



## Thematic Discussion Series Synthesis

### Addressing the Last (Female) Mile

#### Contents

Introduction.....	2
Summary of discussions .....	3
Topic 1: How can a ‘universal access’ sanitation programme prioritise the needs of women, especially those excluded because they live in remote locations, and have temporary or permanent special needs? .....	4
Topic 2: How can equal and active roles of women in planning, design, management and monitoring of sanitation systems be ensured?.....	7
The Thematic Discussion Series Host .....	7
Contributors .....	7

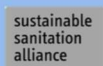
## Introduction

*From 20 May to 30 May, The India Chapter of SuSanA organised a thematic online discussion on Addressing the Last (Female) Mile, looking at issues around women's access to safe sanitation and drinking water. This is the synthesis of the discussion.*

In peri-urban areas and small and medium towns, several studies have found women have problems finding safe and convenient toilets and drinking water. The toilets provided in resettlement colonies and tenements are often inadequate, unsafe and in poor condition. One of the main reasons for bad water and sanitation facilities in these resettlement areas is that women are usually not part of the process of planning and implementation.

### SuSanA's Thematic Discussion Series

The Thematic Discussion Series is an initiative from the Sustainable Sanitation Alliance (SuSanA) to engage actors from interconnected areas of expertise in discussions which are organised and focused on a thematic area, and led by experienced practitioners of the field. Each thematic discussion is held for 3-4 weeks on the SuSanA Discussion Forum platform. The discussion is guided and led by thematic leads, who provide background information on the topic, respond to and lead the ongoing discussion with the support of a coordinator. More information can be found at [www.susana.org/resources/thematic-discussion-series](http://www.susana.org/resources/thematic-discussion-series)



In two resettlement colonies of Delhi, a study by WaterAid found most households have individual toilets but these used inappropriate disposal mechanisms that affect the sanitary environment of the colony. There are community toilets, but women do not use them as they are ill-kept and unsafe. Tiruchirappalli in Tamil Nadu, shows a way out of this crisis through community-managed toilets with bathing and washing facilities jointly managed by city authorities, communities and NGOs. In Ahmedabad, Gujarat, under the Slum Networking project the main achievement was empowerment and transformation of women from slums.

Even as most parts of the country have been declared ODF, challenges remain in reaching the 'last mile' and providing the differently abled with sanitation. The challenge is particularly acute in the case of women in remote villages, or with special needs. A commonly-overlooked challenge is sanitation needs of pregnant women and the elderly.

This happens because of negative perceptions about women, their role and abilities. Decision-makers are often unaware of gender concerns and assume technical matters are gender neutral in some way. Gender crops up in the selection of 'beneficiaries', but even here, they seldom consider intra-household inequalities. Often, gender specialists lack sectoral knowledge, in this case, specific information about water and sanitation.

Self-help groups (SHGs) and community organizations for and of women appear to play a pivotal role in bringing women's issues

into the planning and execution process. Panchayats, in which women have a 1/3 representation, are mandatory local government institutions for development. In rural and urban areas, women elected representatives have played a lead role in sanitation.

This discussion will examine how a 'universal access' sanitation programme can prioritise the needs of women, especially those excluded because they live in remote locations, and have temporary or permanent special needs. It will also elicit examples from members about where this has been done successfully, or where it has faced challenges

Ruchika Shiva and Shiny Saha from IRC, a think and do tank focussed on long term water and sanitation services for all, led the discussions. IRC's approach is based on the Systems Approach i.e. sustained WASH services can be delivered by strong and competent national systems. Systems are the networks

of people, organisations, institutions and resources (the “actors” and “factors”) necessary to deliver services. IRC considers communities and the women therein as key actors in the system.

Multiple studies, narratives from the field and personal experiences over time have highlighted and reinforced that poor access to water and sanitation disproportionately impact women’s lives. The challenges are heightened when we look at this impact on pregnant women, elderly women and women with disabilities.

There are challenges related to design and location that impact accessibility, privacy, safety, security and ultimately use of toilet facilities. Further, limited access to water has a direct consequence on usability and functionality of the sanitation facilities. These challenges are most pronounced in urban poor and rural settings.

Gender mainstreaming can significantly improve sanitation interventions. It is important to note that gender mainstreaming implies planning for women but more importantly including them in the entire process. There is thus a need for the discourse to go beyond seeing women just as “beneficiaries” of interventions but as driving forces, who can assertively spearhead the sanitation agenda.

Women are best placed to understand their challenges and provide valuable inputs towards the use of the facilities. Involving women from the stage of problem identification, planning and design, implementation and monitoring of sanitation facilities in their communities is one of the key factors to ensure sustainability of the services.

They posed the following questions regarding the role of women in sanitation and the benefits that have accrued through empowerment and agency.

1. How can a ‘universal access’ sanitation programme prioritise the needs of women, especially those excluded because they live in remote locations, and have temporary or permanent special needs?
2. Examples about where this has been done successfully, or where it has faced challenges.
3. How can equal and active roles of women in planning, design, management and monitoring of sanitation systems be ensured?

### Summary of discussions

The discussions around how a universal access programme could specifically address the needs of women, especially the excluded, underlined the complicated nature of the issue. Out of the box solutions were needed. These could be the location of toilets, handling of faecal waste, security, special attention to the needs of the disabled (temporary and permanent) and working with communities. The youth and the elderly with special needs should be involved in finding answers to these issues.

Local human resources including ex-servicemen, retirees from government service, etc., could be developed into a cadre to ensure water and sanitation services reached those excluded. Community institutions such as self-help groups and youth clubs, guided by a non-government organization, could also play this role. In addition to making water and sanitation services inclusive, they could help with disposing waste.

Panchayats, where a third of members were women, were another vehicle for ensuring inclusive service delivery. These local government institutions could play a major role in creating the demand for such services as well. Along with community institutions, they could promote the waste-to-wealth concept where human compost was used in farms or kitchen gardens.

Central to this was engaging women in the water and sanitation project lifecycle, from planning to operation and maintenance. There were several examples of this from both drinking water and

sanitation programmes. Women sarpanchs in Odisha, Rajasthan, Uttar Pradesh and many other states have led local sanitation campaigns that have made their panchayats ODF.

They have achieved lasting results as well, compared to the broad brush strokes of the Swachh Bharat Abhiyan. While toilet usage has been very high, the maintenance of personal and community latrines has also been very good. Toilets and drinking water provisions have been made in schools, anganwadis and public places as well. The downstream problems of waste management have also been resolved better in these panchayats.

SHGs have played a major part in this success. Being made up mostly of women, they have led the process of community mobilisation, construction and maintenance. SBM has been a source of income and once the village is ODF, pride, for these SHGs. Women government officers, especially block development officers, have also been proactive, as have those further up the administration such as district collectors and magistrates. They have brought the weight of the government machinery to bear where needed to streamline processes and bring defaulters into line.

The participation of women in government programmes has also improved their inclusiveness. The Janani Project in Kerala ensured that 52% of the households belonged to Below Poverty Line (BPL) and 16% from the Scheduled Castes and Scheduled Tribes, with a specific focus on women from disadvantaged groups. The Jalswarajya project in Maharashtra ensured a policy of entrusting the O&M of water supply schemes to women's Self Help Groups.

Many NGOs have implemented drinking water programmes wherein they have set up local user committees comprising mostly women. Watershed Organisation Trust policy is that all drinking water and sanitation activities should be implemented by the Women's Water Supply and Sanitation Committees.

Jal Sabhas set up the Jal Bhagirathi Foundation, or water management committees set up WaterAid and Gram Vikas, have a similar emphasis on including mostly women. They manage the water infrastructure and collect contributions from member households.

To ensure women have an equal and active role, a framework has been developed based on seven earlier frameworks. This optimizes gender outcomes and aims to identify the opportunities for both men and women to shape WASH programmes to meet their intended gender and equity objectives. This framework provides a potential platform for local-level processes to use a comprehensive set of quantitative and qualitative indicators under each of the developed six categories provided further field testing and appropriate modification.

### Topic 1: How can a 'universal access' sanitation programme prioritise the needs of women, especially those excluded because they live in remote locations, and have temporary or permanent special needs?

As India completed the Swachh Bharat Mission (SBM), there are several stories of women leading campaigns in their panchayats against heavy odds. Women, as block development officers, sarpanches, jalabandhus and self-help group (SHG) members, have demonstrated sanitation improvements are possible utilising local resources and strategies. A percentage of the ODF villages can be attributed solely to the efforts of these women, said Nitya Jacob.

Research has shown women gain more than men from better sanitation and hygiene. They can use toilets in the safety of their homes and do not have to face insults or harassment when defecating or urinating in the open. Their health improves as they do not have to 'hold on' until dark. Using toilets reduces the risk of getting urinary tract infections, diarrhoea and water-borne infections.

Each panchayat receives between Rs 5 lakhs and 50 lakhs each year from the government for development programmes a year. The women sarpanchs have used these funds to deliver quick and good sanitation and drinking water to their constituents.

Take the example of Chandramani Jani, the former sarpanch of Bada Kerenga panchayat in Koraput district, Odisha. For several months, she cajoled her fellow villagers to make and use toilets. She made it a point to visit each one of them each week and listen to their problems, offer solutions and take action with the block development officer. She did not stop with construction but insisted people use the toilets they had made. In the panchayat, there is no solid and liquid waste littering the streets.

In Rajasthan's Kharda panchayat, Pali district, sarpanch Rekha Kanwar, is also a member of one of the Mahila Poorna Shakti self-help groups in the village. She made this ODF in six months. Inspired by the collector, she asked him for help to make the panchayat ODF. The toilets are used all the time by everybody. SHGs have been instrumental in persuading women to construct and ensure toilets are used by all their family members. Kanwar organised women into teams after the motivators' sessions to work as Nigrani committees. The streets have a drainage system that takes the water from households to a pond outside the village. They are dry, and there is no garbage strewn in the corners.

In Nagaur district's Dabriyani panchayat, sarpanch Manju Meghwal was similarly inspired to eliminate open defecation at a block meeting. She asked the BDO to depute trained motivators who spent five days triggering villagers. She set up Nigrani committees who ensured nobody defecated in the open.

In Uttar Pradesh, the pradhan of Dharampur panchayat of Bijnor, Mamta Chaudhry, was instrumental in promoting sanitation. The toilets have tiles and are spacious while the older ones are smaller and plastered with cement. Inspired by a meeting with the district collector, Mamta stood up and asked for help from the district's sanitation team to make her panchayat ODF. Emphasising how toilets were crucial for women's dignity, she completed construction of toilets in 40 days.

The empowered women of self-help groups in Bondaguda panchayat of Koraput district, Odisha, promoted sanitation. They became entrepreneurs. The Bondaguda Mahila Mandal set up a centre to supply toilet construction materials with a seed capital of Rs 50,000. As people were too poor to pay for toilets upfront, a SHG leader Naranga Pujari suggested the subsidy for toilets be given to the community instead of individuals. Naranga Pujari became a sanitation champion.

Block development officers Rekha Gour of Parbatsar block in Nagaur, has ensured the supply chain works. She persuaded a local leader to arrange materials on credit. She brought in masons from neighbouring panchayats and sent motivators for triggering sessions. The block became ODF in a matter of months.

NGOs and government WASH programmes have incorporated structured approaches for including women. The Jananidhi project in Kerala ensured that 52% of the households belonged to Below Poverty Line (BPL) and 16% from the Scheduled Castes and Scheduled Tribes, with a specific focus on women from disadvantaged groups. About 3,700 schemes with 100% house connections and over 80,000 toilets were completed.

The Jalswarajya project in Maharashtra entrusted the O&M of water supply schemes to SHGs. Around 250 villages engaged women SHGs for O&M. The women collected the water tax and paid some percentage as incentive. This ensured that women have a greater say in the maintenance and upkeep of village water projects, in addition to ensuring financial incentives for their water works.

Utthan has conducted various programmes on community-led viable alternatives by village-level institutions involving women and community-based organisations leading to improved gender outcomes in terms of access to water and sanitation facilities. Each of these projects identified essential phases covering a number of activities. These are Planning & Institutional (Capacity) Building Phase, Implementation Phase and evaluation Phase.

Watershed Organisation Trust (WOTR) executes watershed programmes in several states. Its policy is that all drinking water and sanitation activities should be implemented by the women's water supply and sanitation committees. The project funds are transferred to the committee's bank account. The technical and social mobilisation support is provided by WOTR. It has implemented drinking water and sanitation projects under the Integrated Domestic Water Management (IWDM) project in Maharashtra establishing drinking water and sanitation committees (with 50% women members), which are the sub-committees of the Gram Panchayat (GP) as per the GP Act 1958.

In the first phase includes planning, data collection and setting up local institutions. At the end of the phase, a letter of offer is made to the paani samiti, as the local institution is called. In the second phase, local committees are set up and the structures are made, that WOTR monitors. In the final phase, the work is inspected and O&M systems are put in place.

The Jal Bhagirati Foundation (JBF) runs similar programmes in the water-stressed Marwar region of Rajasthan. This is done with communities and making men and women accountable for programmatic interventions. JBF entrusts the management responsibilities to the community and limits its role to that of a facilitator. It identifies village clusters based on criteria such as the level of distress in the cluster, depleting natural resources, livelihood insecurity, and the potential of the village community to collectively prioritise and execute the work.

It constitutes a Jal Sabha (Water User Association) of those who are willing to participate in the proposed work that must have 20% women. Office bearers are elected, one of whom must be a woman, to execute the work and mobilisation of community resources. It sets up the Jal Kosh (Water Fund) to which the community contributes 50%; JBF contributes the other 50%. Upon completion of the project, the 50% community contribution is refunded to the community. The Jal Sabha forms a SHG to generate other sources of income.

JBF's work is also spread over four phases. The first entails community mobilisation, situational analysis and resource mapping. Local institutions are set up. In the second, people start making contributions and detailed plans and the project is approved. In the third, the structures are made based on the overall plans. After construction, they are checked for compliance and quality. The final phase covers monitoring, maintenance and ensuring the local institutions are resilient.

Ajit Seshadri said this issue is low priority and no guidelines are issued. Out of the box solutions are needed for secure places for placement of toilets. Community Toilet Complexes can be made in schools, public institutions or near religious places. To ensure safety, youth volunteers can keep watch.

There are challenges in providing sanitation to differently-abled, pregnant women and the elderly. Retired people can be engaged to help plan and provide security. SHGs and community organizations for, by and of women can play a pivotal role in bringing women's issues into the planning and execution process, guided by NGOs. Panchayats, in which women have a one third representation, have led the process in many parts of India.

About a quarter of people continue to defecate in the open. It can be checked to some extent by adopting a system of 'Controlled Open Defecation'. For this two identical spaces are provided for toilets at the same location where people used for open defecation. Their use is controlled and rotated.

The spaces in the open are chosen by communities. When choosing toilet spaces for women and children, due regard is given for persons with special needs also.

## Topic 2: How can equal and active roles of women in planning, design, management and monitoring of sanitation systems be ensured?

The local government institutions could pass resolutions that women must be involved in the delivery of all essential services, from planning, design, management, monitoring, operation and maintenance of sanitation systems. There is talk of fostering local leaders who can ensure development works are well executed. Sarpanchs are these local leaders who are grounded and with five-year terms can make a significant contribution.

Complementing their efforts and helping them succeed is a responsive district administration. District collectors/magistrates, chief executive officers and executive engineers have shown how to engage with and provide space for women to feel comfortable while making their case. In several district offices, groups of women sarpanches can be seen walking in with their demands and grievances.

Women reap collateral benefits from sanitation and drinking water programmes. This is perhaps the best way to ensure they play an active role in planning, design and management of sanitation systems. In West Bengal, Rina Paik a former sarpanch and a water and sanitation champion in Bapuji Gram Panchayat joined a community healthcare management initiative as the group leader. She has a government license to bid for water and sanitation contracts. She earns more than ₹ 1 lakh a year and employs several boys.

However, despite success, the gender roles at home do not change. They seldom discuss work at home. They have not entirely broken out of the gender stereotypes. Sarpanch or not, all have to manage household chores and children. Their position has also helped gain currency within the village. Women from other households take their word seriously. Men also listen. But for every Mamta Chaudhry, there are many whose words do not filter through the veil. These local leaders have seldom found mention.

A framework has been developed for optimizing gender outcomes and aims to identify the opportunities for both men and women to shape WASH programmes to meet their intended gender and equity objectives. This draws on seven well-established gender analysis frameworks from the Indian WASH. This framework provides a potential platform for local-level processes to use a comprehensive set of quantitative and qualitative indicators under each of the developed six categories provided further field testing and appropriate modification.

## The Thematic Discussion Series Host

The Thematic Discussion Series on Innovations in WASH was organised and hosted by the Sustainable Sanitation Alliance (SuSanA) on the SuSanA Discussion Forum Platform. It was facilitated by the India Sanitation Coalition. The discussion is part of a series of online discussions taking place under the umbrella of the SuSanA India Chapter.

To view the whole discussion, please go to the SuSanA Forum: <https://forum.susana.org/odf-odf-and-sustainability-of-sanitation>

© **Sustainable Sanitation Alliance** All SuSanA materials are available under the open access licence [CC-BY SA](https://creativecommons.org/licenses/by/4.0/). Proper acknowledgement of the source should always be given when materials are used

## Contributors

This document was compiled by Nitya Jacob, 15-6-2019. The following people have contributed to the thematic online discussion:

<b>Name of contributors</b>	<b>Organisation</b>	<b>Country of registration</b>
<b>Ruchika Shiva</b>	IRC	India
<b>Shiny Saha</b>	IRC	India
<b>Ajit Seshadri</b>	Vels Unversity	India
<b>Sunetra Lala</b>	SNV Netherlands Development Organization	Cambodia