Gender Responsive Guidelines under Swachh Bharat Mission (Urban)

Issues, Solutions and Case Studies
GENDER RESPONSIVE GUIDELINES UNDER SWACHH BHARAT MISSION (URBAN)

Issues, Solutions and Case Studies

Gender Responsive Guidelines 3
“Woman is more fitted than man to make exploration and take bolder action in nonviolence”  

- Mahatma Gandhi

These words by the Father of the Nation, Mahatma Gandhi are equally relevant when it comes to measuring the contributions of women in the Swachh Bharat Mission’s journey. Be it in the area of sanitation or solid waste management, women have surmounted all odds to ensure a Swachh Bharat for today and for the future. This was rightly acknowledged by the Honourable Prime Minister during the launch of Swachhata Hi Seva last year when he said that the contribution of India’s ‘Nari Shakti’ (women power) in the Swachh Bharat Mission was immense. There is no doubt therefore that an empowered woman and a clean nation go hand in hand.

However, it must also be acknowledged that inadequate access to sanitation poses an increased burden to girls and women due to differing biological, social and cultural norms that prevail in relation to sanitation. Swachh Bharat Mission (SBM – Urban), through a combination of innovative initiatives and resource commitments, has focused on identifying and responding to gendered needs in the sanitation space.

Through its interventions directed at making cities Open Defecation Free, the Mission has been promoting safe and accessible sanitation, particularly for women. SBM–U has also incorporated parameters for the construction of toilets with gender-friendly features such as the installation of sanitary napkin vending machines and incinerators in Urban Local Bodies as part of its ODF+ Protocol. Moreover, in an effort to promote livelihood opportunities for women, SBM–U has also focused on convergence with other Missions such as the National Urban Livelihood Mission (NULM) to provide a dignified source of livelihood to women working in the area of sanitation and solid waste management.

This document is an attempt to bring to the fore the range of issues in sanitation and solid waste management that affect women and provide possible solutions to States and cities to respond to these through a gender sensitive approach. I thank USAID whose partnership with the Ministry has helped us document and disseminate issues and case studies such as these among a wide range of stakeholders. The case studies included in this document reflect not only some of the best practices from States and cities that others can draw inspiration from but also demonstrate how integrating gender concerns into the overall Swachhata framework can lead to a more inclusive and ultimately empowered India.
The Honorable Prime Minister of India, Shri Narendra Modi had said that women safety and dignity was his prime inspiration behind launching the Swachh Bharat Mission (Urban) on 2 October, 2014. As we move towards the fifth year of the Mission, women have not only been the prime beneficiaries of safe sanitation and scientific waste management practices but have also emerged as leaders of the Swachhata movement. Be it the Swachhata Didis (sanitation workers) of Ambikapur or the Rani Mistris (women masons) of Jharkhand, the contribution of women in the Jan Andolan can hardly be overstated.

SBM-U has consistently focused on addressing the gendered needs of women in the sanitation space. Interventions such as the PINK Toilets and the SHE Lounge that are present in many cities today is an effort to meet the specific requirements of women in sanitation. Urban Local Bodies (ULBs) such as Bhopal and Ghaziabad Municipal Corporation have been the frontrunners in these efforts. Going a step beyond, MOHUA is also dedicated to making community and public toilets third-gender and Divyang friendly. Here, I must also acknowledge the unwavering commitment of organizations such as the Centre for Advocacy and Research (CFAR), New Delhi, Shelter Associates, Pune and Centre for Urban Excellence (CURE) who have not only worked intensively on ground to provide dignified and affordable sanitation solutions to women but also empowered them to voice their needs before the right authorities. I would also like to thank our development partner, USAID whose support to the Mission has helped us in documenting issues such as these and disseminating them before a larger audience.

I am confident that the issues, solutions and case studies presented in the document will help States and cities to create a more gender sensitive ecosystem that will help women achieve their fullest potential. One must also remember that both men and women are equal stakeholders when it comes to gender integration and a collaborative approach would be the best way to move towards a more gender-friendly world.
# TABLE OF CONTENTS

1. **BACKGROUND** 11
   1.1 Gender and Gender Divide 11
   1.1.2. Important to demystify Gender Mainstreaming 13
   1.2 ‘Gender Equality’ in the Sustainable Development Goals (SDGs) 15
   1.2.1. Gender and Sanitation: Key Issues 16
   1.2.2. Gender and Solid Waste Management: Key Issues 17

2. **GENDER MAINSTREAMING & INCLUSIVITY** 19
   2.1 Parameters for Inclusive Sanitation facilities 19
   2.1.1. Safe and Private 20
   2.1.2. Cater to menstrual hygiene management and other hygiene requirements 21
   2.1.3. Accessible to all users 23
   2.1.4. Affordable and available when needed 24
   2.1.5. Well maintained and managed 25
   2.1.6. Meet the requirements of caregivers and parents 25
   2.2 Gender and Waste Management - Considerations & Recommended Solutions 35
   2.2.1. Gender and Income 35
   2.2.2. Gender and Employment Policies 38
   2.2.3. Gender and Cultural Barriers: 38
   2.2.4. Gender and Social Inequality 40
   2.2.5. Control over Resources 40

3. **WAY FORWARD** 45
   3.1 Recommendations 45
   3.1.1. Generation of Employment Opportunities for Women: 45
   3.1.2. Employment through managing solid waste 45
   3.1.3. Convergence among different Government schemes 46
   3.1.4. Provision of Financial Assistance/ Loans to Women 51
   3.1.5. Inclusion of the voices of women in policy development, program execution and product design 51
   3.1.6. Behavioural change & Capacity Building 51
   3.2 Integrating Gender into the Sanitation: Framework Developed and Tested at City 53
Sanitary workers, popularly known as ‘Swachhata Didis’ in Ambikapur, Chhattisgarh.
1 BACKGROUND

1.1 GENDER AND GENDER DIVIDE
Gender is a social identity expressed through actions, clothing, demeanor, and other outward signs that are learned and reinforced from the day a person is born. It is often, but not necessarily, tied to bodily characteristics. Gender is both a personal identity—deeply felt and deeply engrained in individuals—and a social identity that shapes how people interact with others. Even within the categories of man and woman, there is a great deal of diversity in how gender is expressed in different places.

The term gender-diverse people refers to individuals with a variety of gender expressions that do not conform to the social norms of the gender they were assigned at birth.

Gender inequality refers to the multifaceted issue of health, education, economic and political inequalities between gender diverse people i.e. men, women and third gender. Various international gender inequality indices rank India differently on each of these factors, as well as on a composite basis.

Gender inequalities, and their social causes, impact India’s sex ratio, women’s health over their lifetimes, their educational attainment, and economic conditions. When India’s population is examined as a whole, women and third gender are at a disadvantage in several important ways. In India, discriminatory attitudes towards either sex have existed for generations and affect the lives of all the sexes.

The Global Gender Gap Index¹, first introduced by the World Economic Forum in 2006, is a framework for capturing the magnitude of gender-based disparities and tracking their progress over time. The latest edition of the report benchmarks 149 countries on their progress towards gender parity on a scale from 0 (disparity) to 1 (parity) across four thematic dimensions—the sub-indexes Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment—and provides country rankings that allow for effective comparisons across and within regions and income groups.

India ranks at 108 out of a total of 149 countries. According to the 2018 report, the country records improvements in wage equality for similar work, succeeds in fully closing its tertiary education gender gap for the first time, and keeps primary

In India, discriminatory attitudes towards women and third gender have existed for generations

Figure 1: India’s Performance as per Global Gender Gap Report, 2018
and secondary education gaps closed for the third year running. However, it continues to rank third-lowest in the world on Health and Survival, remaining the world’s least-improved country on this sub-index over the past decade.

1.1.2. Important to demystify Gender Mainstreaming

Gender mainstreaming is a strategy for integrating gender concerns in the analysis, formulation and monitoring of policies, programmes and projects. It is therefore a means to an end, not an end in itself. The purpose of gender mainstreaming is to promote gender equality and the empowerment of women and third gender in population and development activities. This requires addressing both the condition, as well as the position, of all sexes in society. Gender mainstreaming therefore aims to strengthen the legitimacy of gender equality values by addressing known gender disparities and gaps in areas such as

- Division of labour between men, women and third gender;
- Access to and control over resources;
- Access to information, services and opportunities; and
- Distribution of power and decision-making.

The United Nations Population Fund (UNFPA) has adopted the mainstreaming of gender concerns into all population and development activities as the primary means of achieving the commitments on gender equality, equity and empowerment of women stemming from the International Conference on Population and Development.

Gender mainstreaming, as a strategy, does not preclude interventions that focus only on women or only on men. In some instances, the gender analysis that precedes programme design and development reveals severe inequalities that call for an initial strategy of sex-specific interventions. However, such sex-specific interventions should still aim to reduce identified gender disparities by focusing on equality or inequity as the objective rather than on men or women as a target group. In such a context, sex-specific interventions are

---

2 https://www.unfpa.org/resources/frequently-asked-questions-about-gender-equality
<table>
<thead>
<tr>
<th>SDG Goal</th>
<th>Indicators</th>
<th>Related SDG Goal</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 6:</strong> Ensure availability and sustainable management of water and sanitation for all</td>
<td><strong>6.1</strong> Achieve universal and equitable access to safe and affordable drinking water for all</td>
<td><strong>Goal 3:</strong> Ensure healthy lives and promote well-being for all at all ages</td>
<td><strong>3.3</strong> End the epidemics of and combat water-borne diseases and other communicable diseases</td>
</tr>
<tr>
<td></td>
<td><strong>6.2</strong> Achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>6.3</strong> Improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>6.b</strong> Support and strengthen the participation of local communities in improving water and sanitation management</td>
<td><strong>Goal 11:</strong> Make cities and human settlements inclusive, safe, resilient and sustainable</td>
<td><strong>11.1</strong> Ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums</td>
</tr>
<tr>
<td><strong>Goal 5:</strong> Achieve gender equality and empower all women and girls</td>
<td><strong>5.1</strong> End all forms of discrimination against all women and girls everywhere</td>
<td><strong>Goal 16:</strong> Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</td>
<td><strong>16.6</strong> Develop effective, accountable and transparent institutions at all levels</td>
</tr>
</tbody>
</table>
still important aspects of a gender mainstreaming strategy. When implemented correctly, they should not contribute to the marginalization of men in an area as critical as the access to reproductive and sexual health services. Nor should they contribute to the evaporation of gains or advances already secured by women. Rather, they should consolidate such gains that are central building blocks for gender equality.

1.2 ‘Gender Equality’ in the Sustainable Development Goals (SDGs)

The Sustainable Development Goals are the blueprint to achieve a better and more sustainable future for all. They address the global challenges faced by the society, including those related to poverty, inequality, climate, environmental degradation, prosperity, and peace and justice.

Women and girls represent half of the world’s population and therefore also half of its potential. But Today, gender inequality persists everywhere and stagnates social progress. Hence, empowering women and promoting gender equality has become crucial to accelerating sustainable development. Gender equality (Goal 6) is one of the 17 Sustainable Development Goals (SDGs) set by the United Nations General Assembly in 2015 for the year 2030, which aims to build on the achievements of women in all sectors to ensure that there is an end to discrimination against women and girls everywhere.

It is important to acknowledge that where gender inequality exists, it is generally women who are excluded or disadvantaged in relation to decision-making and access to economic and social resources. Therefore, a critical aspect of promoting gender equality is the empowerment of women, with a focus on identifying and redressing power imbalances and giving women more autonomy to manage their own lives. This would enable them to make decisions and take action in order to achieve and maintain their own reproductive and sexual health.
1.2.1. Gender and Sanitation: Key Issues

Inadequate or no access to sanitation affects women and girls in the following ways:

• Unhygienic (public) toilets and latrines threaten the health of women and girls, making them vulnerable to reproductive tract infections caused by poor sanitation.

• In the absence of sanitary facilities, factors such as cultural norms of female modesty mean that women often have to wait until dark to go to the toilet. To avoid the need for such frequent toilet use, women often drink less, causing severe health problems (urinary tract infections, chronic constipation and other gastric disorders). Toilet-avoidance dehydration is a particular health threat to pregnant women.

• Children and old people suffer more from water and sanitation related diseases, especially diarrhoea. Since women are usually the care-givers, they have to stay home and cannot follow productive activities.

• During menstruation, pregnancy and postnatal stages, the need for adequate sanitation becomes even more critical. Unhygienic delivery and postnatal care often means illness and death for mothers and their children, exacerbated by low levels of access to WASH facilities.

• Girls and women have to stay at home during menstruation if the school or work place does not provide adequate WSS conditions. Repeated absence often leads to girls dropping out of school altogether.

• Women who are pregnant, commonly have greater urgency of urination and require safe sanitation facilities to meet their needs.

• Women and girls who need to use public or open sanitation facilities, especially at night become vulnerable to crimes.

• Elderly, infirm and chronically ill persons...
are forced to defecate inside homes in the absence of properly designed toilets.

- Persons with disability compromise on their privacy, dignity and safety in the absence of a disability friendly sanitation service.
- Insanitary pit latrines and open discharge of fecal sludge contaminates ground water and environment, leading to morbidity and life threatening ailments.
- Not only women, third gender persons are also vulnerable to threats, abuse, harassment or attacks when they use the toilet of the gender that they do identify with. As per Census 2011, India has a population of 500,000 third gender citizens.

Even when there is sanitation access provided to women, inadequate facilities often hinder their use. For example, the need for a baby care room, especially in a public toilet is of prime importance to women. These rooms need to be incorporated within the toilet design in order to make them accessible and functional. Unfortunately, in India, provision for a baby care room is very limited.

1.2.2. Gender and Solid Waste Management: Key Issues

There are differences in the way women and men look at waste. Thus taking gender issues into consideration means that generation of waste, and hence the definition and designation of what will become ‘waste’, becomes important. Moreover, recycling and reusing of wastes have critical gender dimensions, particularly those that could be used in setting up or be used in an informal sector enterprise. These two dimensions have to be contextualized within broader developmental priorities that also influence waste management. These priorities include, for example, the local environment, health and hygiene, quality of life and lifestyles, economic and business opportunities from waste management as well as consumption and production patterns etc.
A Sanitary worker undertaking door-to-door collection of segregated waste
2 GENDER MAINSTREAMING & INCLUSIVITY

A deliberate strategy for gender mainstreaming in the Water, Sanitation and Hygiene Sector (WASH) has various socio-economic benefits, including:3

• **Efficiency**: Reduced time, health, and care-giving burdens from improved water and sanitation services give women more time for productive endeavours, education, empowerment activities and leisure. For example, limited sanitation facilities and lack of privacy have been linked to high drop-out rates for schoolgirls. Mainstreaming gender in school hygiene and sanitation by providing separate sanitation facilities that offer privacy for girls is therefore an important factor for ensuring that they stay in school longer;

• **Safety**: Convenient access to sanitation facilities increase privacy and reduce risk to women and girls of sexual harassment/assault while searching for sanitation facilities;

• **Improved health**: Higher rates of child survival are a precursor to the demographic transition to lower fertility rates; having fewer children reduces women’s household responsibilities and increases their opportunities for personal development;

• **Transparency and good governance**: Equal representation within institutions has positive effects on transparency and good governance. Gender mainstreaming can therefore bring about institutional and organizational change which is necessary to ensure equality in WASH, as an ongoing commitment;

• **Empowerment**: Gender mainstreaming can empower women to make strategic choices in terms of rights to assets and services. It is therefore a poverty reduction strategy as it reduces barriers to the access and control of productive resources. For example, equal access to improved sanitation systems can lead to less disease in the family and in case of productive sanitation, improved household incomes and poverty reduction, as both men and women can participate in wealth creation. On the other hand, improved access for both men and women to sanitation services and facilities can lead to better education and a healthier and productive population.

• **Social capital**: Community-based organizations for WASH can improve social capital of women by exposing them to leadership and networking opportunities and building solidarity amongst them.

2.1 PARAMETERS FOR INCLUSIVE SANITATION FACILITIES

As part of SBM Urban’s continued efforts to encourage cities to improve the status of their urban sanitation, the Ministry has issued a Toilet Cleanliness Protocol for Public and Community Toilets4 to help maintain minimum standards of cleanliness and services across ULBs and categorise CTs and PTs as ‘unusable’, ‘usable’, ‘clean’, ‘excellent’ and ‘aspirational’. These indicators, amongst others, give due consideration to the needs of women. Some of these indicators are shown on the next page:

Additionally, the Ministry is also focusing on sanitation needs of the third gender. Public Toilets for the third gender in Bhopal (Madhya Pradesh), and on-going plans to set up such toilets in Ghaziabad (Uttar Pradesh) demonstrate the Ministry’s commitment towards this group.

---

4http://swachhbharaturban.gov.in/writereaddata/Addendum%202-SBM%20ODFPlus%20SBM%20ODFPlusPlus.pdf?id=qj3pqfkhurs7fom
The following tables outline the features and key parameters needed to make toilets female or third gender friendly, including safety and privacy; menstrual and other hygiene requirements; accessibility; affordability and availability; maintenance and management; and requirements of caregivers. The features are separated into mandatory, essential and desirable features.¹

### 2.1.1. Safe and Private
Privacy and safety considerations are vital to make sure that using the toilets does not increase the risk of violence against women and girls, or make users feel vulnerable in any way. Perception is important; if users think a facility is unsafe, it will put them off and force them to use potentially lesser hygienic alternatives.

<table>
<thead>
<tr>
<th>#</th>
<th>Feature</th>
<th>Mandatory</th>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Separate entrance for female and third gender toilet section</td>
<td>Separate male and female and third gender sections (clearly labelled).</td>
<td>Entrances to male, female and third gender sections are at a sufficient distance from each other and, if possible, face different directions or have separating walls.</td>
<td>Completely separated blocks (i.e. no shared wall between male and female sections) can offer additional safety and privacy. The separate gender-neutral or third gender toilet or section to be made in consultation with third gender groups to ensure that this is their preferred option and that it would not increase their risk of violence.</td>
</tr>
<tr>
<td>2.</td>
<td>Safe Location</td>
<td>Location is easy and safe to access. It is important to discuss the location with women and girls, and third gender people—they know best which areas or compounds are dangerous for them. Not all safety considerations will be easily identifiable by external factors.</td>
<td>Location is reasonably visible and remote or run down locations (e.g. narrow lanes) are avoided if they could make users feel unsafe or appeal to those who want to harass or be violent. Privacy and safety considerations are balanced. For example, entrances that are too hidden or discreet can actually increase risks.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Good Lighting</td>
<td>Entrances, exits, walkways, paths and open areas used to access the toilet are well lit with natural light or bright enough lighting, especially when facilities are open at night. Internal lighting is bright enough to illuminate entrances, exits, wash areas, cubicles and publicly accessible areas.</td>
<td></td>
<td>Lighting in the wider area surrounding the toilet block is adequate, so that it is not the only illuminated structure in the area.</td>
</tr>
</tbody>
</table>

### 2.1.2. Cater to menstrual hygiene management and other hygiene requirements

Public and community toilets that help users practise key hygiene behaviours – including handwashing and safe, private and hygienic management of menstruation – will benefit the health, well-being and mobility of women and girls, and indeed all users. Those who are planning, designing and building the toilets need to understand the local context and taboos around menstruation from the perspective of women and girls. These should be factored into the design of and services provided in the toilets and the responsibilities of the caretaker or toilet attendant.

<table>
<thead>
<tr>
<th>#</th>
<th>Feature</th>
<th>Mandatory</th>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Trained Female Caretaker</td>
<td>Caretakers/ trained female toilet attendants are appointed in all public toilets and are present during all hours of operation.</td>
<td>Caretakers are trained to be sensitive and responsive to the requirements of female or third gender users and people with accessibility needs.</td>
<td>In community toilets caretakers or toilet attendants are present, ideally both male and female, and if possible a third gender person, unless the block is very small.</td>
</tr>
<tr>
<td>5.</td>
<td>Robust cubicles</td>
<td>Solid cubicle doors and structures that users can lock from the inside; and solid structure e.g. bricks/cement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Designed for Privacy</td>
<td>Ventilation systems that do not compromise privacy i.e. by the design allowing people outside to see or hear what is happening in the toilet block. Entrance or layout of the block is designed to conceal the inside from passers-by.</td>
<td></td>
<td>Half-walls, shrubbery or other barriers at entrances make the toilet feel more private where needed, as long as this does not compromise security.</td>
</tr>
<tr>
<td>7.</td>
<td>Clear signs, directions and branding</td>
<td>Clear and globally recognized male, female, third gender and accessible toilet symbols, along with arrows and text in local language, mark and point towards the different toilet sections.</td>
<td></td>
<td>Public toilets visible on Google Maps as ‘SBM Public Toilet’).</td>
</tr>
<tr>
<td>8.</td>
<td>Additional Safety measures</td>
<td></td>
<td></td>
<td>CCTV at the entrance of the toilet block to increase security and reduce vandalism. Presence of a security guard for female toilet blocks for toilet open during the night.</td>
</tr>
<tr>
<td>#</td>
<td>Feature</td>
<td>Mandatory</td>
<td>Essential</td>
<td>Desirable</td>
</tr>
<tr>
<td>----</td>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Access to water and soap</td>
<td>Handwashing facilities in each toilet block – a basin, water and soap. These enable handwashing and cleaning of reusable menstrual products.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Water access (either through a tap or bucket storage) inside the cubicle, both for increased privacy and managing menstruation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Access to menstrual products</td>
<td>Access to products for menstruation, e.g. pads are kept in a visible place that users can take (or buy at an affordable price) from the caretaker (preferably female).</td>
<td></td>
<td>Vending machine for sanitary napkins</td>
</tr>
<tr>
<td>3</td>
<td>Disposal of menstrual products</td>
<td>Availability of regularly cleaned and covered litter bins</td>
<td>Options for washing reusable menstrual products</td>
<td>Incinerator (meeting national standards) for toilets having more than 10 seats</td>
</tr>
<tr>
<td>4</td>
<td>Hooks and shelf</td>
<td>Hooks and ledges for hanging clothes, keeping belongings off the floor or keeping menstrual products on a clean surface since defecation, urination and menstrual hygiene management require removing clothes and using hands.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Mirror</td>
<td>A mirror (above handwashing stations). This enables the user to adjust clothing and caters for self-care requirements, and increases handwashing by providing a nudge or pull factor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure the mirror’s position does not enable people outside to see into the toilet section.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Washing or bathing units</td>
<td></td>
<td>Bathing units in community toilets in areas where households lack such facilities, and in public toilets in places such as long-distance transport hubs or areas homeless people visit.</td>
<td></td>
</tr>
</tbody>
</table>
2.1.3. Accessible to all users
Many people experience difficulties using water and sanitation facilities, such as older people, people with disabilities, pregnant women, small children and their parents or caregivers, and people who are injured or sick. Ensuring toilets are accessible to all users contributes to inclusion, health, poverty reduction and economic empowerment objectives, and also meets the human right to sanitation for all citizens.

<table>
<thead>
<tr>
<th>#</th>
<th>Feature</th>
<th>Mandatory</th>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Reasonable distance</td>
<td></td>
<td>Community toilets are close enough to the homes they serve, especially for women who may need to return home to attend to their care-giving duties. Public toilets are within or close to the intended activity area or users</td>
<td>It is important to take into account layout and terrain when considering distance and to bear in mind that people with disabilities, pregnant women, etc might take longer to travel.</td>
</tr>
<tr>
<td>2.</td>
<td>Accessible cubicle</td>
<td></td>
<td>A wide, outward-opening door with a railing or rope on the inside to assist with closing the door. Space for a wheelchair to manoeuvre or for an accompanying caretaker. Raised toilet seat and sturdy handrails designed to support body weight extending the whole inside of the cubicle. Large bolt lock which is easier to grip. All features (sink, hooks, means for anal cleansing and mirror) are positioned at a lower height and menstrual hygiene management facilities such as buckets and taps at suitable distances</td>
<td>Caretakers/attendants are aware of and trained on how to understand and support people with different types of disabilities.</td>
</tr>
<tr>
<td>3.</td>
<td>Accessible path</td>
<td></td>
<td>Path to the toilet block and accessible cubicle is well lit (for security) and wide enough. Handrails to support use of ramp.</td>
<td>Path is flat where possible, even, unobstructed and non-slip. Tactile paving, and/or guiding posts for visually impaired people.</td>
</tr>
</tbody>
</table>
2.1.4. Affordable and available when needed
The presence of public and community toilets is not enough – they need to be open at the right times, not have long queues and be affordable. Public and community toilets contribute to public health benefits by avoiding open defecation – being a public good, there is justification for providing free access to them. In many cases, however, fees are levied to ensure financial viability.

<table>
<thead>
<tr>
<th>#</th>
<th>Feature</th>
<th>Mandatory</th>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Affordability</td>
<td>Fees are fair for women, girls and third gender and do not disadvantage them because of their bodies or social roles. E.g. if use of men’s urinals is free, women’s fees for urination should be waived too. Caretakers are not charged when accompanying others to the toilets (for example, pregnant or differently abled women).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Open when needed</td>
<td></td>
<td>Opening times of toilets are adapted to the community needs and activity area, informed by user requirements and displayed clearly. This is particularly important since it concerns the security of women.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Enough cubicles for women</td>
<td>The number of female toilets must be sufficient since women need more time and space then men do for their sanitation needs. At present, under the Swachh Bharat Mission (Urban) Guidelines, the norms for toilet seats are: One seat for 25 women for community toilets Two for 100 persons up to 200 persons; over 200 persons, add at the rate of one per 100 persons or The female section of the toilets is bigger than the male section. There are more female toilets than there are urinals plus male toilets.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.1.5. Well maintained and managed
Even the most carefully designed and constructed toilet is useless if not kept clean and functional. Cleanliness is especially relevant for women and girls, who, when urinating, have to touch more parts of a toilet than men do. Adequate operation and maintenance arrangements are therefore vital.

<table>
<thead>
<tr>
<th>#</th>
<th>Feature</th>
<th>Mandatory</th>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cleanliness</td>
<td>A frequent and reliable cleaning schedule is in place</td>
<td></td>
<td>Where possible, the operations and maintenance should be given to SHG to provide women with livelihood opportunities.</td>
</tr>
<tr>
<td>2</td>
<td>Solid waste management</td>
<td>The municipal corporation or relevant body – private or public – provides regular safe removal and disposal of waste, including used menstrual products and soiled nappies</td>
<td></td>
<td>On-site management such as incinerators considered carefully to avoid health risks or nuisance to the surrounding area.</td>
</tr>
</tbody>
</table>

2.1.6. Meet the requirements of caregivers and parents
Women and girls still hold most caregiving responsibilities for children, and for older and sick family and community members and those with disabilities. Public and community toilets should support them in doing so while not preventing men from taking these roles.

<table>
<thead>
<tr>
<th>#</th>
<th>FEATURE</th>
<th>Mandatory</th>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baby changing station</td>
<td>There is a clean and safe place for parents or caregivers to clean and change babies. For example, a sturdy free-standing table or a folding table attached to the wall.</td>
<td></td>
<td>Ideally, one changing station in the women’s toilet section and one in the men’s toilet section is recommended.</td>
</tr>
<tr>
<td>4</td>
<td>Breastfeeding Station</td>
<td></td>
<td></td>
<td>Include a private and hygienic space for breastfeeding.</td>
</tr>
</tbody>
</table>
Figure 2: Exterior of a gender inclusive public toilets
Adapted from WaterAid/Verónica Grech
Figure 3: Interior of a gender inclusive public toilet block

Adapted from WaterAid/ Verónica Grech
CASE STUDY

CITY-WIDE MAPPING AND TOILET UPGRADING STRATEGY: An Initiative by Greater Visakhapatnam Municipal Corporation

The city of Visakhapatnam, India, population 2 million, achieved open defecation free status in October 2016, the result of a coordinated set of activities led by Greater Visakhapatnam Municipal Corporation. The first step in the process was a city-wide sanitation mapping exercise by Urban Migrant Centre, Ahmedabad, which generated data on 1) open defecation hot spots in the city; 2) the reasons behind open defecation; and 3) the prevalence, location and functionality of community and public toilets.

The mapping exercise indicated that more than 20,000 people relied on the city’s public and community toilet blocks. Of the 262 such blocks in operation, the study found only six to be in ‘good’ condition. Upgrading these facilities was identified as a crucial component of city-wide activities to eliminate open defecation. In response to the mapping exercise and gender-needs assessment, particular attention was given to the needs of women and girls in upgrading 198 of the toilet blocks – approximately 4,000 toilet seats – where WSUP and the Greater Visakhapatnam Municipal Corporation implemented gender-sensitive retrofitting plans.

Community engagement with women in Visakhapatnam
CASE STUDY

A TOILET, ALL FOR WOMEN:
Ghaziabad Promotes Inclusive Sanitation through Its PINK Toilets

Introduction
Sanitation is a basic human right. Sustainable Development Goal (SDG) 6 includes achievement of universal access to sanitation, and emphasises that to address in particular the needs of women and girls and those in vulnerable situations requires special efforts. However, women and girls continue to suffer disproportionately from inadequate sanitation, and often cannot use a toilet when and where they need. In addition to lack of access to household toilets, a key issue for universal access is low availability of public toilets. Where they do exist, these facilities typically do not meet the requirements of women and girls. Men and women have different requirements from facilities due to biological factors including menstruation and pregnancy; and social and cultural factors such as expectations around maintaining ‘dignity’ and ‘modesty’, women still being the main caregivers for children and sick or older relatives and community members and those with disabilities, and women remaining at greater risk of harassment and sexual violence than men.

It was to address some of these concerns National Commission for Protection of Child Rights (NCPCR) suggested the PINK Toilet Model – the PINK colour making these buildings easily identifiable and demarcating them exclusively for women.

Ghaziabad Becomes First City in Uttar Pradesh to Get PINK Toilet
The initiative to open the first PINK Toilet in Ghaziabad was spearheaded by Smt. Asha Sharma, the mayor of Ghaziabad who dedicated the state-of-the-art facility to the entire women fraternity by saying “A toilet, all for women”. The first toilet complex was inaugurated at Kaushambi outside Pacific Mall in 2018. At present, Ghaziabad has two other PINK toilets – at Arjun Nagar market and at the Rajnagar District Centre. The location of these PINK toilets have also been carefully selected after a thorough survey which mapped the footfall of women in these areas. While the ownership of these PINK toilets rests with Ghaziabad Municipal Corporation (GMC), the operations and maintenance is given to Sugam Samaj Seva, a not-for-profit organization.

Key Features of Ghaziabad’s PINK Toilet

- Fully air-conditioned;
- CCTV camera based surveillance to ensure safety for women;
- Sanitary pad vending machine;
- Sanitary pad incinerator;
- Features for the differently abled;
- Child care facilities such as feeding and diaper changing rooms;
- Operated by women care-takers to ensure privacy and generate employment opportunities for women.

These facilities are available to women users at a nominal charge of INR. 1.00, INR. 2.00 and INR. 5.00 for usage of urinals, toilets and bathing units respectively.
Impact
Following Ghaziabad’s footsteps, other cities of Uttar Pradesh such as Aligarh, Lucknow and Meerut have also initiated the construction of PINK Toilets. Going forward, GMC plans to also inaugurate special toilets for the third gender. Initiatives such as the PINK toilet is a promising step towards gender responsible sanitation as they ensure a space that is safe, private, accessible, affordable and well managed, address the specific requirements of menstrual hygiene management and provide a safe space for women care-givers and their children to meet their sanitations needs.

“I use the pink toilet often during my visits to kaushambi and it is really very convenient. They should be replicated across UP and the rest of the country.”

“I use the pink toilet often for ensuring proper and safe sanitation for women. I thank the honorable mayor Smt. Asha Sharma for such an initiative.”

Inauguration of Ghaziabad’s PINK toilet by Honourable Mayor, Smt. Asha Sharma

Inputs and picture credits from Ghaziabad Municipal Corporation
CASE STUDY

ONE HOME ONE TOILET: Shelter Associates, Pune

Introduction

The benefits of having an individual toilet in the comforts of one’s home are many. Apart from safety and privacy, having an individual toilet not only saves women significant time but also rids them of stress thus resulting in better mental and emotional well-being. Moreover, such an arrangement is a boon to people with limited mobility such as children, elderly and the differently abled as well as pregnant and lactating women.

It is in this context that Shelter Associates’ ‘One Home One Toilet’ (OHOT) Program aims to provide individual toilets to slum dwellers.

Established in 1993, Shelter Associates (SA) is a Pune based civil society organization (CSO) working to improve the living conditions of urban poor in India.

SA facilitate access to sanitation in informal settlements by:
(1) setting up a very robust spatial data platform to pinpoint families who lack access to basic sanitation, (2) facilitating the construction of individual toilets, (3) conducting workshops to increase awareness within the community of environmental issues, (4) providing a forum for sanitation issues to be discussed and (5) establishing solid waste collection systems.

SA’s OHOT model provides a holistic sanitation solution that is data and technology driven, community centric and integrates Urban Local Bodies (ULBs) and other stakeholders to ensure sustainability and scalability.

Over the last decade, Shelter Associates has facilitated the construction of more than 5200 individual toilets in slums across 4 cities – Pune, Sangli, Kolhapur, & Pimpri-Chinchwad. Recently, SA has also been working in Navi Mumbai and Thane Municipal Corporation.

The OHOT scheme employs a cost sharing model whereby SA delivers required construction materials at the doorstep to construct a toilet while the beneficiaries provide their own funds to cover the cost of construction.

Figure 4: The Sustainable, Scalable, and Replicable ‘One Home, One Toilet’ Sanitation Model

For more information, visit www.shelter-associates.org
Key Impact

An impact assessment study on SA’s OHOT program conducted by the Gokhale Institute of Politics and Economics, Pune between October 2015 – March 2017 within four Municipal Corporation areas in Maharashtra (Pune, Pimpri-Chinchwad, Kolhapur and Sangli Miraj has shown OHOT to be a replicable, scalable and sustainable model – especially when done in partnership with the ULB.

The study goes on to show that:

• The use of individual toilets is highest (100%) among adolescent girls.
• Women have reported feeling more safe after the construction of individual toilets. For example, as pointed out during the study, at the time of the baseline 35.1% of women had reported feeling unsafe while approaching and/or using a toilet and 67.3% had reported feeling lack of privacy. With access to an individual household toilet the reporting dropped to 0.0% (35.1 point percentage improvement) and 2.2% (65.1 point percentage improvement).
• Having sufficient safety and privacy enhances the dignity and self-respect of slum dweller women while responding to a basic need like defecation. This very strongly underlines the need for individual household toilet.
• Positive impact on toilet practices and dietary behaviour of women: Dietary modification is a common practice among women who desire to avoid visiting community or public toilets (due to reasons ranging from lack of safety and privacy, distance from home, and the need for company). Such practices have shown positive change with access to an individual toilet. For example, the proportion of women restricting food intake at night has come down from 27.0% to 5.0% in the OHOT intervention group.
• Access to an individual toilet is an added advantage for maintaining menstrual hygiene.
• Public places of defecation are often unhygienic and lead to avoidance of defecation. Both these factors lead to health problems depending upon prevailing conditions especially for women who are more prone to urinary tract infections, etc. Therefore, access to an individual toilet has shown to have significant improvement on the health of women and their family members. For example, as per the study, 63.5% of respondents shared that they perceived improvement in the overall health status of their family which they attributed to OHOT. The study also indicated that women having access to an individual household toilet have one-third the chances of developing UTI as compared to control group.

The existence of a toilet is of utmost importance when it comes to hygiene, especially for women. Urban areas are densely populated and those who do not have access to individual household toilets have to use either common toilet blocks or resort to open defecation. Community Toilet Blocks (CTBs) – as well as their seating capacity are limited, and the population utilizing it is increasing, which puts strain on

Now that we have a toilet in our house, our daughter feels safe and is free from stress related to eve-teasing, physical abuse, insect/animal bite etc.

-WOMAN, RAJENDRA NAGAR

We would avoid using the toilets in the evening, leading to an upset stomach, nausea, headache etc. If we don’t eat properly then such problems are bound to arise. This would result in going to the doctor and spending on medicines. Men have digestive troubles and women along with digestive, used to have white discharge. We never used to discuss this before.

—WOMAN, RAJENDRA NAGAR

AN OHOT TOILET FOR THE THIRD GENDER
The Story of Shital Mhetre

Shital Mhetre, a resident of Nagsen Nagar, Akurdi in Pimpri-Chinchwad has been facing hardships all her life. Belonging to the third gender community, Shital faced neglect and exclusion from other community members of her settlement. Having to undergo such pressure from the community, accessing community toilet blocks was close to impossible.

Owing to the perpetual resistance from the community, using either the men’s seats or women’s seats would often pose as a problem and this would force her to go out in the open to defecate near the railways lines situated abutting the settlement, bringing in its own risks and challenges.

Over time, when the Pimpri-Chinchwad Municipal Corporation started delivering household toilets under the Swachh Bharat Mission (SBM-U) in this settlement, Shital awaited an opportunity to avail the scheme. Unfortunately, she was not in a position to produce the required documents and the third gender status brought in its own complexities, due to which she found it challenging to get a household toilet under the SBM-U. Hope, however, came in the form of SA’s arrival in their settlement with their OHOT scheme. She readily got the toilet constructed in her house and is now extremely satisfied. She expresses her gratitude to SA for making life simpler and more dignified.

existing infrastructure and compromises cleanliness. More households having an individual household toilet, will reduce the strain on existing infrastructure. SA’s OHOT model has demonstrated that individual household toilet irrespective of the space reduction that may occur in the house has its benefits over other common/ public places of defecation and provides a safe, private and dignified solution to women’s sanitation needs.

Shital Mhetre in front of her household toilet

"We would avoid using the toilets in the evening, leading to an upset stomach, nausea, headache etc. If we don’t eat properly then such problems are bound to arise. This would result in going to the doctor and spending on medicines. Men have digestive troubles and women along with digestive, used to have white discharge. We never used to discuss this before.

—WOMAN, RAJENDRA NAGAR"
The family of Shital Kaur Taak has been living in Vichare Mal for the past 50 years. Their family consists of 6 members - parents, three daughters and a son. The eldest daughter Anjali Kaur is differently abled. All along the parents heavily invested in trying to find a cure or the mental disorder of their first born daughter but to no success. Their family’s source of income is through the sale of household iron ware that Uday Singh makes. The monthly income of family is around INR. 5000/- which is not enough to make both ends meet.

As Anjali Kaur was growing older it was becoming increasingly difficult and strenuous for her mother to take care of all her needs. Apart from bathing and feeding Anjali, Shitale would also need to collect her faeces and carry it to an open ground close their settlement to dispose it off. This was a key concern especially during the night. They would resort to disposing it in the gutter at times and pour water over it, but still there would be a lingering foul smell, which the neighbors would strongly complain about.

During Anjali’s menstruating period, the mother would keep a bucket under her chair which would be emptied and washed at regular intervals by the family. Carrying Anjali to the community toilet in their arms was out of the question but building a toilet at home also was not possible because of non-availability of both space and finance.

The family saw a ray of hope with SA’s entry in the slum to implement its OHOT project. The father was sceptical about constructing it in their small house. Nonetheless, Shital kaur persuaded him and brought up the topic with SA’s representatives.

SA’s practical suggestion of widening their existing bathroom to accommodate the toilet was well received by the family. However, they lacked the funds to get the toilet constructed. Determined to get it done, they raised funds of around INR. 8000 and carried out the work. The privacy and the dignity that the toilet brought to them and especially to Anjali Kaur was priceless and worthy of all the efforts they had to put in.

Inputs and picture credits: Shelter Associates, Pune.
For more information, visit http://shelter-associates.org/
2.2 GENDER AND WASTE MANAGEMENT- CONSIDERATIONS & RECOMMENDED SOLUTIONS

It becomes pertinent to look at the following parameters when it comes to addressing the gender dimension in waste management:

- Income
- Employment policies
- Cultural barriers
- Social inequalities
- Control over Resources

2.2.1. Gender and Income

Women have several roles in the household, such as earning income and saving on expenditure, caring for members of the family and doing the domestic chores. In this regard, waste handling is an important source of income especially for the poorer women. In comparison to men, women are mainly engaged in activities requiring lower levels of education and skills (waste picking from dump sites; sorting and washing, rather than working at machines) and a more limited range of physical activity (collection, rather than transportation). They also earn less than men, being more vulnerable to exploitation by employers, contractors, and waste dealers and intermediaries. Further, women do not have the range of social-cum-business contacts over a wide area of the city that men often have, and which give access to personal credit and favourable market opportunities.

Although women are widely active in waste picking and salvaging, micro-enterprises in the waste sector seem to be more often initiated, operated and managed by men, although there are examples of all-women’s enterprises or cooperatives.

Women work for free, men work when there is pay involved

Across cultures, it appears that women ‘have to’ handle waste in their homes: it is part of the definition of who they are and what they do and may relate to their lower economic and social status.

No one considers it strange or unfair that women do not get paid for this activity, even when these activities extend beyond the home to community cleaning. Men, on the other hand, tend only to handle waste when they are paid for it, or when it is specific to their activities.

The experience with community based activities tends to reinforce the insight that women may often be involved with waste management, community clean-ups, or even street sweeping, at a civic activity level. But when there is an opportunity to institutionalise the volunteer activities, it is overwhelmingly men who are selected for paid labour, even when NGO-intervention attempts to safeguard women’s position. (Snel)

---

In comparison to men, women earn less and are also vulnerable to exploitation by employers, contractors, and waste dealers and intermediaries

---

From Toxic E-Waste to a Greener, Dignified Livelihood: The Story of Sayra Bano

Sayra Bano, aged 35 has always lived on the landfill in Bhalaswa in North Delhi, the place where most of Delhi’s nearly 20 millions trash is dumped every day. Sayra was just 6 months old when she came to Delhi along with her parents, 2 brothers and 2 sisters from Kolkata in West Bengal. Sayra never got the opportunity to go to school. She spent her time picking trash on the landfill, with her parents and siblings. The would spend the day separating paper, plastics and a hoard of other recyclable materials from soggy discarded food, used sanitary napkins and diapers, rusted blades, needles and syringes—stuff thrown indiscriminately in the city’s mixed garbage.

Her family was very hardworking and struggled from dawn to dusk on a dangerous landfill where avoiding severe burns from spontaneous combustion of methane rich waste was the norm. The mounds of soggy wet waste was treacherous and they often slipped and fell right into it. Trucks carrying garbage would sometimes start an avalanche of trash, almost burying hundreds of wastepickers all over the landfill. This was the only life Sayra and her family knew.

Growing up, Sayra’s hard life continued. The living conditions were dismal. They had no electricity, safe drinking water or access to clean toilets. Her husband Lutfar, also a wastepicker, constantly worried about not being able to make their lives and those of their five little children better.

Established in December 1999, Chintan is a registered, non-profit organization working on the issue of sustainable, equitable consumption and environmental justice. Chintan works towards social and environmental justice as well as a dignified existence for wastepicker communities, particularly of women and children, to help them move towards better education and employment opportunities. Chintan also advocates for sustainable consumption and safer toxics free materials as a means to safe and environmentally sustainable products which do not affect the health of the wastepicker communities or impact the larger ecosystem.

Chintan partners with the informal recycling sector through Safai Sena, such as wastepickers and kabaris, to clean up cities, recycle more efficiently and create livelihoods for wastepickers. As a result, it is also able to help children picking trash to go to school, as families earn steadier incomes.

Chintan organizes wastepickers and kabaris and trains them to provide professional quality services for waste handling. Chintan also undertakes cutting edge research and advocacy related to solid waste and influences policies to ensure they are inclusive and fair to the urban poor.
In 2012, Sayra attended a meeting of Safai Sena, an association of waste pickers, doorstep waste collectors, itinerant waste buyers and small waste traders, held in her community. They talked of formalizing and training waste pickers to enable them to get more dignified livelihoods. Sayra was curious, if not entirely convinced. She joined Safai Sena and its partner Chintan. As it so happens, she found herself being trained to pick up electronic waste, and selling it to authorized dealers. She knew all about E-waste in any case, because she was increasingly finding so much of it in the trash. Sayra began to focus on E-waste, and made it her specialization. She began collecting electronic waste from households and shops. She would collect old mobile phones, laptops, monitors and other electronic devices that people indiscriminately disposed off.

Sayra now became a part of the whole new initiative of Chintan to convert toxic to green and generate livelihoods, specifically to women. By her own interest, she became part of the Chintan’s Responsible Electronics initiative, which trains informal sector actors to serve as grassroots E-waste collectors, and sell to an authorized recycler. Sayra now sells the electronic waste via Chintan, authorized by the Delhi Government to collect E-waste for safe recycling, to an authorized recycler. She is directly paid by the recyclers for her work.

Chintan comes in use to collectors like her because no matter what, they collect very small amounts. Under the E-Waste (Management and Handling) Rules, 2011, only authorized collectors can collect E-waste and they must store in in self-run authorized collection centres, which are hard and expensive to run. Besides, the recyclers accept large quantities of E-waste. But collectively, Sayra and others collect enough E-waste, along with Chintan’s own E-waste drives, to attract recyclers.

By doing this, Sayra has not only been able provide for a livelihood for herself, but prevented E-waste from being burned, and poorly recycled, generating dioxins and furans. Although very few people will ever acknowledge this, but it is people like Sayra—poor, illiterate, but enthusiastic about being trained for the future, who truly help India to keep its promise in the Stockholm Convention, to phase out furans and dioxins. Sayra’s work has thus been rechannelized into something that brings her dignity and a far more stable livelihood. Even if the electronic manufacturers do not boost their efforts, it is amply evidenced that people like Sayra are the cutting edge force who can implement responsible electronics in India.

“I can now send my 5 boys to school. I never touched fresh clean paper as a child working on the landfill, but my boys will,” says Sayra with a satisfied smile on her face.

Inputs and picture credits: Chintan Environmental Research and Action Group
For more information, visit http://www.chintan-india.org/
2.2.2. Gender and Employment Policies

Employment policies may have a negative effect on women and the third gender. As such the group is not given equal employment opportunities as men, additionally the payroll offered to men against being offered to the opposite gender may vary. For example, in some cities women form the majority of workers in informal services to collect human excreta. At a certain point in the development of a city, it can come to be in the interest of overall urban waste management to integrate informal sector services into the formal sector through direct employment of waste labourers, or through sub-contacting to small enterprises. But when a municipal department decides to place the excreta collection workers on the municipal payroll, somehow 70% of these employees turn out to be men (Gupta, 1998). Similar mechanisms may be in operation when small enterprises obtain municipal sub-contracts in the waste sector. In that case, competition for employment in these enterprises may intensify, as they offer greater stability of income, forcing women out.

Women are paid less than men and tend to work harder in more difficult conditions

Women are involved in waste activities as paid workers (as opposed to volunteering their time) and are among the lowest-paid. They work in the dirtiest and most dangerous conditions; they have no social or health insurance; and they may have to have their children work with them in these conditions. Their work is also likely to have lower social value and therefore be lower-paid.

2.2.3. Gender and Cultural Barriers:

Women as waste workers face a cultural bias in several ways. Both men and women waste workers face the disrespect and outright scorn of fellow-citizens, as handling untreated waste materials is considered demeaning. In addition, women who are cleaning public places, such as streets or bus stations, are often insulted or harassed. While working in remote sites like waste dumps or factory sites, they may be assaulted. And if women who earn their own income with garbage collection transfer their new-found self-confidence and financial autonomy into an attempt to assert themselves within the family, e.g. by claiming the right to spend their money as they see fit, they may find themselves the victims of domestic abuse or the focus of social conflict.
CASE STUDY

A SANITATION BUSINESSWOMAN FIGHTING THE ODDS
The Story of Venkatalakshmi from Narsapur, Andhra Pradesh

Narsapuram or Narsapur is a town in the West Godavari district of Andhra Pradesh. The city, named after Lord Narasimha, has a population of 58,770 (as per 200 Census) and around 15,300 households. The town, however, does not have a sewerage network and dependent on on-site sanitation systems with septic tanks and pits needing to be emptied out as and when they are full.

Venkatalakshmi, a resident of Narsapur, is a shining example of a successful businesswoman fighting the odds to implement sustainable sanitation in her hometown.

Venkatalakshmi started up her business in order to provide for her family once her husband, who was also in the faecal sludge management business, became unable to work and her son-in-law left her daughter. She secured money through a loan to buy a series of desludging trucks, hired drivers, painted the trucks to make them appealing, and advertised them. She has financed it herself and empowered her family to work with her. The journey, however, has been far from easy. Venkatalakshmi has often been a victim of violence, having been beaten several times. On one occasion the beating was so violent that she lost three teeth. Nonetheless, she continues to work and grow. “People often point fingers at me and ask why I am sitting in a truck, why I work like a man and that I must be doing something wrong. But I am happy and proud and tell my daughter that we must work hard to earn a living”, says Venkatalakshmi.

Today, through Ganga, her company, Venkatalakshmi gets business from both households as well as from public and community toilets. Apart from one competitor, she dominates the FSM market in Narsapur and has purchased the rights to advertise her services in high trafficked locations throughout the town. Through her sustained efforts, Venkatalakshmi has become a household name in the town with people increasingly appreciating the professionalism with which she executes her job. Venkatalakshmi is also being supported by the Municipal Corporartion of Narsapur which is empanelling desludging operators, introducing tools and safety training to implement regular desludging, and has now built a state of the art treatment plant.

Venkatalakshmi’s story is an inspirational tale of the power of involving citizens, especially women, in providing a roadmap to enter sanitation businesses across India.

Narsapur is today open defecation free and is moving towards ODF+ by working along the sanitation value chain. The credit for this goes to true Swachh warriors like Venkatalakshmi.
2.2.4. Gender and Social Inequality

Restricted access to education, or lack of ownership rights, are also factors potentially causing the exclusion of certain social groups from participation in development. Such groups are in a disadvantaged position, in the sense of being excluded from benefiting from development opportunities, or even becoming the victims of development when (unintended) side effects of projects force their groups into even deeper poverty. Chances for social advancement through using new technology for waste recycling, for example, may selectively benefit only those people who are in a favourable position, for example, those belonging to the “right” social group, or living in the “good” part of town.

2.2.5. Control over Resources

While it is generally agreed that women are the repository of last resort, questions remain about access and control of waste when it becomes a household-generated resource. While economic theory (and much municipal planning activity) looks at the household as an indivisible unit, men and women within the household have differing access and control of resources (Khabeer, 1994, pp 98-106). The same holds true in the case of sanitation as well as the case study\(^9\) which the next page demonstrates.

\(^9\)Savda Ghevra is the largest planned resettlement colony in Delhi and developed by the Delhi Urban Shelter Improvement Board (DUSIB) for rehousing evicted slum dwellers. CURE was involved with the resettlement communities and the city agencies to develop a decentralized sewerage system including a small bore sewer system consisting of individual household toilet connections, sewers, cleanouts and manholes and a cluster ‘septic tank with a decentralized wastewater treatment system (DEWAT) attached.
**Introduction**

The benefits of a toilet at home largely accrue to women. However, women have little control over decision making in households over most purchases. Although in female headed households, women are able to control more decisions on toilet and water, they do not gain enough control in the management of household expenses or bank and asset management. The barriers to access to capital and economic decision making are the two barriers to toilet adoption especially in relation to women.

A study conducted by the Centre for Urban and Regional Excellence (CURE) in New Delhi on "Gendered Household Decision Making in Savda Ghevra (2018) points out that though the acquisition of toilets marginally improves female say in household decisions, the ownership of assets, especially that of the home, under a female name has a far greater effect on household and female welfare, and female decision making power.

Based on a survey of 338 households, one of the key questions that the study investigated was whether households with water, toilet or female ownership of assets nudged better gendered decision making.

**Key Findings**

- Broadly, households with toilets also report higher incomes, but also have a lower share of female income.
- Females tend to exert more agency or control over water and toilet decisions, even in male headed households.
- While assets are skewed towards male households, female ownership of assets can significantly boost control over decision making and probability of owning a toilet. Female ownership of homes increases probability of toilet ownership by 50%.
- Acquisition of toilets and assets in the name of female members can significantly enhance their standing within households.

Female members of households overwhelmingly see the benefits of toilets and already exert relatively higher agency on these issues. However, further action is needed to enable asset and agency based empowerment of women.
Manoura Begum at work

Holding strong views on waste segregation and urban waste management, Manoura Begum - a Delhi-based ragpicker - got the opportunity to deliver a talk at a conference in Bangkok in 2014. The conference was on ‘Rights and Protection of Workers in Informal Economy and the ILO Process’ in Bangkok, Thailand.

Manoura joined Safai Sena - a group of waste-pickers registered with Chintan, an environment NGO, which goes door to door to collect waste - in 2000. Today, Manoura is the area leader of Netaji Nagar and goes to over 200 houses with her cart daily and even counsels residents on how to segregate wet and dry waste, so that the latter can be recycled or reused. According to Manoura, if the wet waste soils the paper, it becomes useless and they end up losing value.

Manoura points out that most of the rag pickers suffer from tuberculosis and have bouts of vomiting as well as headaches. She supports the formalization of waste picking sector, a key area that the Swachh Bharat Mission (Urban) has been focusing on. She is against privatisation of waste collection and disposal because that will eat up millions of livelihoods like hers.

If not for her and the army of 2 million such informal waste handlers in India, our cities would paint a very different picture. Allowing wastepicker organizations to provide doorstep waste collection services and charging user fees from service consumers enabling them to provide better services and monitor service delivery, would go a long way in strengthening this informal sector, providing green clean livelihoods and addressing roadside dumping of waste.

Inputs and picture credits: Chintan Environmental research and Action Group.
For more information, visit http://www.chintan-india.org/
Women come together to beautify their city walls
There are several ways in which gender concerns can be integrated in the sanitation and waste management space. The following sections provide key recommendations and a framework for integrating gender concerns at the city and State levels.

3.1 RECOMMENDATIONS

3.1.1. Generation of Employment Opportunities for Women:
In striving for decent living and working conditions, communities need to look beyond the usual generalities of improving women’s status, supporting women’s work and providing appropriate community facilities, to probing the specific needs and relationships that arise from the fact that wastes represent resources and create particular employment opportunities in low-income communities.

In order to generate employment in the sanitation sector, the Community and/or Public Toilets may be run and managed by:
- Female private entrepreneurs, either on a concession by the city or as a personal business
- by a female caretaker hired, paid and supervised by the municipal authorities
- the local administration, a community committee or a women’s group
- On a voluntary basis by women, or women and men together. When men and women are both involved in caretaking, the women may do the work during the day and the men at night.

3.1.2. Employment through managing solid waste
In case of solid waste management, women may segregate organic and non-organic waste and recycle and reuse/sell the former (compost making). Composting or vermicomposting may be done by women of household, in small groups, or in the community.

As highlighted by Khanal & Souksavath (2004), solid waste gathering extends beyond household needs as women find employment supplying the demand of small and large industries for wastes paper, plastics, metals, rags, rubber, leather, glass and ceramics, bone as substitutes for raw materials. Estimates on the total number of waste pickers in the country are not easily available. However, a few city-wise estimates have been recorded in some studies. In Ahmedabad city there are an estimated 30,000 waste pickers – a large proportion of them are women and children. In the state of Gujarat, the number of waste pickers is estimated to be over 100,000 waste pickers. Another study of Delhi estimates that the numbers of waste pickers in Delhi alone would be approximately 1,00,000\(^{10}\). A report from WIEGO\(^{11}\) titled, Integrating Waste Pickers into Municipal Solid Waste Management in Pune, India, goes on to provide the data associated with this job in the Pune area. According to the report, almost all the waste pickers in Pune hail from Scheduled Castes and 90% of these waste pickers are women. It is therefore critical to provide dignified employment to these women by integrating them into the formal waste management system, improve their working conditions; improve their earnings;

\(^{10}\)https://globalrec.org/law-report/india
and transform the status of the occupation from scavenging to service provision.

3.1.3. Convergence among different Government schemes
A convergence based approach may be instrumental in empowering women in SHGs by providing them with employment opportunities in the growing sanitation and waste management sector, which in turn would support in the achievement of holistic social development goals.

Given the critical role that women in the informal sector play in the entire sanitation and waste management value chain, the SBM-Urban, as part of its implementation strategy, has been actively promoting the integration of this sector into the formal sanitation and waste management value chain through its convergence with the Deendayal Antyodaya Yojana-National Urban Livelihoods Mission (DAY-NULM), another Mission under MoHUA.

The framework and models to converge efforts under DAY-NULM and SBM-(U)\textsuperscript{12} as highlighted below, have been able to promote livelihood options for women’s Self-Help Groups (SHGs), informal workers, and other marginalised communities. These livelihood opportunities are present across the sanitation and waste management value chains, such as collection and transportation of waste, processing and converting municipal solid waste to wealth (value added by-products), operation & maintenance of sanitation facilities, and also the management of resource centres under the ambit of SBM-U.

\textbf{Figure 5: Framework for convergence between SBM Urban and DAY-NULM}

\textsuperscript{12}Empowering Marginalized Groups - Convergence Between SBM and DAY-NULM: A Document by MoHUA
Introduction
Ambikapur, a small city in Sarjuga district in Chhattisgarh has today become a role model across the country when it comes to effective waste management. A town with a population of 1,21,071 (Census 2011), Ambikapur generates about 51 metric tonnes of waste, 100% of which is processed scientifically by an army of 9000 self-help group members known as Swachhata Didis. Through a sustained, scientific and cost-effective model, Ambikapur has become a zero-landfill and bin-free city with 100% of its waste being segregated at source while at the same time providing a dignified source of livelihood to over 9000 women.

The Situation Before
Like any other town in India, Ambikapur faced the challenge of proper segregation, collection and disposal of this waste. Municipal manpower was strained to its fullest potential but was unable to cope with the challenge involved. Many options were explored but all were turning to be capital intensive. The city faced various challenges such as, unavailability of large areas in the city for use as trench grounds, cost of transportation of waste to outskirts of the city. Previously, Ambikapur’s waste disposal method was unscientific and ad-hoc. Disposal largely meant dumping waste on land; occasionally the waste was also burnt on streets, either way, creating a major environmental hazard. Citizens complained about the dirt and squalour. Even imposing user charges on citizens got difficult for the city as the users did not see any improvement in the condition of the services being provided.

A search was made for a practical, scientific, effective, sustainable and cost-effective model which took shape due to the initiative taken by the then District Collector of Ambikapur, Smt. Ritu Sain. This set the ball rolling for what has now come to be known as the Solid and Liquid Resource Management or SLRM Model.

Prior to 2016 1.23 crores of funds were spent annually by the Ambikapur Municipal Corporation to handle its solid waste. Through the Swachh Ambikapur Mission launched in 2016, this cost has come down by 73%. Moreover, solid waste in Ambikapur was being dumped in 16 acres of land which is today converted into a beautiful Swachhata Park

Sailent Features of the Model: Gender Perspective
While the key objective for implementing the model was to transform the landscape of Ambikapur, the project was designed keeping in mind the uplift of women who would serve as the foundation of this model. In order to appreciate the model from the gender perspective it would be pertinent to have an understanding of the broad contours of the model:
• 48 wards of Ambikapur city are divided into 17 modules, each comprising 600 households and a few commercial establishments
• Door-to-door collection of waste in 100% households undertaken by women SHG members.
• 17 SLRM centers established in the city
A tertiary waste segregation centre has also been set up which segregates dry waste into 156 categories.

Make-shift warehouses, called as the treasury, set up to sell recyclables.

The SLRM model, which today employs over 9000 women SHG members, has been able to transform the lives of these women not only economically but socially as well.

Capacity-building of these SHG members has been a key focus for AMC. All SHG members had to undergo a 15 day SLRM Master Trainers’ Training Programme (MTTP) before execution of the waste management project.

The door-to-door collection of waste in Ambikapur is done through 2600+ uniformly designed tricycles. These tricycles have been especially designed keeping the comfort of women in mind. Some of the unique features of the tricycle include:

- Specially designed wheels made of Luna tyres which provides more stability and easy drivability for women.
- Design promoting easy loading and unloading of waste for women.
- Aluminum body which makes the cycle light weight and therefore easier to ride.
- Inbuilt first aid box in every tri-cycle.
- Tool box for repairing the tricycle on spot which helps women repair broken tricycles.

Moreover, the route and beat plans have also been designed with due attention given to the carrying capacity of these women.

- SHG members are also being encouraged to explore other revenue streams. To strengthen the financial condition of these women, they are being supported and guided by the State to explore other revenue streams in the area of waste management. Some of these ventures include:
• A special fertilizer by the name of Sudha Sanjeevni has been developed and sold by SHG members
• Products like duffle bags, toilet bags, paper bags, paper pouches etc, made and sold by SHG members
• SHG women are using waste material to make decorative items such as flower pots, pen stand, door mats etc and selling them in the market
• SHG members are trained to make paver blocks, drain covers etc from Construction and Demolition (C&D) waste and sell them to generate revenue.
• Steps are taken to increase the skill sets of SHG members by imparting various trainings such as tricycle repairing, electronics repairing, gardening etc
• Monthly health check-ups are organized for Swachhata Didis every month. Moreover, through the Health Card provided to them, Swachchata Didis are able to avail medical benefits for both themselves as well as their children.
• Through convergence with the National Urban Livelihood Mission (NULM), each Swachhata Didi also has a free medical insurance.
• The contribution of these women have been recognized in various forums and State level events.

Key impact
• Each SHG member earns a minimum of INR. 5000 every month as an honorarium from AMC for their services.
• To empower them further, the entire proceeds from the sale of recyclables is given to these women. Till date, the total revenue from the sale of recyclables is more than INR. 3 crores. These two sources of income – fixed and variable, together enable these women to earn approximately, INR. 80,000–90,000 per annum.

FROM WHEELCHAIR DIDI TO SWACHHATA DIDI
Beena, a wheelchair bound woman, was often taunted as Wheelchair Didi’ for most of her life. Strong willed Beena, however, was determined to not be dependent on anyone. Opportunity presented itself in the form of the Swachh Ambikapur Mission where Beena through her hardwork and determination soon proved to be an asset in the SLRM centre. Today, the moniker Wheelchair Didi is long forgotten and Bina is better known as ‘Swachhata Didi’

The concerted efforts of the Municipal Corporation, Swachhata Didis and the citizens of Ambikapur has led to the city winning the title of India’s Cleanest City No. 2 as per Swachh Survekshan 2019, the annual cleanliness survey conducted by the Ministry of Housing and Urban Affairs, Government of India. A key stakeholder in this success has been the Swachhata Didis. The SLRM Model of Ambikapur is an apt example of an initiative focused not only on transforming the urban landscape of the city but a sustained attempt to provide a life of dignity and well-being to women groups. Once branded as kachrewali, the city today takes pride in their army of Green Warriors or Swachhata Didis and shower them with the respect and adulation that they truly deserve.
CASE STUDY

PUBLIC AND COMMUNITY TOILETS RUN BY SELF HELP GROUPS (SHGs) IN TIRUCHIRAPPALLI, TAMIL NADU

In an initiative launched by NGO Gramalaya in Tiruchirappalli, Tamil Nadu in 2000, women in slums were mobilised into SHGs to be involved in the building and/or renovation of 25 community toilets and child-friendly toilets in the slums. As part of the initiative, SHG members were responsible for the overhaul as well as the management of the toilets on a pay-and-use basis.

Some community toilets are ‘sanitary complexes’ with designated areas for bathing and washing. Each toilet facility received its water supply from the Tiruchirappalli City Corporation (TCC) and also had a bore well provided by the Corporation. The Corporation waived the electricity charge for the pumping of water for the initial few years of the toilets’ operations. After this time, the tariff for these community toilets was levied at the lower domestic rate and not the commercial rate.

The success of the initiative, specifically of the women managing and maintaining the community toilets, led to the construction of community toilets in all 211 approved slums of the city (in 2011). The SHGs were managing 100 toilets on a pay-and-use model. Each Sanitary Health Education (SHE) team and associated SHGs took responsibility for the toilet on a rotation basis. SHE members and SHG members would take turns to be seated outside the toilet complexes managed by SHGs, selling tokens to users. The caretaker for the day worked on an 8 to 12-hour shift. They engaged women cleaners and guards for their services, the cleaner working two to three times a day at the toilet. The collection from the user charges was used to pay electricity bills, cleaner’s salary, guard’s salary and other expenses such as repairs. The typical user charge varied from 50 paise to INR. 1 per use, with children, the elderly and physically-challenged having free access. The accounts were kept by SHGs and audited by the Corporation.

Based on a documentation for e-learning tutorial for SBM (Urban) by Urban Management Centre
3.1.4. Provision of Financial Assistance/ Loans to Women

When women gain decision-making power in the household, they are better able to access sanitation solutions that meet their specific needs. Women’s increased access to sanitation loans is giving them the opportunity to invest in sanitation solutions that address their menstrual and other needs.

For example, Gramalaya, an organization in India that provides affordable sanitation loans to low-income clients, designed its sanitation loans specifically for women, resulting in improved project outcomes. The organization identified that women preferred group loans because they could share the risk and benefits with neighbors. Given household responsibilities and norms, women also preferred the option of having organization representatives collect payments from women in their homes, and the flexibility of being able to send money to the group with their neighbors. Finally, women appreciated that little documentation was required to obtain a loan, which made the process smooth and easy. These efforts resulted in high customer satisfaction and more than 99% repayment rate.

3.1.5. Inclusion of the voices of women in policy development, program execution and product design

Understanding gender differences in user preference, decisions, influence, roles, and responsibility along the value chain is critical to ensuring access to safe and hygienic sanitation for all. In order to identify and design for these gender differences, the sanitation sector—including NGOs, donors, governments, and private sector actors—needs to be more intentional about bringing a gender lens to the work.

Inclusion of women and third gender, in the planning and decision-making on Sanitation and Solid waste management is necessary for them to voice their concerns and explain their particular needs. They know their needs best and can provide valuable inputs to ensure better design and delivery and to improve services that are currently too often unsuitable for so many.

To facilitate this, firstly, platforms need to be designed to enable dialogue between policy makers and groups like women and the third gender. Secondly, existing water and sanitation committees should be strengthened and should also include representatives from marginalised groups. These committees, supported by CSOs, can create a platform where members of these groups can voice their concerns and participate in the planning of sanitation schemes. This will enable programs such as the Swachh Bharat Mission (SBM-U) to understand existing barrier with regard to gender and ensure that everyone’s needs are addressed.

3.1.6 Behavioural Change & Capacity Building

Information, education and communication (IEC) materials that are rooted in gender stereotypes, tend only to be directed at women, overlooking the importance of changing men’s behavior and attitudes towards waste management activities. In order to ensure access of women and third gender to safe and adequate WASH facilities, awareness and capacity building at all levels needs to be taken up:

- Specifically targeted awareness sessions on the right to sanitation and health education for women and adolescent girls, with a focus on behavioural change, instead of the traditional focus on toilet construction.
- Training and sensitization of officers at all levels to respond to the needs of women and third gender as well. Masons should also be provided with technical knowledge on construction of different designs of facilities that are suitable for these groups.
- Sensitization of the public on the issues of sanitation workers and the third gender community to reduce stigma and discrimination against these communities and to enable them to have better quality of life.

---

• WASH policies and guidelines for schools and colleges must be implemented and norms and standards enforced to ensure separate toilets for girls with adequate lighting, water and space for washing and changing, and bins for safe disposal of used menstrual materials. CSOs should build capacities of school management committees to understand the guidelines and effectively monitor the implementation.

• The working conditions of sanitation workers must be improved through the provision of better remuneration, job security, accident and life insurance, and safety equipment. Instead of recruiting them as contract labor, their work should be acknowledged and regularized through legislation. They should be provided with identity cards, uniforms, washing and bathing facilities, including soap and disinfectants.

• The third gender must be recognized as equal citizens in the eyes of the law. Policies that safeguard their human rights, including the right to safe and adequate WASH facilities and equal opportunities in solid waste management sector, should be developed and enforced.

Addressing gender concerns in sanitation and the waste management space cannot be a standalone process. It is therefore important to involve all relevant stakeholders when it comes to gender mainstreaming and integration. Women must participate in community decision during the process of determining the sanitation solution such as which technology to be used for toilet construction, safer location of the toilet, and maintenance responsibilities of toilet facilities amongst family members and in the community. This includes needs for sanitation and menstrual hygiene management, as well as needs for elderly and pregnant women (Water and Sanitation Program, 2010). The economic, social and political position of women can be improved by creating a positive impact of water and sanitation service sector as it can address the issue of inequality. The effort to improve sanitation and water supply services would help to improve the security and health of not only women but also of their families.¹⁵

In terms of women’s engagement in the waste management space, it is important to draft policies and implement programmes that focus on (i) formalization of the work of waste pickers which has a direct bearing on women’s income and hence their standard of living, (ii) ensuring equal pay and (iii) better working conditions, amongst others.

¹⁵Role of Women Led Sanitation in Community Development
3.2 INTEGRATING GENDER INTO SANITATION: FRAMEWORK DEVELOPED AND TESTED AT CITY

Gender integration at the level of states and cities requires a comprehensive strategy that can be replicated across regions. Along these lines, the Center for Study of Science, Technology and Policy (CSTEP); the Administrative Staff College of India (ASCI); and Centre for Advocacy and Research (CFAR) have developed and demonstrated a framework for planning, implementing, and monitoring inclusive sanitation. This framework puts women at the heart of the service-delivery process, by providing them voice and agency to resolve their sanitation-related issues.

The framework below has been tested at the city level (piloted in Anantapur, Kovvur, and Narsapur) and outlines the pillars for strengthening agencies and advancing policies and processes for increased accessibility to sanitation services.

---

This framework has been developed by the Administrative Staff College of India (ASCI), CSTEP and the Centre for Advocacy and Research (CFAR).

---

*Figure 6: Framework for gender integration at the state and city levels*

*Figure 7: Framework for integrating gender into sanitation at the state and city levels*
In summary, the creation of a gender sensitive ecosystem may be ensured through the following:

- Understanding that quality of habitats–clusters, unauthorized settlements, homelessness adds to social and economic vulnerability of the urban poor especially single women, PWD, transgender persons, the elderly and the excluded poor.
- Recognizing the inextricable link between open defecation, poor sanitation and the illnesses or morbidities that women, children, elderly, disabled and chronically ill suffer from.
- Addressing differential needs intra-household and within-settlement, through a calibrated response to gendered needs and priorities–men, women, transgender persons, children.
- Developing varied strategies for lesser accessible areas, specific user groups and poorly serviced parts of the settlement.
- Securing mandate from policy and decision makers for building integrated sanitation policies and programmes.
- Developing guidelines and protocols for gender integrated and inclusive sanitation.
- Developing norms for gender budgeting across all levels of planning, management and operationalization.
- Mandating Gender Resource Centre (GRC), a tried and tested mechanism by many governments, can strengthen integration at all levels and with different administrative bodies providing services and administering schemes and programmes for empowerment of women, transgender and girls.

- Setting up GRC and building their technical capacity and expertise to strengthen linkages with key implementers and stakeholders to assist them in ensuring a systematic last mile delivery.
- Developing and strengthening capacity and skills of representatives from gender sub-groups to facilitate access to all entitlements and services, do problem solving and build consensus and a supportive environment.
- Facilitating access to schemes and services for social security, health and insurance of persons and safe working conditions and protection for workers and dependents involved in activities such as waste collection, processing, de-silting, desludging, sewage and septage treatment plants. For example, as a result of Swachh Survekshan 2019, 84,000 informal waste pickers have been integrated into Urban Local Bodies.
- Documenting good practices and recognizing the untiring efforts of women to motivate and empower their peers and engage with them proactively.

Developing and strengthening capacity and skills of representatives from gender sub groups is an important step in addressing the concerns of women.
The Gender Resource Centre, which will be SHG-enabled or drawing its core members from the SHGs, will be a three-tier or level structure. The first tier or level will be GRC Focal Point, appointed and established at the Municipal Corporation or Urban Local Body (ULB) and supported by a Secretariat and Advisory Group from Town Level Federation; second tier will be Gender-Sub Group at the Zone and Ward Level that will consist of members federated from the Gender Forums and Area Level Federations; third tier will be Gender Forums drawn from SHGs and representing diverse constituencies at the settlement or ground level. The GRC will converge the three levels of community structure led and shaped by women and other marginal groups to strengthen and support all functions that the ULB is mandated to do to ensure safe and inclusive sanitation. They will have representation in decision making and deliberating bodies such as the Sanitation Task Force and Ward Committee to advance gender inclusive sanitation.

- Developing learning sites that can show practices that have emerged from community led integrated sanitation processes to train and capacitate ULBs, SHGs and other stakeholders.

For example, the E-Learning portal developed and maintained by SBM-U draws from the leading practices in sanitation sector and introduces these to municipal functionaries who are at the forefront of delivering the Mission objectives which amongst others, aims to strengthen the capacities of stakeholders, by familiarizing them with new concepts in the field of sanitation and waste management.

- Enabling convergence with allied programmes and services through the GRC and fostering linkages with frontline workers such as MAS members, ASHA workers, school sanitation committees and community mobilizers appointed by ULBs.

- Placing waste pickers, manual scavengers, desludging operators and contract sanitation workers from marginal communities at the centre and integrating them in the ULB- led solid and fecal waste management processes both as users and as providers or entrepreneurs by providing them with the necessary technical skills and trainings for the same.
CASE STUDY

GENDER FORUMS FIND COLLECTIVE SOLUTIONS – RANI NAGAR, ANANTAPUR

The Project Director, Mission for Elimination of Poverty in Municipal Areas (MEPMA) during a meeting with CFAR in the month of September, 2018 instructed the Gender Forum to identify two lanes within Rani Nagar to showcase how through continuous awareness and education, behaviour change can be brought about. To do this, the Gender Forum members, Rani Nagar conducted a meeting with the active members of the settlement and zeroed in on Lane 4 and Lane 5 for the initiative.

In a meeting with 30 women, it was found that many women were at work when the waste collection van or Public Health (PH) worker came to the settlement. Therefore it was decided to provide a whistle to the PH worker so that he could blow it while going through their lanes which would alert them. The Gender Forum members also took the added responsibility of alerting their neighbors’ about the arrival of the PH worker, so that the entire settlement could be covered. They enlisted volunteers to educate and motivate the community to either throw the waste in the van or wait for the van on the following day and totally desist and stop leaving the waste in the open or disposing it in the drain. The community was also encouraged to keep a bin to collect their daily waste.

Another concern raised by the group was that the vegetable waste left by vendors and the irregular maintenance of drain were leading to clogging and overflowing. To address this issue, the Gender Forum Members had a meeting with the union of daily laborers and with the support of the Sanitary Supervisor arrived at a workable solution. It was decided that given the shortage of sanitation workers, they will work at a fixed time-early morning or late in the night, go door to door to collect the waste and put it in the municipal tractor which is kept at the corner of the street to avoid littering and unnecessary mess.

CASE STUDY

ENHANCING SAFETY FOR GIRLS AND WOMEN IN COMMUNITY TOILETS, DELHI

In Kalyanpuri block- 18 cluster of Delhi, way back in 2012 people had to go two to three kilometers from their cluster to defecate. After forming the group, and joining the Mahila Pragati Manch, women wrote to DUSIB for a community toilet complex. As a result a new community toilet complex of 52 seats was constructed in 2016 and has now been expanded to two CTCs with 100 and 56 seats. The CTCs are being managed by CMC. All this began in 2016 when a review meeting held in Kalyanpuri, Block 18 on 1 October. The CMC raised safety-related concerns. In response DUSIB Board Members assured CMC and Adolescents Forums that all steps such as divider wall between male and female section, ensuring grills and mesh in the toilet cubicles, adequate lighting in the complex, dustbins, mugs and water facilities, and police patrolling will be done to ensure safety in the complex. Following this meeting, across settlements safety parameters were enhanced in the community toilets constructed by DUSIB.

For more information, visit http://cfar.org.in/
CASE STUDY

FROM WASTE TO LIVELIHOOD: EFFORTS IN JAIPUR

Phoolwati Devi, aged 40, is a daily wage labour, mother of three, and a visionary! She and husband manage the household of 6 on a meagre income of INR. 10,000 – 15,000 per month. Her family migrated from a small village in Bharatpur 40 years back and settled in Jaipur in Parvat Colony, a small settlement characterized as an urban slum of 150 households set on the outskirts of Jaipur at the foothills of Aravalli. Owing to its location, the settlement faces constant challenges when it comes to basic services and timely response from concerned authorities. In February 2017 the settlement saw a major change, when the representatives of Community Management Committee (CMC) led by Phoolwati started to hold regular meetings in an attempt to address different sanitation issues in their settlement. The CMC members prioritized the issue of waste collection and proper recycling and to make it happen they were keen to learn innovative and sustainable methods. Witnessing their enthusiasm and determination a ‘Knowledge Camp’ on effective waste management was held by the CMC members in collaboration with the Centre for Advocacy and Research (CFAR). The focus was on getting over the stigma associated with waste and understanding how waste can be managed and to learn about Segregation, Recycling, Reduction and On-site Composting. From here began Phoolwati’s journey of composting kitchen waste into compost and inspiring many others outside of her settlement to do the same. So inspired was Phoolwati that she started segregating her kitchen waste from the next day itself.

Phoolwati faced opposition from the family and she realized that at the initial stage no one had any idea about how useful waste can be. Describing her experience, she said that she began segregating dry and wet waste and at the end of the day would leave the wet waste to dry on the roof by spreading it out evenly. Soon she began to transfer all the dried up material into a container and added some cow dung with water and covered it. She kept adding water to maintain the right amount of moisture. Every 15 days she would stir the matter with a long stick so that whatever moisture was there spreads out evenly. The process went on for three months, and she ended by preparing two kilos of compost from five kilos of kitchen waste’. Her initiative was showcased at the ‘Kishori Mela’ organized by Azad Foundation at Jaipur in February 2018. During the two day fair, she demonstrated the five stages of composting – starting from segregation to the end product. Post the Mela, Phoolwati sold her first batch of compost at Rs. 100 per kilo.

To scale up the production and marketing of her product, Phoolwati got her compost tested at Rajasthan Agriculture Research Institute and has received certification commending the high level of nutrient value Simultaneously she is reaching out to nurseries, residential buildings, commercial spaces and even Jaipur Municipal Corporation (JMC) for selling her product.

Phoolwati has been nominated as the Point Person by JMC (HawaMahal E). She is also a Master Trainer on waste and menstrual hygiene management. She is training CMC members and community representatives across four wards of Jaipur on on-site composting from kitchen waste. Across these wards 40 households are now practicing on-site composting, out of which 10 from Parvat Colony started after seeing Phoolwati’s success and many are doing it with the intention of selling the end product at whatever scale they are able to.

Community Management Committee (CMC) is a settlement level sanitation committee ensuring management of sanitation services and facilitating O&M. CMC model has been recognized by the Community Engagement Guidelines under SBM (Urban) issued by the Ministry of Housing and Urban Affairs.
REFERENCES

9. www.chintan-india.org
Swachhata Pledge

Mahatma Gandhi dreamt of an India which was not only free but also clean and developed.

Mahatma Gandhi secured freedom for Mother India.

Now it is our duty to serve Mother India by keeping the country neat and clean.

I take this pledge that I will remain committed towards cleanliness and devote time for this.

I will devote 100 hours per year that is two hours per week to voluntary work for cleanliness. I will neither litter nor let others litter.

I will initiate the quest for cleanliness with myself, my family, my locality, my village and my work place.

I believe that the countries of the world that appear clean are so because their citizens don’t indulge in littering nor do they allow it to happen.

With this firm belief, I will propagate the message of Swachh Bharat Mission in villages and towns.

I will encourage 100 other persons to take this pledge which I am taking today.

I will endeavour to make them devote their 100 hours for cleanliness.

I am confident that every step I take towards cleanliness will help in making my country clean.