# A platform for resettlement: CURE's adaptive approach in Savda Ghevra

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# I. Introduction

In 2006, thousands of residents of bastis across Delhi were resettled to a vacant plot of land on the western periphery of the city. Far from and poorly connected to the city centre with no basic infrastructure services, the Savda Ghevra Jugghi Jhopri Resettlement Colony provided a challenging starting point for residents whose social and professional networks had been ruptured.

CURE (Center for Urban Regional Excellence), which runs programs in neighborhoods around Delhi and elsewhere to improve the lives and livelihoods of the urban poor, has been present in Savda Ghevra since 2006 to foster sustainable livelihoods. Its multi-dimensional approach to the development of the colony and resident well-being are reflected in a portfolio of activities that has included skill building, microenterprise and livelihoods promotion, youth engagement and community mobilization, institution-building, and housing and sanitation infrastructure improvement.

CURE's present project in Savda Ghevra, **Level Up - Tap Toilet Aur Kaam for Urban Poor in Delhi**, is funded by the Sir Dorabji Tata Trust[1] and began in June 2016. It builds on the organization's previous work with a focus on water and sanitation (WATSAN) improvement and in livelihood support. The project's six objectives as outlined by CURE are:

- Improving health and productivity of the poorest in the area by creating access to taps, toilets and basic sanitation services;
- Mobilizing, organizing and empowering poor families, particularly women, for participatory planning and implementation of household and environmental solutions;
- Strengthening capacities of stakeholders to plan, design and implement de-engineered household level solutions for water and sanitation;
- Building partnerships with city service providers and private sector agencies for leveraging resources and scaling up;
- Contributing to existing WASH platforms by sharing knowledge and experience, and advocating for policy change; and
- Promoting livelihoods for the poorest and excluded households for sustainable poverty reduction.

This report is a midterm evaluation of the present project. More than a summary of ongoing activities, it contextualizes the work of the project by positioning it within the multi-year development of CURE's programs, and a broader assessment of the organization's strategy and impact. The evaluation indicates that that the delivery of projects has relied on capacity and trust built with the community since 2006. Understanding CURE's unique level of integration within Savda Ghevra and its big-picture role as a facilitator of many different processes within the community, examines the responsive and iterative nature of the organization's project work and the short and long term successes and failures of this approach.

We argue that CURE's approach is programmatic, dependent on its adaptability and responsiveness to solve problems as the community's context, challenges and priorities shift. The latter are never concrete or static and they require varying approaches. The organizational structure and capacity of CURE allows it to be nimble to

[1] From now onwards, referred to as Tata Trust.


these shifting community requirements and not necessarily bound to a project outcome. This nimble, broad and long-term approach allows CURE to conduct ancillary activities which are essential to build trust with the government and community, and foster social consent for project objectives. However, this approach also comes with the trade-off of potentially spreading CURE's capacity across too many initiatives. Though this may reduce outcomes along project line items, the effective mobilization of beneficiaries would be impossible without such ancillary activities.

Re-settlement is a wicked problem: it has multiple, interacting and ever-shifting elements which compound crises and exclusions, so approaches which focus on addressing singular gaps are limited by compounding constraints in other sectors. For example, CURE identified from its initial involvement in Savda Ghevra that the betterment of livelihoods is impossible without addressing infrastructural and especially sanitation, gaps, which is the primary focus of the current project. Similarly, as infrastructure challenges have shifted over time, CURE has shifted its focus from water and sludge management to mobilizing households to build toilets. More recently, CURE is aiming to enhance the planning of these various infrastructure needs through block-level community planning looking at issues of housing, solid waste management, sanitation and water. Initial evidence indicates the success and viability of such an approach.

CURE's approach provides lessons in approach such a problem, and in setting up its organizational response to addresses community desires and resolve challenges as they arise. This, we argue, also makes the task of evaluating CURE as per their achievement across project outcomes less useful than an analysis of what were the successes and limitations of their broader programmatic approach.

Through the programmatic efforts of collecting data, setting up local community organizations, frequently mapping the space and facilitating the development of community plans, they have centralized an immense amount of information which is of use to both community actors and the government. CURE then acts as a platform, agnostic to outcomes[2] though aimed at improving livelihoods. It allows for the creative formation of solutions in response

to shifting needs of the community. Though they have set precedence in the types of infrastructural solutions that are viable, we argue, the more critical precedence has been set in the organizational form by which actors facilitating re-settlement should act. The challenge going forward is to make the information centralized more openly accessible, to build better relationships with the State transitioning into the space, and to ensure that community voices are institutionalized so as to have the capacity to aspire,[3] especially as CURE speculates transitioning out of Savda Ghevra.

After introducing Savda Ghevra and CURE's history in the colony in Section II, the report focuses in turn on the livelihoods program (Section III) and on the WASH program (Section IV). The way CURE has oriented these over time, and their reach and effectiveness, are discussed and assessed. Section V details the nature of CURE's relationship to the community as it has shaped the orientation of these programs, taking into account population churn and other external factors.

By assessing the outcomes of the present project in context of the history and broad trends of CURE's engagement in the colony, the objective of this report is to provide insight on the success of this shape of engagement. The report closes on lessons learned. These will be especially valuable as CURE reflects both on the future of its programs in Savda Ghevra (and the long-term impact of its presence there after it has turned its focus to new neighborhoods), and on CURE's model of deep, responsive engagement in every community where it works.

Research was conducted over a four-month period from January to May 2017. It included review of existing material on CURE's work in Savda Ghevra, as well as multiple field visits and interviews with both program beneficiaries and CURE staff.

[2] Here, we borrow from Benjamin Bratton's formulation of the platform in *Bratton, Benjamin H. The stack: On software and sovereignty. MIT press, 2016.*

[3] This refers to Arjun Appadurai's formulation of Deep democracy and *Future as Cultural Fact*, Verso


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# II. Project Context

## Urban History of Savda Ghevra

Savda Ghevra is a 250-acre area near the western edge of Delhi, established in 2006 by the Municipal Corporation of Delhi (MCD) as a Jhuggi Jhopri Resettlement Colony to house residents being cleared out of bastis (informal settlements) throughout the city. Located in an agricultural area adjoining the villages of Savda and Ghevra, surrounded by farmland, the colony consists of 8,686 plots.[4] Its gridded blocks of mostly pukkah homes, built up to three stories, are home to an estimated 46,000 residents.[5]

Savda Ghevra is 25 aerial kilometres away from Rajiv Chowk (Connaught Place), approximately an hour and a half's direct drive. The families granted plots there by the MCD were evicted from bastis across Delhi that were being cleared in preparation for the 2010 Commonwealth Games. The Delhi masterplan's preferred strategy for 'Jhuggi Jhopri Clusters' (the designation applied to most informal settlements, often located on public land, that have not been notified by the MCD) is in-situ upgrading, but since the first masterplan was published in 1962 these have been periodically selected for clearance and resettlement when the space they occupy is "required for public purposes."[6] The 2000s saw a wave of clearances and resettlements, including the demolition of the homes of 150,000 people in the Pushta settlement on the west bank of the Yamuna in 2004 and of another 50,000 people on the river's east bank in 2006.[7] Families that are evicted from bastis in this manner lose years' worth of investment in their homes as well as established social and professional networks. Only some are given the opportunity of resettlement (an estimated 25-40% between 1990 and 2007).[8] Renters are excluded and owners must demonstrate residence from a minimum cutoff date.

Resettlement grants families planned legal status, and security from eviction. Common discourse differentiates between planned and informal neighbourhoods principally in terms of basic services (such as wastewater disposal and transportation), yet in reality these are often missing from resettlement colonies.

The first families granted space in Savda Ghevra, including some among those whose homes along the Yamuna were torn down in 2006, arrived to find bare plots. The colony had storm drains but no roads or water, and electric poles did not receive any electricity supply. There was no strategy for wastewater management or general sanitation. Some recall that "worms were a major concern."[9] Many families that had previously received government-subsidized food staples and cooking gas had difficulty securing new ration cards after the move.[10] The allocation of plots did not ensure families being resettled from the same basti would live near each other, rupturing pre-existing community ties (even today Savda Ghevra does not have the community leaders or pradhans seen in other settlements).[11] Bus service

[4] A third phase of 7,620 flats was constructed starting in 2012, but these remain vacant five years later.

[5] As of August 2014. Shahana Sheikh et. al., Planning the Slum: JJC Resettlement in Delhi and the Case of Savda Ghevra, Centre for Policy Research, (2014), pg. 3

[6] Master Plan for Delhi – 2021, Delhi Development Authority (2007), p. 37

[7] Baviskar, Amita,"What the Eye Does Not See: The Yamuna in the Imagination of Delhi," Review of Urban Affairs, Vol. XLVI, No. 50 (Dec 2011), p. 51

[8] Bhan, Gautam, In the Public's Interest: Evictions, Citizenship and Inequality in Contemporary Delhi, Orient Blackswan, Noida: 2016, p. 73.

[9] Shahana Sheikh et. al., Planning the Slum: JJC Resettlement in Delhi and the Case of Savda Ghevra, Centre for Policy Research, (2014), pg. 4

[10] Rao, Ursula, "Urban Negotiations and Small Scale Gentrification in a Delhi Resettlement Colony" in Space, Planning and Everyday Contestations in Delhi, Exploring Urban Change in South Asia, Springer India (2016), p. 83

[11] Shahana Sheikh et. al, p. 4

into the colony was poor and travelling into Delhi was difficult.

The loss of work and physical hardship pushed an estimated half of Savda Ghevra's original allotees to return to Delhi.[12] Women's employment was particularly disrupted by resettlement because of distance (notably for those employed as domestic workers), because of the time cost of inadequate services such as water supply, and because the disruption of social networks made leaving home unattended or finding childcare more challenging.

The infrastructure and aspect of Savda Ghevra testify to a decade of investment and perseverance by its residents, as well as the support of several organizations with a long-time presence in the colony. Many residents, incrementally, have built multi-story concrete homes. Roads have been paved, and residents began to receive electricity from the utility company several months after their arrival.[13] The Delhi Jal Board's piped water network does not reach the colony, but its water tankers provide free drinking water at more regular intervals than in earlier years, though these remain unscheduled and every week they can cost hours of residents' time.[14] Savda Ghevra's households complement this with private or shared borewells, though groundwater is polluted by the surrounding agriculture. Since 2013, water has also been available for a small cost from Water ATMs installed by a private organization, as well as from

[12] CURE, Sanjha Prayas Ajeevika Karyakram Final Impact Report (2013), p. 4
[13] Shahana Sheikh et. al, p. 8
[14] Ibid., p. 5
[15] Ibid., p. 6
[16] Ibid., p. 8

CURE's water kiosks.[15]

Waste removal and sanitation also reflect steady improvement since 2006, but the colony still lacks basic infrastructure. Savda Ghevra's streets and drains are cleaned by a small number of municipal corporation safai karamcharis, far fewer than are assigned to the colony by the MCD. Household waste largely ends up in open spaces that serve as children's play areas or as parks.[16] In the absence of a local trunk sewer system, there is no municipal sewerage in Savda Ghevra: the Delhi Masterplan requires that resettlement colonies be equipped with local level wastewater treatment facilities "wherever feasible."[17]

Community toilet complexes were provided in each of the colony, each with 40 seats to cater to between 600 and 1,250 plots or households. Though most residents use these complexes, children and poorer families practice open defecation, driven away by a Rs. 1 fee per use (none for children), long lines and as limited hours of operation, as well as often poor maintenance. Many families have invested in building a private toilet attached to their house, which drains into a private or shared underground tank or into the open drain outside the home.

## CURE's Work in Savda Ghevra: Phase I

CURE has been present in Savda Ghevra since the first months of the colony's formation in 2006, and in 2008 its partnership with the community was formalized with a grant from the Tata Trust into the project Sanjha Prayas Aveejika Karyakram (SPAK), which ran until 2013. To distinguish this from CURE's ongoing project in the colony (also funded by the Tata Trust and spanning the years 2015-18), SPAK is referred to in this report as Phase I of the organization's engagement and the current project as Phase II.

SPAK targeted livelihood development, with components to improve the employability of residents and help them penetrate the local job market, as well as to encourage entrepreneurship within Savda Ghevra. Over the duration of the project, CURE fostered the development of 15 micro-enterprises, created a fund to provide access to business finance for launching enterprises, and operated or placed residents with professional training programs.[18] The bulk of SPAK's livelihoods work focused on women beneficiaries, whose employment was more severely disrupted by the loss of support networks and who were less able to travel large distances to work.[19]

Taking a 'total livelihoods' approach to address the systemic, peripheral challenges that interfere with gainful employment, the project included a focus on community organizing, infrastructure development, and engagement with local authorities as these served as critical barriers to employment and improvement of livelihoods.

Some of the enterprises it helped residents launch were geared towards providing community services, including childcare and door-to-door garbage collection in some blocks, and increasing of access of public services to Savda Ghevra, such as campaigning for public transit. Recognizing the toll of water-related illness, CURE led infrastructure initiatives including building a cluster septic tank (CST) and local underground sewer network, a pilot program for decentralized, low-resource sanitation infrastructure providing wastewater disposal to 127 households, and organizing community-based maintenance for the system. CURE has served as a mediator with local authorities, initiating more convenient water tanker distribution by the Delhi Jal Board.

[17] Master Plan for Delhi – 2021, Delhi Development Authority (2007), p. 41

[18] CURE, Level Up - Tap Toilet Aur Kaam For Urban Poor in Delhi, Progress Report April 2015 - September 2015 (2015), p. 5

[19] CURE, Sanjha Prayas Ajeevika Karyakram Final Impact Report (2013), p. 5

[20] CURE, Sanjha Prayas Ajeevika Karyakram Final Impact Report (2013), p. 7


The third leg of CURE's 2008-2013 work was knowledge generation and research, setting a foundation for effective long-term growth.[20] CURE conducted research to develop pro-poor policy frameworks, in the form of research reports and a slum resettlement toolkit; it also tracked information on Savda Ghevra, development a Community-Based Information System (CBIS) of data on livelihoods and household and community amenities.

## Savda Ghevra Today

Ten years after resettlement, Savda Ghevra is far less isolated from Delhi's economy and infrastructure networks. The Ghevra station of the Delhi metro is set to open in late 2017, and with CURE's support, residents successfully campaigned years ago for three new Delhi Transport Corporation bus routes that originate from the colony.

Even with the risk of further state-sanctioned displacement aside, Savda Ghevra's peripheral status will continue to change as Delhi extends westward and as it plugs into the city's metro system, placing new pressures on the most vulnerable residents while bringing new opportunities for municipal investment.

A decade after the first resettlements to Savda Ghevra, the socio-economic characteristics of the residents have shifted. While pockets of critically poor households still exist, many of them of the original allotted, property in Savda Ghevra has now entered the broader Delhi real-estate market. This is occurring in a grey legal space, as although resettlement confers legal tenure it does not provide ownership rights. Allotees obtain licenses rather than deeds, and they cannot legally sell or transfer the land.[21] Still, many do, in a transaction that is neither fully within nor fully outside the law. Savda Ghevra's tenancy deeds are renewed every decade, and in 2017 the area's first residents will go through the renewal process. They are confident deeds will be renewed – there is no precedent for the Delhi government not doing so.

As a result, in anticipation of further integration of the area within the larger city through projects such as the Metro, speculative development is increasing and many first time home-owners are

[21] Bhan, Gautam, p. 73.
[22] Rao, Ursula, p. 84

purchasing property in Savda Ghevra[22] for 3-6 lakh INR. The rental market is also vibrant, with rooms available for a relatively affordable 1000 INR per month. Both these factors are shifting the socio-economic characteristics of the area.
A similar trend is seen in the increased availability of commodities, health services and construction materials in the area. Roads are now mostly *pukka* – built through the efforts of community campaigning the Municipal Corporation. Many clinics and even a government dispensary have opened in the area. The main street is full of shops selling everyday goods and vegetable *mandis* are now common in evenings. Construction materials such as cement, brick and corrugated iron are easily available.

Residents in Savda Ghevra express concern about the prevalence of drug and alcohol abuse, noting that it has a particularly negative impact on the youth, and diminishes the safety and quality of life of women, who cannot feel safe outside the home after sunset. Crude local alcohol and drugs are manufactured and sold from residential homes in comparatively empty blocks. This is compounded by a high rate of violent crimes in Savda Ghevra, where murder, manslaughter, rape and other forms of assault occur alarmingly frequently. In June 2017 alone, at least three murders were committed in the colony.

## CURE's Work in Savda Ghevra: Phase II

In 2015, CURE returned to Savda Ghevra after a two-year hiatus, and its current project reflects changing priorities in the neighbourhood.
First, due to the increased integration of Savda Ghevra into the city, and shifting socio-economic characteristics of the residents, basic gaps of shelter, construction materials, transit, electricity and jobs had been lessened, though not bridged. However, CURE identified critical gaps in the livelihoods and wellbeing of women and children, both in the sense of activity and skills building, but also concerns of health. Sanitation and water were infrastructure gaps that had not been addressed. Water supply was intermittent, dependant on unreliable, insufficient and low-quality water delivered from tankers or from private, but illegal boreholes.[23] Open defecation was common. The community toilets were ill-maintained and had low usage rates. Drains were clogged and waste was commonly strewn in empty plots.[24] Much of this holds true today, indicating the extent of the challenge.

CURE's efforts have mobilized the community in addressing these concerns. Emphasizing sanitation and productivity, CURE aims to develop and "de-engineer" public infrastructure to assure its sustainability. The project builds on the achievements and lessons learned from CURE's first phase of engagement, aiming to design solutions which are scalable and build long-term capacity for community infrastructure development and management.[25] The latter implied both activities with residents and stakeholders but also strengthening institutional linkages to other organizations and to city service providers.

CURE has continued to serve as a knowledge repository, centralizing community data as a part of its livelihood and infrastructure efforts. This report divides the project's activities into two broad categories: the livelihoods and WATSAN (water and sanitation) programs. Knowledge management and strengthened institutional linkages are central to both strategies.

CURE relaunched its livelihoods program with an emphasis on vulnerable populations.[26] The organization helped to restructure or relaunch some of the micro-enterprises and training programs introduced in Phase I. Without the acute burden of recreating opportunities after

[23] Shahana Sheikh et. al, p. 5
[24] Rao, Ursula, p. 84
[25] CURE, Level Up - Tap Toilet Aur Kaam For Urban Poor in Delhi, Progress Report April 2015 - September 2015 (2015), p. 5

major economic rupture, which shaped CURE's Phase I activities, its current livelihoods program demonstrates flexibility in responding to community members' requests and in organizing programs (particularly for youth) axed towards personal rather than professional development.

CURE reconstituted the cluster septic tank's Operations and Maintenance (O&M) committee, and has conducted mapping exercises, surveys and audits of Savda Ghevra to promote sustainable plans for future localized infrastructure development. At the local level, CURE has also supported continued household toilet construction and built new linkages to the CST.

Finally, the program shows engagement with community leaders and with municipal bodies, formalizing community groups and petitioning municipal engineers for maintenance support and eventually for main-line water and sewerage connections for Savda Ghevra. These efforts show that CURE is sensitive to the opportunities that accompany the colony's increasing integration into Delhi's urban fabric, and to the long-term challenge of ensuring security for families once CURE no longer has a presence in the community.

[26] CURE, Level Up - Tap Toilet Aur Kaam For Urban Poor in Delhi, Progress Report April 2015 - September 2015 (2015), p.

# III. The Livelihoods Program

Families that moved to Savda Ghevra in the early years were removed from their livelihoods, networks and access to resources, as well as their homes. Unsurprisingly, this meant that many allottees left Savda Ghevra within the first few years of resettlement, their plots remaining empty or houses locked. Among those who remained, in 2008 only 2% of residents were employed locally in Savda Ghevra while others continued to commute to their previous places of work in areas such as Laxmi Nagar, Nangla Machi, Gandhi Nagar and Ghazipur.[27] This was a particularly significant impediment for women, who could not travel longer distances for work.

It was in this context that CURE commenced work in Savda Ghevra, to assist the rehabilitation of slum families located in Savda Ghevra, bring about a significant reduction in their poverty and promote sustainable livelihoods.

## Phase I: Sanjha Prayas Aajeevika Karikram (SPAK) 2008-2013

SPAK was developed and implemented as a direct response to the community's need for sustainable livelihoods in Savda Ghevra after they were displaced from earlier livelihoods because of resettlement. In community meetings held by CURE, residents had earlier identified that they were interested in self-employment by setting up small cottage industries, recognizing that they did not have the technical knowledge and financial resources to do so.[28]

As a pro-poor programme, SPAK sought to develop the livelihood capacity of residents in Savda Ghevra by establishing a range of employment linkages, enterprise initiatives, training and skilling initiatives, as well as the development and maintenance of socioeconomic infrastructure. The overall intent of SPAK was to establish and foster new and sustainable livelihood pathways that enhanced physical, social and financial assets for enterprise development in partnership with the state government, under whose mandate CURE had originally commenced working in Savda Ghevra.

To this end, CURE engaged intensively with resettled families and local government organizations, pursuing a collaborative approach to develop programs which directly and holistically responded to the socio-economic profile of the resettlement colony at the time. In the initial years after resettlement, over half the work force in Savda Ghevra were employed in low-skill sectors such as manual labour and domestic work, and only a very small proportion had skilled jobs such as electrician, carpenter or driver. The majority earned below Rs. 3000 per month.[29] Women and youth in Savda Ghevra were specifically targeted as beneficiaries, as immediately after relocation the number of women engaged in paid labour decreased by a significant margin due to challenges in commuting, safety and a lack of job opportunities in their skill areas. The youth were similarly affected by these concerns, and lacked the skillsets or access to networks by which they could secure meaningful employment.

During Phase I, microenterprise development was at the core of CURE's activities in Savda Ghevra. It was seen as the solution to deal with both the poorness and the remoteness of the population. By giving residents the skills, infrastructure and access to finance to forge their own avenues,

[27] CURE, Level Up – Sanjha Prayas Bhagidari with the Poor (2008) p. 21
[28] CURE, Sanjha Prayas Bhagidari with the Poor (2008) p. 29
[29] CURE, Sanjha Prayas Bhagidari with the Poor (2008) p. 27

they supported them in ways that were accessible and achievable, particularly targeting the poorest families.[30] Beyond this, CURE also arranged for work placements and professional trainings, especially for young people in diverse fields, through government-approved training institutes.[31]

For the purpose of livelihood generation, the following was achieved in SPAK:

- 367 individuals were skilled and supported for employment in a wide range of enterprises, such as gym instruction, motor driving, Delhi tourism and travel management, masonry, web designing and computers.

- Fifteen microenterprise groups were established with the intent of generating sustainable incomes for participants, market linkages and business skills. These included groups such as candle making, making paper envelopes and rubbish collection.

- A Livelihood Revolving Fund managed by the community for lending to the poor for business purposes and housing upgrades.[32]

Alongside these core activities, CURE also provided important ancillary services for residents in Savda Ghevra to create an enabling environment for livelihood generation, such as a day care for children and a Residents' Welfare Association. This unique approach reflects their deeply responsive and collaborative decision-making processes, recognising the centrality of beneficiaries' agency and participation in improving livelihoods.

The livelihoods programme under the SPAK has much in common with the broader Skill India Initiative.. The Skill India Initiative aims to develop capacity and improve the employability of the present and future workforce and to this end, has launched a range of initiatives to encourage entrepreneurship, upskill the workforce through enrolment in vocational courses and work placements. It particularly emphasises entrepreneurship as an important element for sustainable economic growth and a major avenue for employment in the future.

However in many crucial respects, SPAK remains fundamentally different to the Skill India Mission, which above all, is intended to equip the workforce to meet the demands of economic growth. CURE by contrast is centred on meeting the needs of residents in Savda Ghevra and aims to foster an environment that enables sustainable livelihoods and build the community's resilience, while encouraging them to take an agentic role in the process.

## Phase II: Level up - Taps, Toilets aur Kaam

When Level Up: Toilets, Taps Aur Kaam commenced, one of the first actions undertaken was to scope the present condition of interventions undertaken under Phase I.

**MICROENTERPRISES:** In the interim period between Phase I and Phase II, it was found that many of the microenterprises established and supported by CURE had either disbanded completely, or their activity had dwindled. The number of participants in microenterprises decreased, participants were not meeting frequently and productivity had declined. A natural corollary of this was that the amount of revenue generated per participant had decreased significantly.[33] However, this affected some groups less than others: while the bag making group (Kalanayi Mahila Aajeevika Samuh) and the paper plate-making group (Ekta Mahila) had dissolved completely, others were relatively more successful, such as the spice packaging group,

[30] CURE, Sanjha Prayas Ajeevika Karyakram Final Impact Report (2013) p. 7
[31] CURE, Sanjha Prayas Ajeevika Karyakram Final Impact Report (2013) p. 15
[32] CURE, Sanjha Prayas Aajeevika Karyakram Final Impact Report (2013), p. 5

which has continued to flourish and is a source of significant income generation for the participants.

The reasons were diverse, with a breakdown of interrelationships between members featuring prominently among them, as well as a lack of leadership within groups.[34] Even so, there are broader contextual shifts within Savda Ghevra that must be taken into account, as the socioeconomic status of families had improved significantly, and upgrades to infrastructure had increased access to employment.

The following illustrative sample of micro-enterprise groups and their relationship with CURE:

- Ashayein Mahila Samuh (bag making) – Through focus group discussions in Phase I, CURE identified that most women had basic sewing skills and were interested in making it a source of income, and moreover that they possessed a sewing machine. This enterprise lost some participants between Phase I and Phase II, but CURE assisted participants to increase their market share and improve production quality through training.

- The Spice Group – This microenterprise has been especially lucrative for participants, and their success is arguably the result of their full control over the business activities: they garner the spices from a wholesale market, grind it using machinery procured using the LRF package and label the portions, and sell them at local markets. Having "vertical" control over operations has taught the members of the group multiple skills including negotiation, sales, accounting and money management. Business has been successful enough to warrant the purchase of two machines over a short amount of time.

- Kalanayi Mahila Aajivika Samuh (paper envelope making) – This microenterprise

[33] CURE, Level Up - Tap Toilet Aur Kaam For Urban Poor in Delhi, Progress Report April 2015 - September 2015 (2015), p. 12
[34] CURE, Level Up - Tap Toilet Aur Kaam For Urban Poor in Delhi, Progress Report April 2015 - September 2015 (2015) p. 12

group broke up after Phase I due to social dynamics of the group, but when they recognised that CURE would be at the helm again, participants requested to start the microenterprise once more. They undertook to learn about backward-forward market linkages so they could carry on with own work even if CURE wasn't present to aid them. CURE helped set up market linkages with a contractor and also provided a basic training to the group members on account management and business management.

- Ekta Mahila (Paper plate group) – CURE helped the microenterprise group undertake a market survey to understand the present demand for paper plates, and to develop market linkages.

- Carpentry workshop – established after successful completion of carpentry training, they build tables, chairs, shelves and other wooden furniture on demand. The group is regularly getting orders from offices and individuals.

- Survey team – The Survey Team was set up by CURE to provide services to CURE and other NGOs, to conduct data collection in their area. An issue flagged by participants with this work was that it was not frequent and therefore there is a high attrition rate, as surveyors will typically conduct one or two surveys before they move on.

While the responsive and adaptable nature of CURE's engagement with microenterprises is certainly a strength of the organization, it would also benefit from some structured processes, for example, to integrate participants into every aspect of the value chain, instead of merely training them and remunerating them for their labour. While it is evident that participants in some microenterprises have rudimentary business skills, they are not active participants in every step of the value chain. For example, in the carpentry workshop, a group of 10 workers have increased their skills and familiarity by operating fabrication machinery procured with the help of CURE. They however, have had little input in what happens to furniture after they have made it, for example how the furniture is marketed, and what type of design is better suited for demand. There is scope to further familiarity of the workers with these skills, for example helping the group structure supply contracts with furniture distributors and e-commerce platforms. Not only will this develop important skills of client management and marketing, but it will also improve the business networks of the workers. Providing access to networks and building up participants' skills to negotiate with vendors, clients and suppliers would ensure that the skills they acquire are truly transferrable and that their livelihoods are sustainable.

While it may not have been originally intended as such, the microenterprises are particularly relevant for women in Savda Ghevra. For them, participating in and contributing to CURE's initiatives has allowed for greater financial autonomy as well as a sense of purpose, apart from increasing household incomes. Unsurprisingly, most microenterprises are comprised of young women with families. That said, this is not exclusively the case: enterprises such as the furniture making group and the waste collection group are mostly comprised of men, while the survey team is a mixed group.

**SKILLS DEVELOPMENT AND TRAINING:** CURE regularly held discussions with youth groups in Savda Ghevra to understand their career aspirations, while also scanning the market to understand the demands of employers. They accordingly set up trainings or programs which were short in duration. These included skills such as assistant lift technicians, soft skills in English, computing and personality development, as well as instituting a placement cell with the

Savda Youth Club. There have also been courses instituted which were directly linked to internships and work experience. For example, after training in tally software and financial accounting for three months with the Trainers Academy, participants were linked to work as cashiers in the retail sector

There are limitations to this model of engagement by CURE. Though the approach is genuinely collaborative, CURE's skills development programs are mostly one-off trainings or programs which target a small number of participants. These are not operated as a sustained effort, but rather as a series of small projects that provide training for lower order technical skills across diverse industries. For employment promotion the focus has been on skill building and setting up linkages to government programmes, as well as encouraging a shift from informal sector work to formal markets through appropriate certification programmes. However, because the programs are short, they do not allow for enough time to build up the skills of the participants. This is especially important given that soft skills are considered to be a major determinant of employability, and these require greater investment of time. In this sense, it may be the case that CURE have spread their capacities too thin and this precludes the possibility of building capacities for participants to secure meaningful employment.

Over time, CURE's audience and purpose has also diversified. For example, in the film making training, CURE engaged with school-aged children to acquire technical skills to create a film, using technologies that were accessible and equitable. Here, it is also significant that these initiatives do not primarily intend to provide participants with secure employment or job-related skills, but rather avenues for personal growth and community bonding.

## Transitions

While CURE continues to support micro-enterprise groups and training sessions, they

are no longer the core of CURE's activity in Savda Ghevra. Staff provides support to microenterprises where they are needed and respond to the concerns and requests of participants, but most interventions are piecemeal and not sustained in nature. This is because in Phase II, CURE's scope of work has broadened to a 'work-space' project, improving living spaces of the poor for improved livelihoods, and establishing greater access to water and toilets with simplified conveyance and treatment systems within their homes.

The changing profile of Savda Ghevra also means that priorities of its residents are changing. Today, Savda Ghevra has its own shuttle service and is relatively accessible by metro, rickshaws and e-rickshaws. As a result, the major constraints to securing employment are no longer relevant. The economic profile of the area has also changed, which has in turn lead to a shift in priorities for CURE and the community.

Alongside this progress, there are still deprivations of basic infrastructure that prevent residents from securing sustainable and quality livelihoods. Many of the original challenges remain with regard to the accessibility of toilets, water and sanitation. Thus, in Phase II, priorities have been reoriented to promote equity in access to basic urban services to slum households by simplifying public infrastructure designs and reducing urban poverty by connecting poor people to work.

# IV. The Water and Sanitation (WATSAN) program

## Origins of the Approach

Early on in the engagement in Phase I, CURE identified that the gap in infrastructural services impinged on the livelihoods of residents.[35] Livelihoods were interpreted in a broader sense to include dimensions of health and sustainability. Conceptually, the approach drew from a "total livelihoods" understanding, popularized by DFID, and which interpreted livelihoods as having multiple human, financial, physical and social dimensions.[36] Though livelihood improvements were the primary aim, the design and advocacy around infrastructural improvements became more central to CURE's activities in Savda Ghevra.

CURE identified that residents were losing time getting access to infrastructural services such as water and power supply, transportation and sanitation. The loss of time both lowered productivity and limited access to employment opportunities and markets.[37] These were consequences of both the peripherality of Savda Ghevra to economic activity and the failure of the government to provide these services. Sanitation especially was identified as a critical gap, both due to the in-operational, and unfeasible community toilets provided[38] and the gendered nature of exclusions from sanitation ie. that improved access "to basic and social services and infrastructure... have enabled women to be more productive such as safe water, toilets, and childcare services."[39]

Phase I comprised the ground work on the infrastructure, advocacy and interventions to improve livelihoods in Savda Ghevra. In transport, advocacy was aimed at improving the frequency and capacity of bus services to Savda Ghevra. To improve water supply, CURE facilitated better access and coverage of water tanker supply, creating a water treatment supply business, and supporting activities by other agencies and government departments such as Water ATMs. CURE also facilitated the formation of a successful Door-to-Door waste management service. At the end of Phase I, the service collected waste from 1492 households at the rate of 20 INR/hour.[40] Efforts were primarily focused on sanitation, as it was identified as the key gap, especially keeping in mind the gender dimension. The central component of the sanitation efforts was the creation of a Cluster Septic Tank (CST) in a block park with capacity to handle 322 households in 2010/11. The CST was formed through a participatory approach, and is now managed by an Operations & Maintenance committee, which is constituted of local residents. The O&M committee manages the day to day maintenance of the tank, and collects the weekly maintenance fee from households connected to the system. The O&M teams are also an awareness building body on the "use of toilets, solid waste disposal in toilets, reasons of toilet blockage and the effects of open defecation. This has been achieved through grass root level comics, training, interaction, and campaigns." [41] CURE has also experimented with opening up lines of credit to households, with the help of Mahila Housing Trust, to improve home toilets and the setting up of a Toilets Savings Group to the same end.

[35] CURE, Mid Term Review: Sanjha Prayas Ajeevika Karayakram (2011) p.13
[36] Ibid.
[37] CURE, Final Impact Report, Sanjha Prayas Ajeevika Karayakram (2013), p. 5
[38] Ibid., p. 4
[39] Ibid., p. 41
[40] Ibid., p. 47
[41] Ibid., p. 50

In conceptualizing the approach in Phase II, CURE expanded upon the scope of the Phase I initiatives towards "improving living spaces of the poor for improved livelihoods, and has created home access to water and toilets with simplified conveyance and treatment systems."[42] More concretely, CURE in Phase II intended to create Water and Sanitation (WATSAN) plans for each of Savda Ghevra's blocks, and improve penetration of household toilets, and connections to the CST.[43] The focus on WATSAN in Phase II of the project was much more pronounced. The goals were:

- Improving health and productivity of the poorest in the area by creating access to **taps, toilets and basic sanitation services**;
- Mobilizing, organizing and empowering poor families, particularly women, for **participatory planning** and implementation of household and environmental solutions;
- Strengthening capacities of stakeholders to **plan, design and implement de-engineered household level solutions** for water and sanitation;
- **Building partnerships with city service providers and private sector agencies** for leveraging resources and scaling up;
- Contributing to existing WASH platforms by **sharing knowledge and experience**, and advocating for policy change; and
- Promoting livelihoods for the poorest and excluded households for sustainable poverty reduction.[44]

Phase II was both conceptualized as a continuation of efforts in Phase I, but also an intensification of activities CURE had strategically identified as gaps. This stems from CURE's "programmatic" approach in Savda Ghevra, where they work keeping in mind longer time scales and more strategic goals than project outcomes.

While Phase I more actively focused on the "work" based livelihoods, Phase II aimed to build upon the success of providing infrastructural basis for healthy and sustainable livelihoods, by focusing more on WASH activities. This is also reflective of the increased focus of CURE on engineered, infrastructural solutions and the focus of advocacy towards infrastructural solutions and service provision.

## Phase II initiatives

Phase II began with the revamping and reorganizing of the activities that were initiated in Phase I. The primary goal was to increase the number of connected toilets to the CST system, reconstitute the O&M committee and enhance their activities and mobilise residents towards future sanitation projects. With the CST system, CURE re-mobilized the O&M committee which involved the re-election of the members. The committee is a hallmark achievement of CURE's. They are an active, mostly female group, which are strategically astute in their advocacy and capable to handle day to day maintenance tasks. Their daily routine involves the collection of a 30 INR/month fee from each of the connected households, and organizing the pumping of excess water from the liquid tank in the CST on a monthly to bi-monthly basis. The operation costs 1000 INR. The maintenance funds are collected in a bank, which is currently holding surplus funds. The O&M committee is also involved in tracking the performance of the system, and identifying any tampering of either chambers or valve boxes. The head of the committee pointed out that they and CURE are in close and constant conversation: "we go for them if we have any technical concerns, but we do most of the other activities ourselves. We know the ways now, having been here so long". Such older residents in Savda Ghevra are also taking up mentoring roles within the committees, teaching other members

[42] CURE, Level Up - Tap Toilet Aur Kaam For Urban Poor in Delhi, Progress Report April 2015 - September 2015 (2015), p. 4
[43] Ibid., p. 6
[44] Ibid., p. 8, our emphases

about awareness and advocacy methods. One such technical activity was a deep clean of the tank, flushing the settled solid waste in the CST, which CURE and the O&M committee collectively organized in February 2016, using funds from the O&M account.[45] The operation cost around 20,000 INR.

Their primary role is advocacy and awareness building. Some of the members of the O&M committee, including the committee leader, have been in Savda Ghevra since the day of resettlement. They speak of the hardship of fighting to bring water, transport and waste management services to the space. To them, the issues of today seem lesser, and more manageable. They also remark that they now know the method of advocacy: "we know what to do now. If we want anything, everyone knows me, I just have to go to the main road and start shouting there...we have seen much worse times, (sic) when the community was against us, we had to spend time to convince them. Since then they trust us" remarked the head of the committee. She was specifically referring to the particularly disruptive period when the sewer lines to the CST were being laid and the roads were yet to be paved.

Though the challenge is not as stark or severe as addressing the service gaps at time of moving, mobilisation in Phase II has brought its own particular type of problems: not of access, but of scaling. The adoption of toilets remains a barrier. Even with the laying of sewer lines, and the economically viable operation of the CST system, many households are unable to raise the 3000-8000 INR needed to build the toilet. Even when capital is raised, psychological and behavioural barriers persist. Phase II started with

[45] CURE, Level Up - Tap Toilet Aur Kaam For Urban Poor in Delhi, Progress Report October 2015 - March 2016 (2016), p. 29
[46] CURE, Level Up - Tap Toilet Aur Kaam For Urban Poor in Delhi, Progress Report April 2015 - September 2015 (2015), p. 9

70 households connected to the CST.[46] Progress, by all accounts, has been slow but steady. 25 more households connected to the system by March 2016,[47] by September 2016:118 households had connections,[48] by April 2017: 127. Toilet penetration has increased by 81.5% due to the persistence efforts of the O&M committee and CURE in raising awareness, but the system is still at 40% of potential capacity.

Toilets connected to safe sanitation management systems, either a dual pit system or a CST have been the primary gap. 64% of households in Savda Ghevra have toilets, which in itself is an achievement. However, a majority of them either deposit into the adjacent drain or individual cess pits. The situation is critical, especially due to the increasing reliance of households on groundwater sources. Adoption of connections to the CST has been slow but steady, however this indicates that the primary gap is both increasing the coverage of the toilets and connections into the sewage system, and not necessarily sewage treatment capacity. Attempts to mobilise capital to fund cost of connections and toilets have not been as successful as envisioned. CURE has tried multiple methods such as the utilisation of funds from the Livelihood Revolving Fund (LRF) to provide loans (some at 0% interest rate) to needy households. 14 households gained from the scheme.[49, 50] The toilet savings group has also been unable to expand on its base. Apart from the capital required by households to build the toilets, the key barriers to adoption are:

- "less faith over the new technique of treatment plant,
- [households are] waiting for cesspit tank to fill and then connect to CST
- Some toilets are directly connected to open drain. So they do not need to invest in CST connection and give monthly maintenance charges. "[51]

On issues of water supply, CURE advocated for some spot fixes such as the extension of tanker services to the inner lanes of J&H blocks to reduce the distance women and children walk to collect water. This fix came out of the broader community planning processes in the blocks. Following activities in Phase I, CURE also revamped the water purification business which treats and delivers potable water. While the service has found a consumer base in Savda Ghevra, scaling up has become an issue as a significant share of households prefer to get their water from the cheaper water tankers – though the quality of water provided is questionable – or households have installed private borewells. To further incentivize the operation of the plan, CURE is encouraging the business to reach out of nearby hotels and restaurants, and increase their client base. To ensure that prices do not increase for consumers, CURE also formed an agreement where water to Savda Ghevra would be provided at a lower rate, while for clients outside Savda Ghevra, the business could charge more.

CURE, drawing for its experience in enhancing rain water harvesting in Agra, aims to mobilize the community towards installing community rain water harvesting tanks in common spaces. At a more structural level, CURE has begun to advocate for the creation of a water supply network. This is currently not in the 2021 Delhi Masterplan, however initial government meetings have begun to discuss the issue. DUSIB has contacted DJB to begin to conceptualize the following network. CURE has also begun to engage with the network through its creation of the community block plans.

The community plans are a new component of efforts in Phase II. They are motivated by

[47] CURE, Level Up - Tap Toilet Aur Kaam For Urban Poor in Delhi, Progress Report October 2015 - March 2016 (2016), p. 8
[48] CURE, Level Up - Tap Toilet Aur Kaam For Urban Poor in Delhi, Progress Report April 2016 - September 2016 (2016), p. 6
[49] Ibig., p. 7
[50] Ibid., p. 20
[51] CURE, Level Up - Tap Toilet Aur Kaam For Urban Poor in Delhi, Progress Report April 2015 - September 2015 (2015), p. 10

increasing the participatory nature of urban planning in these spaces, and to build a civic sense around the space. CURE specifically intends to: "one, reconnect urban societies that take rightful decisions to ensure sustainable urban development; two, strengthen local agencies with capacities for community engagement, participatory planning and development; and three, generate evidence from the ground up for people-centred planning and development of cities." [52] CURE is specifically targeting three infrastructural solutions, CST, DEWATS and streetscaping. It plans to also leverage further State resources to improve infrastructure in the area.[53]

However, CURE's approach has been nimble, responding to issues identified through community engagement such as the aforementioned example of negotiating with the tankers to increase access points in Blocks J&H.

Similarly, as many residents identified solid waste management as an issue, CURE has mobilized to improve the coverage of the door to door (D2D) solid waste management service, setup during Phase I, and improve segregation of waste at the D2D enterprise level. 1 year into Phase II, CURE increased coverage from 620 to 700 households or by 13%.[54] For those that did not want to pay for the D2D service, CURE also led the design of waste dhallaos (dumpster/skips). The segregation initiative is a well thought out one, as by separating the waste at the point of collection, the monetary value of the waste increases as materials can be recycled. Organic waste can also be linked with the composting unit re-established by CURE in Phase II of the project. CURE also advocated to NDMC to improve cleaning of the drains. There has been little movement on this front, but the drains were cleaned in the run up the 2017 municipal elections indicating larger barriers in play.

Table 1: Varied approaches to the different infrastructural components

| Feature | CST | Sewer | Toilet (and connections) |
|---|---|---|---|
| **Mobilisation** | Community meetings and plans; O&M committee | Street by street | Household |
| **Actors** | MCD, RWAs, CURE | MCD, RWAs, CURE | Household, CURE, Loan agency |
| **Delivery** | Finding a common space | Managing disruption of street network during construction | Raising capital |
| **De-engineered** | Pumping out of liquid | | Household toilets: self-managed |
| **Technical** | Reed bed management; Deep cleaning; Infrastructural failure | Sewer or valve disruption | |
| **Gaps** | Improving liquid filtration | | Scaling to all households, Providing connections to toilets letting into open drains |

[52] CURE, Level Up - Tap Toilet Aur Kaam For Urban Poor in Delhi, Progress Report April 2016 - September 2016 (2016), p. 10
[53] CURE, Level Up - Tap Toilet Aur Kaam For Urban Poor in Delhi, Progress Report April 2016 - September 2016 (2016), p. 4
[54] CURE, Level Up - Tap Toilet Aur Kaam For Urban Poor in Delhi, Progress Report October 2015 - March 2016 (2016), p. 9


## Targeted approaches, but an inevitable complexity

CURE's is an adaptive approach. As an organization, it recognizes the different form of challenges, tactics and knowledge required to deliver the various infrastructural services and components: from the D2D collection service to the CST tank. CURE takes a different approach with each component, all under the broader umbrella of community-led mobilisation and "de-engineering" of the components. "De-engineering" is CURE's approach of simplifying designs to ease construction and maintenance. Simpler designs are also more intuitive, and can be more easily managed and maintained by community groups. They are also potentially cheaper and thus more scalable. However, there are limits to simplifying design. There are elements in the design, some which might only become visible in failure, which require technical fixes. There are also unique socio-behavioural limitations for the adoption of technologies, however simple or intuitive. Technologies also have different spatial forms and therefore different social associations. They require different tactics to mobilise for.

What is unique are the variety of socio-technical components designed by CURE, and the targeted approaches taken by them to mobilize towards. There are too numerous to adequately address, thus this section will only focus on the infrastructural elements to deliver better sanitation: the CST, sewer-lines, and toilets. Each of the infrastructural components have these six corresponding features:

1. form of mobilisation,
2. Relevant actors
3. challenges in delivery,
4. de-engineered components which can be managed by the community,
5. engineered components which needs technical inputs, and
6. current gaps of service provision.

Table 1 summarizes the each of these features for each of the component. The variety of approaches indicates CURE's adaptive approach to construction and maintenance problems of the different infrastructural components, and also the different kinds of challenges faced in the delivery,

maintenance and scaling of each.

Firstly, CURE has identified that each infrastructural component actually involves convincing different groups of people. Community toilets in Savda Ghevra have a bad reputation. The model has failed in providing adequate, safe sanitation to the residents. CURE targeted the delivery of household toilets which reduced gender barriers to usage. However, the adoption of toilets, and the barriers to it, are specific to each household. Thus, CURE has adopted an approach by which it and the CST O&M committee engage directly with households trying to identify gaps towards adoption. Similarly, with sewer lines, the disruption during construction by the street was identified as the main gap. Thus, CURE convenes residents "galli by galli" (street by street) to talk of the importance of a sewage management system. Finally, the CST both involves construction in a frequently used community space, but also benefit to residents up-gradient to the tank site. Thus, CURE mobilises this group as a whole. This method has been successfully deployed in the creation of the community action plans in Blocks J & H where blocks identified common issues, and CURE aiding in the creation of an action plan covering issues of solid waste management, drainage, water supply, sanitation and livelihoods. Groups are also being mobilised galli-by-galli to speak of the benefit of laying sewer lines. Such a scaled approach has been productive because it is based on the identification of the site and scale at the cost and benefit of the infrastructural intervention is evident for the users. Such a targeted approach has reduced participatory fatigue as people are not caught in talking about infrastructure that does not affect them, but only those elements that do.

Along with the more targeted approaches taken, CURE has also identified, engaged and setup the organization of relevant actors to managed the infrastructure. The creation of the sustained and active O&M committee is a success, and CURE is hoping to replicate the success with the formalisation of the Resident Welfare Associations (RWAs) in each of the block. It has also successful engaged with the NDMC to gain approval about the creation of the CST and sewer lines in the past, but also on educating engineers in the MC on the technical elements and maintenance of the system.

The table, however, highlights a few shortcomings of the approach. With the CST, the reed bed which was designed to better filter the water was unable to sustain itself because of the lack of water flushing the system (due to low capacity usage) and also the drying out of the plants in the summer heat. The build-up of un-filtered water also warranted the safe disposal of it, and lead to increased operational costs to pump liquid from the tank. The solution however is a simple, affordable one and now is part of the O&M routine. However, few other maintenance measures are. Deeper cleaning of the tanks and fixing technical issues such as jammed valves or sewer pipe maintenance still require the engagement of CURE. CURE has begun engaging MCD engineers to be more responsive in the management of the infrastructure, but the instances highlight the need for a team with clearer jurisdiction, with the requisite technical skills, to manage the infrastructure.

# IV. CURE's Programmatic Approach

As we have been arguing, CURE's approach has been adaptive to the problems that have arisen over time. The challenges at the first stage of resettlement, where basic services and access needed to be provided, and acute crises alleviated, are different from those that face CURE now, as it seeks to replicate its success in other blocks, and set up an appropriate community-led participation framework for future interventions. There is also the question of urban churn. As Savda Ghevra becomes increasingly integrated into the Delhi urban system, the number of original settlers decreases, and there is an increasing share of new home owners and new renters in the community. CURE has begun efforts to identify which households remain vulnerable through a multi-criteria wealth index to ensure the most immobile of households are not ignored. Secondly, as indicated in both the restructuring of the livelihoods and CST O&M committee at the beginning of Phase II, it has reconstituted the management groups to include active individuals. A few core members of the CURE office also reside in Savda Ghevra, ensuring close interaction with the community, but also an understanding of the challenges in the space.

However it is not just this adaptive nature that we want to highlight here, but the organizational framework and ethic that allows this. Here, we interpret resettlement as a wicked problem. By this we mean, it is not a problem where there is a set protocol of response, or a set of outcomes that will alleviate all concerns, and therefore should not be met with a set of outcomes to achieve. Rather, organizations responding to wicked problems should be nimble as the challenges and crises shift over time, as can the desires and needs of the community as its socio-economic characteristics shift. Such an approach warrants the involvement of an organization that has flexible goals, broad capacity, and is responsive to the needs of the community. Though action can be towards broad strategic goals, as in the case of CURE's aim to enhance livelihoods, it can take detours, bypasses and conduct ancillary activities to ensure that the goal is met.

Such an approach can be interpreted as superfluous, or even contrary, to outcome-based projects, as it causes organizations to spread themselves too thin, and in too many directions, rather than comprehensively aimed at achieving project goals. There is risk of this occurring, as occurred partially with the livelihoods program where there can be more reflexivity with regards to the broader strategic usefulness of the skills developed. However, as the broader case indicates, the ancillary activities are not contrary but critical to achieving strategic outcomes.

CURE's ancillary activities form the conditions as per which the primary goals can be achieve. We have highlighted a few of these activities that were not directly linked to the project outcomes or pre-decided means. Instead these activities were the basis on which acute stresses were alleviated and the community's trust with CURE grew. The ancillary activities are flexible in different ways. One form of flexibility is with the means of achieving project outcomes, for example, CURE negotiating with tanker operators to stop at more sites, which reduced acute water access stresses while simultaneously working at the broader strategic goal of securing a municipal water supply network in Savda Ghevra.

CURE has also displayed flexibility by dedicating time and resources to activities beyond project outcomes such as:

- Organizing a PAN card registration drive

- Formalizing registration with Tata Power to ensure electricity access and timely bill payment
- Responding to the multiple desires of the youth community to hold art and movie making workshops

These were problems can be interpreted as tangential to the core efforts, but instead arose from CURE responding to desires of individuals or groups in the community. They were broadly aligned with the strategy of enhancing livelihoods, but did not take the predetermined approach. A factor in this is that the CURE team is not setup to have the singular capacity of delivering toilets or enhancing economy-valued skills, but rather to respond to the shifting needs of the community. This also implies slower, but also more agile, workplans which incrementally build trust through a set of secondary activities.

CURE is a platform. It is a centralized space, with relevant and essential data and capacity, for citizens to raise their concerns, and for different actors/stakeholders to convene. CURE utilizes its network to draw upon as many relevant actors to the space: government organizations such as DUSIB, NDMC, DJB, private companies such as Tata Power Delhi Distribution Ltd meter, NGOs such as SEEDS, YMCA, MHT and SOS Children's Village and local educators. As formulated by Benjamin Bratton, an urban theorist, platforms are "generative mechanisms - engines that set the terms of participation according to fixed protocols (eg. technical, discursive, formal protocols). They gain size and strength by mediating unplanned and perhaps even unplannable interactions."[55] Bratton differentiates between bureaucratic approaches to solving issues which are systems "dependant on strict protocols and interfaces, but they operate by premodeling desired outcomes" and platforms which "set the stage for actions to unfold through ordered emergence...[and are] strategically agnostic as to outcomes."[56] CURE's approach differs from a bureaucratic one, aimed at implementing a project or achieving a set of outcomes. Rather, it allows for actions and outcomes to unfold responsive to the needs of the situations.

## Flexible or targeted?

The challenge of formulating an approach to wicked problems is finding a balance between flexibility and and more targeted activities towards project aims. The latter cannot be avoided as they are the basis of project funding, but the former is critical to achieve set goals. Where is it then useful to be strategically agnostic outcomes, and where are more outcome oriented approaches warranted?

As we have indicated, more outcome oriented approaches are warranted in the livelihoods program, and also when mobilizing for toilets. With the former, it is critical that livelihood programs both be responsive to community needs but also build upon skills that are in demand in the market such as soft communication and digital literacy. Further involving livelihood groups in "verticals" of marketing and client management is a potential way to do this. With regards to toilets, more targeted approaches to incentivize toilet construction and connection to the CST system are warranted. Initiatives such as the "toilet revolving fund" which opens up an interest-free line of credit to construct toilets can be further extended. Deliberation is also required on barriers to toilet construction at the household level, and mechanisms by which households can be incentivized to construct toilets, though CURE through their "Gender study" have begun this research.

The challenge of finding a balance between targeted and flexible approaches is corresponding to the need to find a balance between rigid institutional structures and scope

[55] Bratton, Benjamin (2016), p. 1445
[56] Ibid., p. 1523

for agile action. Such a balance can make or break project outcomes, as was seen in the case when the spice group received a large order from a nearby hotel. The spice group did not have the capital to purchase the raw materials and thus applied for a spot loan from the revolving fund. However, the bye-laws which governed the release of the funds required a meeting amongst members and deliberations. As it was the weekend, and a few members were away, they were unable to meet immediately, and thus the funds weren't released and the spice group had to forego the order. This was a unique case, but one indicative of where entirely rational, but rigid, institutional forms are ill-adapted to fast-changing environments. The need for deliberations on what projects to lend to is critical, and essential to the sustainability of the fund. However, what the bye-laws were unable to be designed for was the need for relatively large pots of capital, at relatively short notice, but with the condition of guaranteed order. The spice group already had an understanding with the hotel, which could have been used as a guarantee to release the funds. There is room to innovatively develop more flexible finance mechanisms that can be put towards both primary and secondary uses, as long as a viable, feasible case can be made for its use.

## Centralizing information

Bratton also provides insight into the role of information in platforms. Platforms "absorb and train that information, making it more visible, more structured";[57] in the case of CURE's, they also generate information where there is none. CURE has invested considerable effort in forming relevant data in the form of multiple surveys and maps of Savda Ghevra. CURE's data is novel, to the point where they have better resources and information than the government about the

[57] Bratton, Benjamin (2016), p. 1544

space. This was reflected in an anecdote by one of the members of the CURE office:

> *One day the AE (assistant engineer) in charge of Savda Ghevra came to our office. He walked in and immediately asked, "what is this on the wall with the colours?" I told him he was looking at a map of Savda Ghevra.*

It is an astonishing, but also a testament to the organization's entrenchment in the community that CURE has the best information and maps of Savda Ghevra, far better than the government's. CURE has used the information as a basis for livelihood generation through the creation of the Survey and Urban Mapping Solutions group. They are using the data to identify vulnerable groups through its wealth index and gender study. The data has, most critically, been used as a basis to inform participatory planning and government advocacy. But more critically, as CURE centralizes information and data on Savda Ghevra, they can, through better dissemination and sharing of the data, improve initiatives of other NGOs and government in the space and other resettlement colonies.

This implies the need for further dissemination of CURE's experience of resettlement, especially for policy and academic debates on the requirements and experience of urban poor, challenges of developing livable urban form and approaches to governance. CURE's documentation currently is mosaic, and can be synthesized to better reflect on the pilot projects, technologies and approaches of mobilization that have succeeded, those that have failed, the challenges faced along the way, and the tactics adopted to solve them. CURE's experience across both project phases are useful as a case study of not only resettlement but of the multiple requirements of growing urban neighbourhoods, due to the multiplicity of their project and approaches, from piloting community-scale solid waste management plans, to mobilizing local enterprises through micro-financing.

This is critical, as investigations of resettlement have focused more on displacement, rather than the actual process of re-settling citizens or forming new urban form and communities from scratch. CURE is currently sitting on relevant dormant archives of maps, qualitative material and survey data which can usefully make this case in academic in policy debates. Not only should efforts be made to enhance CURE's own documentation and dissemination, but there is scope to convene more researchers to utilize and synthesize the material.

## Conclusion

The scope of CURE's work in Savda Ghevra extends beyond the purview of most NGO interventions as it is not limited by project-based activity, and it is not an intervention limited to one or two sectors. We have argued that the ancillary activities undertaken by CURE are in fact integral to how it engages with the community and functions to improve livelihoods in the area. Because of its genuinely grassroots and communitarian approach, which is responsive to the diverse needs of residents and moreover, because of the span of time CURE has worked in JJ Colony, CURE has partially adopted the role of the state, of an NGO while also being embedded into the fabric of the community. CURE plays a role in minor arbitration, proactively responds to the needs of individuals and groups in Savda Ghevra, liaises between residents and the government for infrastructure provision, addresses social concerns among the youth and provides for their meaningful engagement, among other activities. At the core of all these activities is an approach which centres the agency and voice of the community – but even so, CURE has clearly been a dominating presence across all of these processes, perhaps to the detriment of their sustainability in the long-term.

If CURE is to eventually exit from Savda Ghevra, it is imperative that capacity building of local institutions and individuals to manage various aspects of its present activity is a core activity in Phase II. For example, they could more closely involve individuals in mobilising toilet construction, or better enable participants in microenterprises to manage the value chain and market linkages. CURE would also be required to strengthen local institutions and perhaps create new bodies to regulate activities. In part, this act building capacity and resilience for the community in Savda Ghevra also requires augmenting residents' and local institutions' exposure to wider networks and supporting them to forge pathways to access resources and support more readily. After identifying or creating the appropriate institutions and building their capacity, CURE should provide space for them to take action and to lead initiatives, while remaining present in the background to offer minor support.