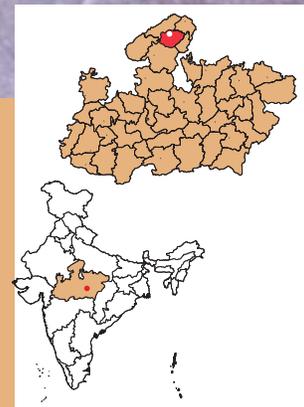




Community Managed Sewerage Scheme in Gwalior



INTRODUCTION

Individual Health and hygiene is largely dependent on adequate availability of drinking water and proper sanitation. There is, therefore, a direct relationship between water, sanitation and health. Consumption of unsafe drinking water, improper disposal of human excreta, improper environmental sanitation and lack of personal and food hygiene have been major causes of many diseases in developing countries. India is no exception to this. Prevailing high infant mortality rate is also largely attributed to poor sanitation.

Sanitation services are necessary to support urban stability, enabling social balance, economic growth, development and the improvement of public services for the urban centers. However, throughout the past few decades, efforts to improve the living conditions and services among those lacking basic amenities have tended to emphasize the provision of potable water. The other, equally vital, components of environmental sanitation provision have invariably been considered less important.

Historically, the public perception is that the water and sanitation facilities are to be provided free by the Government. Whereas the present reformative perspective



advocates, water and sanitation are essentially for the healthy life, which must be managed locally as a socio-economic good. This perception has grown out of the fact that substantial investment has been made in the sector; huge infrastructure and large number of systems built up but, the sustainability of the systems is still to be achieved. There is a general recognition that a transformation from a target based supply-driven approach, which pays little attention to the actual practices and preferences of the end users; to a demand-based approach where users get the service they want and are willing to pay for, is urgently required. Implementation of a participatory, demand driven approach is expected to ensure that the public obtained the level of service they desired and could afford to pay the capital cost and operation and maintenance cost. Further, full cost recovery of operations and maintenance and replacement costs is expected to generate a sense of ownership and ensure the financial viability and sustainability of the schemes.

THE CONTEXT

The identified slums of Ramaji Ka Pura, Islampura and Subhash Nagar are situated in ward No. 1 of Gwalior City having 2,500 houses has long suffered on account of poor sanitary condition and lack of access to sustainable source of water. The rocky hilly terrain, coupled with the absence of adequate water provision, does not permit the construction of septic tanks or soak pits as viable alternatives to sewer system. This being the case, people are forced to resort to open defecation and causing in the process, an immense damage to environment and their own health.

Under these circumstances, the poor slum dwellers chose to do something anew to address the problem of water. Encouraged by the presence of new development climate with focus on people centered participatory governance, the people of the area shared their woes with top officials of Gwalior Municipal Corporation (GMC) to explore if it would be feasible for it at all to enter into a new institutional partnership with the community to find out a sustainable solution to water problem.

OBJECTIVES

The objectives of the scheme are to:

- Demonstration of how communities can be empowered for acquiring adequate sanitation that meets their needs.
- Generate felt demand for sanitation facilities in slums through awareness creation, health education, and capacity building.
- Encourage cost effective and appropriate technologies in all aspect of sanitation.
- Ensure total open defecation free slums by constructing low cost individual HH latrines, community managed sanitation complexes wherever required and school sanitation complexes
- Safe disposal of domestic wastewater
- Development of community owned and managed sewerage schemes, laying of sewer lines, construction of household toilets and their connection with sewer lines.
- Enhanced capacity of the GMC, local community and other stakeholders.

PROCESS

Before implementation of this scheme, the proposal was discussed in the stakeholder's consultation with the residents of the slum conglomerate. Residents were informed about the project, the estimates and sources of such resources. It was decided that out of the total cost for the laying of sewer lines within the locality, a sum of INR. 500 in five equal installments of INR. 100 per month will be collected from 2500 households,

which the community agreed to contribute. The remaining amount was provided by District Administration under public participation scheme of the Government of Madhya Pradesh. To meet the upfront cost of construction, GMC requested UN-HABITAT to contribute USD 55,000 for setting up a “revolving sewer fund” in partnership with GMC. The contribution of UN-HABITAT acted as seed capital for the fund that will be recovered and will be used for replicating the scheme elsewhere. The community is collecting Rs. 20 per month per household for Operation & Maintenance cost of the sewerage system.

PROJECT ACTIVITIES

Under this project GMC has organized various capacity building programmes to equip the community on implementation, operation, maintenance and management of schemes on contracting procedure, supervision of works and account keeping; sewer cleaning; plumbing and engineering skills; operationalizing of billing and collection mechanism.

A Community Water and Sanitation Committee (CWASC) was established under Society Registration Act 1973. This CWASC with technical guidance from GMC had commenced the work in July 2007 and completed in September 2008.



ACCOMPLISHMENTS AND ACHIEVEMENTS

The sewerage line was laid along the narrow internal roads having width as narrow as 2 meter in the residential area, along the road trench up to 80 cm width and 1.25 meter depth was excavated to lay the pipes. All together 3,200 meters of branch sewer lines of 150 mm diameter complete with manholes, Inspection chambers and household traps were laid successfully during the project period for connecting 1,200 Households. The sewer network was connected to the trunk sewer of the city.

Diggings of trench have been done both mechanically and manually depending upon the accessibility of machines. Exciting participation from community and their contribution in terms of labor were observed in the project.

This intervention has resulted in households constructing toilets in the locality, which has initiated the break off in tradition of open defecation. The initiative become eye opener for the Municipal Engineers and generated political will for pro-poor investments. The Community was empowered to take the responsibility of Monitoring the project execution

and operation and maintenance of the project.

This initiative was able to leverage funds from Municipal Corporation and other international funding agencies for integrated development of the poor settlements. The State Government has adopted the slum conglomerate and providing support to the community to meet out their fund requirement to construct household toilets out of the Area Improvement fund of the ADB funded Urban Water Supply & Environmental Improvement Project.

LESSON LEARNED

The CMSS approach established that if the communities are empowered with informed choices and mobilized substantially, they can execute and manage scheme as per their needs and affordability. A remarkable improvement in community's financial management can be achieved through their capacity building with the result that the CWASC opened bank account and carried out all the transaction relating to project execution and operation and maintenance. The



participation of women is crucial for the success of CMSS, since women are the main collectors and users' charges, as well as the main sufferers if the system does not function. The implementation of the initiative enhanced the confidence of the Municipal Corporation, local community and other stakeholders on taking up the projects based on community participation.

SUSTAINABILITY

A team of 5 sanitation workers has been formed for the O&M of the sewerage system. Cleaning material and equipments have been purchased by CWASC out of the funds collected from beneficiaries as monthly O&M charges. The CWASC has been supported by the GMC technical team of the water supply and sanitation department to carry out the operation, maintenance and management of the CMSS.



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