



Gender and Social Inclusion across the Sanitation Chain in Tamil Nadu – Assessment and Strategy



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Abbreviations

AMRUT	Atal Mission for Rejuvenation and Urban Transformation
AWASH	Association for Water, Sanitation and Hygiene
BMGF	Bill and Melinda Gates Foundation
FGD	Focus Group Discussion
FSM	Fecal Sludge Management
FSSM	Fecal Sludge and Septage Management
FSTP	Fecal Sludge Treatment Plant
GoTN	Government of Tamil Nadu
GSI	Gender and Social Inclusion
ICESCR	International Convention on Economic and Social Cultural Rights
IEC	Information, Education and Communication
IHS	Indian Institute for Human Settlements
MAWS	Municipal Administration and Water Supply
MHM	Menstrual Hygiene Management
NCTE	National Centre for Transgender Equality
NGO	Non-Governmental Organisation
NNP	Narasimhanaicken-Palayam
NUSP	National Urban Sanitation Policy
OGSP	Operative Guidelines on Septage Management
PNP	Periyanaicken-Palayam
SBM	Swachh Bharat Mission
SDG	Sustainable Development Goals
SHE	Sanitation and Hygiene Education
SHG	Self-Help Group
SWM	Solid Waste Management
TCC	Tiruchirappalli City Corporation
TNUSSP	Tamil Nadu Urban Sanitation Support Programme
TP	Town Panchayat
ULB	Urban Local Body
WAVE	Women's Action for Village Empowerment
WHO	World Health Organization

Executive Summary

The Government of Tamil Nadu (GoTN) has prioritised the full sanitation chain, including the strengthening of septage management as an economical and sustainable complement to network-based sewerage systems. The Bill and Melinda Gates Foundation (BMGF) is supporting the GoTN to achieve the Sanitation Mission of Tamil Nadu through the Tamil Nadu Urban Sanitation Support Programme (TNUSSP). TNUSSP Phase I (2015-2018) was designed to support GoTN and selected cities in making improvements along the entire urban sanitation chain. In the second phase (2018–2020), TNUSSP seeks to go one step further and integrate a gender and social inclusion (GSI) perspective within its interventions at two sites – the city of Tiruchirappalli (Trichy), and the two town panchayats (TPs) of Periyanaicken-Palayam (PNP) and Narasimhanaicken-Palayam (NNP) – along the urban sanitation cycle and in its support provided at the state level.

E1.1 Objective of this Study

To support GSI during TNUSSP's second phase, a Gender Assessment and Strategy was commissioned with the following objectives (TNUSSP, 2018a):

- To assess gender issues **across the full cycle of sanitation** so as to understand the key differences in gender issues in different parts of the chain, including access to infrastructure and services, women's agency and decision-making
- To understand how gender intersects with socio-economic status, caste, disability and differential needs/ impact across women through their life cycles
- To develop an approach and strategy for a programme to close these gaps during Phase II of TNUSSP, and
- To identify key indicators which measure changes in outcomes, outputs and processes for and between excluded groups.

E2.1 Methodology and Framework

The assessment entailed two sequential steps of desk research and stakeholder interviews. In the first step, articles on gender and the sanitation cycle, government policies, guidelines, and progress reports across the sanitation cycle were reviewed with a gendered lens. This helped identify aspects of the sanitation cycle and gender and inclusion issues where there was enough evidence, as well as aspects where evidence was scant – based on which questions for various stakeholders were developed.

The stakeholders who were interviewed include direct users of sanitation services, service providers, government officials (including those posted in local government) and others like officials from TNUSSP's partner non-governmental organisations (NGOs), research institutions and so on. A total of 118 persons (73 women, 4 transgender, 41 men) were met with. The methods adopted during gender assessment include desk review, site visits, individual interviews – especially with government officers, and focus group discussions with clients and service providers.

The divide between men and women is significant between men and women not just in terms of access to toilets but in all stages of the sanitation chain. There is also minimal understanding of women's role across the value chain. Women are seldom involved in decision-making at the household level, despite being responsible for household water and sanitation. Also, women are seldom involved in programme design, planning and implementation. The consequences of this disparity are therefore felt the most by women. Thus, it is imperative to carry out this gender assessment through holistic lenses.

Five reasons for integrating gender and inclusion strategy in the sanitation cycle emerge from the desk review and field visits of this study: efficiency, do no harm, welfare, rights and empowerment.

- **Efficiency:** The efficiency rationale does not challenge gender stereotypes but builds on them for making the sanitation cycle more efficient
- **Do no harm:** This rationale is based on the premise that if GSI is not taken into account in the sanitation cycle, harm will be inflicted on women and other excluded groups.
- **Welfare:** This argument deals with a (positive) health and well-being rationale for integrating a GSI strategy.
- **Rights:** The rights argument is based on human rights principles, and lack of women's rights to water and sanitation is viewed as discrimination
- **Empowerment:** This argument perceives that a GSI strategy should increase the power of women and other marginalised groups over their lives individually, collectively and effect changes in terms of and social norms.

This report presents gender and inclusion issues across the sanitation chain through the last four lenses. The findings presented here are preliminary and aim to highlight the range of issues which have been identified through desk review and field visit, although many of issues require further analysis to come to a definitive conclusion.

E3.1 GSI Issues Across the Sanitation Chain

- **Issues in Decision-Making, Construction and Use of Toilets:**
 - Lack of access to toilets increases the vulnerability of women and girls to sexual violence, with cases of violence being reported during open defecation violating the 'do no harm' principle.
 - Locating households and CTs in unsafe places, having the same entrance for men's and women's sections in CTs and public toilets (PTs), and having toilet cubicles without doors or bolts pose safety risks for women and adolescent girls.
 - The responsibility of fetching water for toilets and cleaning individual household toilets normally falls on women in the household. Further, in CTs/PTs, contract-based Dalit sanitation workers are responsible for toilet cleaning. Such reinforcement of gender and caste-based division of labour is a violation of the principle of "do no harm".
 - Studies indicate that women and men who are in the informal sector find it difficult to access toilets in their places of work. Women sanitation workers in both sites who gathered garbage from individual homes reported that they use the nearest CT/ PT which sometimes may be more than a kilometre away.
 - Some of the CTs visited in the two sites allow transgender people to use them, with transwomen in saris using women's toilets and those in lungis using men's toilets. In some of the CTs visited, the migrant population was not allowed to use the facilities (thought people could use PTs).
 - Not all CTs or PTs have facilities for the differently abled, elderly, pregnant/postnatal women, children and transgender people, violating their right to access toilets.
 - Looking at it through the lens of empowerment, desk review states that decision-making on construction of toilets rests largely with men. However, in the sites that were studied, women's leadership in groups, working in NGOs, education, and independent income made a difference to intra-household decision-making power for women when it came to individual household toilets.
 - An essential part of empowerment is that marginalised women and men use sanitation oversight committees to enforce accountability of sanitation services to their needs, as such interventions increase their voice and agency. Such structures exist in Trichy but not in PNP or NNP.
- **Issues in Containment:** From a "do no harm" perspective, it was observed that few women and men in low-income urban slums in the three places visited had knowledge of containment structures and the safe distance to be maintained from water points. The occupational safety of women and men involved in constructing containment structures is a neglected issue. At the place of work, few women who were involved in construction of containment structures had access to temporary

toilets. From a “rights” perspective, women and men in construction have unequal access to training on containment structures – men are favoured. Intra-household decision-making on containment structures rests more with men than women.

- **Issues in Emptying and Transportation:**
 - Helpers involved in desludging reported being given gear like gloves, mask and boots by employers, with their use varying as they were not seen as convenient.
 - From a welfare perspective, men engaged in desludging on behalf of private companies in Trichy City Corporation (TCC) limits and PNP/NNP were not enrolled in any labour welfare board or entitled to social protection under the Unorganised Workers Act, 2008.
 - There is a caste and gender-based division of labour, with Dalit men being the helpers or actual desludgers and people of other castes emerging as owners. Dalit helpers or women’s groups rarely have the capital and technical assistance to purchase trucks and run desludging operations.
- **Issues in Treatment and Reuse:** The workforce at pumping stations, decanting stations and Fecal Sludge Treatment Plants (FSTPs) is predominantly male.
- **Issues in Solid Waste Management (SWM):** Doing heavy work in SWM units like sorting, carrying and emptying waste and carrying compost could harm already anaemic women, especially when no strategy is in place to address anaemia. Tools, bins and carts used by women sanitation workers in SWM are not designed to suit the average heights and weights of Indian women, leading to pain in different parts of their bodies as well as reducing their productivity. Similar issues also apply for men. The poor use of protective gear by women and men sanitation workers (who are mainly Dalit), as they were inappropriate in terms of design, is a concern. The marked gender division of work is violates the **rights of women**. Although women’s groups manage waste segregation in both PNP and Trichy, in reality the women members are paid only daily wages.

E4.1 Sanitation Policy and Guidelines through the Lens of Gender and Social Inclusion

Three policy documents analysed through the lens of GSI include The Fecal Sludge and Septage Management Policy, 2017 (FSSM Policy), the National Urban Sanitation Policy, 2008 (NUSP) and the Draft National Policy on Women, 2016.

- GSI across the sanitation cycle are better mainstreamed in the situation analysis and mission objectives of FSSM policy, 2017 than the other two policies. The FSSM policy mission both seeks to protect women from violations and violence related to poor sanitation, as well as expand their agency by involving them in planning.
- The NUSP, 2008 has a strong pro-poor focus, and also recognises women, children and the elderly as vulnerable groups. However, it stops at the objective of expanding the access of these groups to sanitation. Furthermore, sanitation issues of transgender persons are not discussed.
- There is no reference to GSI issues across the sanitation cycle in the context section of the Draft National Policy on Women, 2016. The mission/goals of the policy on women refers to strengthening women’s agency, but not specifically in the context of sanitation.

Five guidelines pertaining to the sanitation cycle were reviewed. Two gender-specific guidelines were Menstrual Hygiene Management (MHM) and Gender and Sanitation Guidelines linked to the Swachh Bharat Mission-Rural (SBM-Rural).

- The MHM guidelines suggest measures to strengthen information available to adolescent girls, boys, parents and other stakeholders on menstruation and MHM choices available to adolescent girls on menstrual absorbents. It also suggests ways to improve infrastructure for safe collection, emptying and disposal of menstrual absorbents in upper primary and secondary schools and – to a limited extent – at home. A limitation of the MHM guidelines is that it does not cover MHM infrastructure in CTs and PTs, and does not discuss activities in detail for women in the reproductive age group. The focus is mainly on in school adolescent girls and out-of-school adolescent girls have received only passing attention. The consequences of poor disposal, which leads to clogged toilets and drains, is not analysed.
- The SBM-Rural Gender and Sanitation Guidelines offers lessons for evolving gender and sanitation guidelines in urban areas. It reflects ‘welfare’, ‘do no harm’, ‘rights’ and

'empowerment' perspectives and the need for integration of gender and Dalit issues in sanitation and strategies. For example, it recommends that retrogressive gender messages should not be used to promote sanitation, women's participation in leadership and procurement of materials for toilet construction or working with men and boys to reduce women's sanitary burden. However, it does not provide measures for GSI integration in stages beyond toilet construction and its use, like emptying, treatment and reuse.

The three guidelines reviewed are the Operative Guidelines on Septage Management (OGSM), GoTN; SBM-Urban guidelines; and the Atal Mission for Rejuvenation and Urban Transformation (AMRUT) guidelines.

- The attention to GSI is limited in the AMRUT guidelines and restricted to a "welfare" approach (Ministry of Housing and Urban Affairs – MoHUA 2015). It mentions that every urban household should have access to tap water and sewerage, benefitting women in particular.
- The OGSM, on the other hand, emphasises that information on containment, emptying and transportation should be disseminated widely (to clients, sanitation workers and relevant government officials) and details on tenders and user fees for desludging should be made extensively available by local bodies. Further, it proposes decentralisation of septage management to Urban Local Bodies (ULBs), which can hand accountability to elected women and men, and citizens in general.
- The SBM-Urban guidelines emphasises access to individual household toilets for pensioners, households with girls, and households with pregnant and lactating women. It also calls for more toilet seats for women than men in CTs, facilities for expanding access to people with disabilities, and access to water in CTs. Further, it specifically mentions that transgender people should have access to PTs. When it comes to menstrual hygiene, the guidelines call for expanding the access of women and girls to safe absorbents in schools and hostels and involving women's self-help groups (SHGs) in production of safe menstrual absorbents.

The review of sanitation policies and guidelines using the lens of GSI suggests that attention to GSI issues has increased between 2008 and 2017. Yet, the lens of empowerment and rights needs strengthening, and attention needs to be widened to stages of the sanitation cycle beyond access to toilets. Action is required at all levels – ULB to district, state and national levels.

E5.1 Good Practices in Mainstreaming Gender and Social Inclusion: An Illustration

- Good practices in toilet access and containment include engaging community groups in management and oversight of CTs, while also involving male youths in supporting women. For instance, the CT managed directly by the Women's Action for Village Empowerment (WAVE) federation in Trichy is in a safe, well-lit place, with separate entrances for women and men and with a woman watchperson on night duty, who also collects user fees. Privacy is ensured in each toilet, with secure doors and bolts and no peep holes. Secondary literature reveals that mobile toilets can help take toilets to construction areas. 3sIndia, for example, supports companies to set up and service mobile toilets in construction sites. Training women in construction and forming groups of women in construction in India and other countries are instances of empowerment.
- In terms of emptying and transportation, the Sanivation programme in Kenya entails providing container-based toilets in homes for free, with a monthly fee for servicing. A key lesson from this programme is that the gender of the staff does matter in settings where gender norms are deeply rooted. TNUSSSP had felicitated helpers who had risen from the ranks to become an owner of a registered desludging operation, reflecting empowerment. There are a few examples of women truck drivers, which needs to be widely emulated.
- In terms of treatment and reuse, one opportunity noted during the field visit was that women are reported to account for 40 per cent of agricultural extension workers in NNP in Coimbatore, and could be trained to reach out to women farmers/women-headed farms and explain the benefits of manure based on fecal sludge to them.

E6.1 GSI Strategy for TNUSSP

This assessment looked at the GSI issues across the sanitation chain through the lenses of 'do no harm', 'rights', 'welfare' and 'empowerment'. In each of them, gender intersects with caste, class, disability, age, headship, gender identity, reproductive status, migrant status to influence access,

employment and entrepreneurship along the sanitation cycle. Sanitation institutions embody hierarchies of gender, caste, ability, and class.

Informed by the assessment of the context and good practices, the goal of the **GSI Strategy** is to demonstrate pathways to a gender and socially inclusive sanitation cycle in Tamil Nadu, which can be replicated in other states of India and internationally. The objectives of this Strategy are:

- To advocate for policies and guidelines on sanitation from the perspective of GSI
- To pilot gender/social inclusion integration in the sanitation cycle in Trichy City Wide Inclusive Sanitation (CWIS) and PNP and NNP in Coimbatore district
- To strengthen institutional structures and build capacities of stakeholders for GSI in the sanitation cycle
- To address research gaps on GSI issues across the sanitation cycle
- To scale up the GSI strategy through the state.

All four perspectives – ‘do no harm’, ‘rights’, ‘welfare’ and ‘empowerment’ – underpin the elements of the GSI strategy so as to promote access to services, infrastructure, employment, entrepreneurship and decision-making, with a tilt towards rights and empowerment.

TNUSSP itself needs to have a GSI desk at the state, city and TP levels, and build its own capacity on GSI along the sanitation chain. Training modules and Information, Education and Communication (IEC) materials on gender, social inclusion and sanitation cycle maybe prepared as suited for different stakeholders. A possible list of indicators along the gender and sanitation cycle may be prepared, which ULBs and state/national governments can choose from.

The thrust of **research** will be on cross-cutting issues like the impact of user fees on the use of toilets, MHM, emptying of containment structures, the condition and position of women sanitation workers and desludgers, gender differences in decision-making on containment, emptying and use of fecal sludge manure, and analysing surveys by the government on manual scavengers from a GSI perspective.

The thrust of the **pilot** will be to show replicable models of women’s empowerment which will be tested at the **ULB level**. A baseline survey on gender/social inclusion in each ULB needs to be conducted to identify existing gaps in GSI. Pilots could be designed in Trichy, PNP and NNP, based on the gaps identified, to increase women’s role in constructing toilets and containment structures, desludging operations and fecal sludge manure sales, and promote the rights of women in managing FSTPs. Citizens accountability structures around gender and the sanitation cycle, taking into account agency of women and marginalised groups, need to be established.

Policies and guidelines of governments at the state and national level will be strengthened from two perspectives: integration of GSI and integration of the sanitation cycle. TNUSSP will advocate to mainstream aspects of GSI across all aspects of the sanitation cycle in the GoTN’s OGSM and for a gender and sanitation cycle guideline at the state level.

Institutional structures such as a GSI desk within the Municipal Administration and Water Supply (MAWS) department could be considered with the aim of mainstreaming GSI issues across all aspects of urban sanitation, at the state and ULB level. The GSI desk could also advocate for affirmative action to recruit more women staff across the sanitation cycle and at managerial levels, affirmative action in training, and consideration of gender in job descriptions, contracts and performance evaluation.

The process of working out a GSI strategy should be owned by the stakeholders: ULBs, sanitation workers, construction workers, desludgers, federations, SHGs and state government, and the approach at the ULB level should be determined by inclusive deliberation. ULBs could revive the sanitation committees and build their capacities on GSI across the sanitation cycle and enable them to monitor all sanitation infrastructure, services, employment and business – from a social inclusion/gender perspective. Further, they should also promote gender inclusive and socially inclusive budgeting at the ULB level related to sanitation.

1. Introduction

1.1 Background

However, there are few studies on gender issues across the sanitation cycle (Water Supply and Sanitation Collaborative Council, 2017; BMGF, 2017a; World Bank, 2017; United Nations Children's Emergency Fund (UNICEF), 2017). Further, an intersectional perspective has not underlined the few studies that have looked at gender issues in containment, emptying, transportation, recycling and reuse. For example, the forms of discrimination against Dalit/Scheduled Caste men and women, single women, differently abled women and men and transwomen and transmen involved in these operations or who access sanitation services has not been examined in detail.

The concept of 'gender mainstreaming' in water and sanitation projects has been prevalent since the mid-1990s. Links between gender and sanitation have been a part of global discourse, focused on by the Millennium Development Goals (Goal 3) and Sustainable Development Goals (Goal 5 and 6). Many policies, programmes and projects, especially in developing countries, mention addressing gendered needs (which are mostly women centric) in the planning, implementation, monitoring and evaluation of projects.

The International Convention on Economic and Social Cultural Rights (ICESCR), adopted in 1966, recognises the rights of all people to an adequate standard of living, which includes sanitation. Nevertheless, there has been a wide shortfall in achievement of Millennium Development Goal 7 of halving the proportion of the population without access to basic sanitation by 2015. Hence, the emphasis on improving access to sanitation has continued. Sustainable Development Goal (SDG) 6 target 6.2 states (Inter Agency Expert Group, 2016:9)

"By 2030, 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."

As per the World Health Organization (WHO), sanitation refers to the provision of facilities and services for the safe management of human excreta from the toilet to containment, storage and treatment onsite or conveyance, treatment and eventual safe end use or disposal. It observes that more broadly, sanitation also includes the safe management of solid waste and animal waste (WHO, 2018).

1.2 Tamil Nadu Urban Sanitation Support Programme

GoTN has prioritised the full sanitation chain, including the strengthening of septage management as an economical and sustainable complement to network-based sewerage systems. BMGF is supporting the GoTN to achieve the Sanitation Mission of Tamil Nadu through TNUSSP. With this purpose, a Technical Support Unit (TSU) has been set up within the MAWS department. Funded by BMGF, TSU comprises of a consortium of organisations led by the Indian Institute for Human Settlements (IIHS), and includes Keystone Foundation, Gramalaya and Consortium for DEWATS Dissemination (CDD) Society.

TNUSSP Phase I (2015-2018) was designed to support GoTN and selected cities in making improvements along the entire urban sanitation chain. The city of Trichy and the two TPs of Periyanaicken Palayam (PNP) and Narasimhanaicken Palayam (NNP) in Coimbatore were chosen for developing demonstration sites. Through the demonstration sites, TNUSSP aims to offer strategic support to the GoTN in developing workable approaches to addressing sanitation the situation at various levels, working alongside the existing network of institutions and stakeholders.

Phase II (2018–2020) seeks to go one step further and integrate a Gender and Social Inclusion (GSI) perspective within its interventions in the two sites along the urban sanitation cycle and in its support provided at the state level.

1.3 Objectives and Scope of the Study

To support GSI during its TNUSSP's second phase, IIHS commissioned a Gender Assessment and Strategy with the following objectives (TNUSSP, 2018a):

- To assess gender issues **across the full cycle of sanitation** so as to understand the key differences in gender issues in different parts of the chain, including access to infrastructure and services, women's agency and decision-making
- To understand the intersection of gender with socio-economic status, caste, disability and differential needs/impact across women through their life cycles
- To develop an approach and strategy for a programme to close these gaps during Phase II of TNUSSP, and
- To identify key indicators which measure changes in outcomes, outputs and processes for and between excluded groups.

The gender assessment and strategy aimed to cover areas for improvement in

- infrastructure and facilities (siting, technology, designs, etc.),
- service delivery (by the public, private and non-profit sectors),
- the overall policy, regulatory and programme framework (for sanitation and interrelated sectors¹)
- empowerment of women (through increased roles in decision-making, leadership).

Refer to Annexure 1 for Terms of Reference of the Gender Consultant.

A Gender Consultant was appointed by IIHS to carry out a gender assessment and help develop a strategy. This report summarises the methods, approaches and key findings of the study and also develops a gender strategy for TNUSSP Phase II.

Chapter 1, of which the current section is a part, presents the context, objective, methodology adopted, and conceptual framework underpinning the study. Chapter 2 presents different rationales for integration of a GSI perspective across the sanitation cycle, namely 'efficiency', 'do no harm', 'welfare', 'rights', and 'empowerment'. Chapter 3 looks at GSI issues across the sanitation cycle emerging from desk review and field visits. Chapter 4 examines the Indian and Tamil Nadu governments' policies along the sanitation cycle from the perspective of GSI. Chapter 5 summarises good practices in integrating the perspective of GSI into the sanitation cycle. Chapter 6 is on the good practices, and points to strategies for integrating the perspective of GSI across the sanitation cycle within TNUSSP, as well as at the ULB level. The national-level implications of this assessment are also highlighted. Chapter 7 presents the conclusion.

1.4 Methodology

The assessment entailed two sequential steps of desk research and stakeholder interviews. Desk research of articles on gender and the sanitation cycle, government policies, guidelines, orders, and progress reports across the sanitation cycle was done through the perspective of gender. This helped identify aspects of the sanitation cycle and gender and inclusion issues where there was enough evidence, as well as aspects where evidence was scant. This review was used to prepare a list of questions for different stakeholders, which were further enhanced after inputs from the IIHS team. Refer to Annexure 2 for the list of questions for various stakeholders.

This was followed by qualitative interviews and focus group discussions with stakeholders. Towards this end, the two project sites of TNUSSP – the two TPs of PNP and NNP in Coimbatore district, and Trichy City Corporation (TCC) – were visited.

The stakeholders met with can be classified into four categories – direct users of sanitation services, service providers, government officials (including those posted with local government) and others like officials from partner NGOs of TNUSSP, other NGOs, research institutions, and so on. In Trichy,

¹ Health, livelihood and other relevant sectors.

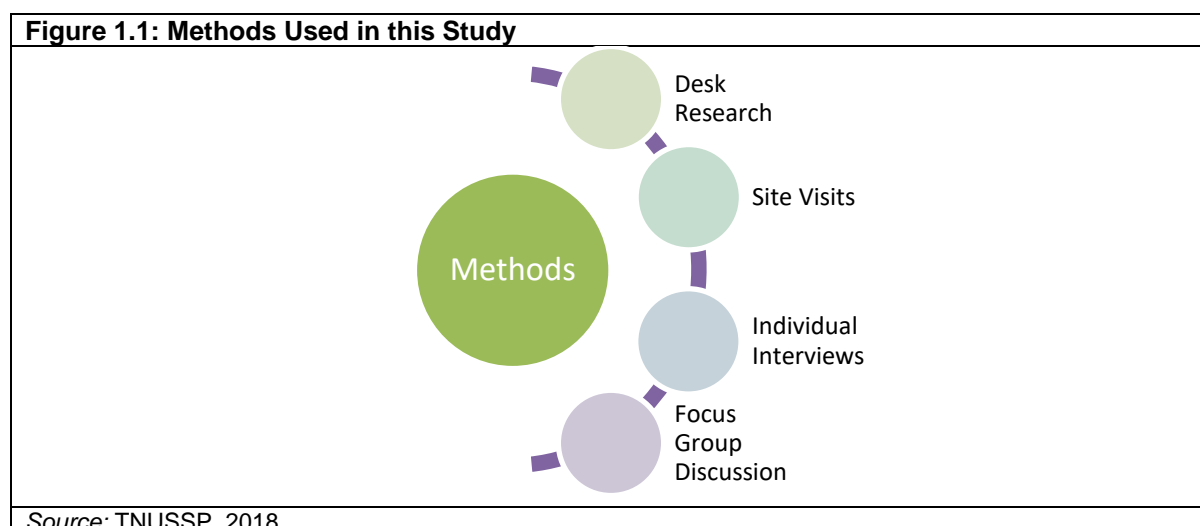
members of community accountability structures related to sanitation (led by women) were also met with. Details are given in Table 1.1.

User of Service	Poor women, poor men, poor transwomen, women and men farmers and the urban middle class
Service Providers	Sanitation workers, construction workers, masons, desludging operators, desludgers and SHG members managing SWM plants
Government	City Engineer, Assistant Engineer, Sanitary Officer, Sanitary Supervisor, Health Officer, Health Inspector, Tamil Nadu Corporation for Development of Women, and staff at decanting station
Other Stakeholders	TNUSSP, Keystone, Gramalaya, other NGOs, academic institutions, journalists, Asian Development Bank representatives, private sector civil engineers
Meetings with Members of Community Accountability Structures in Trichy	Women's WAVE Federation overseeing 205 CTs SHE committee AWASH committee

Source: TNUSSP, 2018

A total of 118 stakeholders (73 women, 4 transgender people, 41 men) were met, details of which are given in Annexure 3. The preliminary findings were shared with the entire TNUSSP team, and comments were elicited.

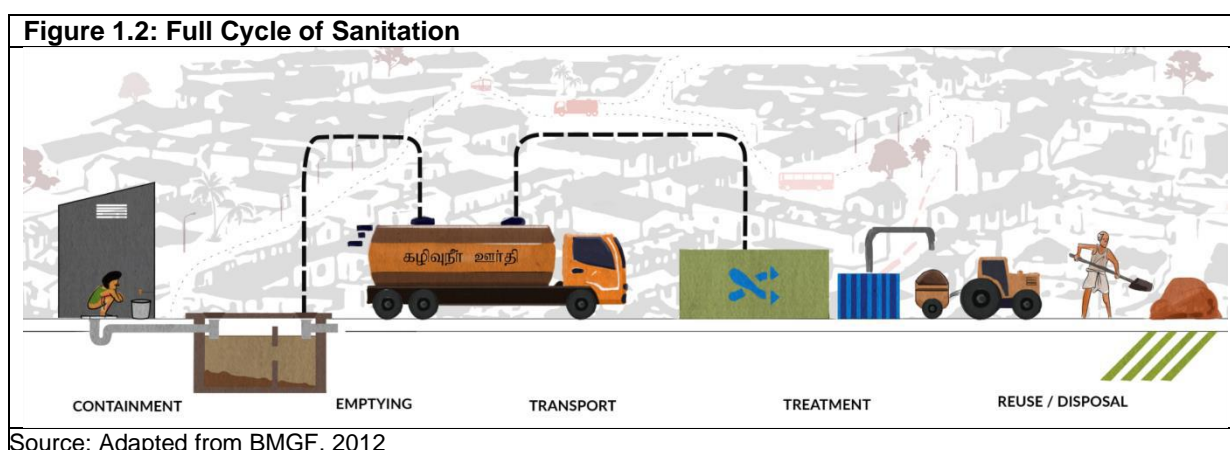
The methods adopted during gender assessment are detailed in Figure 1.1, which includes desk review, site visits, individual interviews – especially with government officers – and focus group discussions (FGD) with clients and service providers. In particular, in FGDs, balls were used to explore whether members of a group (people from sanitation accountability structures, SHGs etc) knew each other's names and to ensure that everybody spoke. The ball was thrown by a participant in the FGD to another participant, identifying her by name. The person who received the ball had to share her insight on the question being discussed. The ball could not be thrown at the same person twice until all members got a chance to speak. Another method adopted during FGDs is rating of achievement of goals, which was adopted vis-à-vis WAVE federation, wherein it rated how far its own goals were achieved.



1.5 Framework for Gender and Social Inclusion Strategy

Gender refers to socially constructed characteristics of women and men such as norms, roles and relationships of and between groups of men and women (WHO, 2019). In this report, GSI is used to refer to the process of addressing the multiple identities which mediate marginalised women and men's access to decision-making, sanitation services, employment, contracts and business through the sanitation cycle, and use of recycled products. Intersectionality as used in the report refers to people of marginalised identities not only facing more discrimination than privileged people but also different ones like women Dalit sanitation workers having lesser access to toilets than economically privileged women, and also at times being called by their caste names when they provide services.

The sanitation cycle as per BMFG (2018a) refers to the steps described below in Figure.1.2. One could add a seventh step in keeping with WHO's definition of sanitation, which includes management of solid waste.



It is in the sanitation and hygiene sector that one of the most significant divides between men and women is found (SuSanA, 2012), which is not restricted to access to toilets but is present in all stages of the sanitation chain. There is also minimal understanding of women's role across the value chain. Women are seldom involved in decision-making at the household level, despite being responsible for household water and sanitation. Also, women are seldom involved in programme design, planning and implementation. The consequences of this disparity are therefore felt the most by women. Thus, it is imperative to carry out this gender assessment through holistic lenses.

Five reasons for integrating gender and inclusion strategy in the sanitation cycle emerge from the desk review and field visits of this study: '**efficiency**', '**do no harm**', '**welfare**', '**rights**' and '**empowerment**'^{2,3}. Each of these rationales for integrating a GSI strategy in sanitation are elaborated below.

- **Efficiency:** The efficiency rationale does not challenge gender stereotypes but builds on them for making the sanitation cycle more efficient. For example, it is argued that advocacy on individual household toilets should target women as they are the primary custodians of family hygiene (World Bank, 2010).

While the efficiency rationale continues with existing approaches, the other four effectively challenge and make cases for adopting a new approach. This report focuses more on the non-instrumental reasons for inclusion of a GSIs strategy, which are:

- **Do no harm:** The "do no harm" rationale is based on the premise that if GSI are not taken into account in the sanitation cycle, harm will be inflicted on women and other excluded groups. If women and girls do not have access to functional and safe toilets, they are vulnerable to gender-based violence

² Asian Development Bank's Gender and WATSAN (Water and Sanitation) checklist distinguishes between economic, children's welfare and women's empowerment rationales for integrating gender lens into sanitation (ADB, 2006).

³ Wendland et al (2017) distinguish between efficiency, safety, improved health, transparency, social capital and empowerment benefits of gender mainstreaming in sanitation.

(this is not to say that most cases of gender-based violence happen due to lack of toilets⁴). If sanitation workers (women and men) are not given ergonomically designed equipment and vehicles, they can meet with accidents and face occupational health issues. Thus, addressing these issues is important to prevent harm being done to them.

- **Welfare:** The welfare argument deals with a (positive) health and well-being rationale for integrating a GSI strategy. An example of the welfare argument is that access to disabled-friendly, child-friendly and elder-friendly toilets can in the long term improve nutrition and strengthen genito-urinary health of women. It can reduce women's time poverty (World Bank, 2010).
- **Rights:** The rights argument is based on human rights principles. ICESCR guarantees right to water and sanitation for all.⁵ In reality, however, many of these rights are violated. Dalit women, Dalit men, transwomen, the disabled, the elderly, children, pregnant women and women in post-natal stages seem particularly disadvantaged in terms of access to toilets. Further, caste-based division of labour exists in toilet construction, composting yards, decanting stations, emptying, and transportation.
- **Empowerment argument⁶:** The empowerment argument perceives that a GSI strategy should increase the power of women and other marginalised groups over their lives individually, collectively and in terms of and social norms (Rowlands, 1998). For instance, at the individual level, it could entail women's decision-making on household toilets; at a collective level, it could imply marginalised women's groups taking up contracts for toilet construction and maintenance, at a societal level, empowerment of women and socially excluded groups in the sanitation cycle could entail challenging social norms around gender, caste, class, transgender status, etc. Along these lines of empowerment, the World Bank argues that sanitation policies should target equality in decision-making, equality in contracts, consultancy and general business around water and sanitation, including sanitation infrastructure development (World Bank, 2010).

Box 1.1 What is Women's Empowerment?

BMGF perceives that "women and girls experience empowerment when their inner change connects with shifts in institutional structures and systems, resulting in transformation of power relations at both individual and societal levels" (BMGF, 2018b: 9). Drawing on Rowland and Kabeer, one could add that empowerment can be at a collective level and at the level of deep-rooted norms of societal institutions: family, community, states and markets. At the same time, empowerment entails addressing intersecting power relations that have a bearing on the most marginalised women and girls, as well as working with men and boys on gender/social transformation.

Source: BMGF, 2018b, Kabeer, 1994

1.6 Challenges and Limitations

The main constraint faced during the gender assessment was that interviews with government officials were difficult, as some of the posts in the TPs were unfilled, or the posted staff held joint responsibility for another TP, where he spent more time. Further, the study also coincided with a festival season. This posed problems when it came to meetings with government officials in Chennai due to their busy year-end schedules.

There were a few existing good practices to address gender issues across the sanitation cycle, and many suggestions in this report are in the realm of "what may be possible", and not necessarily "what is assured of success". In spite of these limitations, it is hoped that the assessment will be relevant. Further, some of the information gathered through qualitative interviews may need to be validated through a larger sample survey.

⁴ See BMGF (2017a, 2018a)

⁵ The Convention on Elimination of All Forms of Discrimination, 1979, mentions lack of women's rights to water and sanitation as discrimination. International Labour Organisation's instruments guarantee equal wages, decent work, etc. The Yogyakarta Declaration perceives transwomen and transmen's access to toilets as a right.

⁶ The World Bank distinguishes between five levels of empowerment: welfare, access, conscientisation, participation and equality, using Longwe's framework.

2. Gender and Social Inclusion Issues Across the Sanitation Chain

There is much more literature on GSI issues related to decision-making, access, maintenance and use of toilets than on other stages of the sanitation cycle like containment, emptying, transportation, treatment and reuse (BMGF, 2018a). This chapter examines gender and social exclusion issues across the **entire sanitation chain along with those in SWM**, using the framework of the principles of 'do no harm', 'welfare', 'rights' and 'empowerment'. The section draws on both information from desk review and evidence gathered in the field.

Issues of gender and social exclusion across the sanitation chain from desk research and primary research in the two sites are presented in this chapter. The tables in this chapter point to whether the evidence is from literature review, primary research, or from both. The degree of confidence of evidence from primary research is indicated in the tables itself as 'strong evidence' and 'limited evidence'. The term 'strong evidence' in the case of primary research is used to indicate when more than three kinds of stakeholders point to the issue, the same issue is raised by a stakeholder in both sites visited, or when site visits were carried out to verify the statement by a stakeholder in one site (e.g. functioning of transgender toilets in public bus stand). Issues facing women-headed households and transwomen across the sanitation cycle are discussed at the end.

2.1 Issues in Decision-Making, Construction and Use of Toilets

GSI issues in decision-making, construction and use of toilets are presented in Table 2.1.

Lack of Access to Toilets

The lack of access to toilets increases the vulnerability of women and girls to sexual violence (Water Supply and Sanitation Collaborative Council, 2006, World Bank, 2017, BMGF, 2018a). Cases of violence against women and girls when they defecate in the open were reported in secondary literature and in primary research in the two cities. This violates the principle of '**do no harm**'. An associated issue is one of safety, which arises when toilets are located in unsafe places, CTs and PTs have the same entrance for men's and women's sections, or toilet cubicles lack doors or bolts, thus posing safety risks for women and adolescent girls.

At times, patriarchal norms are used by development agencies and media to promote construction of toilets, which, while being efficient, **do more harm** than good. Appealing to men 'to uphold women's prestige by providing them toilets' or campaigns pitching for 'a toilet in the house before bringing home a bride' perpetuate patriarchal norms of men taking care of women (Ministry of Drinking Water and Sanitation, 2017, BMGF, 2017a).

Gender and Caste Aspects in Toilet Cleaning

Both desk review and primary research indicate that the responsibility of fetching water for toilets and cleaning of individual household toilets normally falls on women (BMGF, 2018a). Site visits indicate that CTs are supported by motors to pump water. In Trichy, where community accountability structures exist, the cleaning of toilets is normally done by cleaners appointed by the CT management committee, who are typically men and women from Dalit community. The PT in Trichy is maintained by a contracted private agency, which then appoint cleaners from the Dalit community. Those that did not charge users were maintained by the TCC with the help of women and men sanitation workers on contract. In PNP and NNP, where community management structures do not exist, the cleaning is done by contract-based sanitation workers appointed by the ULB. This reinforcement of gender and caste-based division of labour is a violation of the principle of '**do no harm**'. Workers report having to 'clean/pick bottles containing urine in the morning, thrown out by male bus passengers.' While gloves and masks were given to cleaners, they were used varyingly. This aspect of availability and use of personnel protection equipment needs to be studied further.

Contracted sanitation workers, mainly Dalits, clean toilets, but less than half of those who were met with in the two sites had access to toilets in their own homes. However, a larger survey is required to validate the data, as the sample was small.

Looked at through a **welfare** lens, the lack of access to toilets poses sex/gender-specific problems.

Secondary literature indicates that women and girls often face abdominal pain, fissures, genito-urinary and reproductive tract infections as they have to drink less water, eat less and often have to hold themselves (World Bank, BMGF, 2018a). Pregnant women and postnatal women have to use toilets more often than other women, and their health gets adversely affected without access to toilets. Men find it easy to urinate in the open if they do not have access to toilets, though studies show that adolescent boys feel unsafe and stressed about doing so (BMGF, 2018a). Studies point out that peak time shortage of toilet seats enhances stress levels, in particular amongst the elderly, disabled women and pregnant women (BMGF, 2017a).

Barriers to Improving Access to Toilets

Visits to an informal settlement in NNP reveals limited access to individual household toilets (10 out of 45 households) and no access to a functional CT – although a toilet was constructed, it has never been operational. While the guidelines for SBM-Urban, 2017 stipulate provision of toilets irrespective of the nature of land tenure, it is still not a reality (Ministry of Housing and Urban Affairs, 2017). In informal settlements and congested low-income areas, there is no space to build individual household toilets. In congested areas, CTs become the preferred option as seen in the case of Malekrishnan Koil, Kajapet, Trichy. In Balavinayakanagar, an informal settlement in NNP, it was observed that women and men living in houses with no title deeds could not get access loans to build toilets, though the National Urban Sanitation Guidelines, 2008 stipulates that schemes for building toilets should be accessible by all (Ministry of Urban Development, 2008). Furthermore, sanitation workers who were met with in Coimbatore mentioned that there are some house owners in low-income areas who rent out a room or two, but without providing toilet facilities.

Access to Toilets at the Workplace

Access to functioning toilets is a right (ICESCR, 1996). Secondary literature and this study indicate that women and men who are in the informal sector find it difficult to access toilets in their places of work (Sriram, 2016, BMGF, 2017a). Women sanitation workers in both sites who gathered garbage from individual homes reported that they use the nearest CT/PT which sometimes may be more than a kilometre away. The same situation exists with regard to construction workers met with in both sites. The women sanitation workers cleaning the public bus stand toilet in Trichy reported that the free toilets were not clean, and they had to pay to use the clean ones – which they did during an emergency as they earned little. Secondary literature indicates that domestic workers prefer to work for less pay in houses/flats that have some access to toilets (BMGF, 2017a).

Access to Toilets for Transgenders

In the two sites visited CTs and PTs did not deny transgender persons toilet as they were afraid of their “powers”. Those who ran CTs asked transgenders to use the ‘men’ or ‘women’ section based on their gender orientation - with transwomen in saris using women’s toilets and those in lungis using men’s toilets. Women using CTs in an area that had ten transgender households said they did not mind sharing the toilets with transgenders. However, a few transwomen interviewed at the Trichy Bus Stand said that they preferred having access to their own cubicles in CTs and PTs, as they tend to receive snide remarks.

In fact, the TCC has constructed a PT with three cubicles in the government bus stand only for transwomen, however, it has been vandalised and not maintained. As observed by the National Centre for Transgender Equality (NCTE), separate toilets for transwomen create the impression that they are harmful and should be kept apart from others. The study notes that transgenders should have the choice as to which toilets they would like to use (NCTE).

At the same time, there was one CT managed by a transwoman who was a temple priest, showing the diversity amongst transwomen. A major request in Trichy was to have toilets built in ‘jamat’ commune of transgender people. There was no transgender employed as a sanitary worker in sites visited- as sweeper, tractor or truck drivers, desludging operators etc or Supervisors & Sanitary Inspectors

Some of the CTs visited did not allow the migrant population to use them, while they had access to PTs. This needs to be researched further.

Table 2.1: Gender and Social Inclusion Issues in Decision-Making, Construction and Use of Toilets		
Rationale for Gender Integration	Examples of Gender and Social Exclusion	
	From secondary literature	From primary research
Do no harm	Appealing to patriarchal norms that men should uphold women's prestige by providing them toilets perpetuates gender norms Toilets could increase work burden of women when unaccompanied by lack of access to water and strategies to promote sharing of work	
	Absence of toilets leads to vulnerability of women and girls (and in some contexts even adolescent boys) to violence (strong evidence) Locating toilets in unsafe places, having same entrance for men and women's section, or not securing toilets with bolts, nuts etc pose dangers for women and girls (strong evidence) Cleaning of CTs and PTs pose their own health hazards for workers, Dalit women and men (strong evidence)	
Welfare		Access to individual household toilets and CTs weak in informal/legal tenements (limited evidence) Disposal mechanisms for diapers used by infants and the elderly are weak (strong evidence)
	Lack of access to toilets has sex/gender-specific ramifications like genito-urinary infections, abdominal pain, fissures, etc., among women (strong evidence) Long queues for using toilets during peak time amidst limited seats pose problems for the elderly, pregnant women and the disabled (strong evidence)	
Rights		Access to toilets is an issue for people residing in informal settlements, affecting women and girls in particular (limited evidence) The experiment in Trichy to provide exclusive toilets for transwomen in a public bus stand has failed ⁷ (strong evidence). In fact, a few transwomen who were interviewed prefer dedicated cubicles (limited evidence)
	In some cities there are more toilet seats for men than women in PTs, including Trichy (strong evidence) Accessing toilets at workplaces are a problem for informal sector workers, especially women (strong evidence) Some CTs do not allow migrants to use toilets, violating their rights (limited evidence) Transgender people face difficulty in accessing CTs and PTs (limited evidence) Not all CTs have cubicles that friendly to children, the elderly, the disabled, pregnant women, postnatal women, etc. (limited evidence)	
Empowerment		Less than 25% of women in construction trained as masons continued in the field, according to NGO and government representatives ⁸ (estimate needs verification) Women in construction groups do not exist in sites visited (strong evidence) Women SHGs managing CTs are not necessarily empowered to play a role in other parts of sanitation chain (strong evidence)
	Women have lesser say in decision-making than men on sanitation in most households, with the exception of women in leadership positions in community groups (strong evidence) and women in non-traditional jobs (limited evidence)	
<i>Source: TNUSSP, 2018</i>		

⁷ Visit by the researcher to the exclusive transgender toilets in Trichy bus-stand and discussions with four transwomen in Trichy. The transgender toilets were ransacked and locked.

⁸ Representative of Mahalir Thittam, Tamil Nadu Women's Development Corporation, Trichy

Access to Toilets for People With Additional Needs

Not all CTs or PTs have facilities for people with disabilities, the elderly, pregnant/postnatal women, children and trans people – violating their right to toilets. According to WAVE Federation, only 100 of the 205 CTs in Trichy under their supervision had a ramp. It is not clear how many are friendly to those with visual impairments. There are nine disability exclusionary toilets in Trichy, which are managed by ULBs (6), other NGOs with whom TNUSSP is not directly partnering with (2), or by private contractors (1) (TNUSSP, 2018b). There were complaints during the field visit to Trichy that these disability exclusionary toilets are not always kept open, due to fear of vandalism, and this merits more investigation. More data is also required on how many CTs have cubicles with western toilets (for the elderly and pregnant women) and children's toilets, and whether they are adequate and usable. The TNUSSP study notes that few CTs have child-friendly toilets, but the exact figures are not provided (TNUSSP, 2018b).

Gender Parity in Access to Toilets and Construction

Studies in Mumbai suggest that there are more PTs available for men (5,993) than for women (3,536) (BMGF, 2018a). This is in violation of the “potty parity” movement which began in the early 2000s and posited that more toilets are required for women than men, as the average turnaround time is more for women, given menstrual hygiene requirements (Wapshot and Lister, 2003). It is also in violation of the SBM guidelines, 2017, which call for one seat in each CT for 25 women and one for 35 men (Ministry for Urban Development, 2017).

From an **empowerment** perspective, secondary literature states that decision-making on construction of toilets largely rests with men⁹ (Routary, 2017). This study's own field research calls for a more nuanced understanding of the intra-household decision-making process. Women's leadership in groups, working in NGOs, education and independent income make a difference to their intra-household decision-making power when it comes to individual household toilets. Women who were leaders of groups or community mobilisers of NGOs, with high school or higher education and with independent income had greater decision-making power. A larger study is required to validate these nuances.

Another way to look at empowerment is whether women are involved in the enterprise of constructing, maintaining and managing toilets. In the two sites visited there were no women in construction groups. In fact, the officials from Mahalir Thittam (a government scheme for empowerment of women) and the NGO Gramalaya met with in Trichy reported training rural women to be masons, however less than 25 per cent stayed in that profession. While these women masons could not be met, there is evidence from other states of women masons' groups constructing and repairing toilets (Das, 2018). There is also no quota or special incentive in NNP/PNP TPs (Coimbatore) or TCC for issuing contracts for toilet repair and construction to women's groups – be it women in construction or groups formed by NGOs like the WAVE Federation by Gramalaya. The minimum amount required to bid for government contracts is also high, which precludes small groups from applying. Opportunities like women's groups starting sanitary marts along with other products along the sanitation chain are yet to be explored in the two sites.

Issues in handling baby and adult diapers – and disposal of fecal matter from diapers into toilet – is another concern. GoTN itself provides diapers to post-natal women. The government's “Amma¹⁰ Baby Care Kit” introduced in 2014 mentions provision of napkins for babies (John, 2018). While the implementation has been a matter of debate, it is not clear whether the baby napkins or diapers are provided, and if it is the former, how they are disposed of. With regard to toddlers, women and men who were met in the two sites said they used a home potty for fecal collection and fecal matter was emptied in the CT. However, a study being carried out in Coimbatore TPs by the TNUSSP shows that this is not always the case. Further, on the issue of adult diapers, there is little evidence on how these, including the fecal matter, are disposed of. Issues of menstrual hygiene management are discussed in Box 3.1.

Community Accountability Structures

An essential part of empowerment is that marginalised women and men's use of sanitation oversight

⁹ A study by Routary et al (2017) on intra-household decision-making on the construction of household level sanitation facilities covering 475 rural households in the Puri district of Orissa found that decisions were made exclusively by the male head in 80% of households; in 11% the decision was made by men who consulted or otherwise involved women. In only 9% of households was the decision made by women. Several female heads of households relied on male relatives to make decisions.

¹⁰ Amma here refers to the former Chief Minister of Tamil Nadu Ms J. Jayalalitha from the political party [All India Anna Dravida Munnetra Kazhagam](#).

committees enforces accountability of sanitation services to their needs, as such interventions increase their voice and agency (BMGF, 2018b). The CTs in PNP/NNP were managed by the TPs, with private sanitation workers cleaning them. The accountability to the public and to marginalised women was limited. These toilets were free for users and less well maintained than those that levied user fees. In contrast, around 50 per cent of CTs in Trichy were managed by WAVE Federation formed by the NGO Gramalaya, which had constituted Sanitation and Hygiene Education (SHE) Teams for each CT and Association for Water, Sanitation and Hygiene committee (AWASH) for overseeing sanitation issues in the area. The SHE committee met with in Trichy consisted of women from SHGs and male youth in equal measure (no female youth). In contrast to the WAVE Federation, which comprised women leaders, the AWASH committee met with in Trichy comprised women, male youth, and one man retired from the Education Department. According to the women leaders, the male youth helped clear encroachment on drains, repair water pumps and resolve disputes with men when there were delays in repairs and desludging. The young men were used for efficient and effective sanitation management in the area by women senior leaders in the AWASH committee. Whether this is empowering for women leaders it merits greater investigation.

Meetings with WAVE and one AWASH committee suggest that WAVE functions democratically, while AWASH committees needed strengthening. However, the sample of AWASH committees visited was too small to come to a firm conclusion. The larger issue of whether the women's involvement in management of CT is empowering or instrumental for efficient management of CTs is a matter of debate. The fact that WAVE Federation reported that they refused to take up community management of additional CTs when requested by TCC suggests that they did not find it empowering. They had larger aspirations of managing desludging operations and securing contracts for repair and building toilets, which fetch more income.

Box 2.1 Disposal of Menstrual Hygiene Products

Disposal of menstrual hygiene products varied with the nature of settlement in the two sites visited. One low-income settlement in NNP in Coimbatore did not have a CT, and only ten out of 45 households had access to individual household toilets. Women used the toilets more than men, in particular during their menstrual cycle. They reported throwing the sanitary napkins in a waste dump behind the water tank. In settlements where CTs existed, sanitary towels were reported (by cleaners and women) to be kept on the rim of the wall separating the cubicles or on window sills. In some cases, incinerators were available and working, but as women were not trained in its use and at times burnt themselves, the cleaner reported picking up the pads using a plastic bag or a stick and putting it in the incinerator.

Each cubicle often did not have a dustbin, there was a common one for the women's part of the CT. Women and girls reported that they felt embarrassed to walk with a pad and put the wrapped pad in a common dustbin. None of the CTs visited had a sanitary pad dispenser. Cloth pads, even when changed regularly, were difficult to use if the drains were open, as blood flows in public view. An aspect not explored is whether user fee had an impact on changing menstrual pads as frequently as is hygienically recommended.

One form of habitation is low-income housing complexes constructed by the government with a room, kitchen and individual household toilet. Discussion with women in such a complex in Trichy revealed that frequently changing menstrual pads was not an issue, but disposal of sanitary napkins was as there was no incinerator in the complex. There was no disposal system, and pads were thrown in a dump near a huge water body. A visit to the SWM unit in Vamadam, Trichy suggests that they are not presently using the incinerator as the neighbours objected to the smell which emanated from an over-filled incinerator. At the same time, there are examples of good practices in promoting cloth napkins (strong evidence) and herbal napkins (limited evidence) (discussed later).

Safe disposal of menstrual hygiene products is particularly important, as evidence from other countries suggest improper disposal leads to drains getting blocked (Kjellen et al, 2011). In Kenya, 40 per cent of blockages of sewers handled by one utility are due to the same factor. Due to a backlog of service requests, demands to remove the block are addressed a day after reporting, leading to backflows into the house, which is a serious health issue.

Source: TNUSSP, 2018

2.2 Issues in Containment

There is hardly any secondary literature on gender issues in containment. Some of the gender and equity issues emerging from field research in TCC and PNP/TNP TPs across the rationale of 'do no harm', 'welfare', 'rights' and 'empowerment' are listed below in Table 2.2 and discussed subsequently.

From a '**welfare**' principle, it was observed that few women and men in low-income urban slums in the places visited had knowledge of containment structures and the safe distance to be maintained from water points. This is particularly important, as inadequate distances could contaminate water and affect

residents' health. The exception was those who were leaders of the WAVE Federation and in committees of CTs linked to Federation who reported having received training.

From a '**do no harm**' perspective, the occupational safety of women and men involved in constructing containment structures is a neglected issue. For instance, helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses and respiratory protective equipment were not available at construction sites. At the place of work, few women who were involved in construction of containment structures had access to temporary toilets.¹¹ Further, women and men involved in the construction of septic tanks had little access to social protection such as life and accident coverage, health insurance etc, which they could get under the Notification 12th December (Ministry of Social Justice and Empowerment, 2013).. An equal concern reported is that poorly constructed containment structures require manual cleaning, which is high-risk.¹²

From a '**rights**' perspective, women and men in construction have unequal access to training on containment structures. Further, training is imparted to masons and their supervisors (maistries) who tend to be men, women are excluded from such training (TNUSSP, 2017). This is also validated in the field study in PNP and NNP. Another important rights issue is that equal wages are hardly paid to women and men in construction of containment structures. The gender division of labour makes it possible to mask this inequality by valuing the tasks that men do more than those of women. Masons (men) who were met with in the two sites were paid Rs 750 per day while *chittals*¹³ (women helpers) reported being paid between Rs 350 (Trichy) and Rs 450 (Coimbatore) per day. In the site visited in Coimbatore, *Manvettiallu*¹⁴, (men) were paid Rs 500 per day and assistant masons were paid Rs 650 a day.

From an '**empowerment**' angle, interviews with women in the two sites suggest that intra-household decision-making rests more with men than women on containment structures, but this needs to be studied through a larger sample. However, there were exceptions like community mobilisers associated with TNUSSP, some women construction workers, women engineers and women leaders of WAVE Federations (Trichy) who were aware of the dimensions of containment structures and required distances from water points. The WAVE Federation and some of the SHE and AWASH committee members formed by the WAVE Federation were stated to be aware of containment structures – but this needs to be validated through a study of knowledge and application. As discussed, a missed opportunity is organising women trained as masons under Mahalir Thittam and by Gramalaya, Trichy into women-in-construction groups, and training them in proper construction of septic tanks. While the willingness of women masons in the context of these sites has to be studied, there is evidence of women masons functioning as a collective in Assam (Bagchi, 2018).

Box 2.2: Gender, Class and Social Exclusion: Complex Realities

One middle-class woman, a chemical engineer in Coimbatore, stated that she supervised the construction of a toilet and leach pit in her house. She used principles of Vaastu to decide on the location of toilet septic tank and water point. She took decisions and not her husband on construction aspects. On a few days, she also employed women 'chittals' for construction of containment structures. She was not aware of safety protocols. She said that she would not make them any snacks or tea, as she believed they would stop working at that time. Instead, she asked one of them to buy tea and come back. They did not have access to her toilets but had to use public ones. Thus, at times class identity can overrule gender identity and lead to social exclusion of marginalised women and men.

Source: TNUSSP, 2018

¹¹ Discussion with construction workers in two sites in PNP, NNP and one site in Trichy.

¹² Discussion with IIHS and Keystone stone in Keystone office, Coimbatore.

¹³ Female Assistant (IIHS, 2017).

¹⁴ Male Assistant (IIHS, 2017).

Table 2.2: Gender and Social Inclusion Issues in Containments		
Rationale for Gender Integration		
	Evidence from Desk Research	Evidence from Primary Research
Do no harm		Improperly constructed septic tanks have to be cleaned manually at times, which is of high risk (limited evidence).
		Safety of women and men construction workers involved in construction of septic tanks and other sanitation not adequately addressed (strong evidence)
Welfare		Awareness on dimensions of containment structures limited amongst women users of individual household toilets; only slightly better amongst men (limited evidence)
		Unorganised women and men involved in construction of septic tanks as well as other infrastructure have little access to social protection, including maternity leave (strong evidence)
Rights		Equal wages are hardly paid for women and men in construction of septic tanks; there is a marked division of work and the work of women is valued less than that of men (strong evidence)
		Mainly men in construction work trained in making appropriate containment structures (strong evidence)
Empowerment		Intra-household decision-making seems to rest with men on dimensions of septic tanks and distance from water points of individual toilets, exceptions being women leaders of groups and women engineers (limited evidence)
		Not all committees of CTs have been trained in appropriate containment structures and distance from water points (limited evidence) There are no “women in construction groups” to take contracts for constructing (toilets and) septic tanks in sites visited (strong evidence)
<i>Source: TNUSSP, 2018</i>		

2.3 Issues in Emptying and Transportation

There is little existing literature on gender and social exclusion issues in emptying and transportation. Table 2.3. presents gender and sanitation issues in emptying and transportation. Primary research indicates that desludging operations can cause **harm**, if protective gear is not used. Helpers involved in desludging reported being given gear like gloves, mask and boots by employers, with their use varying as they were not seen as convenient (for example, the gloves and boots reportedly causing itching).

Male helpers in private desludging companies at times have to manually break hardened sludge in containment structures that are not properly constructed, posing severe health hazards. Discussions with a Health Officer in Trichy indicate that rates of alcoholism are high amongst helpers and drivers in private operations. While manual scavenging is supposed to have been eliminated in Tamil Nadu, newspaper reports provide data that some women and men sanitation workers supplement their income in Trichy and Coimbatore through manual scavenging (specifically, cleaning foul-smelling ditches), which is not only harmful but also robs them of dignity (Karthikeyan, 2018). In Coimbatore, manual scavengers predominantly belong to the Arunthathiyar community (Karthikeyan, 2018).¹⁵ A concern from the consumer or client side, is that few clients (women clients less so) in the two sites know what the ideal frequency of desludging should be, and this leads to overflows (limited evidence). The WAVE Federation (strong evidence) and SHE committee members (limited evidence) in Trichy were more aware of these matters.

From a '**welfare lens**', none of the helpers – mainly Dalit men engaged in desludging on behalf of private companies in Trichy Corporation and PNP/ NNP – were enrolled in any labour welfare board or entitled to social protection under the Unorganised Workers Act, 2008. During the rainy and festival seasons, there is considerable demand for desludging of CTs, which when not met affects the users as well as the workers. Helpers reported being given tetanus injections once a year for free by employers (private and government), but not other ones to protect against typhoid, jaundice etc, which are essential in such work. Skin diseases and typhoid were not uncommon among desludging workers.

Evidence from other countries points to a varied gender role in desludging. In South Africa, while men predominantly do the desludging outside home, in South Africa, emptying the sludge within a house from the aqua privy (a kind of small septic tank) is often the responsibility of women in the household. This adds to their work burden, apart from being a stigmatised job (BMGF, 2017a).

An important '**rights issue**' is that there is a caste- and gender-based division of labour, with Dalit men being the helpers or actual persons involved in desludging operations and people of other castes emerging as owners. The profile of operators needs to be studied systematically. Interestingly, one owner in PNP/NNP had risen from the ranks of a helper. All the private owners of desludging operations who were met with or enquired about in both sites were men, though there was one report about a woman with young sons who managed the operation after her husband died. The few women working in desludging companies were typically found in desk-based positions like customer service and management of accounts. An economic issue is that desludging is a paid service and concessions are not a right of individual households but left to the operator. This disadvantages the poor, particularly poor women-headed households. The impact of poverty on desludging frequency across different income groups needs to be studied.

The government drivers and helpers involved in desludging operations in Trichy reported earning at least twice the salary and perks of drivers and helpers working in private ones, leading to income disparity for the same work. The driver of the government truck reported earning Rs 45,000 per month in Trichy and the helper reported earning Rs 30,000 per month, while those in the private sector reporting earning Rs 20,000 and Rs 12,000-15,000 respectively. In Coimbatore, one private desludging operator reported that at times they employed migrant workers from nearby districts at a very low salary

¹⁵ <https://thewire.in/labour/coimbatore-grit-manual-scavenging>

of Rs 4,500 per month (exclusive of accommodation)¹⁶ instead of paying Rs 12,000-15,000¹⁷ for regular helpers from Coimbatore. A larger study on the condition of helpers in the private sector is required to come to a firm conclusion on the position of helpers in desludging operations.

Interviews with drivers and helpers employed by private owners suggest that a few clients (more middle- than low-income clients) do not even give them water to drink, as the helpers and drivers are considered 'impure'. However, this concept of impurity does not extend to the government helpers and drivers, though the helpers are Dalit (men) too. A truck driver and helper of a government desludging operation in Trichy said, "We are expiating our negative karma by doing this work so that the future generation benefits." Further, there is the lack of affirmative action for women's groups or helpers' groups in local governments' call for bids for desludging operations (household toilets and CTs). And speaking of class, some low-income areas are congested, posing difficulties in reaching containment structures, disadvantaging local women and men.

From the perspective of '**empowerment**' the important gender and social exclusion issues are that Dalit helpers or women's groups rarely have the capital and technical assistance to purchase trucks and equipment required for desludging and putting down the deposit required for bidding for contracts with the ULBs. The licenses for emptying of individual household containment structures are with companies owned by men. The all-women WAVE Federation formed by Gramalaya in Trichy tried to bid for contracts, but the funding agency that agreed to support them to buy trucks (Rs 10,00,000) and desludging machines pulled out at the last minute. Some of the helpers (who were mainly Dalit) were interested in undertaking desludging operations along with drivers in both sites visited. There were role models of helpers moving up to become owners in Coimbatore district which is discussed in the next section.

¹⁶ In Coimbatore PNP/NNP from Trichy.

¹⁷ The helpers are paid Rs 600 per day as wages. In addition, they are given a daily allowance of Rs 100 daily allowance. The earnings are higher in raining season, when there is demand. The figure of Rs 12000-15000 per month was given as average earnings by helpers met in Coimbatore.

Table 2.3: Gender and Social Inclusion Issues in Emptying and Transportation		
Gender and Social Inclusion Principle Violated	Gender and Social Exclusion Issues in Emptying	
	Evidence from secondary research	Evidence from primary research
Do no harm		<p>Safety of desludging helpers inadequately considered, with the safety equipment being inappropriate and inadequate (strong evidence)</p> <p>Women (more so) and men are not aware about the ideal frequency of desludging and at times wait till sludge overflows (limited evidence)</p> <p>Workers (men) in private desludging companies at times have to manually break hardened sludge in containment structures that are not properly constructed, posing severe health hazards (limited evidence)</p>
Welfare		<p>Welfare of desludging helpers inadequately taken into account, with majority receiving only a tetanus injection and no other mandatory protective vaccines (limited evidence)</p> <p>Very few helpers in desludging operations are members of labour welfare boards affiliated to the Unorganised Workers Social Security Act, 2008 (strong evidence)</p> <p>CTs require frequent desludging during rainy season and festivals and when the demand for same is not met on time, it affects welfare of users and desludging operators (limited evidence)</p>
Rights		<p>There is a caste- and gender-based division of labour, with Dalit men working as helpers and owners being other caste men (gender divisions and helper profile strong evidence, ownership – limited data)</p> <p>Few women in desludging companies are in customer service and finance, and not ownership (limited data)</p> <p>There is a marked difference in salaries and benefits between the drivers and helpers in government-owned desludging operations and the private sector, though Dalits dominate in both as helpers (strong evidence)</p> <p>Some clients do not offer helpers and drivers of private desludging trucks even water when asked, as the work is considered 'impure' (strong evidence).</p> <p>There is no reservation for women's groups to register/apply for contracts for desludging operators (strong evidence)</p> <p>Slums are congested and it is at times difficult for trucks and desludging equipment to reach containment structures, disadvantaging those who stay there (strong evidence)</p> <p>Concessions for poor households on the user fee for desludging are ad hoc and not systematised by ULBs (limited evidence)</p>
Empowerment		<p>Individual women/women's groups rarely have the capital and capacities to buy a truck and desludging equipment, hire helpers and engage in desludging operations (strong evidence).</p> <p>There are few services offered for educated Dalit helpers in desludging operations to move into other work, or run desludging operations collectively (limited evidence)</p>

Source: TNUSSP, 2018

2.4 Issues in Treatment and Reuse

There is little literature on gender and social exclusion issues in fecal sludge treatment and reuse. (Table 2.4). To understand this aspect, three farmers and three urban middle-class residents were interviewed. The use of chemical manure is harmful to nature and humans, and hence it was important to understand the preference for manure from fecal sludge. Two of the three farmers were unwilling to use fecal sludge manure and only one of three urban middle-class residents was willing to use fecal sludge as manure. There was no gender difference amongst farmers, but there was in the case of the middle class, with women who were not willing to use fecal sludge manure for their nurseries. This gender difference amongst urban consumers needs to be studied through a larger sample, and if differences exist, it needs to be addressed through advocacy campaigns from the perspective of efficiency.

Using a 'welfare' lens, there were no mobile toilets seen at the FSTP under construction in PNP under TNUSSP, and the toilet in the pumping station of the government in Anna Stadium, Trichy was not operational.

From a 'rights lens', the workforce is predominantly male in the pumping station, decanting stations and FSTP units (Unilever). The Supervisor and Bill Maker in the pumping station, Ambedkar Stadium, Trichy were men. When asked, a senior official stated that it was difficult for women to gather money from desludging operators, and night shifts are not considered suitable for women. A similar pattern was observed in the FSTP construction site in PNP – the civil engineer, the supervisor (maistry), mason and manvettialu were all men. However, it was planned to employ women *chittals* when construction of the roof was to take place. The remoteness of the FSTP unit was stated as a reason for not employing women construction workers. Further, normally women *chittals* came as a group and not alone for safety reasons, but small FSTPs such as the one in PNP employed only a few workers and could not provide the security required. Further, as discussed, the FSTP did not have toilets and men construction workers had to take recourse to open defecation. The toilet in the nearby composting yard was also not operational. A study of profile of workers and employees of a larger sample of FSTPs would be essential to come to a firmer conclusion. Further, as women come into this work force, anti-sexual harassment committees and caste-based harassment committee may be required.

Table 2.4: Gender and Social Inclusion Issues in Treatment and Reuse		
Gender and Social Inclusion Principle Violated	Evidence from Secondary Research	Evidence from Primary Research
Do no Harm	At times fecal sludge is let off in unoccupied areas and in farms, with/without consent (limited evidence)	
	Food crops grown in farms where untreated fecal sludge has been let off are not safe for consumption Flowing of sewage/septage into streets due to traffic congestion, blockages is a serious health hazard.	The use of chemical manure is harmful to nature and humans. However, women in urban areas seem less willing than men to use manure made out of processed fecal sludge, which in fact is less harmful than chemical fertilizers (limited evidence).
Welfare		If the FSTPs are small there is no provision for toilets or menstrual hygiene products at construction sites (limited evidence) The decanting station visited in TCC did not have toilets and bathing facilities, and neither did some pumping stations (strong evidence) The location of one of the pumping stations ¹⁸ in the heart of Trichy may pose problems, including to workers in adjacent SWM units (strong evidence)
Rights		There are hardly any women engineers and women staff in decanting stations, pumping stations and FSTPs (strong evidence) Few women are involved in construction of the FSTPs, with remoteness of location and consequential safety issues stated as a reason (limited evidence).
Empowerment		There are as yet no women's groups in sites visited running/formed to run shops to sell fecal sludge manure or briquettes (strong evidence) There are no examples of women engineers coming together to bid for contracts for constructing, maintaining and managing FSTP units (strong evidence) which needs to be replicated in the Tamil Nadu context
<i>Source: TNUSSP, 2018</i>		

¹⁸ Located in Vamadam Trichy.

2.5 Issues in Solid Waste Management

GSI issues in the large SWM Unit visited in Vamadam, Trichy employed 30 women, mainly of reproductive age: 15-49 years (as defined by the National Family Health Survey). Women/girls in this reproductive age in India are highly anaemic due to gender norms and discrimination (International Institute for Population Sciences, 2017). Given this, doing heavy work in SWM units like sorting, carrying and emptying waste and carrying compost could **harm** already anaemic women, especially when no strategy is there to address anaemia. Another issue is that the tools, bins and carts used by women sanitation workers in SWM are not designed to suit the average heights and weights of Indian women, leading to pain in different parts of their bodies as well as reducing their productivity (limited data, though several complaints).

From a '**do no harm**' perspective, the poor use of protective gear by women and men sanitation workers (who are mainly Dalit), as they were inappropriate, is a concern. Cases of women hurting themselves when glass was mixed with waste were reported in a SWM unit in PNP. At times fecal waste was reported by workers to have been disposed of in the form of child and adult diapers, which was harmful for workers. There were cases reported of urine-filled bottles being thrown out by those traveling by bus in the Trichy Bus Stand, which needs to be further probed. These pose health hazards for women sanitation workers who clean the bus stand in the morning. And there were few places where sanitation workers could have a bath before going home.

The PNP SWM unit was managed by an SHG with a small staff comprising five contracted sanitation workers, who were mainly Dalit. Of them, three were women and two were men. While it was claimed that there was no gender division of labour, it was observed that it was mainly the women who separated the waste dumped by small trucks or tractors (driven by men) from hotels and companies. Men carried materials that could not be recycled in the wheel-barrow and seemed to operate drying/mixing machines to make compost, while supervision was in the hands of a male sanitation worker. Workers reported being paid Rs 250 per day and made an additional small amount through selling non-recyclable products. No gender-based difference in wages was reported. The compost was given to farmers for free, with the TP calling the SWM unit to inform them when farmers were coming. The sanitation workers in this SWM unit were older than the ones in Vamadam (Trichy) and those who cleaned the roads or toilets. One of the men was differently abled. While this is positive, the marked gender division of work is a concern and violates the **rights of women**.

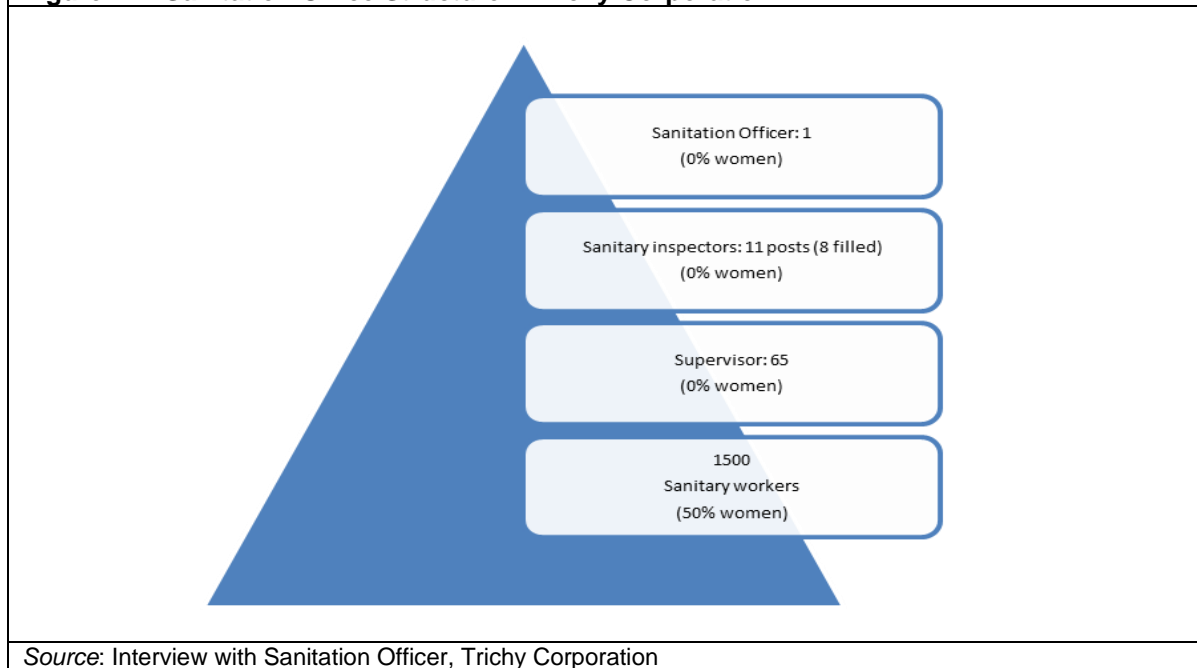
In Trichy, the SWM unit in Vamadam was larger, and the 50 workers included tractor and dump truck drivers who were men, and sanitation workers who were women. Around 60 per cent of workers were women (Table 2.5), and a majority were Dalits. One of the women leaders of the SHG managing the SWM unit reported that the proportion of women heading households and working in SWM unit was higher than in the general population. At times, pregnant women worked till the end of their pregnancy. Two Muslim women were reported to have left as they found the work in the SWM unit difficult. Like in the case of those involved in desludging, the work of sanitation workers involved in SWM units was considered degrading. None reported being sexually harassed openly in Vamadam SWM unit, but a one-one-on-one discussion in private is required to come to conclusions. There was no official committee against sexual harassment at the workplace in Vamadam. Jobs that were mechanised, like driving dump trucks, were held by men, and opinions varied on whether they were paid more than the women workers. The unit was managed by a SHG comprising workers and a committee of 20, the secretary of which was a woman.

Nature of work	Women	Men
Dump truck drivers		6
Dump truck helpers/SWM unit workers	18	6
Workers at SWM unit (sorting, shredding, dumping in pits, packaging etc)	8	6
Dengue workers deputed to unit	3	3
Total	29	21
<i>Source: TNUSSP, 2018</i>		

Table 2.6: Gender and Social Inclusion Issues in Solid Waste Management		
Gender and Social Inclusion Principle Violated	Evidence from Secondary Research	Evidence from Primary Research
Do no Harm	.	High levels of anaemia among women may cause harm to workers in SWM unless addressed (limited evidence) Few workers in SWM units wear protective masks, boots and gloves (high evidence) At times, fecal waste and urine is dumped through diapers (strong evidence) and bottles (limited evidence) with waste for sweeping/segregation, affecting the health of the women concerned
Welfare	Workers reported being given only tetanus shots, and no other protection	Varied access of workers in SWM unit to toilets, with access to a unisex toilet in the larger SWM unit in Trichy, and no access to toilets in the smaller SWM units (limited evidence). There are no bathrooms in SWM units visited for workers to take a bath before going home. This can lead to the spread of diseases (strong evidence) Absence of ergonomically designed tools, storage bins and vehicles for moving waste designed to suit the height and weight of women (strong evidence) There are no menstrual hygiene dispensing units in the SWM units for women workers (strong evidence) Few sanitation workers – women and men – reported being enrolled in labour welfare boards for unorganised workers (strong evidence)
Rights		A majority of the workers in SWM units are women. There is a marked gender-based division of labour (strong evidence) Sanitation workers report that some middle-class women and men consider those who work in the SWM chain as polluting (limited evidence) No sexual harassment committee in SWM units (strong evidence)
Empowerment		SHGs manage waste segregation in both sites, but workers are paid only daily wages. While they can keep limited profits from the sale of non-organic waste, they cannot sell manure, which is given away for free irrespective of economic status. This free disposal of manure violates the rights of members of SHGs (strong evidence) There are few avenues for women and men sanitation workers in SWMs to move up the ladder to positions like Supervisors and Sanitary Inspectors
<i>Source: TNUSSP, 2018</i>		

The NNP SWM unit in Coimbatore had installed a pre-fabricated toilet, but it was not operational as yet, which affected the **welfare** of workers. In the Trichy SWM, unit there was a unisex toilet, but no bins for temporary disposal of menstrual hygiene products of the women workers. There were no sanitary pads kept for workers who may need them suddenly. Women and men sanitation workers reported being given tetanus injections but no other vaccines. The leader of the SHG stated that the Vamadam SWM unit had a first aid box, but not the SHG in PNP. The Health Officer in Trichy observed that incidence of alcoholism was high amongst men sanitation workers, and in some instances, women were addicted to alcohol too. Men sanitation workers smoked beedis and cigarettes, while women sanitation workers chewed tobacco to cope with the drudgery and stench of their work. Incidence of cancer was higher than in the general population. Skin diseases were common amongst those who engaged in SWM, cleaning of toilets and desludging. While the government Health Officer in Trichy reported that the government provided annual check-ups for 80 per cent of sanitation workers,¹⁹ few sanitation workers who were met with during the study reported accessing them. When asked, none of the workers in the SWM unit reported being part of a labour welfare board, though a few were in unions.

Figure 2.1: Sanitation Office Structure – Trichy Corporation



From the perspective of **empowerment**, on paper, “women’s SHGs” manage waste segregation in both PNP and Trichy. However, in reality, the women members are paid only daily wages. While they can keep limited profits from the sale of non-organic waste, they cannot sell manure, which is given away for free. There are both big farmers and marginal farmers who come to buy manure. Thus, women’s labour is subsidising the big farmers and the government, as their wages are lower than those on the payroll of the government.

Furthermore, there are few avenues for women sanitation workers to move up the ladder in SWMs to positions like Supervisors and Sanitary Inspectors, which was mostly held by men who were not from the Dalit community (see Figure 2.1, Table 2.6). Rarely did the seniors use derogatory caste names in front of sanitation workers, but it was not uncommon that when they spoke to each other caste words were used (Karthikeyan, 2018). When vehicles like tractor and, dump trucks were introduced for moving garbage, it was male sanitation workers who were trained to use them. Efforts by the government to break the caste division of labour by bringing in permanent sanitation workers who were not from Scheduled Castes have, according to some researchers, been subverted by getting Dalit workers to do the actual work by proxy (Kumar, 2019). This view is also supported by one of the NGOs and a Women’s Studies Centre of one of the leading Universities in Trichy.²⁰

¹⁹ The health check-ups include checking of blood pressure, blood sugar levels, non-communicable diseases, sexual transmitted infections. For women, cervical cancer and breast cancer screening services are provided.

²⁰ Interviews with Professor, Bharathidasan University, Trichy and Director, CDT, Trichy.

	PNP			NNP		
	Male	Female	Vacant	Male	Female	Vacant
Extension Officer			1	1		
Sanitary Inspector			1			
Sanitary Supervisor	1					
Junior Engineer	1					
Head Clerk/clerk	1			1		
Computer Operator				1		
Bill Collector	2	1		1		
Junior Assistant		1			1	
Overseer	1					
Pump Mechanic	1					
Office Assistant	1					
Total	8	2	2	4	1	

Source: Interviews with staff of PNP and NNP Town Panchayats

Box 2.3: Women-Headed Households and the Sanitation Cycle

As per the National Census, 2011, 11 per cent of households in India were headed by women, and in seven cases, including in Tamil Nadu, the figure was above 20 per cent (Mishra, 2012). Interviews with women-headed households (de-facto and de-jure) in low-income areas suggest that they are poorer than dual earning households in similar areas, and hence find it difficult to mobilise funds for constructing toilets (limited evidence). Desludging operators observe that women-headed households from low-income individual toilets demand concessions in desludging fees. They may not desludge at the required frequency (limited evidence). Moving from being clients to service providers, it was reported that the proportion of women heading households may be greater amongst sanitation workers (30-40 per cent in one site) than in the general population, and this aspect merits greater investigation. As most sanitation workers were hired on contract basis by TPs (Coimbatore) or through SHGs (TCC) they have no life insurance cover.

A study on wives of sewerage workers in Delhi found that many of them had become the sole earners in their family after having lost their husbands to suicide, mishaps and alcoholism. The widows worked as sanitation workers or domestic workers (Garg, 2019). The life expectancy of sewerage workers according to them is ten years lower than the national average for the above reasons. While cases of sexual harassment were not mentioned in the primary research at the two TNUSSP sites, in Bangalore, male supervisors and contractors harassed the women workers, and in one instance, when women sanitation workers asked for their unpaid salaries, the supervisor abused them with casteist slurs and sexually harassed them (Garg, 2019). Such harassment may be higher against women who were widows, deserted, divorced or never married (limited evidence).

Source: TNUSSP, 2018

2.6 Conclusion

This section has argued that gender and social exclusion throughout the sanitation cycle can decrease welfare, violate rights and cause harm to marginalised women and men as users of services and infrastructure and workers in sanitation cycle. It can also deny agency and opportunities for empowerment along the sanitation cycle. Gender and social exclusion reinforce existing hierarchies (norms on caste and gender-based division of labour) even as new ones are created (e.g. between private and government sanitation workers). Male sanitation workers operate motorised sanitation vehicles which have been newly introduced and women sanitation workers are made to use the manual pushcarts.

Marginalised women and men include sanitation workers, construction workers, those in informal settlements/slums, migrants, trans people, people with disabilities, children, adolescent girls, the elderly, pregnant women and postnatal women. Intersectionalities may operate through added disadvantages, like a migrant Dalit man who desludges being paid lower rates than a local Dalit man

who desludges. Intersectionalities may also privilege a few like Sanitary Supervisors, who are mainly men and non-Dalits. The particular problems of women-headed households amongst sanitation workers and transgender people in general in accessing sanitation services is highlighted in Box 3.3 and 3.4.

Further, institutional structures are themselves gendered like the sanitation institutional structure in TCC and the two ULB studies. Discussions with staff of ULBs in the two sites reveal that as of now there are no GSI units or committees, and the job descriptions of staff do not mention GSI responsibilities. The organisation chart of TCC suggests that there are no GSI focal persons (City Municipal Corporation). As of now there is no preference to women bidders of tenders related to sanitation cycle Tender details pertaining to sanitation cycle or a reduction in Earnest Money deposit required (Trichy City Municipal Corporation, 2018). Elections to ULBs have not been held in the state since 2011 making it difficult to enforce accountability to GSI. Unions of sanitation workers exist, details of which need further investigation.

3. GSI Issues in Policies and Guidelines

This chapter presents the findings of reviews of three policy documents, and five guidelines related to sanitation and legislation on prohibition of manual scavenging from the perspective of GSI. Specifically, it examines what GSI issues across the sanitation cycle and at what levels – national to local – they are addressed. Interventions that these documents call for at the ULB level, and at state/national levels are delineated. Good practices and gaps, if any, in policies, legislation and guidelines from a GSI perspective are identified.

3.1 Gender and Social Inclusion Lens in Sanitation Policy

Three policy documents are analysed using GSI as a lens: the FSSM Policy, 2017, NUSP, 2008, and the Draft National Policy on Women, 2016.

Focus on GSI Issues in the Policies

A review of the three policy documents suggests that GSI across the sanitation cycle are better mainstreamed in the situation analysis and mission objectives of the FSSM Policy, 2017 than the other two policies (see Table 3.1). The FSSM Policy, 2017 notes that the burden of poor sanitation falls disproportionately on the urban poor and women, and that sanitation workers work under hazardous conditions. The FSSM Policy, 2017 mission seeks to both protect women from violations and violence related to poor sanitation, as well as expand their agency by involving them in planning. The NUSP, 2008 has a strong pro-poor focus, and also recognises women, children and the elderly as vulnerable groups (Wankhade et al, 2014). However, it stops at the objective of expanding the access of these groups to sanitation (equated with toilets). There is no reference to GSI issues across the sanitation cycle in the context section of the Draft National Policy on Women, 2016. The mission/goals of the policy on women refers to strengthening women's agency, but not specifically in the context of sanitation.

Strategies for Including Gender and Social Inclusion Issues

While the attention to GSI issues is good in the problem analysis and mission of the FSSM Policy, 2017, the proposed strategies focus on 'do no harm' and the 'welfare' of desludgers, and not their 'rights' or 'empowerment'. The empowerment of women, especially women sanitation workers, women construction workers, women heading households, and trans-people through the sanitation cycle as owners, entrepreneurs, repairers and employees, or their involvement in oversight committees is not mentioned. Gender mainstreaming of IEC on sanitation is delegated to the Ministry of Women and Child Development (MWCD), and not a GSI desk within MoHUA, which may be more effective. It is only the FSSM Policy, 2017 that pays attention to the condition and position of sanitation workers.

GSI lens in NUSP is limited to toilets, and the same attention to GSI in access to toilets is not paid to GSI in containment, treatment and reuse. Furthermore, like the other two policy documents, gender is seen as binary, and sanitation issues and possibilities for empowerment in the sector, when it comes to transgender people, are not explored. The policy stands out in its pro-poor orientation with regard to toilets, with a commitment to reach the poor, women and the elderly, to reach informal settlements, to allocate 20 per cent of the budget towards the same, and to promote ULB-level committees to ensure the same. Lessons can be learnt from this for gender and other forms of social inclusion.

In terms of strategies, it is the Draft National Policy on Women, 2016 which mentions that women are to be involved in **decision-making and follow up** activities related to waste disposal, water and sanitation systems and in agricultural/industrial projects that could have a bearing on quality of sanitation services. It also refers to promoting menstrual hygiene of adolescent girls.

Operationalising most of the strategies suggested in the policies require action at the **ULB level and at the state level**. For instance, the allocation of 20 per cent of the urban sanitation budget for the poor or gender mainstreaming will require intervention at the state level. Other strategies like establishing a sanitation committee to have a pro-poor approach will require action at the ULB level. Table 3.1 summarises the analysis of the three national policies with respect to their emphasis on different aspects of the sanitation cycle.

Table 3.1: Analysis of Policies Using the Lens of Gender and Social Inclusion						
	Problem Analysis	Mission Objectives	Toilet and Containment	Emptying and Transportation	Treatment and Reuse	Institutional Actions
FSSM Policy, 2017	Burden of poor sanitation and services disproportionately affects women, especially the urban poor Sanitation staff work in hazardous conditions to clean on-site sanitation system pits and tanks, sometimes without adequate protective gear	Mitigate gender-based insecurity/violence linked to sanitation, and promote involvement of both genders in planning sanitation infrastructure		Evolve operational procedures for desludging, including safety procedures with an emphasis on the safety, health and dignity of sanitation workers Desludgers should be registered with municipal bodies		State – Gender mainstreaming of IEC materials with MWCD
NUSP Policy, 2008	Impact of poor sanitation felt more by women, the elderly and children	All Indian cities and towns become totally sanitised, healthy and liveable, in particular for the urban poor and women	Priority to urban poor, women, elderly, children and people in informal settlements Demand-based participatory approach to individual and community sanitation with affordable user fees			State – 20% budget of urban sanitation for poor ULB to have sanitation committee to ensure pro-poor strategy
Draft National Policy on Empowerment of Women, 2016	Gender, social inclusion and sanitation cycle not analysed in introductory/context section	Women to attain their full potential, are able to participate as equal partners in all spheres of life One priority sphere – drinking water and sanitation	Accessible and operational household toilets/CTs for women will be universalised Women's groups involvement in management and maintenance of CTs in rural areas Water and sanitation facilities for adolescent girls	Sewage disposal facilities at individual household, community, and school levels will be encouraged in rural and urban areas		State – Women will be involved in decision-making and planning and ULB – Follow up on above related to waste disposal, water and sanitation systems and agricultural / industrial projects that could have a bearing on quality of services Menstrual hygiene products for adolescent girls
<i>Source: TNUSSP, 2018</i>						

While attention to gender issues in the sanitation cycle has increased over time in policy documents, gender is still seen as binary. Mainstreaming the welfare, rights and empowerment of transgender people across the sanitation cycle has not received attention in these documents. Pregnant women, postnatal women, women with disabilities and women heading households could be better taken into account.

3.2 Gender and Social Inclusion in Sanitation Guidelines

A review of the following five guidelines was undertaken pertaining to sanitation cycle. Two are specific to sex/gender and social inclusion, while three pertain to the sanitation/the sanitation cycle in general.

Sex/gender and social inclusion specific

- Menstrual Hygiene Management (MHM), Ministry of Drinking Water and Sanitation, 2015 – gender-specific
- Gender and sanitation Guidelines linked to SBM, Ministry of Drinking Water and Sanitation, 2017 – gender-specific

Though the latter guideline pertains to rural areas it is examined as there are lessons in it on integrating GSI issues into the urban sanitation cycle.

General guidelines

- Operative Guidelines on Septage Management (OGSM), GoTN, 2014 (MAWS department, 2014)
- SBM-Urban guidelines, MAWS department
- AMRUT guidelines, Ministry of Housing and Urban Affairs, 2015 (MoHUA, 2015)

3.2.1 Analysis of Sanitation / Urban Guidelines

General guidelines

The three guidelines do not offer a comprehensive analysis of gender issues along the sanitation cycle. Nevertheless, the actual strategies spelt out in OGSM, GoTN and in the SBM-Urban guidelines address GSI issues in different ways, the first from a universal inclusion lens and the second from a 'welfare' and 'rights' lens. The attention to GSI is limited in AMRUT guidelines and restricted to a 'welfare' approach (MoHUA 2015). It mentions that every urban household should have access to tap water and sewerage, benefitting women in particular. It is mainly the OGSM that addresses the sanitation cycle, while the strength of the SBM-Urban guidelines is that it also addresses menstrual hygiene in addition to access to toilets.

To elaborate, the OGSM – a forerunner in the country – emphasises that information on containment, emptying and transportation should be disseminated widely (to clients, sanitation workers and relevant government officials) and details on tenders and user fees for desludging should be made extensively available by local bodies. Further, it proposes decentralisation of septage management to ULBs, which can promote accountability among elected women and men and citizens in general. In theory, these accountability/transparency measures should promote gender and social inclusiveness for women and marginalised people through the sanitation cycle, but the actual practice may differ. At the time of the study, elections were not held in the PNP and NNP TPs or TCC, like in the rest of Tamil Nadu. Hence, elected women's or marginalised people's accountability within septage management were not in place.

The SBM-Urban guidelines emphasises access to individual household toilets for pensioners, households with girls, and households with pregnant and lactating women. It also calls for greater numbers of toilet seats for women than men in CTs, facilities for expanding access to people with disabilities, and access to water in CTs. It also specifically mentions that transgender persons should have access to PTs. When it comes to menstrual hygiene, the guidelines call for expanding access of women and girls to safe absorbents in schools and hostels and involving women's SHGs in production of safe menstrual absorbents (MoHUA, 2017). Whether production of menstrual absorbents is empowering for women depends on the margins and profits generated. Table 3.2 presents a summary of the analysis of these guidelines.

Table 3.2: Analysis on General Guidelines from Gender and Social Inclusion Lenses					
Nature of Guideline	Problem Analysis	Toilet and Containment	Emptying and Transportation	Treatment and Reuse	Institutional Actions
OGSM: For local bodies in Tamil Nadu (September 2014)	No reference to GSI issues	Information regarding standard septic tank design should be disseminated widely	Information regarding the need for desludging, design of a decanting facility, desludging of sewage, tender details for engaging licensed operators, etc should be disseminated widely Tender details for engaging licensed operators, etc should be disseminated widely Standards for fixing of user fees by licensed desludging operators.		
		Sanitation workers should be well trained in safe septage management and best practices on safe collection, treatment and disposal			State level – Municipal commissioners, engineers, sanitary inspectors and health officers will be trained in safe septage management and best practices
SBM-Urban guidelines – 2017	Significant number of urban households (close to 8 million in 4041 towns) live without access to toilets and defecate in open – an indignity to the household members	Cover households with pensioners, girls, pregnant and lactating women Separate toilets and bathing spaces of men and women in CTs Ramp provision and braille signage in community and PTs One seat for every 25 women and 35 men in CTs			State level – Training of teachers, health officials, local government, engineers on MHM Division of responsibilities within sectorial Ministries Funding for IEC on MHM MHM outcome Indicators ULB – School Management Committees support MHM

		Special seats in PTs for trans people 50% of seats for women which are English Water Closets and 50% Indian pans			
		<ul style="list-style-type: none"> - SHGs producing and marketing menstrual absorbents - Access to menstrual absorbents in schools, shelter homes, hostels - MHM infrastructure in schools - Provision of safe collection and disposal of absorbents - Training of parents, adolescent girls and boys on MHM 			
AMRUT guidelines, 2015	Gap in access of urban households to tap water supply, sewerage, storm water drains and access to transport	Every urban household to have access to a tap with assured supply of water and sewerage connection – which it says will be beneficial to women.			
<i>Source: Ministry of Housing and Urban Affairs, 2017, Municipal Administration and Water Supply Department, GoTN, 2014</i>					

Most of the GSI measures along the sanitation cycle called for in SBM-Urban guidelines, AMRUT guidelines and OGSM have to be implemented at the ULB level. Some of the measures suggested under the SBM-Urban guidelines that have to be implemented at the state level include division of responsibilities on MHM across ministries, mobilising funds for IEC on MHM, and gender sensitisation of Municipal Commissioners and engineers on MHM.

3.2.2 Analysis of Sex/Gender-Specific Sanitation Related Guidelines

The MHM guidelines, 2015, suggest measures to strengthen

- information available to adolescent girls, boys, parents and other stakeholders on menstruation and MHM, choices available to adolescent girls on menstrual absorbents and
- infrastructure for safe collection, emptying and disposal of menstrual absorbents in upper primary and secondary schools, and to a limited extent, in homes.

The approach is one of 'welfare' of and 'do no harm' to adolescent girls, especially in schools, details of which are presented in Table 3.3. A limitation of the MHM guidelines is that they do not cover MHM infrastructure in CTs and PTs and for women in the reproductive age group. Out-of-school adolescent girls have received only passing attention. The impact of poor disposal causing clogged toilets and drains is not analysed (Ministry of Drinking Water and Sanitation, 2015).

The Gender and Sanitation Guidelines – Swachh Bharat Mission Grameen (in Table 3.3) offers lessons for evolving gender and sanitation guidelines in urban areas. The guidelines reflect 'welfare', 'do no harm', 'rights' and 'empowerment' perspectives on the need for integration of gender and Dalit issues in sanitation and strategies. For example, it recommends avoiding retrogressive gender messages to promote sanitation (do no harm), 50 per cent participation of women in leadership and procurement of materials for toilet construction (rights), women SHGs running sanitary marts (empowerment), and working with men and boys to reduce women's sanitary burden (welfare). It also looks beyond the gender binary at the rights of transgender persons to toilets. It includes strategies to promote MHM guidelines in rural areas. However, it does not provide measures for GSI integration in stages beyond toilet construction and use, like emptying, treatment and reuse of septage (Ministry of Drinking Water and Sanitation, 2017).

While most of the measures suggested in both these sex/gender-specific guidelines are to be implemented at local body level, there are some which require state level interventions, like evolving state-specific guidelines, capacity building of state and district officials and elected representatives, evolving performance indicators, and evolving tailor-made IEC messages.

Nature of Guideline	Problem Analysis	Sanitation Cycle			Institution Action
		Toilet and Containment	Emptying and Transportation	Treatment and Reuse	
Gender and Sanitation Guideline s, 2017 (Swachh-Grameen)	Women bear the brunt of poor sanitation – violence, health, poor menstrual hygiene and stress	Strengthening women's participation (50%) and leadership in planning, procurement, construction and monitoring of toilets	Creating awareness that decomposed pit material is safe to use as compost after a year of closing		State level – Strengthen awareness of state level officials who decide policies, budgets, provide oversight and monitor MHM
	Women's participation in planning, procurement, toilet construction and monitoring needs strengthening	Women SHG members being encouraged to run sanitary marts and trained to become masons			Strengthen awareness of zilla parishad and district/block level staff of all department on MHM
	IEC messages at times are patronising and violate women's dignity	Raising awareness that cleaning of individual toilets is every household member's responsibility, and cleaning of CT is every community member's responsibility,			Division of responsibilities within sectorial ministries
	The burden of maintenance of toilets falls on women and Dalits	Transgenders being given access to PTs/CTs, and can use women's or men's toilets based on their choice.			Strengthen awareness of schools, women/men and girls/boys and groups on MHM
	Access to toilets for transgender people, children, the elderly, the disabled needs	Using gender sensitive IEC messages to promote toilets ²¹			
		Working with men and boys on their role in reducing sanitation burden of women/girls			
		Promoting menstrual hygiene management through education, infrastructure and incinerators in schools and PTs			
		Role of transgender people when they are sanitation champions should be			

²¹ Like protecting dignity of women, brothers getting sisters toilets, sarpanch shaving his moustache unless open defecation is ended.

	strengthening	recognised	
MHM guidelines, 2015	<p>Stigma around menstruation</p> <p>Inadequate awareness of adolescent girls on menstruation and MHM</p> <p>MHM is difficult as half the schools do not have a separate and usable girls' toilet and 132 million households do not have individual toilets</p>	<p>Information dissemination on MHM to female and male teachers, adolescent girls and boys, parents, and formation of MHM clubs in upper primary and secondary schools</p> <p>Providing adolescent girls with menstrual hygiene management choices – information on pros and cons of different absorbents, safe space to store, wash and dry at school and home, making available low-cost sanitary napkins through SHGs</p> <p>MHM infrastructure for collection, emptying and safe disposal of absorbents in schools</p>	<p>State level –Convergence of different ministries and schemes; sharing of good practices</p> <p>State level MHM guidelines</p> <p>Definition and monitoring of performance indicators</p> <p>Communication and media plans</p> <p>Training and capacity building</p>
<i>Source:</i> Ministry of Drinking Water and Sanitation, 2015; Ministry of Drinking Water and Sanitation, 2017			

Box 3.1: Prohibition of Employment of Manual Scavengers and their Rehabilitation Act, 2013

The Prohibition of Employment of Manual Scavengers and Their Rehabilitation Act, 2013 (Central) prohibits insanitary latrines and employment and engagement of manual scavengers. The Act prohibits persons, agencies and local authorities from engaging manual scavengers for cleaning/emptying of insanitary latrines, hazardous cleaning of septic tanks, sewers, etc. It recommends the use of modern technology for cleaning of septic tanks. The Act recommends a penalty for contravening its provisions, and that legal support may be provided to manual scavengers if necessary. It also calls for governments to provide education scholarships under relevant central or state government schemes. The district magistrate is responsible for ensuring implementation of the Act and may appoint inspectors in this regard. District vigilance committees are to be constituted, which include four social work organisations working with manual scavengers²². It recommends rehabilitation of manual scavengers and their children.

The rules under the Act outline the list of protective gear/cleaning machines to be provided to a person cleaning sewers or septic tanks and the nature of protection to be provided to avoid mishaps, and regular medical check-ups and vaccinations (against respiratory diseases, skin diseases and other occupational diseases). It also stipulates that the cleaning of sewers and septic tanks should happen only in the daytime, for a maximum of 90 minutes at a stretch with a 30-minute break in between, and before such operations one person should be trained in first aid. Once the persons finish cleaning, they are to be provided with a wash up area, water, sanitiser, clothes, creams, etc. The rules stipulate carrying out a survey on manual scavengers. The identified manual scavenger, under the Act, is to be given cash assistance immediately of Rs 40,000 and provided support for rehabilitation through housing, alternative vocational training and scholarship for children (Ministry of Law and Justice, 2013).

The Act and rules indeed protect manual scavengers. However, they do not disaggregate specific problems and the needs of women engaged in manual scavenging, or highlight the fact that amongst Dalits, particular sub-castes are more involved in manual scavenging. In fact, Chapter IV (13) of the Act, which refers to rehabilitation, assumes that all manual scavengers are men. The Vigilance Committee under the Act does not mention including women's organisations or federations working with women manual scavengers. However, the survey committee (mentioned in the rules) includes two community representatives, of which one is to be a woman. There is no stipulation that the survey of manual scavengers should be analysed in a sex, religion, sub-caste disaggregated manner, though data is collected on these (Ministry of Social Justice and Empowerment, 2013).

Source: The Prohibition of Employment of Manual Scavengers and Their Rehabilitation Act, 2013

4.3 Conclusion

The review of sanitation policies and guidelines through the lens of GSI suggests that attention to GSI issues has increased between 2008 and 2017. Yet, empowerment and rights need strengthening, and attention needs to be widened to stages of the sanitation cycle beyond access to toilets. Much could be done to strengthen the guidelines by learning lessons from good practices that follow in the next section. Action is required at all levels – ULB to district, state and national levels.

²²The district vigilance committee is to include the District Magistrate, MLAs from the SC communities from the district, the District Superintendent of Police, Panchayat, Municipality and Municipal Corporation, representatives from Cantonment Boards, railway stations, representatives from the Schedule Caste Welfare Department, and four social work organisations working to eradicate manual scavenging.

4 Good Practices in Mainstreaming Gender and Social Inclusion

This chapter documents good practices to promote GSI along the sanitation chain, some from international literature, others from national literature and a few from the Trichy site visited. The good practices are presented in Table 4.1 across the sanitation chain, and by the various rationales for GSI: 'do no harm', 'welfare', 'rights' and 'empowerment'. The examples presented here are illustrative cases which reflect the good practices and are not comprehensive. Whether the practice pertains to the ULB, state or national (policy) level is also indicated in the text.

4.1 Good Practices in Toilet Access and Containment

Some government schemes provide loans with subsidies for building toilets for the poor. NGOs like Gramalaya in Trichy covered under this study give loans to women SHG members in rural and urban areas for construction of toilets, septic tanks, water connection and water storage structures, etc. Women are considered better at repaying loans than men. In parts of India and Bangladesh, adoption of a group approach rather than an individual-based approach has led to construction and use of toilets. This is because when groups of women took up the cause of ending open defecation, there was competition and group pressure, which was not the case with an individual approach (World Bank, 2010). There are example of women's and mixed groups maintaining CTs in cities in India (including Trichy). The community-based groups may comprise exclusively of women or women and male youth as in the case of SHE groups in TCC. The role of the groups includes fixing and collecting of user fees, deciding on containment structures (if not connected to sewers), cleaning, maintenance and repairs, supervising desludging (if necessary) and managing conflicts if they arise (Water Supply and Sanitation Council et al, 2006). The field visit suggests that women and male youth groups are used instrumentally for achieving targets on toilet construction, use and maintenance, while simultaneously **promoting welfare and empowerment** of women by bringing them into leadership positions.²³

Taking safety into account while building CTs is an example of '**do no harm**'. The CT managed by WAVE Federation directly in Trichy is in a safe, well-lit place, with separate entrances for women and men and with a woman watchperson on night duty, who also collected user fees. Privacy is ensured in each toilet, with secure doors and bolts and no peep holes.

An example of good practice from the '**welfare lens**' (related to toilet access and use) is promoting CTs with ramps, western closets for the elderly, children, pregnant women and people with disabilities, and providing assistance for people who are visually impaired to use toilets. There have also been NGO initiatives to make individual household toilets accessible to those living with motor and sight impairments in rural and urban areas of Cambodia, Uganda, Bangladesh and India²⁴ (Water Supply and Sanitation Council et al, 2006).

In CTs, differential user fees are used to promote welfare. One of the SHE committees that was interviewed adopts differential user fees for the toilet near its office. Use is free for the disabled and elderly, Rs 1 for locals and Rs 2 for outsiders. Further, user fees are charged only during the day, while the use of toilets at night is free.

Secondary literature reveals that mobile toilets can help take toilets to construction areas (3sIndia, 2017). 3sIndia, for example, supports companies to set up and service mobile toilets in construction sites, which are mainly in urban locations. Its mission is to supply and service portable restrooms from the most visited to the remotest areas of the globe, and to constantly improve on its activities (3s India, 2017). This not only enhances welfare of women and men labourers, but also enhances their productivity. It could also be considered a right of women and men workers in construction.

An example of GSI from a '**rights**' perspective, is the potty parity movement in the USA (Wapshot and Lister, 2003). Members of the movement argue that women need more toilets than men as on an average they need more time than men as they also have to address menstrual hygiene issues. On the

²³ An intervention by Water Aid in Timor Leste with community facilitators to address gender issues in WASH found that for women the single most empowering impact was participating in community leadership due to spaces creation (BMGF, 2018d)

²⁴ Trichy, Mumbai

other hand, they observe there are more seats in public toilets for men than for women. The movement has succeeded in pushing for more exclusive seats for women, as well as construction of general toilets which women could additionally use in emergencies. In the context of urban India, the former strategy may be replicable. A rights issue in urban India is the need to de-facto regularise informal settlements where possible so that the residents can avail themselves of government schemes and bank loans to build women-owned houses with toilets. The stipulations under SBM revised guidelines can be used for this. A good practice is seen in Ambedkar settlement in Srirangam, Trichy, where the government has built low-income housing (30 per cent Dalit houses registered in women's names) with inbuilt toilets.

An '**empowerment**' approach is reflected in training women in construction and forming groups of women in construction. The Women in Construction Project, Zimbabwe, is a project initiated by the NGO Practical Action Southern Africa in 2002 with the purpose of challenging women's traditionally marginalised role in the construction sector and thereby increasing women's income and skills. The project works directly in four districts, and networks with other groups in three more districts. The project entails constructing housing with toilets. The project operates nationally and locally in these districts (Practical Action). In Boxboard district, East Timor, women have been trained in and are engaged in building toilets, which involves mixing cement and digging deep pits (possibly for containments) (Water Supply and Sanitation Council et al 2006). The project also entails federating women in construction groups at the district, province and national levels for advocacy with the state or national government.

A noteworthy initiative in India is how the District Water and Sanitation Consultant appointed by the Government of Assam has over a period arranged to train 322 women in Burpeta district. They have come together to form groups for women in construction and take up contracts related to construction (including toilets). They are from different communities, like Bodo, Assamese and Bengali, and belong to all religions. The Consultant observes, "*Women are financially independent, they take orders, plan the design, implement and cut bank cheques. They are in demand for their expertise in masonry. They are much better than their male counterparts. They know intricate details, and their approach and perception towards building toilets is positive as they craft ideas which they implement. These women also use technology in finding out the GPS coordinates during construction.*" (Bagchi, 2018). The women observe that while initially their husbands ridiculed them for taking up a man's job, now they respect them as they earn well (Bagchi, 2018).

In Cambodia, BMGF trained local women and men entrepreneurs engaged in enterprises related to sanitation (mainly making and selling products related to toilets) in developing marketing strategy, inventory and sales tracking, managing sales agents, etc. The number of women involved in trading/businesses related to sanitation increased from 36 per cent to 57 per cent midway through the project, their decision-making power in their own households increased, and the percentage of housework they did declined from 63 per cent to 52 per cent (BMGF, 2018c).

An example of empowerment of a transwoman can be found in Trichy. A transwoman who was also a priest in an adjacent temple ran a CT with the full acceptance of the local people. She was the watchperson, and she herself cleaned the toilet. There was an accountability structure in place, though not linked to Gramalaya, which ensured that the toilets were neat, safe, child-friendly and well-maintained with access to water. She said she broke even every month and made a profit during the festival season, when people came to the adjacent temple. She said that she was economically independent. The respect she commanded in the area was enhanced through both her activities.

Most of these good practices can be implemented through ULBs.

4.2 Good Practices in Emptying and Transportation

Employing women in emptying and transporting is a **right** as well as a means of increasing uptake of sanitation services. The Sanitation programme in Kenya entails providing container-based toilets in homes for free with a monthly charge to service (empty) the toilet (BMGF, 2018e). The programme team found that the service fee was pitched at a level that the poor could not afford. It was also noted that women hesitated to use the toilets while menstruating, as men came to service the toilets. When women started servicing the toilets, women clients felt more comfortable to express gender issues in sanitation. To address these barriers, Sanitation increased the proportion of women staff at all levels (including service provision), created a cadre of female client service managers, provided training to all

staff on gender issues in the sanitation cycle, and created public awareness with religious leaders and men. A key lesson from this programme is that the gender of the staff does matter in settings where gender norms are deeply rooted.

In Coimbatore, the TNUSSP felicitated a person who had risen from the ranks of a helper and become an owner of a registered desludging operation, reflecting an '**empowerment**' approach. Such incentives could encourage more helpers to rise up to higher levels with access to bank loans and managerial training.

A protocol that was stated to be established in PNP, NNP and TCC is for all helpers and drivers in desludging operations to undergo a health check-up once a year and to be given inoculations, like those for tetanus, for their '**welfare**' and **harm prevention**. However, helpers who were interviewed in the two TPs of Coimbatore were not fully aware of the protocol. Further, protocols could be expanded to cover wages, salaries, leave, protective equipment etc, with each worker having a copy of the same.

A good example of **women's empowerment** in the process of emptying and transportation is the case of Venkatalakshmi who operates a desludging operation in Narsapur District of Andhra Pradesh with two vehicles registered with the corporation.

Box 4.1: Women-Led Desludging Operations

Venkatalakshmi from Narsapur owns a desludging operation with two vehicles, one in her name and another in her daughter's. She purchased the operation from her son-in-law, titled "Ganga Septic Tank", as he could not run it profitably. She also got his SIM cards on which his customers called. She took a loan of Rs 3.5 lakh, at a monthly interest of Rs 15,000 per month. She supervised operations, and also ensured that workers wore protective gear. However, other companies were trying to steal her clients and hence, she roped extended family members into her business for support. Her niece took phone calls, and a few other family members (half of them women) took turns in managing desludging and managed the fee collection so that they could meet all requests. Her operation was then registered with the municipality. While earlier there was stigma associated with her work, it lessened. Venkatalakshmi wants to expand her operation. People from academic and research institutions felt that she should be linked to the National Urban Livelihood Mission so that she finds capital for such expansion.

Source: Dasra, 2017

Another good practice is that of training women to be mechanics who repair trucks and motor pumps, which **empowers** them to build/diversify their livelihood. Here there are both individual and corporate examples. An individual example is that of Shanti Devi, a woman from low-income family, who works as mechanic and repairs trucks with her husband in Delhi. From running a tea stall on the highway, they diversified to servicing trucks, whose drivers stopped by for tea (Pathak, 2010).

"Today, I know that I am a better mechanic than many men and prove it through my work every day. I believe a woman can do any job if she has a passion for it. Men still look at me with surprise and interest as I go about my job." – Shanti Devi

An interesting initiative from the corporate houses is the employment of women engineers in the making of trucks, with Ashok Leyland claiming that 30 per cent of those involved in manufacturing and repairing trucks and buses are women (Ashok Leyland, 2018). If they can manufacture and repair trucks, they can repair trucks, pumps, engines, motors etc involved in the sanitation cycle. Contrary to what people may believe, there are women in India who drive trucks, which should be actively encouraged.

Many of the good practices can be operationalised at the ULB level. Some good practices like protocols for sanitation workers and helpers should be developed at the state and national levels. Further, vocational training institutes and engineering colleges need to be encouraged to have quotas for women, especially in non-traditional domains.

4.3 Good Practices in Treatment and Reuse

One opportunity noted in the field visit was that women are reported to account for 40 per cent of agricultural extension workers in NNP in Coimbatore and could be trained to reach out to women farmers/women-headed farms and explain to them the benefits of using manure from fecal sludge. This

could be further strengthened by institutionalising a quota for women agricultural extension workers. There are examples in rural areas of women using fecal manure for agriculture, which could be replicated in urban areas especially through area-wise sanitation committees, like AWASH committees. Panbati Devi in Jharkhand's Godda district is a case in point (Singh, 2018). District officials observe that her onions are bigger, and do not require chemical fertilisers after use of manure from a twin-pit. Now she confidently travels to other villagers to explain use of the manure in kitchen gardens and fields, reflecting her progress on the path of empowerment.

"It's perfectly safe and clean to empty a twin-pit toilet and use its contents (human excreta), which over time degrade completely and turn to solid, odourless, pathogen free manure, for agricultural purposes."
– Panbati Devi, Jharkhand.

The Department for International Development, UK, advocates a quota for women in management of Fecal Sludge Management (FSM) plants, reflecting a rights perspective. However, it is not clear if this has been fulfilled anywhere.

Table 4.1 presents the good practices in gender and social inclusion across different components of the sanitation chain.

Table 4.1: Good practices in Gender and Social Inclusion across Sanitation Chain						
	Toilets and Containment	Emptying and Transportation	Treatment and Re-use	SWM	Cross-Cutting, Across Cycle	Cross-Cutting, Institutional
'Do No Harm'	Construction of CTs in safe places; well lit; with separate entrances for women and men and a 24-hour guard	Ergonomically designed tools for emptying Protocol on preventive vaccines for desludging workers		Electrical/battery-operated push carts		
'Welfare'	Mobile toilets in construction sites Toilets that are disabled friendly			Promotion of biodegradable pads IEC in Braille on menstrual hygiene management	Enrolment of women and men sanitation workers in labour welfare board	
'Rights'	Potty parity movement Regularisation of informal settlements In situ housing with houses in women's names and with toilets	Quota for women managed desludging operations	Quota for women in management of FSTP Quota for women agricultural extension workers who promote FSM manure		Ban of discriminatory practices like isolation during menstruation Women and men in sanitation oversight committees	Law on equal opportunities covering sanitation institutions Merit and gender-sensitive recruitment Access to sex disaggregated indicators and data across the sanitation cycle
'Empowerment'	Women trained in toilet construction Women in construction group-local to national	Women-managed desludging operations Training women in driving tractors, trucks	Developing a cadre of women who produce and use FS manure as change agents in urban areas	Women's group-managed SWM plant with power to sell manure Dalit women-managed nursery also	Training community facilitators to change gender and social norms on sanitation Women's group-managed sale centre	Separate consultations with women and men on sanitation issues for planning and monitoring

	<p>Women entrepreneurs selling products related to toilets</p> <p>Dalit Women's federations taking profitable PTs on lease</p> <p>Transwoman-managed CT</p>	<p>Forming a team of women engineers who can repair vehicles and plants</p> <p>Supporting Dalit de-sludgers to become owners of company over time</p>		<p>selling manure from SWM</p> <p>Women's group production of eco-friendly sanitary pads and diapers</p>	<p>for sanitation products</p> <p>Sports-based life skill education for adolescent girls working with fathers and brothers on menstrual hygiene</p>	<p>Identifying gender allies in institutional structures and working through them</p>
<p>Source: TNUSSP Primary Analysis, 2018</p>						

Of these examples, quotas for women amongst extension workers and FSTPs need to be decided at state/national levels. The other examples can be replicated at the ULB level. Using individual twin-pit toilets for manure may be applicable only in a few urban areas. However, having a woman who uses such manure in her field explain to urban (middle-class) women how manure can be used for nurseries may be useful.

Box 4.2: Electric Push Carts: Boon or Bane for Women Sanitation Workers?

Pallavaram Municipality, Chennai has introduced appropriate technology for women sanitation workers, like battery-operated push carts. It purchased 42 electric vehicles in order to facilitate faster garbage pickup and reduce the drudgery of work. Serving a community of over 6,000 households, the old litter pushcarts could only make, at most, a couple of rounds per day. But the new electric garbage buggies can pick up trash six times a day, keeping the roads much cleaner than many residents may have been used to. It is not clear how many of these electric vehicles are operated by women sanitation workers (DeMorro, 2015). In another TP, Coimbatore, battery-operated vehicles were introduced for women sanitation workers, but as charging points are not easily available, only one-third were viable.²⁵ Thus, technology may work in some areas but not in others, depending on infrastructure.

Source: DeMorro, 2015

4.4 Cross-Cutting

Some of the good practices which cut across the sanitation cycle are discussed here. For example, In Indonesia, to plan and monitor the Urban Sanitation Sector Program, separate meetings were held by the government with women and men and then both were brought together (World Bank, 2017).

Some countries have a policy on gender and water and sanitation, like Uganda (World Bank, 2010). Some are adopting gender and sanitation guidelines and MHM guidelines to improve conditions for women and girls in urban and rural settings, including India and Uganda (Ministry of Drinking Water and Sanitation, 2015, Ministry of Education Science Technology and Sports, 2015). In 2005, the Supreme Court of Nepal issued a directive to the Nepal government for the formulation of laws to eliminate chhaupadi, a practice in which women and girls have to stay in a hut outside the main house during their house during menstruation. Subsequently, in August 2017, the Parliament of Nepal unanimously passed a law criminalising the chhaupadi system (BBC News, 2017).

In March 2007, the Government of Peru enacted the Law of Equal Opportunities for Men and Women, which included oversight. Following this, local governments instituted a policy of representation of women and men in overseeing water service providers, which could be extended to sanitation (World Bank, 2010). However, care needs to be taken to ensure that workers at the bottom – often women, are not the ones penalised. In Tanzania, merit-based gender sensitive recruitment in water sector institutions was adopted (World Bank, 2010). In Uganda and Kenya, sex-disaggregated monitoring indicators have been framed at the national level after consultation to aid gender mainstreaming across the sanitation cycle.

Furthermore, evidence suggests that the attitude of community facilitators of sanitation programmes matters. In Timor Leste, community facilitators were trained by Water Aid in gender issues, situation analysis, intra-household dynamics and sanitation,²⁶ and in guiding household members to address these gender issues (BMGF, 2018d). Intra-household dynamics mediate decision-making on toilet use, containment, emptying and re-use, and it was found that the use of toilets increased.

²⁵ Discussion with IIHS and Keystone team, Coimbatore

²⁶ not clear with respect to toilets, containment or/ and emptying

Box 4.3: Menstrual Hygiene Management

The Water Supply and Sanitation Council, Switzerland, has been collaborating with partners on MHM in India. It works through NGOs with adolescent girls to raise awareness on MHM. Material has been made in braille to reach adolescent girls and women who are not able to see. Endeavours are being made to expand access to water and space in toilets/communities so that girls can wash themselves and cloth pads in a hygienic manner (WSSC, 2017).

Naz Foundation, New Delhi works through the sports-based Goal Programme on the broader life skills of adolescent girls (of which menstrual hygiene is a part), and also works with parents and teachers to empower adolescent girls. Toilets, water and sanitary pad disposal facilities in some of the schools have improved. Girls have also learnt that they can play during their menstrual cycle, and that there is no taboo food (Naz Foundation, 2016).

The Centre for Health and Social Justice works with fathers and adolescent boys, as part of which menstrual health is discussed. Subsequent to such exposure a father communicated with his daughter about menstrual health and she contacted him first when she attained puberty. The father purchased sanitary pads for her (Murthy, 2018).

The Tamil Nadu government introduced incinerators in middle and high schools, with varying success (Poorvaja, 2018). From a supply side, Gramalaya helps SHGs to produce cloth napkins (and cloth diapers) and supply the same locally and outside the country.²⁷ Professors from Bharathidasan University mentioned that a group was producing herbal sanitary pads, and this was being exported as well, which could not however be verified.

Source: WSSC, 2017, Naz Foundation, 2016, Murthy, 2018, Poorvaja, 2018

Of these cross-cutting examples, the policies, legislation, guidelines, institutional structures, indicators and so on have to be operationalised at the national/state level, and the rest at the ULB level.

²⁷ Interview with Livelihood and Income Generation Officer, Gramalaya.

5 Gender and Social Inclusion Strategy

In the **second phase** of the TNUSSP, instead of taking up a selected number of ULBs for implementation support in an incremental manner, the plan is to adopt the approach of state-wide scaling up and demand-based advisory support to ULBs. The interventions identified for the second phase include providing technical assistance to ULB/regional entities; improvement in sanitation treatment facilities; regulated desludging; leveraging resources; capacity building support; community engagement and accountability; knowledge management and peer-to-peer learning, and improvement of PTs and CTs. This phase also seeks to mainstream GSI aspects within the support provided in the following areas.

5.1 Gender and Social Inclusion Strategy: Phase II

The possible goals, objectives and elements of the Gender Strategy, based on the assessment in the preceding sections, are given below:

Goal

To demonstrate pathways to a gender/ social inclusive sanitation cycle in urban Tamil Nadu, which can be replicated in other states in India.

Objectives

- To influence policies and guidelines on sanitation from the perspective of GSI
- To pilot gender/social inclusion integration in the sanitation cycle in Trichy CWIS and PNP and NNP in Coimbatore district
- To strengthen institutional structures and build capacities of stakeholders for GSI in the sanitation cycle
- To address research gaps on GSI issues across the sanitation cycle
- To scale up GSI strategy across the state

Implementation Strategies

Possible interventions for integrating GSI into the planned activities of the second phase (technical assistance of TNUSSP) are given below.

5.1.1 Activities for TNUSSP

As a technical support unit, it is important that all staff of TNUSSP are sensitised on GSI issues. Until support is mobilised for instituting GSI within the MAWS department, it is important to conduct orientation programmes for government officers and organise exposure visits on best practices in other settings. Further, it is important to create knowledge products that showcase best practices, case studies, and practice briefs.

1. To coordinating with the GoTN and advocate for GSI, a focal person needs to be designated within TNUSSP
2. The TNUSSP TSU may offer technical assistance to the GoTN in mainstreaming GSI across the sanitation chain
3. Create more knowledge management products such as policy briefs, podcasts, videos on best practices and case studies
4. TNUSSP staff could attend state, national and international workshops to showcase the ongoing work in gender and sanitation

Research

In order to plan and operationalise the above activities a few assessments will be required to inform the programme. It will be necessary to

5. Analyse the results of the survey of manual scavengers carried out by government in Tamil Nadu from the perspectives of gender, caste, sub-caste, religion and location.

6. Survey access to individual toilets/CTs in informal tenements
7. Understand access of transgender people, migrants, sanitation workers, construction workers, domestic workers and other informal sector workers to toilets in their residence and place of work
8. Understand user fees and its impact on GSI
9. Understand user fees for desludging and its impact on frequency of emptying in houses headed by women/Dalits and those in the informal sector, as well as CTs in poor areas
10. Understand intra-household decision-making on containment structures and frequency of emptying
11. Study the condition of workers involved in desludging and case studies of those who have moved up.
12. Understand the status of women and Dalits in desludging companies
13. Study gender differences in women and men farmers' preference for use of FSM
14. Understand the knowledge of women and men agriculture extension workers on FSM manure

5.1.2 Strategies at the ULB level

To operationalise GSI strategy, it is important to position GSI units at a high level within ULBs.

Institutional Strengthening

- Furthermore, a baseline survey on GSI in each ULB needs to be conducted to identify existing gaps.
- Citizens' accountability structures around gender and the sanitation cycle, giving agency to women and marginalised groups, need to be established. Towards this, one option at the ULB level is to revive the sanitation committees – including women, elected members from Scheduled Caste and Scheduled Tribe committees, women staff, women's groups, women and men sanitation workers' unions, desludgers and farmers. Their GSI capacities may be enhanced across the sanitation cycle and enabled to monitor all sanitation infrastructure, services, employment, and business. They should also promote gender and socially inclusive budgeting related to sanitation at the ULB level.

Activities that could be pursued include:

Access to Toilets and Containment

1. Increasing the proportion of seats in CTs for women, children, trans-people, and people who are disabled, elderly, and pregnant
2. Experimenting with mobile toilets for women and men in construction sites
3. Leasing the management of at least half of the lucrative PTs to women's groups/sanitation workers' groups
4. Inclusive monitoring of the implementation of SBM-Urban's revised guidelines in informal settlements, like disaggregated monitoring by household headship, caste, occupation, gender orientation age, etc
5. Identifying and training women masons from the ULB and nearby areas to build toilets and containment structures
6. Forming groups of women in construction and securing bids for toilet and septic tank construction
7. Linking sanitation workers' groups/women's federations to financial services of banks, women's development corporations and government services

Emptying and Transportation

8. Annual inoculation and health check-up for at least 80 per cent of helpers in desludging trucks
9. Organising women sanitation workers into federations and bidding for contracts for managing desludging operations
10. Having at least one desludging company started by helpers currently working for desludging operators in each ULB

11. Piloting GSI standards in desludging operations. For instance, having women as 20 per cent of drivers involved in desludging, a third of the mechanics for desludging and transport vehicles, and one senior staff in desludging operations
12. Linking helpers in desludging and transport operations to labour welfare boards and to derive benefits
13. Making ergonomically designed equipment/tools/vehicles available and encouraging their use
14. Regulating user fees of private desludging operators to ensure concessions for the poor, poor women-headed households, and other excluded groups

Treatment and Reuse

15. Ensuring that at least 33 per cent of construction workers, staff and engineers, at one FSTP plant at least, are women
16. Ensuring staff of all FSTPs do not discriminate against desludgers
17. Making sex disaggregated rest rooms and bathing areas for desludgers in all FSTPs/decanting facilities
18. Ensuring safety of women staff in FSTPs by having walls, security personnel and transport
19. Increasing the sale of fecal sludge manure by women's groups
20. Ensuring that 30 per cent of mechanics called to repair FSTPs, decanting stations, pumping stations and SWM plants are women

5.1.3 Strategies at the State Level

Establish a GSI desk within the MAWS department with an aim to mainstream GSI issues across all aspects of urban sanitation, at the state and ULB level. In particular, gender aspects needs to be mainstreamed in the OGSM issued by the GoTN, while also advocating for the same in national policies and guidelines. The GSI desk could act as a resource centre for ULBs by developing a draft guideline on GSI and designing and implementing GSI programmes, and it should work to integrate GSI into sanitation-linked job descriptions, performance appraisal, tenders and training needs assessment.

Since the ULBs will be responsible for designing and implementing GSI issues, it's important to strengthen the capacities of officers at the ULB level and state level on these issues. The GSI desk could also work to close gaps in knowledge about the status of desludging workers, the impact of cost of desludging on vulnerable households, and access to toilets for marginalised groups.

Policies and Guidelines

1. Advocate to mainstream aspects of GSI across all aspects of the sanitation cycle in the GoTN's OGSM
2. Help draft a Gender and Sanitation Cycle Guideline for urban areas in Tamil Nadu

Budgeting and Programming

3. Urge the government to allocate a certain fraction of all budgets for promoting GSI related to sanitation
4. Strengthen GSI within MHM guidelines and within IEC on gender, social inclusion and the sanitation cycle
5. Strengthen specific input, process, output and outcome indicators related to GSI along the sanitation cycle
6. Allocate adequate budgets for GSI training of all ULB and state level staff

Institutional Strengthening and Capacity Building

1. Build GSI capacities of different institutions around the sanitation cycle – at the state level and ULB level
2. Position GSI units at a high level within ULBs
3. Conduct capacity building workshops for GoTN to sensitise officers on GSI and mainstream programme planning and implementation
4. Organise exposure visits to understand best practices in gender mainstreaming in other sites and how to overcome constraints

5. Help draft a state/national level guideline on empowering women in sanitation-linked departments. This would include affirmative action in recruitment, promotions and training, and quota for women at senior levels.
6. Integrate GSI into sanitation-linked job descriptions, performance appraisal, tenders and training needs assessment
7. Establish committees to deal with harassment that is sexual, based on caste or any identity at the ULB level, Block, district and state levels within sanitation-linked institutions
8. Build GSI capacities of different institutions around the sanitation cycle – at the state level and ULB level

5.1.4 Indicators

While detailed indicators have to be prepared with stakeholders, some important input, process, output and outcome indicators which could be considered include:

- **Input indicators:** The majority of TNUSSP staff are trained in GSI, the majority of job descriptions and performance evaluation forms integrate GSI issues, the majority of baselines and plans of the TNUSSP team reflect a GSI lens, gender budgeting is followed the majority of the time, etc.
- **Process indicators:** Including GSI in the majority of trainings given to ULB elected members, sanitation team, masons and construction workers, agricultural extension workers, farmers, desludging operators; sensitising Chief Engineers on GSI, best practices and preparing action plans
- **Output indicators:** a) Government orders calling for 33 per cent quota for women as sanitary inspectors/supervisors, members of sanitation committees, health officers, engineers, bill collectors etc and in tenders; b) representation of organisations of sanitation workers, construction workers, women mechanics, engineers in sanitation committees c) GSI-sensitive ULB sanitation plan
- **Outcome indicators:** GSI in services, infrastructure, employment, entrepreneurship along the sanitation chain, institutional structures, and three good practices replicated in other places (state, national or international)

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ANNEXURES

Annexure 1: Terms of Reference of the Consultant

1. Background

The Indian Institute for Human Settlements (IIHS) is a national education institution committed to the equitable, sustainable and efficient transformation of Indian settlements. In Tamil Nadu, IIHS's has to set up a Technical Support Unit to effect improvements along the entire urban sanitation value chain in urban Tamil Nadu. IIHS is also working in two model urban locations – Tiruchirapalli City Corporation (TCC) and two Town Panchayats, Periyanaicken-palayam (PNP) and Narasimhanaicken-palayam (NNP).

The first phase of the programme focused primarily on Fecal Sludge Management, and its scaling. The second phase, in particular, has an additional focus on inclusive sanitation in Tamil Nadu (see tnussp.co.in for more details). Towards this end, TNUSSP is developing a gender assessment and strategy across the full cycle of sanitation.

While role of gender to differential access to sanitation facilities i.e. toilets, is largely understood and accepted, gender differences and dynamics (and their consequential impact on people's and community's health, development and empowerment) across the full cycle of sanitation are not well understood. Very few sanitation programmes have applied a gendered lens across the full cycle of sanitation, and there is both a lack of gender disaggregated data and lack of understanding of causal pathways (of gender differences leading to impacts). There is also minimal understanding of women's role across the sanitation chain. A systematic gender assessment across the full cycle of sanitation is required not only to understand gender specific issues, but more broadly how a gender perspective could influence programme and policy.

IIHS intends to appoint a consultant to conduct a gender assessment across the full cycle of sanitation in urban Tamil Nadu and prepare a gender strategy based on the assessment. It is expected that two city-specific strategies (Trichy and Periyanaicken-palayam) will be developed, and generic framework for state.

2. Objectives and Scope of Work and Methodology

The objective of the study:

1. Gender assessment across the full cycle of sanitation to understand the key differences in different parts of the chain, including access to infrastructure and services, women's agency and decision making. The assessment should specifically highlight knowledge/ data gaps as required
2. Understanding intersectionality of gender with socio-economic status, caste, disability and differential needs/ impact across women through their life
3. Development of an approach and strategy for programme to close these gaps
4. Identification of key Indicators which measure changes in outcomes for and between excluded groups

The strategy should include (but not be limited to): areas of improvement in infrastructure and facilities (siting, technology, designs etc.), areas of improvement in service delivery (by public, private and non-profit sector), suggestions for strengthening overall policy, regulatory and programme framework (for sanitation sector, and for possible intersection with health, livelihood and other relevant sectors), suggestions for empowerment of women (through increase role in decision making, leadership. The

strategy should preferably include results chain/ outcome pathway indicated how planned activities will lead to close the identified gaps. The strategy also needs highlight roles of different stakeholders along the full cycle of sanitation.

3. Indicative Methodology

It is expected that the assessment and strategy is developed on basis on secondary review, and a set of interviews and select field visits. Methodology needs to include, but not be limited to:

1. Quick scan of global meta-reviews for an understanding of gender issues in full cycle of sanitation to understand the different approaches and strategies
2. Review of studies in Indian context that examine gender and sanitation
3. Review of national and Tamil Nadu policy documents, reports, programmes
4. Identification and analysis of national and Tamil Nadu specific data set that provided gender disaggregated data sets
5. Potential beneficiary interviews using participatory techniques (citizen groups, community leaders, and, water user committees, water organizations) or arranging workshop with key informants
6. Interviews with gender experts/ select government officers in Trichy and Periyanaickenpalayam

The suggested set of stakeholders for interviews include sector experts, government officers, academics and NGOs. It is also suggested interviews be carried out with stakeholders like households, de-sludging operators, sanitary workers in the two cities that IIHS is working in.

4. Deliverables

- a. A short inception note, including methodology and work plan
- b. An intermediate report, with key findings of the assessment, as well as preliminary areas of intervention.
- c. Final Report (Gender Assessment and strategy)
- d. A set of internal workshop with team members to share the finding, and refine the strategy as needed
- e. Transcripts, raw data etc.

5. Duration

This consultancy is for a period of 6 weeks.

6. Qualification

The individual is expected to have the following qualifications and experience:

- A degree from a recognised university or tertiary level institute in humanities, social sciences or social work. A degree or diploma in Gender Studies is preferred.
- Sound knowledge of social inclusion & gender issues, particularly in water and sanitation and urban development sector
- Relevant and practical working experience in the field of gender, preferably with experience across research, community engagement, and policy/ advisory/ implementation
- Preferably work experience in water and sanitation/ urban
- Experience of working in Tamil Nadu
- Excellent knowledge of English and of Tamil.

7. Proposal

The consultant is request to submit a short proposal. The proposal must contain a short note on methodology, detailed CV, an implementation plan, and practice (including professional fees and expenses)

ANNEX 1: Preliminary Mapping of Gender Issues across the Full Cycle of Sanitation

	Access & Containment	Emptying and Conveyance	Treatment and Re-use
	<ul style="list-style-type: none"> -Lack of Access to IHHL impacts women health -Design and siting of community toilets do not women's needs - Lack of MHM facilities at schools impacts girls education -Lack of adequate facilities for women at workplace 	<ul style="list-style-type: none"> - Women sanitary workers are often without social security - No presence of women in de-sludging activities 	
CROSS CUTTING	1. Lack of women's voice		

Annexure 2: Questions for Stakeholders

Government: Municipal Administration and Water Supply Department

Policy guidelines related to the department

What they see as important gender and inclusion issues in containment, emptying, transportation, treatment/recycling and reuse

How are bids called for, and so far, have women entrepreneurs or women's SHGs/federation applied?

How do they monitor progress with regard to sanitation, what are indicators used (if possible, get a copy of MIS)?

What is the role of field staff and others involved in sanitation (explore gender and inclusion integration)

Topics on which staff training involved in sanitation cycle are given training? Are gender issues integrated?

Is there any gender focal person within the department? If yes, his/her role

Is budget/expenditure tracked? If yes from what perspective

What are the government schemes to support women's welfare/empowerment through sanitation cycle, if any?

How is PNP TP faring when compared to others on sanitation, and on gender issues?

What are your recommendations to strengthen gender and inclusion integration along the sanitation cycle?

Are there still manual scavengers? How have the previous manual scavengers been rehabilitated?

Any gender differences?

2.0 Questions to representatives of the staff of Tamil Nadu Women's Development Corporation

What are the gender issues related to sanitation cycle that are highlighted by groups and federations in TPs/Municipalities?

What is the role that SHGs and federations in TPs/municipalities have played through the sanitation cycle?

What are the constraints to SHGs/Federations playing taking up contracts through the sanitation cycle?

Has the TNWDC trained women's SHGs/federations as masons, to take up bids in construction of toilets and septage tanks, to assume contracts to for emptying, transportation, selling compost, etc?

What are your recommendations to strengthen gender and inclusion integration along the sanitation value chain?

To their knowledge were SHGs involved in PRA on sanitations in TPs and representation in sanitation committees at different levels?

Are women manual scavengers in SHGs in towns/municipalities?

TNUSSP representative at district level

Support provided by the Unit to government on sanitation, how are gender and sanitation issues integrated in the same?

What are the gender issues related to sanitation cycle that are highlighted by groups and federations in TPs/Municipalities?

To their knowledge were SHGs involved in PRA on sanitations in TPs and representation in sanitation committees at different levels?

To their knowledge were SHGs involved in PRA on sanitations in TPs and representation in sanitation committees at different levels?

What are your recommendations to strengthen gender and inclusion integration along the sanitation value chain?

4.0 Relevant NGOs (heads, gender and social persons, sanitation focal persons)

The NGO's role in sanitation (including in the concerned Panchayat/Municipality), and any innovative work on gender in sanitation cycle.

The staffing of the NGO related to sanitation, and training given to them.

A copy of IEC materials if any.

What do you perceive as important gender and inclusion issues in the sanitation cycle, in particular from containment onwards?

What are the strengths and weakness of the government's/municipality's/TP's efforts in gender, inclusion and sanitation- through the sanitation cycle.

Explore perceptions of schemes and financing arrangements as well.

What are your suggestions to government/municipalities/TPs for strengthening gender and inclusion integration through the sanitation

5.0 Masons and chittals (involved in construction of toilets, containment structures)

Percentage of masons and percentage of chittals who are women, and wages for each

Payment of wages for mason and chittals – does it vary with whether they are women or men- government or individual contract?

What do they construct in the sanitation cycle?

Have they received training on standards? Gender differences if any in access to training?

Who gave them training, if any?

Was any gender and inclusion issue included in training?

Are they enrolled in the labour welfare board, and do they get benefits?

Protective gear at place of work.

Experience of sexual or caste-based harassment at place of work, action taken .

Access to toilets while they are constructing toilets, septage tanks for others.

Access to toilets in their own house.

Are there different models of toilets and containment structures, with their pros and cons? Who treats them?

Who adopts for which toilet and containment structure, and why (explore headship, caste, class, ability, religion, migrant status etc)

6.0 Sanitary mart owners –

(operated by government, SHG/federation, previous manual scavengers, private)

Questions:

Who owns the mart?

What all products are stored? Guarantees given

Financing of the mart?

Who comes to purchase sanitary ware? Men, women, officials? Which background?

Is there compromise on quality when poor/marginalised purchase, in particular?

Do the customers pay fully, or does he/she give a loan or get refinanced by the banks?

In their opinion how many marts are in that municipality and who operates them? (SHG, federation, private etc) Any operated by former manual scavengers – women and men?

7.0 Individuals/companies/groups involved in emptying, transportation, treatment and recycling

Who owns the company or who are the members of the group?

How do you get to know about bids from the municipality related to sanitation value chain?

If a women's group has taken the bid – is the form for applying user friendly?

What is the amount you have to put from your side? Or is the operation pre-financed by the municipality?

What are the problems you face during emptying, transportation, treatment or recycling (as applicable)? Any of the problems are gender-inclusion specific?

Is there a difference between the ability of women headed households, Dalits, tribal, elderly, disabled, transgender, migrants and others to pay on time for emptying? Do you give concessions based on economic and social status?

8.0 Municipality/Town Panchayat (as applicable)

What are sanitation issues along the sanitation cycle of the municipality/town? In general, and in particular in informal settlements.

Any issues which affect women (and particular groups) more than men?

What is the role of Municipality/TP in addressing these?

Do they have a sanitation plan for municipality/town across sanitation cycle? (request a copy) Who finances the same?

How was it prepared? Explore who was consulted?

Is there a WATSAN monitoring committee within the Municipal corporation/TP? Who are the members? How often does it meet?

In the Municipal Council how many elected members, and how many are women?

How are contracts issues for construction of CTs, water, emptying, transportation and recycling/reuse? What are the criteria that is considered? Is there any preference for women, Dalit, etc candidates/groups? How many contracts have gone to individual women/men, how many to If a committee is responsible for issuing contracts, members of that committee (gender and social composition)

Monitoring system they follow for keeping track of implementation (see indicators used)

Any tracking of annual budget on sanitation for the year (ex [pre-gender budgeting if any)

Toilets for women and men in municipality; access

9.0 Members of committees which manages CTs

Your role – any gender-specific role

Committee composition

Rotation of committee members

How was committee constituted

How is user fee determined, does the government give an upper limit; do you adopt different user fees for different groups.

What happens when a poor woman comes to use the toilet, but does not have money

What are your standards for CTs, in particular for women's toilets

Have you received any training, if yes on what topic?

How many toilets are there for women and men, and what is the containment system? How was this decided

Who decides when to empty? Is there any standard that is given?

Who is called to empty (explore background) and transport, and how much is paid. Who takes this decision?

What happens when you do not have the money, but it has to be emptied and transported?

Have women's SHGs/federations come to you stating asking for contracts to empty and transport? If not, will you consider them?

Do you know where human waste it is taken for recycling?

10. Women and men sanitation workers

Questions

What is the nature of work that sanitation workers do? What were they doing earlier? Any work which they are compelled to do, though not legal? (e.g. manual scavenging)

Is there a gender division of labour? Unwritten caste division of labour? Wages/Salary

How many sanitation workers are there in the municipality (proportion men and women, WHH, proportion Dalits)

Has the number of sanitation workers in the municipality/TP increased/decreased (men/women) over the years? Why?

Terms of work before and now – permanent/contract, working hours wages/income, increment, leave, maternity/paternity level – (gender differences), toilets while at work

Sexual harassment at work place (if any)

Access to Toilets at work place and at home – women and men

Women and men sanitation workers – are there constraints they face in getting married? Who faces more constraints? Acceptance by neighbours when they come to know their profession

What happens in case of the death of a sanitation worker? Does the government give compensation? For maternity?

11. Urban women SHGs (as toilet users and users of septage tanks) – legal and illegal settlements, resettlement/new colonies: 3 SHGs

What percentage of them have or use toilets, and in the habitat, they come from. Who does not use?

Gender and age-based decision-making on toilets, water, containment structures, treatment, frequency of emptying. Also, on disposal of menstrual hygiene products

What are the criteria they use to make such choices?

Who owns land on which toilets are built; do sanitation decisions vary on the basis of whether it is legal or illegal settlement, owned or rented/leased house?

Gender-based training received – including on maintenance of standards across cycle

Any trained as masons? In bidding?

Financing of toilets, containment structures, emptying, transportation etc. Is the contract formal or informal with companies who empty, transport? Who in the house signs them? Are the terms affordable?

How they deal with the age and diversity within households and need for different kinds of toilet structures

Who maintains toilets in the house? Septic tanks? In male-headed and women-headed homes? In households without male adults? In shared toilets

Participatory rating of toilet structure, use by all members, safety, location, water availability, septage tanks, treatment, emptying, transportation

Recommendations for improvements

Pros and cons of individual, shared and CTs... what is the opinion of user fees charged?

Access of women in places of work – domestic workers, garments, sanitation workers, vendors, construction, markets etc – does access of women to toilets in place of work have a bearing on their economic participation?

Access of women to toilets in anganwadi centres, schools, health centres, bus stations, train stations, parks, religious places...

Access of transwomen to toilets

Recommendations to integrate women's concerns and concerns of most marginalised within the cycle (also do they know what happens to sludge taken?)

12. Women and men farmers who benefit from compost

Are you happy with the compost?

Who in the household decided to buy this compost?

Was the compost delivered at doorstep, agricultural cooperative or did you have to go and buy? Who went?

Do you know what the compost is made of?

If yes, who informed you about this compost?

How does it compare with other composts? Nutrient, smell, price etc

Did you take any loan to buy the compost? If yes who took from whom?

Is there any stigma in using this compost? If yes specify

Annexure 3: Stakeholder Interviews by Category

Annexure 1: Number of Stakeholders Met by Category						
Stakeholder Type	PNP	NNP	Coimbatore City	Trichy	Chennai	Total
Low-Income Housing Board Members				3 (2M + 1F)		3 (2m+1F)
Vendors + Auto Driver in Campaign			3 (2M+1F)			3 (2M+1F)
Transwomen				3 (T)		3 (T)
Ex Community Mobiliser		1 (F)				1 (F)
Micro Finance SHG Members-Low Income Area	3F	3 (F)				6 (F)
Sanitary Worker – Sweepers		2 (F)		5 (F)		7 (F)
Sanitary Worker – Solid Waste	6 (4F+2m) 1 (M)			1 (F)		7 (5F+2m) 1 (M)
Sanitary Worker – Toilet Cleaner	1 (M)					1 (M)
Sanitary Worker-cum-manager SHG Vamadam SWM						1 (M)
Tractor Driver						
Chittals	11 (F)			10 (F)		21 (F)
Mason	1 (M)			1 (M)		2 (M)
Maistry	1 (m)					1 (M)
FSM Civil Engineer	1 (m)					1 (M)
WAVE Federation				12 (F)		12 (F)
AWASH/SHE Committee				4 (3F+1M)		4 (3F and 1M)
Transwoman Managing PT				1 (T)		1 (T)
Farmers	1M+2F					3 (1M +2F)

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Desludging Owner		1 (M)				1 (M)
Customer service manager		1 (F)				1 (F)
Supervisor		1 (M)				1 (M)
Driver		2 (M)		1 (M)		3 (M)
Desludging Helper (govt)		5 (M)		1 (M)		6 (M)
Pump Operator (govt)				1 (M)		1 (M)
Bill Filler				1 (M)		1 (M)
City Engineer				1 (F)		1 (F)
Assistant Engineer				1 (F)		1 (F)
Health officer	1 (M)			1 (F)		(1 F)
Health Inspector						1 (M)
Sanitation Officer				1 (M)		1 (M)
Chief Clerk, TP	1 (M)					1 (M)
Mahalir Thittam Official				1 (M)		1 (M)
Bharathidasan University Women Studies Center				2 (F)		2 (F)
Keystone team	7 (5W, 2 M)					7 (5F, 2M)
YUGA Director				1 (F)		1 (F)
CDT Director				1 (M)		1 (M)
Micro Finance and Livelihood Officer, Gramalaya				1 (F)		1 (F)
Journalist – The Hindu				1 (M)		1 (M)
Programme Team, IIHS	1 (M)		1 (M)		3 (F)	5 (2M+3F))
ADB – Gender focal person					1(M)	1 (M)
MAWD					1 (M)	1 (M)
Source: TNUSSP, 2019						