

ASPIRATIONS OF LOW-INCOME COMMUNITIES IN MAHARASHTRA: A PARTICIPATORY RESEARCH STUDY

Final Report



Participatory Research in Asia (PRIA)

42, Tughlakabad Institutional Area

New Delhi- 110062

www.pria.org

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Acronyms

ASHA	Accredited Social Health Activist
BMGF	Bill and Melinda Gates Foundation
CRDF	CEPT Research & Development Foundation
C-WAS	Centre for Water and Sanitation
DDY-PMAY	Deendayal Antyodaya Yojana - Pradhan Mantri Awas Yojana
IHSDP	Integrated Housing and Slum Development Programme
KMC	Khopoli Municipal Council
NFHS	National Family Health Survey
NUHM	National Urban Health Mission
PSA	Participatory Safety Audit
PSE	Participatory Settlement Enumeration
PRIA	Participatory Research in Asia
SBM	Swachh Bharat Mission
SHG	Self Help Group
SMC	Satara Municipal Council
SMC	Sinnar Municipal Council
WAI	Wai Municipal Council

Executive Summary

Participatory Research in Asia (PRIA) has undertaken a participatory research study on the “Aspirations of Low-Income Urban Communities” in the cities of Khopoli, Satara, Sinnar and Wai in the state of Maharashtra, India. The study was commissioned by WASH Institute in collaboration with Bill and Melinda Gates Foundation (BMGF), and the Centre for Water and Sanitation (C-WAS) at CEPT Research & Development Foundation (CRDF), CEPT University, Ahmedabad. The study cities were chosen in consultation with BMGF, Wash Institute, and C-WAS.

This report combines the findings from the four city reports and presents the significant needs and priorities of low-income communities living in the cities of Khopoli, Satara, Sinnar and Wai, to explain:

1. What do communities, especially women, transgender, men, girls, and boys, living in urban low-income settlements/ neighbourhoods view as their most significant needs and priorities?
2. What do community members identify as local resources and which institutions can support them to meet their articulated aspirations, needs and priorities?
3. What do community members see as their roles in meeting their articulated needs and priorities?

Participatory research processes were used to help communities articulate their service needs and priorities, based on their daily knowledge of living in low-income settlements. Through the process of articulation and discussion with the community, citizen participation and engagement in urban governance mechanisms and institutions were explored. Based on what they were learning from the community, researchers have tried to suggest a way forward for collective, robust citizen-centric ownership, accountability, and sustainability of service delivery and development programmes.

A total of 16 settlements – five in Khopoli, four in Satara, four in Sinnar, and three in Wai – across the four cities were chosen for the study.

Common Hopes

Across the four cities, communities need and aspire to live in clean, healthy, hygienic settlements. Waste not cleared from public spaces, garbage not being collected from the house, wastewater flowing directly into open drains, clogged drains, open nallahs – unsatisfactory municipal services contribute to the poor hygiene of their settlements.

Linked to hygiene is the need for both individual household and community toilets.

Apart from sanitation and hygiene, the other top need that emerged was for improved and affordable housing/shelter. A pucca house, with water, electricity and a toilet – the basic necessities to lead a dignified life – eludes them.

A more responsive municipality would serve us better, they feel.

People in the informal settlements have stated the following priorities –

Satara

- Overall improvement in sanitation and hygiene
- Housing
- Water and toilet facilities
- Jobs and employment
- Basic infrastructure in the settlement
- Social, food and economic security
- Education

Sinnar

- own pucca house,
- own toilet,
- pucca pavements inside the settlements,
- park / open space within the settlements, and
- clean nullah. Apna Garage has a particular location – along a nullah. Improving the unhygienic environment of the nullah, especially since no boundary wall separates the nullah and their settlement, is a unique concern of all the residents of Apna Garage.

Khopoli

- Sanitation and hygiene in the settlement,
- Basic infrastructure in the settlement,
- Water and toilet facilities,
- Housing, including land ownership
- Education
- Jobs and employment
- Electricity and streetlights, and
- Social, food and economic security.

Wai

- Affordable housing under PMAY
- Functional streetlights
- Better sanitation and hygiene in the settlements
- Job opportunities and vocational training

The Cities and Informal Settlements

The four cities – Khopoli, Satara, Sinnar and Wai – are all medium-sized towns in the state of Maharashtra, with substantial industrial activity and are major tourist attractions or transit cities for tourists. The Municipal Councils of Khopoli, Satara and Sinnar have completed the Household Vistaar Survey in 2019-20. The number of slums in the city as per the Household Vistaar Survey varies considerably from the Census 2011 data. It shows that over a period of 10 years the number of households living in informal settlements has increased in these three cities. By conducting this survey and not relying on decade-old data, the Municipal Councils of Khopoli, Satara and Sinnar have shown they have up-to-date data that can be used for planning and targeted service delivery.

Khopoli

Khopoli, located on National Highway (NH) - 4, is an industrial town in Khalapur block of Raigarh district in Maharashtra. About 80 kilometres south of Mumbai, it is part of the Mumbai Metropolitan Region. The city covers a total area of 30 sq. kilometres and is governed by Khopoli Municipal Council (KMC). As per KMC's Household Vistaar Survey, 2019-20, there are 6,299 slum households in the city spread across 23 informal settlements.

Satara

Spread over an area of eight sq. kilometres, Satara is known as a “retirees city”, because of its salubrious climate and picturesque location at the confluence of two rivers (River Krishna and its tributary, Venna) and the surrounding hills. Satara Municipal Council (SMC) governs the city's 39 wards. As per SMC's Household Vistaar Survey, 2019-20, there are 3,066 slum households in the city spread across 29 informal settlements. Many informal settlements in the city claim to be located on land provided to the original settlers by Shahu I, the king who established the city in the 16th century as the seat of the Maratha Empire.

Sinnar

Located along a National Highway (NH 160), Sinnar is less than an hour away (towards the south-east) from the district headquarters, Nashik. Spread over an area of 195 sq. kilometres, the city is administered by Sinnar Municipal Council (SMC). As per the SMC's Household Vistaar Survey, 2019-20, there are 1,233 slum households in the city spread across 10 informal settlements.

Wai

Located on the River Krishna, the town of Wai in Satara district, Maharashtra is less than two hours' drive from Pune. The city's 19 wards are administered by the Wai Municipal Council (WMC). As per municipal records, there are three informal settlements (slums) in Wai with 698 households residing in these three locations.

All of the 16 selected settlements are non-notified, which affects the legal status of the settlement to be included in the city's plans for service delivery.¹ Eleven of the 16 settlements (four in Khopoli,

¹ Legal status of slums in cities of India is based on whether they are “notified” or remain “non-notified”. Notified slums: These are areas notified as slums by the concerned State governments, municipalities, corporations, local bodies or development authorities. Non-notified slums: Any compact settlement with a collection of poorly built tenements, mostly of temporary nature, crowded together, usually with inadequate sanitary and drinking water facilities in unhygienic conditions, was considered a slum for the survey, provided at least 20 households live there. If such a settlement was not notified as a slum, it was called a non-

Table 1- City wise settlements chosen for the study

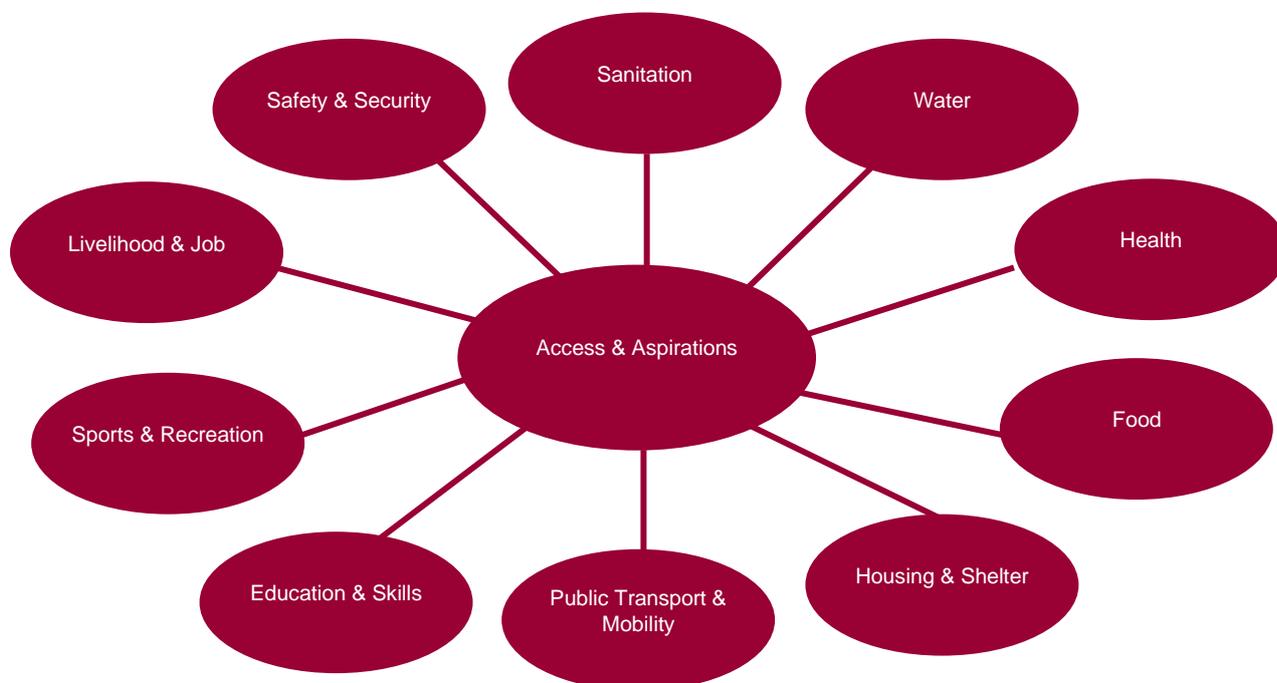
Name of city	Settlement chosen for study
Khopoli	Kranti Nagar, Samta Nagar, Shanti Nagar, Vihari Thakur Wadi, Takai Wadi
Satara	Namdev Wadi, Akashwani Basti, Kamathipura, Laxmi Tekdi
Sinnar	Talwadi, Devi Road-Ekta Nagar, Apna Garage (Tambeswar Nagar), Indira Nagar
Wai	Kashi Kapadi, Siddhanath Wadi Gure Bazar, Mauli Nagar

The characteristics of chosen settlements in four cities are presented in Annex.1.

What do communities view as their most significant needs and priorities?

The quality and ease of living in a community depend on the availability of and accessibility to various services. This research explored the availability and access to services and community needs and aspirations, across 10 sectors (Figure 2). The discussions about perceptions and experiences on issues relating to these sectors sought to understand the interplay of the social, cultural, economic, and political factors that constrain the agency of low-income communities.

Figure 2- Sectoral and Thematic Priorities Explored in the Study



This section presents a consolidated analysis of the availability, accessibility, affordability, quality and reliability of basic services – public and private – to the communities living in the informal settlements of Khopoli, Satara, Sinnar, and Wai. It acknowledges the dependence of informal communities on public service delivery and the kind of challenges the community faces when substantive gaps exist in service delivery. It also highlights the priority of the community members.

Table 2- City Wise Aspirations³

(Percent of respondents)

Aspirations	Khopoli	Satara	Sinnar	Wai	Overall
Clean Settlements	96.0	64.7	36.0	4.5	53.9
Toilet & Bathing Facilities	30.8	70.1	37.7	86.4	53.4
Housing	19.2	70.5	61.5	64.3	53.2
Basic Infrastructure	42.0	13.4	29.7	27.9	28.3
Water Supply	33.5	25.0	7.5	7.1	19.0
Sports & Recreational Spaces	17.9	0.0	30.5	1.3	13.7
Jobs & Employment	4.0	20.5	14.2	3.9	11.3
Education	19.2	6.3	5.9	--	8.4
Social Security	4.5	7.1	16.3	--	7.7
Mobility	--	--	2.5	27.3	5.7
Land Tenure	1.3	17.9	--	-	5.1
Safety & Security	0.4	1.8	0.4	4.5	1.5
Health	0.4	1.8	1.3	1.3	1.2



³ Some aspirations included several components: Clean Settlements (Clean nallah, Boundary wall for nallah, Drains cleaned regularly, cleanliness in the settlement, rain water drainage, Waste management); Housing (Own pucca house); Basic Infrastructure (Electricity, streetlights, Pucca pavements inside settlement, community temple); Water and Bathing (Water supply; Bathing facility); Education (Scholarships, Balwadi, Anganwadi); Jobs and Employment (Jobs; Youth engagement program); Social Security (Old age pension, Ration cards, Benefits of govt schemes, benefit of Ujjwala scheme, certificates to disabled, nutrition to women during pregnancy); Safety and Security (Women's safety, Police assistance, security in settlements, closure of wine shops). Therefore, the percentage figures in some places are higher than 100 per cent.

Sanitation

Toilets

Access to individual toilets ranges from as low as 21 per cent of households in Wai, 34.4 per cent in Satara, and 42 per cent in Sinnar to the highest of 50 per cent in Khopoli.

Those who have not been able to construct an individual toilet, either due to lack of space, lack of funds, or their application being rejected, aspire to construct/have access to an individual household toilet.

The dissatisfaction with the condition of community toilets (their cleanliness and maintenance) and access (insufficient number of available seats) was high.

An insufficient number of community toilet seats in a complex near their house often means women and girls have to walk a fair distance to use the toilet in another community toilet complex. Dimly lit internal roads and poor lighting in the toilet complex make it particularly unsafe for them to use the toilet at night.

Adolescent girls expressed how difficult they find it to use community toilets, especially during menstruation, because they are not maintained, with limited or no water supply. **“Even if the pad is available, we are hesitant to change it since we have no privacy,”** one girl said. **“Most houses don’t have toilets, and community toilets are dirty and unhygienic, so where are we supposed to change our pads?”**

Toilet seats for persons with disabilities are non-existent. In one settlement, where seats for persons with disabilities (one female and one male) were available, both the toilets were kept locked, and unfortunately, no one from the community who had accompanied us on the transect walk knew why!

Table 3- Aspiration for Toilet and Bathing facilities⁴

Settlement name/City	Percent of respondents aspiring for Toilet and Bathing facilities in their settlements ⁵
Namdev Wadi, Satara	100.0
Kashi Kapadi, Wai	92.1
Kamathipura, Satara	89.2
Siddhanath Wadi Gure Bazaar, Wai	87.3
Samta Nagar, Khopoli	81.5
Takai Wadi, Khopoli	77.8
Laxmi Tekdi, Satara	74.4
Indira Nagar, Sinnar	47.1
Talwadi, Sinnar	46.8
Devi Road, Sinnar	33.3
Shanti Nagar, Khopoli	25.4
Kranti Nagar, Khopoli	22.0
Apna Garage, Sinnar	21.1

⁴ These aspirations are largely related to IHHL, clean community toilets and individual/ shared bathing facilities

⁵ Responses can be more than 100 percent because respondents were asked to provide more than one aspiration (max up to 4 in order from most important to least important).



Photo 1: Community toilet in Indira Nagar, Sinnar

The greatest need, and indignity, is that there are several households in three cities (Khopoli, Satara, Sinnar) who have no choice but to defecate in the open, despite their city's ODF status. In Satara, 34.8 per cent of households, in Khopoli, 6.7 per cent of households, and in Sinnar 6.3 per cent of households, are still devoid of access to toilets.

Access to Sanitation Services



Solid waste management

If there is one municipal service most surveyed households are dissatisfied with, it is door-to-door garbage collection. Despite paying a service fee for garbage collection service, there is no fixed time or fixed days for the garbage collection van to come to the settlement. There is a general perception that the waste collection vehicle usually collects waste from houses which are nearer to the approach road.

Most household residents leave early in the morning to go to work; they tend to leave the garbage outside their houses, in the lane, or near the nullah. If it does not get collected, for days, garbage lies strewn around their houses.

Regularity in timing of garbage collection would go a long way in improving the hygiene of their settlements, the communities felt.

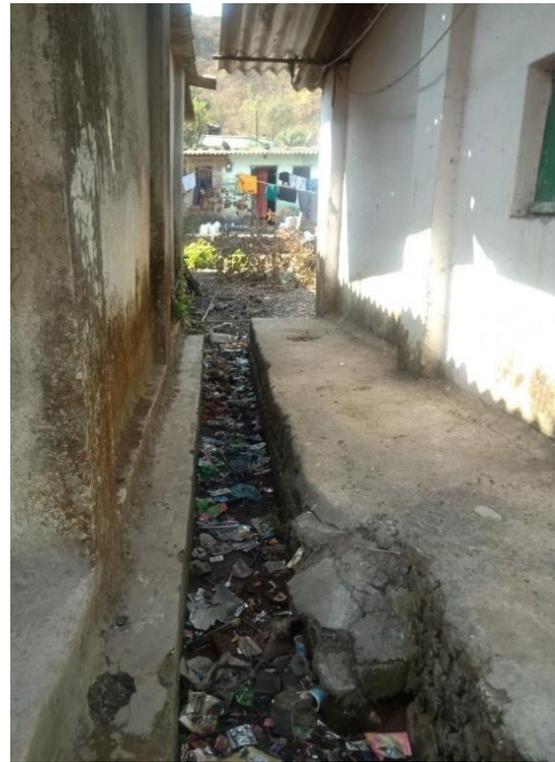


Photo 3- Drains clogged with waste in Shanti Nagar, Khopoli



Photo 2- Nullah in Indira Nagar, Sinnar

Table 4- Aspiration for Cleanliness in the Settlements

Settlement name/City	Percent of respondents aspiring for cleanliness in their settlements ⁶
Kranti Nagar, Khopoli	122.0
Apna Garage, Sinnar	101.8
Shanti Nagar, Khopoli	94.9
Kamathipura, Satara	78.4
Laxmi Tekdi, Satara	76.9
Akashwani Basti, Satara	69.4
Vihari Thakur Wadi, Khopoli	69.0
Samta Nagar, Khopoli	63.0
Talwadi, Sinnar	25.3
Namdev Wadi, Satara	24.3
Mauli Nagar, Wai	21.4
Devi Road, Sinnar	9.1
Indira Nagar, Sinnar	8.6
Kashi Kapadi, Wai	7.9

Housing and Shelter

The need for adequate, quality and safe housing pervades the lives of informal settlement residents. An increase in the number of family members, poor quality of construction of flats built under Integrated Housing and Slum Development Programme (IHSDP), need for additional rooms and an individual toilet was expressed as the main reasons for the need for improved housing.



In the surveyed settlements across four cities, around 52.9 per cent of households live in kutcha houses, and 47.1 per cent have pucca houses.⁷ The predominant material of the walls of the pucca houses concrete/ burnt bricks (48.3 per cent). The predominant material used for the roof of kutcha houses is metal sheets (71.9 per cent).

Poor quality shelter adversely impacts their lives. A low-quality roof becomes problematic in all seasons – during the summer, metal sheets generate heat, raising the indoor temperatures significantly; during the monsoons, kutcha roofs are not able to bear the brunt of the heavy rains.

⁶ Responses can be more than 100 percent because respondents were asked to provide more than one aspiration (max up to 4 in order from most important to least important).

⁷ Pucca house is a structure whose walls and roof at least are made of pucca materials like cement, concrete, oven burnt bricks, stones, stone blocks, galvanised or corrugated iron sheets, asbestos sheets etc. Kutcha house is a structure whose walls and roof are made of non-pucca materials such as unburnt bricks, bamboo, mud, grass, leaves, reeds and/or thatch, etc.

Most residents own the shelter (building) in which they live, but do not own the land on which they have built their homes. This lack of land ownership, and a lingering insecurity as a result, was raised by many respondents.

House tax is one of the major sources of income for municipalities in small towns in Maharashtra. The municipal councils of these four cities collect annual ghar patti (house tax). The house tax comprises of the following sub-category of taxes: Property tax, Education tax, Fire tender tax, Water benefit tax, Tree tax, Garbage collection tax. It is

collected from all residents living in the city. This includes those who live in the informal settlements, with over 95 per cent of the households in Khopoli, 12.1 per cent of households in Satara, over 80 per cent of households in Sinnar, and two-thirds (64.4 per cent) of the households in Wai (from Mauli Nagar only) paying, on average, between Rs 1100 to Rs 1600 annually.



Photo 4- Kutchas houses in Shanti Nagar, Khopoli

The residents of Khopoli, Satara, Sinnar and Wai living in the city's slums pay for services, yet they continue to live in unhygienic, unclean settlements.

Table 5- Settlement-wise aspiration for affordable housing

(percent)

Settlement name/City	Percent of respondents aspiring for improved housing ⁸
Takai Wadi, Khopoli	88.9
Akashwani Basti, Satara	79.3
Namdev Wadi, Satara	78.4
Indira Nagar, Sinnar	70.0
Kashi Kapadi, Wai	68.4
Talwadi, Sinnar	67.1
Siddhanath Wadi Gure Bazar, Wai	63.7
Devi Road, Sinnar	63.6
Mauli Nagar, Wai	57.1
Kamathipura, Satara	54.1
Laxmi Tekdi, Satara	53.8
Apna Garage, Sinnar	52.6
Vihari Thakur Wadi, Khopoli	37.9
Kranti Nagar, Khopoli	16.0
Shanti Nagar, Khopoli	10.2
Samta Nagar, Khopoli	7.4

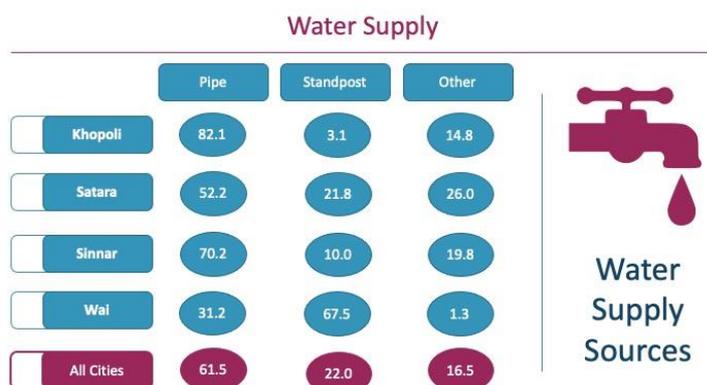


Photo 5- Condition of flats constructed under IHSDP in Sadar Bazaar Bhima Bai Ambedkar Nagar, Satara

⁸ Responses can be more than 100 percent because respondents were asked to provide more than one aspiration (max up to 4 in order from most important to least important).

Water Supply

The Municipal Councils are responsible for the water supply in the cities. Over the years, many low-income households have availed of the individual water connections (taps) provided by the Municipal Councils. They pay an annual water charge to get a continuous water supply. However, water is supplied daily for a limited time. The limited availability of water is through all seasons, which becomes more acute in the summer, making it difficult for them to assess how much water has to be stored and for how many days.



For all cities together, the primary source of water for drinking and other purposes is a municipal piped connection (61.5 per cent) and municipal stand post (22.0 per cent). Around 16.5 per cent of households are dependent on their neighbours for water supply. The majority (60.5 per cent) of surveyed households reported that they get water daily at a fixed time, whereas

5.4 per cent of respondents shared that water is supplied daily but there is no fixed time.

The community members were satisfied with the quality and quantity of the water supply. Eighty-four per cent of households consume water straight from the tap and other sources without purifying it, however, 98 per cent reported that they did not suffer of any water-borne infection/ disease in the last year. During the group discussions, participants highlighted the lack of accessibility to safe drinking water, especially during the rainy season when the water becomes muddy and unfit for direct consumption.



It is the responsibility of women to collect and store water. They seem to have adjusted to this way of life and the burden on them, filling buckets, bottles, and drums to meet the entire household's needs for days when water is not supplied.

Regularity in the time of supply was their priority. They would be satisfied if water was supplied only once, but at a fixed time (early morning or late evening), so that they can collect the water before they leave for work in the morning or after they return home.



Photo 6- Individual household water connection in Shanti Nagar, Khopoli

Healthcare

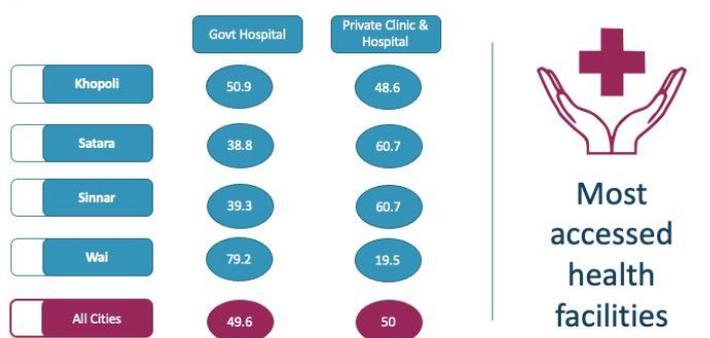
A focus of the National Urban Health Mission (NUHM), 2013 is to provide health services to the urban poor population living in listed and unlisted slums and strengthen the public health capacity of urban local bodies. With urban local bodies and state governments jointly provisioning even primary health care, it has led to a dysfunctional public health system.⁹

The NFHS 3 survey in Maharashtra found that among households that did not use government health facilities, the main reasons given for not doing so were poor quality of care, lack of a nearby facility, and long waiting times.¹⁰ These were also the reasons given by the respondents in these four cities for not availing of public health facilities. Coupled with this was limited awareness of government health programmes and health insurance schemes. Thus, the urban informal communities in the four cities of this research primarily use private doctors and clinics, even though it adds a financial burden.

⁹ Implementation Framework NUHM.pdf (nhm.gov.in)

¹⁰ An Assessment of the Maharashtra State Health System | Asian Development Bank (adb.org)

Health Services



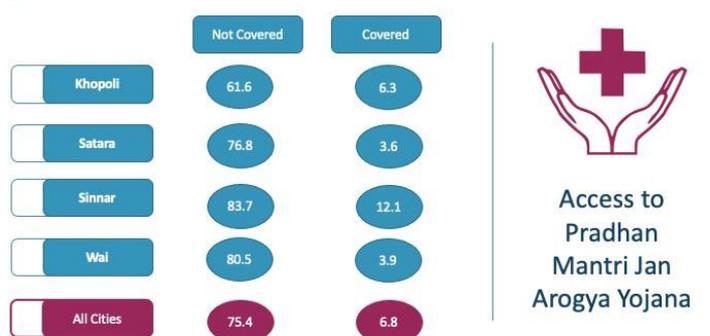
The survey respondents are aware of the availability of private doctor's clinics (86.9 per cent) and private hospitals 68.0 per cent) within their settlements or nearby (within three kilometres). Access to private health facilities depends on the overall economic condition of the households and the distance from the settlement. Thirty-one per cent of the households spend, on

average, Rs.1000 and above on medical expenses per month.

A significant number of respondents (75.4 per cent) are also aware of the government hospital, and almost half the residents visit government hospitals. A major reason for visiting private health facilities is due to the distance of government health facilities from the settlements and, as most of them are working as daily wage earners, they do not find time to stand in queues in the government hospitals.

Accessibility and affordability to health services for the urban poor are important components of the overall development of any community. However, 75.4 per cent of members of the households are not covered under the Pradhan Mantri Jan Arogya Yojana (PMJAY) and/or Mahatma Jyotibai Phule Jan Arogya Yojana (formerly known as Rajiv Gandhi Jan Arogya Yojana) and 12.3 per cent are not aware of these schemes. Only 6.8 per cent of the eligible households are covered under these schemes, well below the state average of 20.1 per cent coverage under a health insurance/ financing scheme in urban areas of Maharashtra (NFHS-5)¹¹.

Health Services



A primary reason for not accessing government health insurance schemes is the lack of awareness (88.8 per cent of respondents were not aware of these schemes) or not knowing the procedure for registration. In many cases, residents who have Arogya cards are unable to use them. When they try to use the cards, government staff deny accepting the card, telling them "Yahan pe yeh suvidha shuru nahi hui hai" (This service has not started here).

In discussions with women on access to public health services, especially for maternal health services, children's health, and adolescent health emerged as significant concerns. Women felt that they are not well informed about their health needs and the procedures they have to undergo during pregnancy. Adolescent girls expressed their need for counsellors, doctors, clean toilets, medicines, and pads, along with ample information to prepare them for menstruation.

¹¹ National Family Health Survey- 5 (2019-20), Maharashtra Fact Sheet
Participatory Research in Asia

Interview with Adolescent Reproductive and Sexual Health (ARSH) Coordinator, District Hospital, Satara

The ARSH coordinator has the mandate to organise orientation and training sessions in schools for adolescent boys and girls. Different priority awareness sessions for different age groups are held – “Nutrition and Sanitation” for 10-12 years; “Good Environment and Hygiene” for 12 to 14 and 14 to 15 year olds; and “Sexuality and Home Environment” for 14-15 years and 15-19-year-olds. The children are invited to attend with the support of ASHA workers.

“Poor environment of the families residing in informal settlements leads to peer mentoring towards bad habits”, opined the ARSH coordinator.

She brought out the dark side of an adolescent’s life in these settlements – the poor environment in the families residing in informal settlements leads to peer mentoring towards bad habits, drug addiction among most boys, which is also getting prevalent among young girls, in Pratap Singh Nagar, Akashwani Basti, Laxmi Tekdi and Sadar Bazaar slums. There are unwanted pregnancies among girls of 13 to 19 years of age, as most of these girls get attracted to boys but are not aware of protected sex. In March 2022 alone, there were 39 ANCs in the 15-19 age category and two ANCs of unmarried girls. This data is only from Satara Government Hospital; several young girls could be getting rid of unwanted pregnancies in private clinics or other district hospitals. “Private abortion rate is 1-2 per cent,” she said.

Children from urban poor families are not motivated to go to school. Migrant children (from Karnataka, Bihar and Uttar Pradesh) are particularly vulnerable to early marriage. Poor nutrition (anaemia among girls) and family violence are also issues faced by adolescents living in these settlements.

The coordinator has made efforts to conduct counselling sessions, and some adolescents did visit the ARSH clinic a couple of times post the counselling session, but they soon stopped coming. “The ARSH clinic is also a space for ANC registration and HIV AIDS testing, hence they feel very uncomfortable coming here,” the coordinator said.

Adolescent health is not a priority issue for the government. “Government is not giving any focus on this very important issue,” the coordinator tells us. “Budget has been reduced over the years and we have no training and IEC material. There is only one sanctioned post of counsellor, and we can focus on a maximum of 3-4 schools. Community outreach is difficult, and as a result, out-of-school adolescents get left out.”

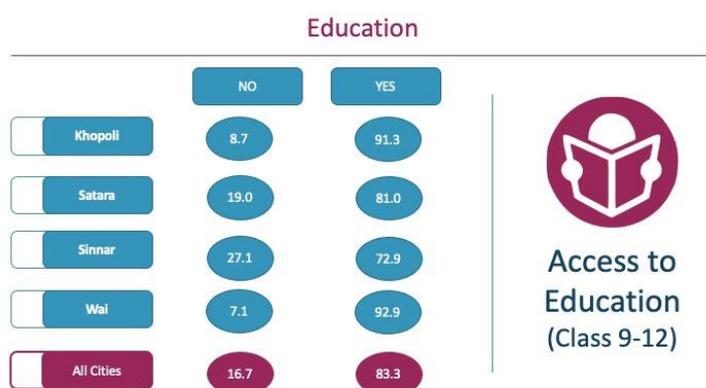
Anganwadis are well accessed by almost all eligible children; however, nutritious food needs to be provided for the development of the child. Some mothers asked for the balwadi in their settlement to be upgraded to an anganwadi.

Over the past two years, the prevalence of Covid-19 infections was minimal in the surveyed settlements, with 94.4 per cent responding that no one in their household got infected.

Vaccination coverage is high (91.4 per cent of members of the sample households are vaccinated for both doses). In Khopoli and Sinnar the vaccination coverage is less than the average for surveyed settlements, vaccine hesitancy to get even the first dose is the primary reason for not achieving 100% coverage.

Education

Education is gendered in the communities living in the informal settlements of Khopoli, Satara, Sinnar and Wai. While almost all eligible children go to primary school, the percentage of girls completing middle school and high school falls sharply. During the River of My Life discussions, several girls said, “Humare yahan girls ko unka sapna pura karne mein support nahi milta hai (Girls in our community are not supported to complete their education)”.



Maharashtra has an average literacy rate of 82.3 per cent (male literacy 88.4 per cent and female literacy 75.9 per cent) (Census 2011). The gendered difference in educational attainment is high in surveyed settlements (34.6 per cent of females are illiterate, compared to 15.4 per cent of males). While 20.6 per cent of females and 20.8 per cent of males are educated up

to the primary level (Class 5), the gap in education between female and male residents steadily increases up to Class 12 and only 6.4 per cent of females against 11.8 per cent of males have completed class 12. A major reason for dropout from education is that young boys start working at an early age. Apart from the financial necessity to start earning, another major reason given for high dropouts even among boys is the necessity to change the school for Class 9 or 10 onwards.¹²

Almost 100 per cent of eligible children attend a government primary school. Those who continue their education up to middle school, also attend government schools. Unfortunately, one-third of eligible children do not have the necessary documents to avail scholarship after Class 8. In Maharashtra, there are only government-aided high schools and students have to pay some fees and families have to spend on buying books and uniforms.

Not having a caste certificate doubly impacts SC/ST children, as they are unable to access government scholarships earmarked for them. Out of the eligible children, 34.4 per cent do not have access to scholarships. Among the surveyed households, on the basis of caste and ethnicity, only 14.9 per cent of Nomadic Tribe and 15.6 per cent of De-notified Tribe children have completed education up to class 10 as compared to 19.9 per cent for general or open category.



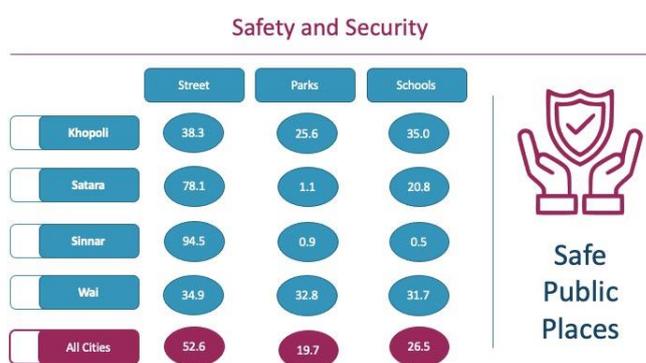
¹² Maharashtra cities follow the 10+2 system of education. As part of this system an individual studies in a school for 10 years, and the next two years are spent in junior college. After completing 10+2, they enrol themselves for graduate degrees in colleges.

Most parents do not consider education important for a girl's future. They think it is more important to find a good family to get her married off. The average age of marriage for girls in the surveyed settlements is 16-17 years.

No one had ever asked them before, what their aspirations are. Most of them revealed how they have given up on their dreams; they have been made to learn to do household chores because that is what they will be expected to do in the future once they are married. Those who were being supported by their parents to complete their education aspired to get a government job, join the police, and become a teacher. However, they were aware that their dreams are linked to the financial capabilities of their families.

Safety and Security

The need for safe and secure public spaces depends on the age of the respondent – there is a stark contrast in perceptions shared by adults and those by adolescent girls.



Adults (both male and female) responding to the survey felt public spaces like streets and areas around their houses, community temples and schools were safe. The majority of respondents (94.3 per cent) felt the streets/areas outside their houses were safe. When asked what makes such public spaces safe, 75.1 per cent of respondents felt that the presence of

community members makes these places safe. By contrast, women and adolescent girls shared that they felt unsafe when walking home from work at night on the internal pavements of their settlement because there were men hanging around.



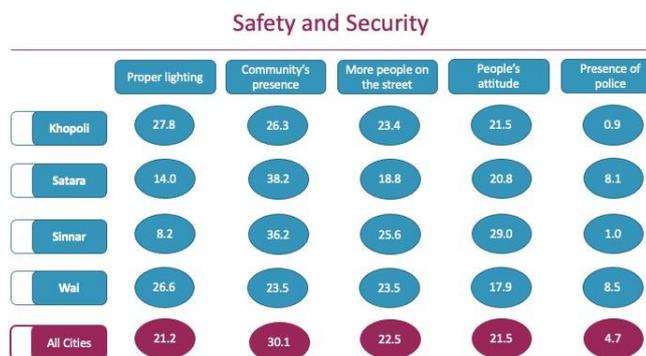
Photo 7: Participatory Safety Assessment with adolescent girls in Talwadi, Sinnar

Feeling unsafe in poorly lit streets, public areas and the community toilets was a common thread in the experiences shared by adolescent girls. In PSA discussions, several adolescent girls when

asked what can be done to improve safety, said, “If all the streetlights worked properly and were repaired, it would increase our feeling of safety”.

These young girls aspire for a safe physical environment, to live without feeling threatened when they come across a group of males. To live in a settlement that has streetlights and is clean – this is their simple dream.

In contrast to safe spaces in and around the settlement, surveyed households reported incidents of crime in public parks and playgrounds during the last year – 52.8 per cent respondents shared that they heard about crimes in the community like beating, domestic violence, robbery and eve teasing.



Domestic violence is prevalent and has increased over the years. “In our settlement [Indira Nagar], there is some incident of violent behaviour by men at home every other day,” a young girl told us. Almost none of the adult women, however, expressed a need for support to combat or deal with domestic violence.

My ordeal of domestic abuse

As narrated by a 42-year-old woman from Takai Wadi

My childhood was spent in Bhangar Wadi area of Lonawala. I lived with my two brothers, a sister and parents. My father worked as a labourer and my mother used to work as a domestic worker. My father use to drink alcohol daily – so he used to spend his earnings only on alcohol. None of us completed our education. I used to go to school. Then that school got shut down. We did not have anyone to guide us at that time and after the school closed none of my siblings went to school. I started going with my mother to work to assist her.

We had so many people known to us in Khopoli. When I was around 14-15 years, my brother and parents initiated the talks of my marriage. At that time, I was not aware of what marriage is. My in-laws came to see me along with my husband. They liked me and committed to the marriage. After a few months, I got engaged, and after one year, I got married. I used to go and live in my in-laws' house even when I was not married.

A year later I got married in a community marriage. We gave all the required utensils and jewellery and sarees. After that, I came to my in-laws' house, where my father- and mother-in-law, my sister-in-law, my husband and I used to live. We had a very nice family. We all used to live in a slum. My husband used to work with the banjos (band group). He also used to work as a gavandi (mason). Soon I was blessed with my elder son. During those days, my husband got used to drinking alcohol with the banjos and with the passage of time his alcohol addiction increased. Within a short time, I was blessed with my second son, but my husband's habit of drinking alcohol kept getting worse. Whenever he earned handsomely, he stayed at home and drank.

When my kids were small, my husband used to give me money to meet household expenses. Now my kids have grown up and have started earning, he does not give me even a single rupee. Now he abuses

me and beats me after drinking. On the days when he abuses and beats me, no food is cooked. I am usually annoyed with him for his drinking habit.

All my three kids are now grown up and they do not like this behaviour of their father at all, so they mostly keep to themselves and stay out of the house. My elder son recently got married. He has started living separately because of his father's behaviour. I also used to go to work at Jan Vikas Sansthan to make chakli and other stuff. We get work only during summer. These days there is no work and I face lots of problems with my husband being an alcoholic.

But now I am used to it.

In the views of young girls, there are several reasons for this increase in violence. Alcohol has become cheaper, and its consumption has increased over the years. Women's lives are dominated by men, who are prone to physically abusing their wives when drunk. Yet, many of them were reluctant to articulate that any action be taken against liquor shops as majority of them are owned by their community members.

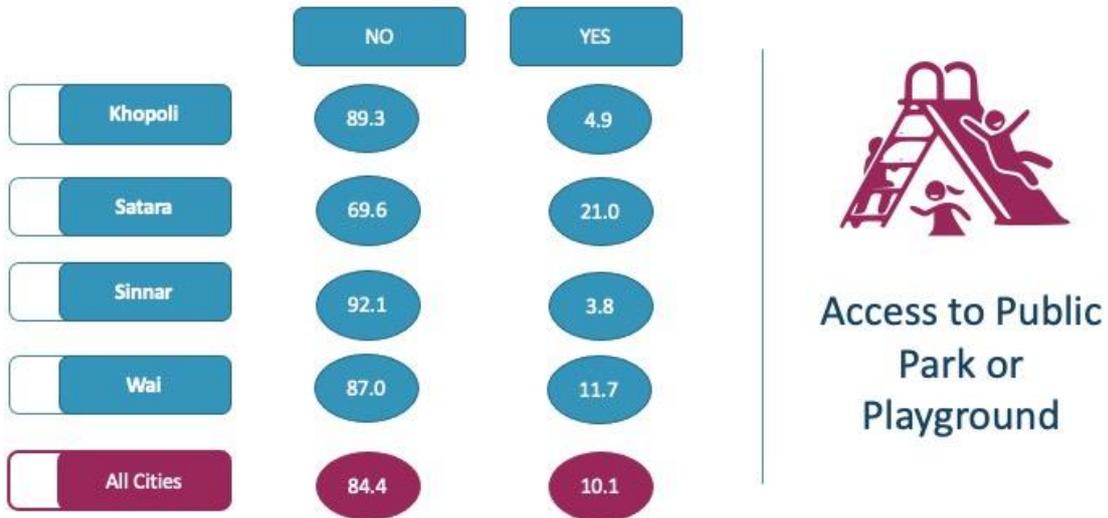
The matter concerning domestic violence is considered to be personal, and thus the community is unwilling to get involved in resolving the issue or reporting it.

Sports and Recreation

In informal settlements, children live in an environment with hardly any physical space to play. They tend to play on the streets near their houses, as formal recreation spaces and playgrounds are not available. Boys are allowed to go to parks that are outside the settlement; girls have to stay home.

Data from the survey reveals that 21.0 per cent of respondents are not aware of any play areas or recreational spaces in and around their settlements, whereas 84.4 per cent shared that they do not have access to any kind of playground or public park. Where such spaces are available, they are located beyond half a kilometre or more than a kilometre from the settlement. Hence, it is difficult for young children and adolescent girls to access these spaces.

Sports and Recreation



Regarding municipality/government open gym facilities in public parks/open spaces in and around informal settlements, 64.0 per cent of respondents shared that there is no such facility, while 12.3 per cent of respondents are not aware of such facilities.

Discussions with communities reveal that many youths especially those belonging to the Nomadic Tribe community are good at boxing, swimming, and kabaddi. However, they complain that they do not have any facility here to improve their skills and take sports as a career option. Several young girls, when they came for the group discussions organised for this research, said that they were meeting their peers for the first time since the pandemic lockdowns and restrictions. During the arts-based sessions, they expressed their desire for a space to play and the freedom to meet with their friends.



Photo 8 - Exercise facility installed in Shanti Nagar, Khopoli

Food Security

Provisioning of subsidised rations through Fair Price Shops (FPS) is important to ensure food security for the poor. In Maharashtra, rations are provided by the Department of Food, Civil Supplies and Consumer Protection through a tri-colour ration card system: Yellow, Saffron and White. Yellow cards are issued to BPL (Below Poverty Line) households having annual income below Rs.15,000; Saffron cards to households having household income between Rs.15,001 and Rs.1 lakh per annum, and White ration cards are for families having an annual household income of Rs.1 lakh or above.¹³

In surveyed settlements, 70.8 per cent of the households have a Saffron card, and 26.9 per cent of the households have a Yellow card. This indicates the poor economic status of households in these informal settlements.

While 94 per cent of the surveyed households had a ration card, six per cent of households did not have any kind of ration card and thus have no access to subsidised rations.



These households are aware that they are entitled to a government-issued ration card but are not able to get their ration cards in the absence of the necessary documents required to apply for it.

Having a ration card is not sufficient to access adequate food supplies, or even

regularly. Nearly 13 per cent of households, do not get rations regularly. The majority of these cases are reported from Satara and Sinnar (over 19 per cent).

To ensure food and nutritional security, poor families must have access to food grains and pulses. The survey revealed that in the surveyed informal settlements, the majority of the households are getting only wheat and rice.

Some women also reported that they take their cards to the ration shop every month



¹³ Source: Controller of Rationing and Director of Civil Supplies, Govt of Maharashtra (<https://controllerofrationing-mumbai.gov.in/rationcard.html#:~:text=Families%20having%20annual%20income%20of,hectare%20or%20more%20irrigated%20land.>)

and sign (thumb impression) but the shopkeeper does not give them the rations. Filing and following up on complaints takes time; they cannot keep taking days off work to do this.

Community Meeting on Food Security

In Shanti Nagar, the ration shop opens for only one day in a month, usually on the last day of the month. The queues are long, and as a result, many households do not get their monthly ration supply.

Anusaya (name changed), a 66-year-old widow, has been living in Shanti Nagar since 1982. She lives with her son and daughter-in-law. Forty years ago, she spent Rs.50 to get her ration card. “Until a few years ago we use to get pulses and cooking oil on the ration card, but now only rice and wheat are provided. We used to get the ration on time and the quality was good,” she spoke up in the meeting. When she does get rations, it is only her and her son’s quotas that are given to her, despite having registered her daughter-in-law’s name (including registering her name online). Her son is the only breadwinner in the family and buying food grains from the private shop is unaffordable.

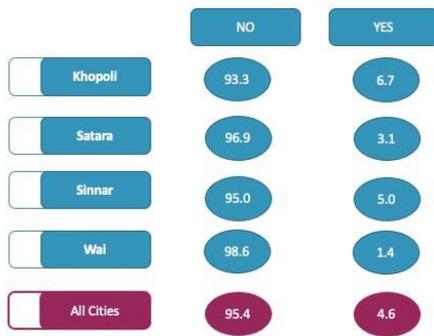
Residents are annoyed with the behaviour of the ration shop owner. They have lodged a complaint against him, but no action has been taken. A couple of times community members have gone to the Khalapur block office, but nothing has happened. Anasuya wants to accompany the group but is unable to do so because of her age.

The researchers raised this issue with the supply officer and he ensured an inquiry into the matter. He also called the ration shop owner to his office to seek clarification. The shop owner explained that he has 95 card holders from Shanti Nagar registered with his shop and he distributes ration on time. On the question of how many days he keeps the shop open, he agreed that he opens it only for a couple of days after he receives the rations from the government PDS system. The supply officer asked him to ensure that the shop is open on all days and to ensure all ration card holders get their due rations each month.

Livelihood and Jobs

Community members from all settlements felt a lack of career guidance and an inability to access skilling opportunities for the youth. Most of the youth the researchers spoke with did have aspirations (like a government job, joining the armed forces, or the police, or learning coding), but were unable to articulate why they wanted these jobs or how to access them. They were clear, however, that their poor socio-economic status and lack of guidance were the biggest hurdles in accessing the required training and information to achieve their aspirations. Career guidance services and counselling from mentors would make it easier for them to take decisions about their future.

Jobs and Livelihood



Opportunity for Vocational Training

Women expressed the need for vocational training centres that can offer courses to train them for home-based work. Several who were members of SHGs felt the need for training to help them sustain the SHG.

The income of the majority of the surveyed households (71.8 per cent) is less than Rs.10,000 per

month. Only 10.7 per cent of households have income above Rs.15,000 per month. Households in Satara and Sinnar have slightly better economic conditions, with 17.4 and 15.5 per cent respectively earning more than Rs.15,000 per month.

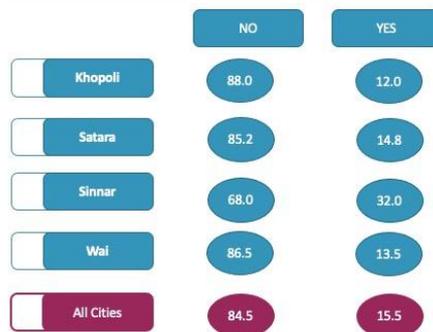
Survey data reveals that 49.5 per cent of men and 25.3 per cent of women work as daily labourers. Only 3.4 per cent of women and 12.0 per cent of men are engaged in private jobs. Almost 50 per cent of eligible women workers stay at home as homemakers.

Lack of livelihood options due to poor education is a major area of concern for those residing in these informal settlements. Limited higher education means government jobs are not available to them, and thus they are forced to work petty contractual jobs. The income earned from such jobs is insufficient to manage family expenses.

Lack of skill development and training programmes within their geographical or local reach were raised as issues. Poor awareness of vocational training under government schemes and programmes restricts the job opportunities for the residents of these informal settlements. Only 4.6 per cent were aware of such training opportunities, while others are unaware of such courses or cannot afford the fees to enrol in them.

Deendayal Antyodaya Yojana – National Urban Livelihoods Mission (DAY-NULM) is a great opportunity for the urban poor to engage in income generation activities through the formation of Self-Help Groups (SHGs). The programme is operational in the cities through the DAY-NULM cell in Municipal Councils. 28.5 per cent of the women in the surveyed

Jobs and Livelihood



SHG Members Received Training

households were members of SHGs constituted under NULM. Further enquiry on the management and functioning of SHGs reveals that 15 per cent of the SHGs have received some kind of training under NULM. Discussions with women SHG members revealed that most of the SHG groups are either defunct or engaged in non-productive activities.

Since the NULM programme in selected cities is largely non-functional, private microfinance institutions (MFIs) have become more active and they target women with easy loans. In these

settlements, the majority of the households are trapped in a vicious circle of loans from MFIs taken for family needs.

Microfinance loan or SHG?

Sapna (name changed), a 30-year-old woman from Kamathipura, is a housewife. Her husband is a driver. He owns the car which he drives.

Sapna became a member of an SHG in Kamathipura in 2014. Suvarna Tai (name changed), who lives there, helped the women register the SHG. Initially, a lady came from the municipality. She met the women SHG members, giving them information about the benefits of an SHG. Two years later, with the thought that women could start their own businesses and become self-reliant, Sapna's SHG applied for a loan of Rs.10,000 from the bank. After that, they got another loan. In 2020, the SHG applied for a loan of Rs. five lakhs. To date, the bank has not sanctioned it because few members have not deposited their instalments for the previous loan taken from the bank.

Sapna came to know about Ujjivan Finance, a microfinance company. The manager came and gave information about the finance company. After listening to him, she became part of a group of 10 women and the group has been running the Ujjivan Finance group for the past 7 years. In that time, the SHG has taken loans four to five times. Sapna has also taken personal loans from Ujjivan Finance Bank.

Sapna told us: "At the beginning, I borrowed Rs.15,000 from Ujjivan bank, which I repaid within one year (Rs.1400 x 12 instalments). After that, I borrowed Rs.35,000, which I repaid in one and a half years (Rs.2000 x 18 instalments). This year I borrowed Rs.50,000 and after two months I was given another loan of Rs.25,000 without me having to apply for it. For these loans, we are repaying an amount of Rs.5,500 per month."

"We feel dependent on these loans to buy essential goods for our house and to pay for our children's education, which has become unaffordable otherwise. I have three children and I need money to pay school fees, private coaching fees, transportation expenses, etc. We need to spend this money to educate our children. So, for us, a microfinance bank is more beneficial than an SHG."

"We do not get loans for the SHG from nationalised banks when we need it, even after providing all required documents. However, from the microfinance bank, we can get loans very easily by just furnishing copies of our PAN, Aadhar cards and a photograph. Representatives of the microfinance bank visit our settlement to provide us with a loan. They also come to collect the EMI every week. This makes it easy for us and we don't have to visit the bank for collecting the loan amount and depositing repayment instalments."

The women expressed there is an opportunity to make consumer products like naagli-laddoo, chakli, daal chakli, lehsun chatni, sookhi macchli ka aachaar, pooran poli (all local food items), if they are motivated and provided with business-related skills.

Public Transportation and Mobility

Those who live in informal settlements use public transport, especially buses. Some women expressed the need for bus stops closer to their settlements so that they did not have to walk a

long distance to and from their homes. Buses (54.7 per cent) followed by auto rickshaws (36.5 per cent) are considered the safest mode of public transport, especially for women and children when travelling alone. However, high bus fares, crowded buses, distance from the bus stop and increase in travel time are the challenges faced by bus commuters.

Awareness of Government Schemes and Programmes

Awareness of central government schemes is higher in the surveyed informal settlements. Most respondents (41.6 per cent) were aware of provisions under SBM for individual household toilet construction, followed by 37.8 per cent being aware of PMAY and 27.3 per cent about PM Ujjwala Yojana. More than one-third (34.7 per cent) of respondents were not aware of any of these schemes. There is very limited awareness of state government schemes available from the Government of Maharashtra.

However, only 10.7 per cent of respondents had benefitted under PM Ujjwala Yojana and 10.3 percent of respondents had benefitted through SBM for toilet construction. Majority, 69.7 per cent respondents not receiving any benefits under these schemes. This highlights the exclusion of urban poor from the outreach of various government schemes and programmes and their continued vulnerability to marginalisation. Low awareness level, absence of necessary documents and money (in case of toilet construction or individual household water connection) exacerbate poor access to government schemes.

Acquiring the proper documentation, in particular caste certificates, as proof in order to access entitlements under government schemes, training opportunities, or even to just continue education, was a frequent individual need expressed by the community.

There was a consistent demand that social security schemes, such as widow pension and old age pension, should be made available for single women and persons with disabilities. If they already exist, nobody knew about them.

These aspirations of informal settlement residents conspicuously underline that they definitely need better access to public services. Residents look to external people to support them in accessing services and fulfilling community aspirations. However, receiving external support to improve their lives is influenced by the current reality in which they live and the past experience they have had while interacting with external institutions, including local authorities.

Table 6- Awareness of Various Schemes and Programmes of Central Government and State Government

(percent)

Scheme/ Programme	Khopoli	Satara	Sinnar	Wai	Total
Integrated Housing and Slum Development Scheme/ Pradhan Mantri Awas Yojana / Housing for All	1.3	88.8	25.5	35.5	37.8
Individual Toilet under Swachh Bharat Mission	16.1	39.7	66.5	42.6	41.6
Pradhan Mantri Jan Arogya Scheme	0.0	10.7	21.8	26.5	13.9
Pradhan Mantri Matru Vandana Yojana	0.0	29.9	6.7	10.3	11.8
Pradhan Mantri Garib Kalyan Yojana	0.0	0.9	10.0	13.5	5.6

National Urban Livelihood Mission (SHG formation)	3.1	28.6	10.5	7.7	12.8
Pradhan Mantri Ujjwala Yojana	8.5	25.4	54.8	14.8	27.3
Maharashtra Old Age Pension Scheme	0.4	4.9	7.5	7.1	4.9
Mahatma Jyotiba Phule Jan Aarogya Scheme	0.0	2.2	5.4	5.8	3.2
Majhi Kanya Bhgyashree Scheme	0.4	4.0	2.1	4.5	2.6
Sanjay Gandhi Niradhar Anudan Scheme	3.6	8.0	10.9	5.8	7.3
Rajshree Chhatrapati Sahuji Maharaj Scholarship Scheme	0.0	1.8	1.7	7.1	2.3
Maharashtra Unemployment Allowance	0.0	4.9	3.8	2.6	2.9
Not aware of any of these schemes	75.9	7.1	20.5	37.4	34.7

Table 7- Accessibility to Various Schemes and Programmes of Central Government and State Government

Scheme/ Programme	Khopoli	Satara	Sinnar	Wai	Total <i>(percent)</i>
Integrated Housing and Slum Development Scheme/ Pradhan Mantri Awas Yojana / Housing for All	0.0	13.8	0.0	0.6	3.8
Individual Toilet under Swachh Bharat Mission	17.0	0.0	20.1	0.6	10.3
Pradhan Mantri Jan Arogya Scheme	0.0	0.9	3.3	1.3	1.4
Pradhan Mantri Matru Vandana Yojana	0.0	12.1	0.4	0.6	3.4
Pradhan Mantri Garib Kalyan Yojana	0.0	0.0	0.0	1.3	0.2
National Urban Livelihood Mission (SHG formation)	3.1	8.9	2.9	0.0	0.4
Pradhan Mantri Ujjwala Yojana	9.8	5.8	20.1	4.5	10.7
Maharashtra Old Age Pension Scheme	0.0	1.8	1.3	0.6	1.0
Mahatma Jyotiba Phule Jan Aarogya Scheme	0.0	0.9	1.7	0.6	1.0
Majhi Kanya Bhgyashree Scheme	0.0	0.4	0.0	0.0	0.1
Sanjay Gandhi Niradhar Anudan Scheme	3.1	5.4	2.5	1.3	3.2
Rajshree Chhatrapati Sahuji Maharaj Scholarship Scheme	0.0	1.3	0.0	0.0	0.4
Didn't received benefit of any of these schemes	74.1	58.9	62.3	90.3	71.4

Choosing hope: 16 settlements, 16 questions

काशी कापड़ी और धारी सोनार समाज के जाति प्रमाण पत्र नहीं बने हैं। तहसील में 70 साल पुराना रिकॉर्ड मांगते हैं। इसके लिए काशी कापड़ी आल महाराष्ट्र यूनियन ने आंदोलन भी किया, पर कुछ नहीं हुआ। इसके कारण 80 प्रतिशत युवाओं को नौकरी नहीं मिलती।

निवासी काशी कापड़ी, वाई

Kashi Kapadi and Dhari Sonzari community do not have caste certificates. They ask for 70 years old records in the tehsil. Kashi Kapadi All Maharashtra Union also agitated for this, but nothing happened. Due to this 80 percent of the youth do not get jobs.

Resident, Kashi Kapadi, Wai

कुछ करने वाले हो क्या ? पक्का घर देने वाले हो क्या ?

निवासी काशी कापड़ी, वाई

Are you going to do something? Are you going to give a permanent home?

Resident, Kashi Kapadi, Wai

कोई कुछ नहीं करता बस सर्वे करने आते हैं, उसका क्या करते हैं नहीं मालूम। हम यहाँ गटर में जिंदगी जी रहे हैं। घर देखो, इसको क्या घर बोलते हैं? बरसात में सब बर्बाद हो जाता है। पिछले 20 साल में कुछ नहीं बदला।

निवासी, सिद्धनाथ वाड़ी, वाई

Everyone comes for doing survey, what they do it after that, we don't know. We are living life here in this gutter. Look at the house, do you call it home? Everything gets ruined during the rain. Nothing has changed in the last 20 years.

Resident, Siddhanath Wadi, Wai

किसी घर में शौचालय नहीं है। गटर भरे रहते हैं। हम लोग नगर पालिका में काम करते हैं, दूसरों की गंदगी साफ़ करते हैं, पर हमारा क्या ? आप भी सर्वे करके चले जायेंगे, क्या बदलेगा?

निवासी, माउली नगर, वाई

There is no toilet in any house. The gutters are full. We work in the municipality, clean the mess of others, but what about us? You will also go after survey, what will change?

Resident, Mauli Nagar, Wai

साहब नाले में जिंदगी काट रहे हैं। कोई कुछ नहीं करता, सब लोग खुले में शौच को जाते हैं। इलेक्शन के टाइम पर नेता आते हैं और बड़े-बड़े वादे करते हैं, जीतने के बाद कोई नहीं आता।

महिला निवासी, नामदेव वाड़ी, सतारा

Sir we are spending our lives in the drain. No one does anything, everyone is doing open defecation. At the time of election, politicians come and make big promises, no one comes after winning.

Women Resident, Namdev Wadi, Satara

ये नाला देखो, बरसात में गन्दा पानी घरों में आता है। क्या करेंगे बस जी रहे हैं। साथ की कॉलोनी (दिखाते हुए) के घरों का गन्दा पानी इसमें आता है। बहुत बार बोला, पर कोई कुछ नहीं करता।

महिलाओं का समूह, कमाठीपुरा वायदू, कमाठीपुरा, सतारा

Look at this drain, dirty water comes to our houses during rains. What we can do, just living here. Dirty water from the adjoining colony flows here. We raised the issue many time, but no one do anything.

Group of women residents, Kamathipura Vaidu, Kamathipura, Satara

साहब आओ, यहाँ देखो, क्या यह टॉयलेट में आदमी जा सकता है, पूरा भरा हुआ है। कोई सफाई करने नहीं आता। लड़के पीछे बैठ कर नशा करते हैं।

निवासी, लक्ष्मी टेकड़ी, सतारा

Sir, see here, can a person use this toilet, completely filled. No one comes to clean these toilets. Young boys take drugs behind the toilet wall

Resident, Laxmi Tekri, Satara

हमारे पास कुछ नहीं है। मज़दूरी करते हैं। आधार कार्ड भी नहीं है, इसलिए राशन कार्ड भी नहीं बना। पानी खरीदना पड़ता है। यह संडास देखो, महिलाओं का है, टूट गया है, दरवाजे, बिजली, पानी भी नहीं है। लोग कूड़ा भी यहीं डालते हैं, बरसात में यहाँ तक (टांग दिखाते हुए, घुटने तक) गंदगी में पैर जाता है।

महिलायें, निवासी, आकाशवाणी बस्ती, सतारा

We don't have anything. We work as labourers. We don't have Aadhar card, so we can't able to prepare Ration cards. We used to buy water. Look at these toilets, this is female unit but totally broken, no doors, no electricity, no water. Nearby residents dump their waste here. During rains (showing legs) there is a sludge up to knee hight.

Women Residents, Akashwani Basti, Satara

यहाँ पर 5 परिवारों के पास खुद का शौचालय है, बाकि सब खुले में (बस्ती के बाहर खेत दिखाते हुए) शौच जाते हैं। आंगनवाड़ी हमने खुद पैसा इकठा कर बनवाई। नगर पालिका का दसवीं तक का स्कूल 1.5 -2 किलोमीटर है, बच्चे पैदल जाते हैं। आरोग्य केंद्र (PHC) 7 किलोमीटर है, वहाँ कोई सुविधा नहीं है, डिलीवरी के लिए भी अलीबाग भेजते हैं इसलिए प्राइवेट में जाते हैं।

आंगनवाड़ी सहायिका, ताकई वाड़ी, खोपोली

Here five families have their own toilet, the rest all defecate in the open (showing the farm outside the settlement). Primary Health Center (PHC) is 7 kms away, there is no facility. For delivery they refer us to Alibagh hospital, so we prefer to go to private facility.

Anganwadi Sahayika, Takai Wadi, Khopoli

ये नाला देखिये, बरसात में गन्दा पानी घरों में आ जाता है पूरी बस्ती भर जाती है, नाले में बाउंड्री वाल भी नहीं है, दो साल पहले बरसात में दो बच्चे इसमें बह गए थे। यहाँ पर महिलायें और लड़कियां भी सुरक्षित नहीं हैं।

सहायिका, जन विकास संस्थान, क्रांति नगर, खोपोली

Look at this drain (nallah), dirty water comes in the houses during the rains, the whole settlement is filled with this dirty water, there is no boundary wall alongside the drain, two children were washed away during the rains two years ago. Even women and girls are not safe here.

Sahayika, Jan Vikas Sansthan, Kranti Nagar, Khopoli

यहाँ जेनिथ फ़ैक्ट्री थी बहुत से लोग वहां काम करते थे, कुछ साल पहले बंद हो गयी तो बहुत से लड़के दूसरी प्राइवेट कंपनियों में काम करते हैं। हमारे यहाँ लगभग सभी सुविधायें हैं पर कुछ परवारों के कच्चे घर हैं और शौचालय भी नहीं हैं, वे खुले में जाते हैं। फॉरेस्ट वाले शौचालय नहीं बनाने देते, कुछ परिवारों को बहुत साल पहले नगर पालिका ने घर दिए थे जो अब टूट गए हैं पर उनकी रिपेयर नहीं करते।

निवासी, विहारी ठाकुरवाड़ी, खोपोली

There was a Zenith factory here, many people used to work there, it was closed few years ago, so many boys started working in other private companies. We have almost all the facilities here, but some families have kutcha houses and don't have toilets, they go out in the open. Forest people do not allow toilets to be built, some families were given houses by the municipality many years ago, which are now broken but they do not repair them.

Resident, Vihari Thakur Wadi, Khopoli

केवल 50 परसेंट घरों में शौचालय हैं बाकि सब सामुदायिक शौचालय में जाते हैं। बहुत गंदगी है, सफाई नहीं होती, बहुत बार नगर पालिका में बोलें लेकिन कोई नहीं सुनता। पानी भी नहीं रहता, घर से ले जाते हैं। बस्ती के दूसरी ओर एक और शौचालय है पर वहां भी सफाई नहीं होती और पानी भी नहीं है।

महिला निवासी, शांति नगर, खोपोली

Only 50 per cent of the houses in the settlement have toilets, the rest all uses community toilets. There is no cleanliness, we have complained many times in the municipality, but no one listens. There is no water, people take it from the house. There is one more toilet in the settlement but there also, no cleanliness and no water.

Women Residents, Shanti Nagar, Khopoli

हमारे यहाँ ज्यादातर पुरुष ड्राइवर हैं और कुछ पढ़े-लिखे युवा प्राइवेट कंपनी में काम करते हैं, बहुत सी महिलायें घरों में काम करती हैं। लॉक डाउन में बहुत लोगों की नौकरी चली गयी, बहुत से लोगों को सैलरी भी नहीं मिली। जिनके पास खुद का शौचालय नहीं है वे सरकारी शौचालय जाते हैं लेकिन यहाँ सफाई नहीं होती, ब्लॉक पड़े हैं, कोई नहीं सुनता।

अध्यक्ष, समता नगर, खोपोली

Men in the settlement are mostly working as drivers and some educated youth work in private companies, many women work as domestic helpers. Many people lost their jobs during lock-down, many people did not even get their salaries. Those who don't have individual toilet, they use community toilets, but there is no cleanliness, and few units are choked. No one listens to our complaints.

President, Samta Nagar, Khopoli

ये शौचालय देखो कितना गन्दा है, कुत्ते बैठते हैं। कभी-कभी सफाई करने आते हैं, आज सफाई हुई है, आप आने वाले थे इसलिए। बरसात में यहाँ का गन्दा पानी घरों में आता है। नगर पालिका ने ये हाथ धोने के लिए लगाया था (हैंड वाशिंग यूनिट की ओर इशारा करते हुए), लेकिन इसमें पानी नहीं आया, बहुत बार बोला, लेकिन कोई नहीं सुनता, इसलिए गुस्से में कुछ लोगों ने तोड़ दिया।

महिलायें, इंदिरा नगर, सिन्नर

Look how dirty this toilet is, the dogs sit here. Sometimes they come to clean, today the cleaning is done, as they know you are coming. During rainy season, the dirty water comes into our houses. The municipality has installed it (pointing towards hand washing unit), but there was no water in it, we complained many times, but no one listened, so some people broke it in anger.

Women Residents, Indira Nagar, Sinnar

आज तीन दिन बाद पानी आया है इसलिए अभी सब पानी भर रहे हैं। यहाँ कुछ परिवारों को नगर पालिका से शौचालय मिले हैं, लेकिन जिनके घर में नहीं है वो खुले में जाते हैं। लॉक डाउन में नगर पालिका ने यह रखवाया था (मोबाइल टॉयलेट यूनिट दिखाते हुए), लेकिन कोई नहीं जाता क्योंकि साफ़ नहीं करते, पानी भी नहीं है।

निवासी, देवी रोड, सिन्नर

Today water has come after three days, so everyone is filling water right now. Some families here have got toilets from the municipality, but those who do not have toilets in their house go in the open. During the lock-down, the municipality had kept this mobile toilet (showing the unit), but no one goes because they don't clean it and there's no water.

देखो हम कैसे रहते हैं, नाली बंद पड़ी है, बरसात में पानी घरों में आता है। शौचालय भी नहीं है, नगर पालिका से आये थे बोले सबको शौचालय मिलेगा, फॉर्म भरा और पैसा भी आया था, लेकिन उतने पैसे में कहाँ बनता है, हमने ये बनाया (आस-पास के 3-4 अधूरे शौचालय दिखाते हुए)। वो पैसा भी वापस ले लिया, बोला हम बनाकर देंगे, पर कुछ नहीं बनाया। अब आप आये हो तो उनको बोलो।

महिला निवासी, तलवाड़ी, सिन्नर

Look how we live, the drains are blocked, water comes in the houses during the rain. There is no toilet, had come from the municipality, said everyone will get a toilet, filled the form and money also came, but where is it made in that money, We made this (showing 3-4 unfinished toilets nearby). I took that money back too, said we would make it, but didn't make anything. Now you have come, tell them.

Women Residents, Talwadi, Sinnar

घर देने वाले हो क्या? उसका सर्वे चालू है क्या? नगर पालिका ने दो साल पहले भी किया था पर कुछ नहीं मिला। सब आते हैं, सर्वे करके लेके जाते हैं पर उसके बाद कुछ नहीं होता। बहुत लोगों को शौचालय की भी समस्या है, एक है उधर सब वहीं जाते हैं, और बस्ती के भी आते हैं। सफाई नहीं होती। ये नाले से बहुत बदबू आती है पर अब आदत हो गयी है।

निवासी, अपना गेराज, सिन्नर

Are you going to give us home? Is his house survey going on? Municipality did the survey two years ago, but nothing was provided. Everyone surveyed and taken away, but nothing happens after that. Many people also have the problem of toilets, there is one community toilet, everyone goes there, and after that, there is a problem of toilets. There is no cleaning. This drain smells very bad, but now we became habitual to it.

Residents, Apna Garage, Sinnar

These are the statements the community told us on our first visit to their settlement as researchers. They are statements expressing distrust (*"Are you going to do anything for us, or are you just going to gather information and disappear like all the others?"*, *"Nobody does anything for us...only come to do surveys... what do we get?"*), immediate requests (*"Can you get us a pucca house?"*), and most importantly sharing their most urgent problem (*"No house has an individual toilet"*, *"All the drains are dirty"*, *"Come here, see this toilet. Can anyone use it?"*, *"We don't have proper jobs"*, *"Water has come today after three days"*).

Initial statements centred around both individual and/or community problems. Individual issues related to not getting a formal job, or scholarships to continue education, caste certificates, access to rations, inability to register in government programs to access benefits. Community issues related to general state of hygiene and lack of cleanliness, clogged drains, land titles, better housing, cleaner (and more) toilets with adequate water, streetlights.

The statements reflect the reality of the lives of the urban poor, and a paradox – a community's hesitancy to cooperate (because they feel let down by promises of municipal and elected officials and previous researchers) while also willing (often eager) to share information (because they have hope that a new outsider will make the difference they are looking for).

Our entry as researchers into this journey of trust has to be one of clarity and honesty. Explaining the purpose of the research is not sufficient. Explaining what we can and cannot do for the community (*"we are not here to give you something and we can't help you with immediate*

solutions, but we can help you to understand and learn how you as an individual or collective can *do something to resolve the issues/problems you are facing*”) is vital for the community to finally decide to trust us because they feel there might be something to gain in this journey of learning.

It is with time and trust that deeper (sometimes more contentious) issues are opened for discussion – domestic violence, sexual harassment of girls and women, samaj (societal) considerations in private and public decisions, gendered lives of men and women.

Each community, every time, chooses hope – and starts the journey of believing their own experiences to understand the problem from their perspective and believing that together as a community they can find a solution, with a little help from outsiders (researchers) whom they now trust to give them a hand up.

See also (in the City Reports):

- Facilitating Participatory Urban Appraisal in Kranti Nagar, Khopoli
- Transect Walk in Samta Nagar, Khopoli
- Facilitating Participatory Urban Appraisal in Akashwani Basti, Satara
- Transect Walk in Kamathipura, Satara
- Facilitating Participatory Urban Appraisal in Indira Nagar, Sinnar
- Transect Walk in Apna Garage, Sinnar
- Facilitating Participatory Urban Appraisal in Kashi Kapadi, Wai
- Transect Walk in Mauli Nagar, Wai

What do community members identify as local resources and institutions to support them?

“Hum to apni gali khud saaf karte hain, kyunki koi na toh safai karne ata hai, na hi kuda lene ata hai.”

(We clean our lanes on our own, because neither someone from the municipality comes to clean our settlement, nor to collect garbage.)

‘Hospital mai bolte hain ki yahan delivery karwao, and hospital jate hai toh karte nahi hai’

(We asked to get child delivery in government hospitals, but when we visit, we are referred to some other hospital)

‘ASHA karyakarta ati hai, lekin aarogya sakhi nahi ati hai.’

(ASHA worker visits our community, but not the Arogya sakhi)

“Hum apni complaint aage rakhte hain, par kuch nahi hota hai. Yeh log sirf elections ke samay aate hain.”

(We take our complaints to the concerned officials and elected representatives, but nothing happens. We see these people only during elections)

‘Hum sab ek hi basti mai rehte hain, isliye hum ek doosre ke khilaf complaint nahi kar sakte.’

(We all live in the same settlement hence we cannot complain against each other)

“Humein dar lagta hai baat karne mai. Iske ilawa humein pata nahi hota kahan jana hai.”

(We are afraid to talk and don't know where to go)

Communities living in the informal settlements of Khopoli, Satara, Sinnar and Wai primarily rely on themselves and their own resources to live their daily lives, and meet their needs. Living with inadequate services and “making do” is the order of the day.

This in particular affects women’s daily lives. From the burden of collecting and storing water for the household, working as domestic maids or street vendors, to dropping their young children off in the Balwadi, ensuring daughters are safe – it is the urban poor woman who relies on herself. For her community, she takes the time to participate in discussions and visit the municipality to file a complaint.

If water could be supplied daily, but at a fixed time (either early in the morning or late evening), she will not need to take time off from work. To cope with erratic water supply, she can rely on her daughter and take her help in caring for younger siblings. But this comes at the price of curtailing her daughter’s education.

A self-help group is another source of support – the mechanism through which she can access a private loan quickly, to meet household expenses, to pay for medical emergencies, and to upgrade her house. Developing the self-help group as a collective for learning and improving skills would

be beneficial – to learn trades, e.g., stitching, embroidery, beautician, papad and pickle making, etc., that they can do at home.

The ASHA worker and Arogya Sakhi are seen as the main support for health-related information, especially for the adolescent health of young girls. For treatment of any illness and during her pregnancy, it is the private doctor and private hospital that she uses. Government health centres either do not carry the medicines, or the required specialist is not on staff. Without adequate coverage under, or awareness of, any government health programme/scheme, the cost of healthcare remains expensive.

Almost all children go to an anganwadi and attend a government/municipal school till middle school. (In Maharashtra, education up to Class 8 is free.) Parents and students are in general happy with the quality of education in the government/municipal school. The school provides some information on adolescent health for girls, though this is inadequate and does not meet the need for information that young girls seek.

It is the municipality that is seen as central to meet the need for water and sanitation services. Garbage collection, supply of piped water, cleaning drains, maintenance of community toilets, accessing subsidies for individual toilet construction – the residents are aware that these are responsibilities for the municipality to fulfil. They remain dissatisfied with the provisioning of sanitation services, especially door-to-door garbage collection and cleanliness of community toilets.

Community members are angered by the incomplete delivery of benefits. Institutions mandated to provide different services work in silos, and there are hardly any platforms for the residents to have a conversation with the service providers about service delivery and give feedback. The residents have limited access to formal grievance redressal mechanisms. Complaints that have been raised with sanitary workers or at the respective offices, are registered verbally as they do not know how to write formal complaints.

The attitude of municipal officials (those who live in the slums do not want to improve their living conditions), and the anger of the community (which can result in infrastructure not being taken care of or even being destroyed) creates a substantial communication gap between the residents living in informal settlements and the municipality and makes the urban poor feel they cannot raise their voice in front of officials.

This lack of trust is perhaps most exemplified by the story of the missing water tank in Sinnar. In 2021, the Sinnar Municipal Council (with support from an external funder) installed hand washing units in Indira Nagar and Apna Garage. This was expected to help residents frequently wash their hands as a preventive measure in response to the coronavirus pandemic. Within a year, the unit has become non-functional – the water tank has disappeared. The community was frustrated when their repeated requests to fill the tank with water went unheeded. Someone, in a fit of anger, stole the water tank. The Chief Officer of the municipal council, however, views this as *the poor generally lacking morals and the community's inability to appreciate the work done by the municipality to improve the lives of slum dwellers.*

What do community members see as their roles in meeting their articulated needs and priorities?

“Ghanta Gadi aayegi toh hum kachra nahi fenkenge basti mai aur nahi talab mai.”

(If the garbage collection van comes, and regularly, we won't throw the garbage in and around the slum and in the lake)

“Hum logon ko kachra nahi fenkna chahiye naliyon mein. Aur nagar palika ko talab saaf karwana chahiye, naliyon ko cover kar dena chahiye.”

(We should not throw garbage in the open drainage pipes. Municipal Corporation should get the lakes cleaned and cover the drainage pipes)

“School ke baad vahan session's liye ja sakte hain mahilo aur bacchon ke liye. Humare liye ek jagah ban sakti hai baat cheet karne ke liye.”

(After school, these spaces can be used for delivering sessions for women and children. It can be a space for us to have conversations about different things)

“Pani ek din ke baad ajana chahiye! Agar log talab saaf rakhenge toh hum voh pani bhi istamal kar sakte hain.”

(Water should be supplied every alternate day. If the lakes are cleaned, we can use collect natural water from there)

“Agar sarkar handpump laga de toh log usmein se pani le sakti hai.”

(If government installs handpumps, everyone can extract water as required)

The residents are aware of the health effects of improper garbage disposal, but due to poor service delivery and lack of mechanisms for redressal and demanding accountability from the municipality, they remain dissatisfied.

Both the community and service providers are not willing to take up responsibility for the maintenance of community toilets.

Whose responsibility is it to keep streets clean? Residents are aware of the behaviour change that they need to display to keep their surroundings clean. Several community members showed interest in actively participating to improve management processes for sanitation. They gave several suggestions, such as placing a container outside the settlement at an appropriate place where everyone can dispose of their garbage. The garbage van can collect the waste at its convenience, but it must do so every day.

In all the communities, it was observed that, in general, women from the families take the responsibility to visit the municipality and file complaints.

The matter concerning domestic violence is considered to be personal, and thus the community is unwilling to get involved in resolving the issue or reporting it.

Communities in all the cities highlighted that they would like to be empowered with information on the roles and functions of various government departments of the Municipal Council, and the procedures for accessing the concerned officials to discuss their issues.

Knowing an entitlement or process is not enough. A community needs to be prepared to demand accountability. Lack of intermediation to connect the community with the governance institution and the service provider is a constraint in communities being able to raise their voice.



Photo 9: Resource map prepared by the community in Apna Garage, Sinnar

A possible way forward to meet community aspirations and needs

“Hum gandagi mein kyon reh rahein hain?”

(Why do we live in unhygienic and unclean settlements?)

This question encapsulates both the aspiration and needs of the urban poor living in the informal settlements of Khopoli, Satara, Sinnar and Wai.

Fostering and facilitating citizen engagement will pave the way to meet the community aspirations and needs articulated by the residents living in the 16 informal settlements this research was conducted in. The core purpose of facilitating such citizen engagement would be to make the lived experiences of these vulnerable communities, their social isolation, political invisibility, and economic marginalisation visible to decision-makers, policymakers, elected representatives and officials responsible for implementing various government programmes and plans.

The community engagement process that builds individual and community understanding of one's situation and surrounding relations of power helps the marginalised find a voice. Through this process of learning-voice-visibility, the poor and marginalised begin to play a more prominent role in participating in the decision-making that affects their lives.

Community engagement and participation need facilitation and collectivisation. Articulating collective community goals, drawn from individual goals and perspectives, needs investment in building the civic capacity of communities, community-facing institutions and organisations – a multistakeholder, capacitated civil society that brings together samaj-sarkar-bazaar (community-government-market) to formulate, implement, share experiences and (re)design solutions that are rooted in a community's needs and aspirations, as articulated by them through community-based research such as this one.

The community living in these 16 selected informal settlements compares the physical conditions of the slums they live in with a neighbouring middle-class neighbourhood and wonder – why is it that their settlements are the dirty, unhygienic, unsanitary parts of the city? They see the possibility of transformation every day – pockets of the city are clean and beautiful, with enough water for all houses and each house with an individual toilet. If they, as a collective, are willing to participate, why can't the same municipality provide the same level of services to their settlements?

Answering this question with community-focused action by service providers counters the current top-down, approach to urban governance, planning and city management that plagues India's cities. In the universe of the urban poor, the service provider (private or public) is equated with the municipality, vesting in this institution of urban governance the power to transform their lives. Using this power with equity and equality requires the commitment and capacity of the municipality to become inclusive – in its institutional processes and systems and in individual attitudes and behaviours.

By doing so, in responding to community needs through community engagement and community-based action research, a new definition of “last mile connectivity” in urban governance becomes

possible – connecting with the community, with the last marginalised household, and supporting them to achieve their own goals.



Photo 10- Children playing in Kashi Kapadi, Wai

Annex. 1- Characteristics of Chosen Settlements in Four Cities

Informal Settlement	Location	Distance from city centre	No. of households	Surveyed Households	Tenability	Legal status	Land ownership	Housing structures	Available services
CITY: KHOPOLI									
Kranti Nagar	Near Paranjpe Hospital	1 km	500	100	Tenable	Non-Notified	Maharashtra Govt	Mainly Pucca	Piped water; Community toilet; Electricity; Streetlights
Samta Nagar	Near FCI go down	4 km	110	27	Tenable	Non-Notified	Maharashtra Govt	Mix	Piped water; Community toilet; Electricity Streetlights; Balwadi
Shanti Nagar	Near Samuel Cinema	2 km	450	59	Semi-Tenable	Non-Notified	Maharashtra Govt	Mix	Piped water; Community toilet; Electricity; Streetlights; Anganwadi
Takai Wadi	On Mumbai Pune Highway	4 km	48	9	Tenable	Non-Notified	Forest Department	Mainly Kutcha	Piped water; Electricity Anganwadi
Vihari Thakur wadi	Near Zenith Factory	2 km	105	29	Tenable	Non-Notified	Maharashtra Govt and Forest Department	Mix	Piped water; Electricity Streetlights; Balwadi
CITY: SATARA									
Namdev Wadi	Near IQ press	3 km	250	37	Un-Tenable	Non-Notified	Satara Municipal Council	Kutcha	Standposts; Electricity Streetlight
Akashwani Basti	Near Akashwani Kendra	4 km	744	111	Tenable	Non-Notified	Satara Municipal Council	Mainly kutcha	Piped water; Community toilet and few IHHL Electricity; Streetlight Anganwadi
Kamathipura	In between nallah and highway	1 km	241	37	Semi-Tenable	Non-Notified	Maharashtra Govt	Mix	Piped water; Community toilet and IHHL Electricity; Streetlight Anganwadi
Laxmi Tekdi	Near ITI	5 km	256	39	Semi-Tenable	Non-Notified	Maharashtra Govt	Mix	Piped water; Community toilet and IHHL Electricity; Streetlight

CITY: SINNAR									
Talwadi	Near Pond along Nayagaon Road	3 km	186	79	Tenable	Non-Notified	Maharashtra Govt	Mix	Piped water; Community toilet and IHHL Electricity; Streetlight Anganwadi
Indira Nagar	Near SMC	1 km	171	70	Tenable	Non-Notified	Maharashtra Govt	Mainly Kutcha	Piped water; Community toilet and IHHL Electricity; Streetlight Anganwadi
Apna Garage	In between nallah (Saraswati River) and highway	0.5 km	140	57	Tenable	Non-Notified	Maharashtra Govt	Mainly semi pucca	Piped water: Community toilet and IHHL Electricity; Streetlight Anganwadi
Devi Road	Near ITI	3 km	59	33	Tenable	Non-Notified	Maharashtra Govt	Mainly pucca	Piped water; Community toilet and IHHL Electricity; Streetlight
CITY: WAI									
Kashi Kapadi	Adjoining Mumbai-Pune highway	1 km	100	38	Tenable	Non-Notified	Wai Municipal Council	Mix	Piped water; Community toilet and IHHL Electricity; Streetlight
Siddhanath Wadi Gure Bazaar	Near Ganpati temple, adjoining Krishna river	0.5 km	250	102	Semi- Tenable	Non-Notified	Wai Municipal Council	Mix	Piped water; Community toilet and IHHL Electricity; Streetlight Balwadi
Mauli Nagar	On extreme east end of the city near Kiwara Odha rivulet	1 km	48	14	Tenable	Non-Notified	Wai Municipal Council	Mix	Piped water: Community toilet; Electricity Streetlight

Source: Municipal Councils of Khopoli, Satara, Sinnar and Wai, Observations During Initial Recce Visit by PRIA team, Participatory Urban Appraisal (PUA)

Annex. 2- Implementing the Research Study

In each city, the research began with a reconnaissance visit to the city. Meetings with Chief Officer of the Municipal Council, and concerned officers in Deendayal Antyodaya Yojana - Pradhan Mantri Awas Yojana (DDY-PMAY), National Urban Livelihood Mission (NULM), Swachh Bharat Mission (SBM) were held to make them aware of the purpose of the research, and seek their support. The Chief Officers in all four cities generously offered full cooperation.

A list of informal settlements in the city was taken from the concerned officer, including their legal status (notified/non-notified), tenability status and other demographic details. A short list of settlements was made based on their location in different parts of the city, size, demography, structure of houses, vulnerabilities due to various factors like adjoining nullah, highway, distance from the city centre, availability of services, etc.

Preliminary visits were undertaken to the selected informal settlements to understand the overall demographic profile in terms of caste, ethnicity, and availability of services under various government schemes and programmes. Informal meetings with communities also helped in the identification of key citizen leaders, influential persons such as former ward corporators, educated persons within the community, Samaj (caste) leaders having political connections and political intermediaries, among others, to seek their support in completing the survey and research.

The preliminary visits were followed up, without much delay, with community-centric and non-directive activities of transect walk, resource and social mapping, historical timeline and priority ranking (comprising Participatory Urban Appraisal). Participatory methods like transect walk and resource and social mapping enabled the participation of the community from an early stage of the process.

Such an approach helps break down barriers and builds interest in the community to discuss the local context, constraints and challenges in their daily lives. In conversations as the activity is undertaken collectively, community members bring up problems, which indicate their pressing concerns, what needs they want addressed, and hint at how they think their problems can be resolved.

The Participatory Urban Appraisal activities are also useful in mobilising the community for subsequent group discussions, participating in the Participatory Safety Assessment and River of My Life activities, and willingness to answer detailed questions asked in the mobile-based Participatory Settlement Enumeration. The survey questionnaire is first tested with a small group, and the questions tweaked to reflect the reality on the ground. Verbal consent was taken from each household by explaining the purpose of the survey and asking them "Are you ready to participate in the survey? We assure you that your personal information will be kept strictly confidential, and the data will be analysed at the settlement and city level".

Key informant interviews were conducted with the Chief Officers of the municipal councils, concerned officials of various government programs, teachers, and ASHA workers.

Data from various activities and the survey findings were triangulated to determine the needs and aspirations of the informal settlement residents in each city. These findings were shared in community meetings to inform the community of the research findings and validate them. The findings were also discussed with some municipal officials in one-to-one meetings.

Annex. 3- The Participatory Research Process

The findings presented in this report are based on the participatory research approach, utilising several tools and methods that are open-ended and community-focused, to enable diverse community members to express their views, participate in a shared experience, listen respectfully and share individual and community needs and aspirations. The participatory research approach creates spaces for discussions and dialogue, wherein the researcher uses questions as a guide to facilitate a process of self-reflection and learning with the community. The questions open up the discussions in a non-threatening manner; they are not a fixed set of mechanistic tools, but a diverse range of possible areas for exploration with the community, which are flexibly adapted to the community and their circumstances. The tools and methods adopted helped develop a common understanding of the lived reality within the community and between the researchers and the community.

The process was inclusive of all members of the community irrespective of religion, socio-economic status, age, occupation and gender, and discussions prioritised the community's issues and concerns, considering the experiential differences between rich and poor and diversities in gender, caste/ethnicity, religion, language and culture, inequality, poverty, insecurity, and social exclusion. Participatory data collection explored these differential needs and aspirations which allowed for disaggregating them at the analysis level. Critical insights generated from the discussions were combined with the technical knowledge of the researcher to trigger new knowledge, which can be used to take action by the community, and other relevant stakeholders (the municipality, for example).

Participatory Urban Appraisal (PUA)

Participatory Urban Appraisal (PUA) combined Transect Walk, Resource and Social Mapping, Historical Timeline and Priority Ranking. These were useful methods to understand the socio-geography of the settlement, identify existing community resources (e.g., presence of public and private institutional facilities and services as well as natural resources such as water bodies/ drainage, green spaces, etc.) and significant stakeholders (individuals, groups, and institutions) whose cooperation could be instrumental in not only completing the study but also facilitating the ownership of the findings by the community.

Transect Walk

In a transect walk, community members and researchers together walk through a settlement or neighbourhood, observing physical characteristics of the settlement (condition of roads, houses, hygiene, etc), location of services (like handpumps, community toilets, anganwadi, parks, etc) and community spaces. As they walk through the settlement, researchers interview passers-by to learn about the socio-geography and community concerns.

Transect walk is used as an entry point, allowing the team to observe through the eyes of local people, and helps in building a rapport with the community. Researchers form a broad, collective understanding of the settlement and availability of services. After the walk-through, the community members draw a map of their settlement, using locally available materials or on chart paper with coloured pens (which are provided by the research team). While drawing the map, community members discuss their observations of their settlement's characteristics, risks and existing solutions.

Historical Timeline

This activity took a historical approach during the discussion with community members. The participants shared key events in chronological order, highlighting the development of the settlement. This helped the researchers understand the nature of the changes, both physical and social, that have taken place.

Participatory Social and Resource Mapping

Participatory Social and Resource Mapping, undertaken by the community with the researcher, generated information on the spatial layout, locations of houses, and infrastructure facilities. Landmarks, roads, and local social infrastructures such as anganwadi centres, schools, health centres, religious places, streetlights, drainage, roads and streets are also marked on the map. Public areas such as play areas/ grounds, parks, service points like water standposts, community toilets and ration shops are also identified. All identified locations are mapped on a layout of the settlement, created by the community using available local materials, such as rangoli colours, stones, etc.

Art-Based Discussions with Adolescents and Youth

Participatory Safety Assessment, River of My Life and Service Satisfaction Tool were used to generate discussion among youth and adolescents between the ages of 12 to 18 years. In some settlements, the activities were conducted separately with adolescent boys and girls. The activities aimed at collecting data on the experiences, aspirations and needs of youth and adolescents as they are important members of their communities who can be motivated to take action to improve the quality of life in their settlements.

Participatory Safety Assessment

A Participatory Safety Assessment (PSA) helped map out all the safe and unsafe spaces in a settlement. Conducted separately with boys and girls, the PSA map revealed how spaces were perceived differently by boys and girls. Adolescents drew detailed maps of their settlements on chart paper and used smiley “mood stickers” to mark safe and unsafe spaces. The maps were then used to generate the discussion – why did some spaces feel safe, and others unsafe? What factors were key in making spaces safe and unsafe? – and dialogue on how gendered upbringing and socialisation influenced an individual’s experience of physical spaces. Where the activity was conducted separately with girls and boys, initial discussions were also held separately, allowing them to speak more freely. The maps were then discussed in a mixed group of boys and girls.

River of My Life

River of My Life was an activity in which youth drew the journey of their lives from birth to their current age. Life was drawn as a river, and similar to the flow of a river, social influences can become a barrier to life’s journey to meet their aspirations. Other experiences and people can be supportive in taking forward one’s journey. As they drew the key moments and people that have affected their young lives, the youth reflected on their needs and aspirations, what they want to achieve and what they need to achieve their dreams. They identified the challenges that they were facing or might face in the future.

Service Satisfaction Tool

The Service Satisfaction Tool was used to map out all the services that are accessible to community members residing in the settlement. This included water, electricity, schools, parks, health, education, etc. Adolescents listed the services that were available, and which ones they used, and discussed how easy or difficult it was for them to access the services, including the quality of the service. Bringing adolescents of diverse social backgrounds from the same settlement together highlighted how access to services and poor quality of services is a common challenge for all in the community.

Participatory Settlement Enumeration (PSE)

PSE is a tool to undertake large-scale participatory surveys using mobile phones by involving young women and men from the community as facilitators in the survey process. Given the short duration of the study, in each settlement, a representative sample of households was taken and enumerated. The sampling for each settlement was done proportionally based on the total households in the settlement. Purposive sampling ensured equal representation of kutchra and pucca houses, women-headed households, and most vulnerable households including Scheduled Caste and Scheduled Tribe (SC & ST).

A two-day training was organised for the community enumerators. The training session introduced the animators to the questionnaire, followed by an intensive discussion on the rationale and logical flow of various questions. Once an understanding of the questionnaire had been developed, the participants were taken through the customised mobile application (mWater). Following this, the key areas of monitoring and verification of the enumeration, and aspects of smartphone-based enumeration were also discussed. The training included basic aspects like taking and recording consent for the survey and photographs, power (battery) management, data connections, survey etiquette, etc. Classroom training was followed by a field practice session for the enumerators and based on their experience feedback was given. Following this, an online session was conducted for all enumerators to respond to any further queries they might have as they began carrying out the survey. Regular monitoring and daily quality checks were done for each enumerator to rule out any discrepancies and inconsistencies in the survey process.

Challenges in using Participatory Research

While the Participatory Research approach and use of participatory methods has proven to be the most successful approach in bringing out community narratives, it is not without challenges.

A participatory researcher stands clearly on the side of the marginalised, those who are excluded and whose voices are not heard, but must be careful of not “influencing” the narrative to tailor-make it to a pre-conceived framework of analysis. Such bias can determine the method chosen, and in debriefing of the community’s own data (maps, sharing of experiences, oral histories). In such cases, the researcher may highlight or choose to probe further those issues which arise from an outsider’s perspective, underplaying the community’s voice on other issues, which are substantive to the community.

A short-term participatory research study necessarily does not have adequate time to support the action-research component of the findings. Discussions and sharing of findings with the community raises expectations among community members, who begin to hope that some concrete actions will result from the study. Limited time and resources constrain linkage building between community and institutions, and building multi-stakeholder partnerships that can implement and sustain the changes that the community is seeking. As a result, municipal officers, including the Chief Officer, who provided full support for the research, also questioned how the research findings would be communicated to them with concrete suggestions for implementation in the community.

Engaging in the community requires researchers to adapt to availability of the community. Community members are mostly available later in the evening, and this limits the time available for qualitative, in-depth discussions. Hence, repeated meetings with small groups often needed to be organised in one settlement, while trying to meet the deadlines of a tight research timeframe.

Participation in discussions can be fragmented. Culturally members of different castes and economic backgrounds do not come together for meetings; men and women do not sit together; older women/ mothers of adolescent girls are often gatekeeping the discussions with the adolescent girls. While participation of some sections, such as women, can be high, participation of men can be low as they be too tired in the evening or prefer to spend time on leisure activities like drinking with friends. Men, often drunk, disrupted meetings being held because they were distrustful of outsiders having discussions with the women when the men were not present.

Annex. 4- Community Needs at A Glance in Each City

Khopoli

- The lack of land ownership was raised by many respondents.
- Residents feel the need for regularity and a fixed schedule for household waste collection.
- The residents of Takai Wadi don't want to defecate in the open and want permission to build individual household toilets.
- Community toilets are there only in three settlements (Kranti Nagar, Samta Nagar and Shanti Nagar). Satisfaction with municipal efforts to keep community toilets clean is very low – 44.3 per cent of respondents felt that toilets are only cleaned sometimes.
- Survey findings reveal that all community toilets have separate blocks for men and women. However, none of these toilet complexes have separate seats for persons with disabilities.
- Though survey responses indicate satisfaction with quantity and quality of water supply, in discussions the perennial limited availability of water, which becomes more acute in the summer season, was raised as an issue. The community wants regular water supply, daily for at least 1 to 2 hours, or even twice a day, to meet their needs. Complaints to the municipality to sort this issue has got no solution. This prompted participants to share community solutions to improve water supply.
- Community members from all settlements felt a lack of career guidance and inability to access skilling opportunities by the youth. Women feel the need for training to run SHGs properly.
- Informal settlement residents in Khopoli primarily access private health facilities, though a significant percentage (75.4 per cent) are also aware of the government hospital and over half the residents living in these settlements visit the government hospital. But without adequate coverage under, or awareness of, any government health programme/scheme, the cost of healthcare is expensive.
- Some of the women felt that they are not well informed about their health and the procedures they have to undergo during pregnancy.
- Adolescent girls expressed their need for counsellors, doctors, clean toilets, medicines, and pads, along with ample information to prepare them for menstruation.
- Interactions with persons with disabilities revealed the difficulties they face in getting a disability certificate.
- Awareness of various central and state government schemes and programs is very low in the informal settlements of Khopoli. Only 24 per cent respondents were aware of any government scheme and program.
- With tapped water becoming available in houses, traditional water sources, such as wells and lakes, are not being maintained.

Satara

- In the surveyed informal settlements in Satara, majority of respondents said they were satisfied with the quantity and quality of municipal water supply, but dissatisfied with door-to-door garbage collection and general cleanliness of the settlement. Poor drainage (clogged drains, or no drains) and kutcha pavements result in severe waterlogging during the monsoons. This also impacts the health of their children.

- Open defecation remains a challenge, even though Satara has been declared ODF. Over one-third of the surveyed households have no access to a community or individual toilet, and hence are forced to defecate in the open.
- Cleanliness, maintenance of, and access to community toilets in these settlements is an immediate challenge. Satisfaction with municipal efforts to keep community toilets clean is very low.
- The informal settlements of Satara do not have proper sports grounds or parks. Access to open spaces for playing games or just meeting friends is restricted for young children and girls. In fact, in Laxmi Tekdi, adolescent girls are not even allowed to enter the common playground. Neither can they go to the library, as it remains permanently closed.
- With over two-thirds of the residents in the four settlements living in kutcha houses, adequate, quality housing is a priority need expressed by the community. They expressed dissatisfaction with the quality of construction of flats by the SMC, citing the flats built under IHDSP as an example.
- In general, adolescents are satisfied with access to and services at the anganwadi centre in their settlement, and the grocery and other items available in the shops. They are dissatisfied with the level of hygiene and cleanliness of their settlements, with particular grievance of the lack of household garbage collection.
- Lack of streetlights impacts mobility of residents, especially women and girls when they have to use the toilet at night or relieve themselves in the open.
- In all the settlements, gender-based discrimination and domestic violence was commonly experienced in the everyday lives of adolescent girls and women. Articulating this experience made adolescent girls realise that men and women are treated differently in their families and community.
- For the elders (parents), gender-based discrimination and domestic violence were not articulated as relevant and important issues for which the community seeks redressal.
- The gender-based discrimination extends to education. Girls spoke about not being allowed to complete their schooling. Education as a goal is not a priority among the residents.
- Informal settlement residents have to spend on private healthcare as government facilities are not adequate. Coverage under a government health insurance/financing scheme is very poor. Residents are largely unaware of the available schemes.
- Adolescent health is a concern – especially sexual and reproductive health and drug abuse, and menstrual hygiene for adolescent girls.
- Lack of livelihood options due to poor education is a major area of concern for women and youth residing in these informal settlements. Women who are primarily homemakers want opportunities for home-based work.

Sinnar

- Households in Sinnar remain economically marginalised with the majority earning less than Rs 15,000 per month
- Aspiration for a pucca house remains unrealised
- Private health care is easier to access but puts a financial burden
- Lack of access to and awareness of health insurance schemes
- Minimal health impact of Covid-19, though the pandemic has exacerbated drop-out rates from school

- Education attainment is strongly gendered, with most young girls dropping out after primary school; child marriage is prevalent
- Accessing balwadis and anganwadis can become a challenge for mothers working in the informal sector
- Lack of open spaces, with gendered access to recreation
- It is an unsafe world for us, say adolescent girls, but their parents think the settlements are safe
- Having a ration card is not enough to ensure food security
- Inadequate supply of water, but women have adapted to water scarcity
- Sanitation – access to individual household toilets remains a challenge for many
- Residents are aware of the behaviour change that they need to display to keep their surroundings clean. Whose responsibility is it to keep streets and community toilets clean? Several community members showed interest in actively participating to improve management processes for sanitation.
- Livelihoods and jobs are a concern for women and youth
- Residents rely on public transportation, despite the higher cost
- High awareness of central government schemes and programmes does not mean universal access to benefits

Wai

- Sanitation and hygienic surroundings and affordable housing – these are the most common needs expressed by the communities living in the informal settlements in Wai.
- Clean the drains in our settlements and install streetlights – that was the immediate demand of the residents from all three settlements.
- Water supply does not reach the higher floors of the multi-storey flats built under the Integrated Housing and Slum Development Program (IHSDP). This was a particular concern for 8.8 per cent of the residents of Siddhanath Wadi Gure Bazar
- Even though the residents do raise complaints, often as a group, there is little to no action that they can see from the concerned officials to address these complaints. A more responsive municipality would serve us better, they feel
- There is general dissatisfaction with the size of the house provided under IHSDP. Adolescent boys expressed the aspiration for bigger, better houses, in their futures
- Jobs and employment were a concern for residents of Mauli Nagar (14.3 per cent) and Kashi Kapadi (7.9 per cent). In Siddhanath Wadi Gure Bazar, on the other hand, only 1 per cent of the residents were worried about the employment situation
- Lack of documentation (caste certificates, e-SHRAM cards, etc) and lack of awareness of procedures/paperwork to be completed hampers access to schemes, skilling opportunities and educational entitlements
- It is the men and boys from our own community who harass us when we go out, say the adolescent girls living in the informal settlements of Wai. Their parents, on the other hand, perceive the settlements to be safe for their daughters. The residents of Mauli Nagar (7.1 per cent) were in particular concerned about the safety and security of women and girls in their settlement, and felt if streetlights were installed, safety and security would improve
- Young boys and girls want parks and spaces within their settlements where they can play
- In Kashi Kapadi some widows (12 to 13 of them) are not getting benefits of widow pension scheme in the absence of proper documents

- Communities from all three settlements highlighted that they would like to be empowered with information on the roles and functions of various government departments and Wai Municipal Council, and the procedures for accessing the concerned officials to discuss their issues.

Annex. 5- City Reports

Click on the report to read

