The Community-Led Sanitation Program at Sangli, Western India is assisting 3,500 households across twelve slums in the city gain access to adequate sanitation facilities. The initiative is a partnership between the local government (Sangli Miraj Kupwad Municipal Corporation), international agencies (USAID, Indo-US FIRE-D, Cities Alliance), a non-government organisation (Shelter Associates) and community based organisation (Baandhani). The Sangli experience demonstrates how spatial mapping, social surveys and GIS can be used to ascertain community sanitation priorities and to develop feasible technical designs. The model emphasises individual toilets as a solution to urban poor’s sanitation problems and also demonstrates effective community toilet management structures. The program effectively utilises donor, public and private funding along with facilitating households to invest their own resources towards infrastructure development. Provision of adequate sanitation facilities has proved to be an effective entry point for citywide slum up-gradation.

Background
The sanitation situation in urban India is in a crisis – while the 2001 Census put urban sanitation coverage at 61 percent having access to pit/WC flush latrines, recent research shows that only 25 percent of the population have access to sewerage connection (1). The environmental sanitation condition in cities is dismal due to inadequately and poorly maintained sewerage systems and sewerage treatment facilities - of the 300 Class-1 cities, only 70 have partial sewerage systems and treatment facilities. The urban poor are the most disadvantaged section of the urban populace; they lack adequate access to water and sanitation services and are forced to live in deplorable environmental sanitation conditions with a resultant heavy disease burden, especially for women and children.

Introduction to the Initiative
The Sangli Miraj Kupwad Corporation (SMKMC) is a rapidly growing city in the state of Maharashtra, India with a population of half a million (as per Census, 2001). Approximately fifteen percent of the city’s population lives in slum settlements with no/inadequate access to basic infrastructure services (2). In this context, United States Agency for International development (USAID), Cities Alliance (CA), Indo-US Financial Institutions Reform and Expansion – Debt (FIRE-D) Project, Shelter Associates (SA), a Pune based NGO and Baandhani, a Community Based Organization (CBO), are assisting SMKMC to implement a citywide community-led sanitation program which is aimed at ensuring access of the most vulnerable section of the city’s population, that is, urban poor communities to adequate sanitation facilities at an individual/community level. The community driven slum up-gradation approach is propelled through community mobilization/federation building, public-private co-operation, and micro-credit savings.

Evolution of the Initiative
The program was initiated in April 2001. In the first phase supported by the Indo-US FIRE (D) Project, SA undertook Sangli’s first citywide slum survey to ascertain the type and level of basic services available to slum communities. The survey revealed that almost 90 percent of slums were completely devoid of any sanitation facilities.
Following preliminary surveys, the second phase was launched in 2002 as a pilot initiative involving construction of community toilet blocks in two slums – Sangli Wadi and Rajiv Gandhi Nagar. This phase was implemented with financial assistance from the Institute on Governance (IOG), Canada. The model of community managed public toilets incorporated sustainable management practices along with an innovative waste based energy system (biogas plant). A supervising forum consisting of representatives from the government, media, and civil society worked towards institutionalizing transparency and accountability. The model demonstrates the efficacy of community managed and maintained toilets financed through user contributions.

**Community Toilet – Sangli Wadi**

Sangli Wadi is a small settlement of 60 families, mostly employed as agricultural wage laborers. The settlement’s location far away from the city’s sewerage network and the degree of community interest reinforced its suitability for a community toilet project. The community-led design process, facilitated by SA Associates, resulted in a toilet design that included separate facilities for men and women, squatting pans for children, a caretaker’s house and a biogas energy system. The user charges pay for the caretaker’s salary, and the integrated biogas energy system provides the caretaker with fuel for cooking and lighting.

Sangli Wadi families receive a monthly pass for Rs.20, while five other families residing outside the settlement each pay Rs. 30 per month for toilet use (3). The community unanimously decided that the two poorest families, who cannot afford the user charge, should receive free access to the facilities.

Where no previous sanitation facilities existed, the entire slum now has access to a clean, well-lit and sustainably managed toilet facility accessible 24x7.

Based on the success of the pilot, SMKMC and SA decided to replicate the model citywide. In its third phase (2004-2006) the program involved detailed spatial mapping and socio economic surveys of the twelve slums short-listed jointly by SA and SMKMC. These twelve slums had very minimal/no access to sanitation facilities. This information served as a useful tool for planning and designing innovative community specific sanitation interventions to ensure improved and equitable access.

The program currently in its fourth phase is assisting twelve slums in Sangli gain access to adequate sanitation facilities. The initiative is being supported by Cities Alliance (CA) and USAID’s Community Water and Sanitation Facility (CWSF). The total support from CA is US$ 182,000; of which US$107,000 is for construction of toilets and US$ 75,000 is for technical assistance. While the support from CA would cover 20 percent of the construction cost of community toilets the remaining 80 percent is being contributed by Government of India and the State Government. In case of individual toilets the beneficiary contribution is twenty percent, while the local government and CA funding contributes forty percent each.

**Strategies Adopted**

**Spatial mapping/social surveys and GIS as a tool for planning**

Scientifically collected spatial data in the form of maps drawn using plane table survey showing the location of houses and other community resources(4) along with socio economic data collected through settlement level and census household surveys(5) have been effectively fused using GIS platform. The data thus gathered has enabled detailed analysis of every slum community for ascertaining level of access to sanitation facilities; community needs, demands and aspirations vis-à-vis sanitation facilities; and for designing community specific interventions. This entire process was supervised and carried out by the SA/Baandhani team involving local community members. The community ownership of the data is very high as they were actively involved in data collection and analysis. This process has enabled development of effective solutions to sanitation problems and has resulted in a valuable data source for other interventions aimed at pro-poor service delivery that may be taken up by the local government in future.

**Leveraging community support and resources - community mobilization/federation**
Community mobilization and federation has been a cornerstone of the program strategy and has played a key role in ensuring community support/participation in the initiative as well as in leveraging community resources. The community mobilization processes were initiated by SA/Baandhani in every community simultaneous to the spatial and socio-economic survey and included meetings in small groups, and formation of small saving groups. This process helped overcome initial community resistance and for building confidence and trust among households. In some communities apart from making financial contributions towards the construction cost, individual households have also contributed in the form of building materials, their labour as unskilled workers and/or as supervisors during construction.

Sanitation Domain – Individual/Shared toilets
While it is clear that sanitation breaks the transmission cycle of many diseases, the degree to which disease protection is afforded depends upon a number of factors primary among which, is the sanitation domain (public versus individual provision). Public facilities without community participation/management, generally, do not provide improved or adequate sanitation as they frequently become fouled due to lack of adequate maintenance thereby creating health risks and deterring use. They are often inaccessible at night leading to open defecation, they may be far from certain users and particularly difficult for children, elderly and disabled people to use.

Recognizing the same the initiative has pushed for provision of individual toilets wherever technically feasible. The spatial and socio economic data collected by SA helped identify four slums, namely, Jatkar Vasti, Bouddha Vasahat, Khaja Vasti and Kaman Ves where it was feasible to construct individual toilets due to the proximity to existing drainage/sewerage network.

Shabana’s Quest for an Individual Toilet
Shabana Iqbal Sheikh, is a resident of Khwaja Vasti. Shabana lives in a kuccha house (temporary structure) with her husband and two daughters. The family income is approximately Rs. 4,000 per month primarily earned by her husband who works in an automobile repair garage. The only sanitation facility present in the settlement prior to the initiative was a dilapidated four-seat public toilet, which was defunct forcing most of the families to defecate in the open. Shabana lamented how unsafe and humiliating it was for women to defecate in the open, especially at night. She quickly embraced the idea of individual toilets during a community meeting and was one of the first people to participate in the project. She thought an individual toilet would provide her family with dignity, safety and security while also reducing frequent illness. To help convince her family, Shabana visited Jatkar Vasti, a slum where individual toilet construction was in full swing, along with her husband and children. The family determinedly raised their own contribution of Rs. 1,300 (40% of the total cost of Rs. 3,500). Shabana and her husband provided their own labor for the unskilled portion of the toilet construction. Their temporary shack now has a quality permanent structure toilet and bath within it.

The process instilled confidence in the family to continue upgrading their house. Shabana mentions that she is no longer shy of inviting her relatives and friends over. Shabana’s new toilet, the first in Khwaja Vasti, represented such a positive change that the remaining sixty five families initiated the process and began construction.

Multi-Stakeholder Partnerships - Fostering Accountability and Leveraging Funds
The initiative is being implemented through a partnership between various stakeholders, including the local government, NGOs, CBOs and urban poor communities working together to ensure improved access to sanitation facilities for the urban poor.

The program has been supported by various international agencies providing financial and technical support including Cities Alliance (CA), USAID’s Community Water and Sanitation Facility (CWSF) / Indo US FIRE-D Project, and the Institute of Governance (IoG), Canada. It is also supported by the Government of India and the Maharashtra state government.
The initiative has received support from both the executive and the elected wings (across party lines) of the local government. The recent declaration by the SMKMC to support 40 percent of the construction cost is a testimony of their support.

The initiative has also been successful in leveraging financial resources from private individuals - 'Friends of Shelter Associates' formed by a professor at Connecticut College has helped raise almost US$30,000 that will help extend the initiative to some more slum settlements.

**Improving Broader Environmental Health and Sanitation Practices**

In order to ensure that the creation of improved sanitation infrastructure results in improved health status and personal well being there is a need for demand creation through hygiene promotion. Recognizing the need for a holistic approach whereby infrastructure development and hygiene promotion go hand in hand Junction Social, a Mumbai based consulting firm, was taken on board to identify current hygiene behaviour practices and to suggest mechanisms for incorporating the same in the program. The consultants identified the need for raising awareness on behavioural practices, especially among women and girls; and the need to address menstrual hygiene and management. It also organized sensitization and capacity building workshops for SA staff and women from Sangli low-income communities. These interventions have resulted in improved hygiene practices like regular hand washing after using the toilet/disposing child faeces and use of soap, etc.

In an attempt to address the poor environmental sanitation in urban poor communities in a holistic manner, the initiative has also embarked upon integrating Solid Waste Management (SWM) in some of the selected slums following strong demands from the communities. With technical support from a vermiculture expert, awareness sessions were organised on issues such as handling wet and dry garbage, need for garbage segregation, and garbage management. Composting was initiated in earmarked areas as well as in pots. The initiative has resulted in a definite reduction in garbage littered around the settlement/dumped in gutters/drains, and the communities now had green areas that are being used for growing vegetables.

**Outcomes and Impacts**

The citywide community-led sanitation program has resulted in improved access of urban poor communities to sanitation services. The six slums that have been covered by the initiative till date had minimal/no access to sanitation facilities and now have adequate sanitation facilities through individual (wherever technically feasible) or community toilets. The improvements in sanitation infrastructure coupled with improved hygiene behaviour among communities has resulted in better health and improved well-being for the target communities.

The Sangli model has demonstrated the feasibility of providing a range of solutions from community toilets, shared toilets to individual toilets as a solution for the sanitation problems facing urban poor communities. It has demonstrated the feasibility of user financing for construction of individual toilets and a community managed public toilet model. The experiences at Sangli have shown that sanitation can be a very effective entry point for slum up-gradation with potential for creating spin off results in the form of other improvements at the household and community level.

The Sangli experience has also highlighted the need for a multi stakeholder partnership anchored by the local government for improving services for the poor. The initiative has been successful in leveraging funds from a variety of international donors, local area development funds available with the local government and also from private individuals.

The Sangli model has emerged as an effective solution for ensuring improved service delivery for the poor. The model aligns itself with the Government of India’s urban reform linked program called Jawahar Lal Nehru Urban Renewal Mission. This mission’s program on Basic Services for the Urban Poor provides a great opportunity for providing financial support to ensure wide scale replication of this model across various Indian cities.
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References

Note/s
(3) 1US$=Rs.42.
(4) Including common water points, toilets, manholes, surface gutters, garbage containers, street lights, electric poles, telephone poles, trees, etc.
(5) Providing information on caste, family size, occupations and family income

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