump water available in all the four blocks was reported to be contaminated and turned yellow in color after half an hour of storage. It also had a foul smell. The DJB Tanker's water was reported to be clean. The households had installed their own handpumps to have ready access to water.

The tanker water was another alternative source of water to the Madanpur Khadar resettlement colony but the water supplied was absolutely insufficient to meet the present requirements of the community. The DJB Water Tanker supply was not regular. Tankers came once or twice a week only. Waiting in long queues in anticipation was another problem being faced by the people.

A majority of the people (73.8%) in Madanpur Khadar defecate in the open. And only a few used the pay and use Community Toilet Complexes for defecation or latrines (with tanks) located within the houses. The men mostly defecate in open, a very few women preferred to use the Community Toilets as they were very poorly maintained and there was no light. The children defecated in the open, on nallas, drains flowing outside the house, outside the toilet blocks, in the by lanes outside the house. Also, Rs. 1 was charged per visit from the people to use either a latrine in the Community Toilet Complexes- CTCs. Thus, if there are approximately 5 members in each family and they use a latrine thrice a day and the bathroom once a day the monthly expenditure of using Community Toilet Complexes works out to be about Rs. 600. Thus, the community found it a costly service to use CTCs as most of them have an average income less than Rs. 5000 per month. This was another reason why the people preferred not to use the CTCs. The reason, quoted by Ms. Sheela, of Madanpur Khadar, for not having individual toilets was that “the plots are too small to allow construction of latrines in the house and we don’t even have money to construct it, thus we have no alternative other than to defecate in the open”.

As per the report of the National Capital Region Planning Board (1999), the norms for informal housing community toilets are one latrine seat for 25 persons. However, based on the information provided by the key informants and the FGD, it was clear that the 1 seat for 70 people were available in Gadha Colony. Although, the block had 3 Community Toilet Complexes, only 2 were functional. In Raj Nagar and A1 Colony there was one latrine seat available from 78 to 60 persons respectively. In A2 Colony, there was one latrine seat available for 83 persons. There were 3 bathrooms in each Community Toilet Complex; these were available for use by women mainly. However, it was found from the care takers of the CTCs that no women used the bathroom as they were very dirty and all the families had a bathing area at home.

All the houses had an open pucca drain in front of them. The responsibility for cleaning and maintaining the drains rests primarily with MCD authorities. However, the drains were reported to be blocked due to collection of solid waste. The solid waste from the kitchen was collected in a polythene bags and was thrown out. Municipal dustbin was there in the colony located near the Sulabh Sauchalay but people don’t go and throw the solid waste there as they consider it a tedious job to travel to the Municipal dustbin.

Inadequate number of Community Toilets resulted in long waiting time especially during the morning hours. Residents had to walk some distance, as the Community Toilet Complexes were located away from their home. Also, problems are experienced particularly by the children and women who found it difficult to go far and sought company to visit the Community Toilet Complexes. The people were charged Re. 1 for every visit to the Community Toilet Complexes, which accounted for an expenditure of more than 10 % of an average family's monthly income. People do not use the toilets and do not want to pay for using dirty toilets that lacked even the most basic facilities.

The women were forced by eve teasers to go in groups and not alone to use the CTCs. The conditions inside the CTCs were described to be very unhygienic and dilapidated. They were often dark with no electricity and women complained of getting harassed by males while waiting in queues. As per the report of the National Capital Region Planning Board (1999), the norms for informal housing community toilets are one latrine seat for 25 persons. However, based on the information provided to us and the focus group discussions (FGDs) conducted in Madanpur Khadar, it revealed that the number of latrine seats available in Gadha Colony were 1 seat for 70 people.

### **Collating data on sanitary usage, health and sanitation linkages in communities:**

The CTCs were being run on the "pay and use" principle where Re. 1/- was charged per visit for using latrines and Rs. 2/- for bathrooms, when it's difficult to get two square meals a day. It revealed in the research findings that no women used these bathrooms in the CTCs as they were dirty and all families had made a bathing area at home in unhygienic condition for their own use. Therefore the respondents were not willing to pay for using these dirty and poorly maintained toilets; instead they preferred to defecate in open which further lead to unhygienic living conditions, inviting more ailments. It clearly brings out that plight of women exposing them to many social and health problems. And children suffer the most due to water poverty and lack of sanitary facilities. Water borne diseases and chronic ailments and consequential medical attention expenses were also to be taken care off.

Thus, the need for creating awareness about the implications of water, sanitation and hygiene in communities and mobilizing them to manage these facilities and network with local municipal authorities and non-governmental organizations (NGOs) for its own welfare is very well reflected here. The respondents were not willing to pay for better sanitary facilities in CTCs and wanted them to be suitably maintained with participatory initiatives that can be easily sustained. Government allocates a large amount of funds for the development and upliftment of the people dwelling in the city but it still does not accomplish the purpose to the poor. A participatory approach is essential to draw out a realistic plan to augment the existing water and sanitation facilities, identify the gaps in the infrastructure and to list out the immediate and future requirements. The current principles and practices of the community are identified and in phased manner. Efforts are afforded such that the use and maintenance of the existing infrastructure is bettered for sustaining quality of living in poor communities.

**The following are the field study findings and identified recommendations stated to improve the Watsan and greens conditions in the said colony of Madanpur Khadar:**

**Drinking Water Facilities:**

- As underground water is not potable, people should be made aware of poor quality of water from handpumps therefore they should be informed not to use handpump water for drinking, cooking and washing of food; it can be used for washing and cleaning.
- Community can mobilize itself to get some representatives to monitor the supply of water by DJB water tankers. Frequency of visit to each block, the quantity of water supplied and wastage of water from tankers in the process of filling up is reduced.
- Rain Water Harvesting (RWH) structures are a good alternate mechanism. Families below poverty line are eligible for subsidy to construct a RWH system.
- Reverse Osmosis plant available in the site should be repaired and made operable.

**Sanitation:**

- The CTC to be planned to provide a 24x7 facility to the people, the CTC should have proper supply of water and electricity with security arrangements
- Waterless urinals can be installed for community use as they generate less waste to be treated further and bio gas plant can be constructed to manage the waste and solve the problem of proper disposal of waste.
- The construction of “Eco San” Toilets should be encouraged as they require less water; hence, the community will be clean. The manure from the “Eco San” toilets and Community Toilet Complexes should be promoted to be used, as it will further help in minimizing the negative impact of commercial fertilizers on surface and ground water resources while improving the soil quality and water holding capacity.
- Initiating Door-to-Door waste collection through outsourcing for providing adequate Solid Waste Management (SWM) services to all the community members. The waste collection task can be outsourced to NGO (preferably local). The existing rag picker in the community can be engaged in collecting waste from each house, collection points/MCD dustbins, dump sites, road sides and drains.
- Identify the existing groups or mobilize the community to form groups who can then identify the needs for community for water and sanitation and development of other infrastructure for the betterment of community and facilitate NGOs.
- Community should be mobilized to form Water and Sanitation Communities (WSC's) at each block. The members of these communities should preferably be women and/ or the youth. The role of these communities could be to monitor the supply and equitable distribution of drinking water, promoting awareness and the use of CTCs and creating awareness in the community for their correct usage and maintenance.
- A waste water treatment plant can be set in the community and the treated water can be used to irrigate the fields. ( Project experience from Vigyan Vijay's programs)
- The WSCs can act as centre for disseminating information of development activities initiated by different government departments or voluntary organizations.



- WSCs or NGOs can distribute educational kits, sanitation literature, pens, sketch pens and posters to WSC members and members of Youth Club to promote awareness and motivate them to work.
- The WSCs can act as organization providing loans for the construction of house hold latrines, Experience in several areas in India particularly of non governmental agencies, have indicated that communities can participate financially in a significant way. A typical case is the setting up of a revolving fund jointly by Asha Sadan, a non-governmental organization located near Delhi and UNICEF to provide loans for the construction of household latrines.
- Another responsibility of WSCs could be to lounge complains concerning collection of garbage, blockage of drains, broken roads and drinking water to Delhi Public Grievance Commission (DPGC), an Appellate Authority under Delhi Right to Information Act, 2001. The commission hears appeals and takes decision in case the information given by the concerned government department is false or incomplete, irrelevant or not given in stipulated time.

#### **Up-grading Greens in habitats:**

- The waste collected in the parks and open spaces should be removed and greening of the area should be done. Trees such as Jamun, Neem, Peepal etc can be planted to give shade and add to the aesthetic look. This will also help in improving the air quality. These areas can be maintained by WSCs, volunteers, NGOs.
- Bio-wastes come in two categories, one a clean bio-waste which comes from the horticulture and trees, foliage in the area. And the other is un-clean bio waste ensuing from the kitchens, dhabhas and old left-over eatables. Both these bio- wastes are treated as resource and converted through bio-composting methods into compost and used as manure in green spaces.
- Trees, hedges and green foliage afford bio-remediation in habitats abating impacts of local-warming and smothering adverse climatic impacts, with relief to residents.

**Conclusion:**

The study clearly brings out the need for creating awareness about the implications of water and sanitation in the community and mobilizing them to manage these facilities and network with local municipal authorities and non-governmental organizations (NGOs) for its own welfare.

An integrated approach linking water, sanitation, hygiene and health would improve the quality of life of the entire community. Understanding of the delivery system of water and overall solid and liquid waste management will help in identifying and overcoming the problems of sanitation in the community. A plan for community based management and maintenance of water and sanitation facilities will ensure that the entire community and not just a handful of people derive benefit, thereby assuring equity and sustainability. Further, a collaboration of sector-related agencies and departments for a focused implementation of the water and sanitation programs along with the involvement of NGOs and community, especially women, could make such a plan truly participatory and ever sustaining in future.

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