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Gender(ed) Issues of WATSAN Services

Using the 7A framework for analysis in policy formulation and decision making

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Abbreviations

AMC	Ahmedabad Municipal Corporation
AMRUT	Atal Mission for Rejuvenation and Urban Transformation
CTC	Community Toilet Centre
CPHEEO	Central Public Health and Environmental Engineering Organisation
FGD	Focus Group Discussion
IHHL	Individual Household Latrine
JnNURM	Jawaharlal Nehru National Urban Renewal Mission
lpcd	Litres per capita per day
MDG	Millennium Development Goal
ODF	Open Defecation Free
SDG	Sustainable Development Goal
UNICEF	United Nations Children's Fund
WATSAN	Water and Sanitation
WHO	World Health Organization

Abstract

Lack of access to Water and Sanitation (WATSAN) services disproportionately affects men and women. This is recognized by examining social construct of gender norms which has infiltrated into the lives of every individual with the benefits and rights they enjoy. An evidence-based study¹ was carried out in the slums of Ahmedabad to understand differential access and benefits sought by men and women to safe WATSAN services. The study reveals that there is a necessity for considering gender needs in policy formulation and decision making to have an equitable impact of WATSAN services.

Key: Gender, Water, Sanitation, WATSAN services, Gender Analysis Framework.

Understanding gender issues of WATSAN services

Improving access to WATSAN services in low income communities shall sustainably improve health of people and environmental sanitation by reducing the incidences of water and sanitation related diseases. Studies² have shown that it would contribute significantly towards an increase in productivity and reduction in poverty. However, the planning and delivery mechanism of WATSAN services does not seem to take care of gender needs, resulting in imbalance in the benefits sought by women and men as they play their differential roles in society.

Gender identities are created based on role specifications in society. While one is born with a 'sex' as female or male, 'gender' is a social construct attributed to one's sex outlining their roles, behaviour and activities, deemed to be appropriate by society³. There are two factors that determine a strong link between gender and the benefits of WATSAN services. One, women and men have different biological needs in terms of use of water and sanitation services. Two, social norms often driven by patriarchy, materialize into imbalanced access, management and control over the resources.

Imbalance in the burden

Historically and culturally, women have been primarily assigned the role of water collection, childcare, family healthcare, manager of sanitation facility and domestic chores. There are many studies showing that women across the world spend disproportionate amount in collecting and managing water than their male counterparts. SDG baseline reveals that women and girls are responsible for water collection in 8 out of 10 households with water off premises⁴. This suggests that limited drinking water services have strong gender implication. MDG report 2012 showing a study of 25 countries in Sub-Saharan Africa reveals that 71 percent of the water collection burden falls on women and girls in households without piped water on premises. This is estimated to be 18.3 million female hours in contrast to 7.5 million male hours each day per round trip. In developing countries of Asia- Pacific, females spend up to six hours per day to

¹ The study was conducted as part of 'Public Finance for WASH initiative' which supported research around public finance for pro-poor sanitation and pro-poor WASH in low income communities.

² (2008). Sanitation is an investment with high economic returns: Factsheet No. 2. Geneva: UN Water. Clean Water and Sanitation- The keys to breaking free from poverty: World Vision. (2018, Dec 20). Retrieved from World Vision: <https://www.worldvision.com.au/global-issues/work-we-do/climate-change/clean-water-sanitation>
Schulte, P., & Fenwick, M. (September 2014, January). Exploring the Business Case for Corporate Action on Sanitation: White Paper. The CEO Water Mandate. Retrieved from The CEO Water Mandate.

³ Sangeeta Sharma, M. S. (2012, September). Gender equality in the workplace: the perceptible. Vol1. No. 1 Social Science Directory, pp. 19-33.

⁴ (2017). Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

travel as far as six kilometres to collect water⁵ and girls drop out of school to assist. In India, it is estimated that women fetching water spend 150 million work days per year, equivalent to a national loss of income of 10 billion Rupees⁶. If an average one hour per day is saved by each household member, it can be used to generate some income, the saved time is worth a staggering \$63 billion (Guy Hutton, 2004) across world. Apart from loss of productive hours, hauling heavy loads of water over long distance can lead to physical damage to the back and neck or physical assault while navigating unsafe waterholes.

Shriben, a 40-year-old lady from Khodiyaar Nagar, Ahmedabad: "Before individual water taps were installed, I used to walk for one hour and carry 25 litres of water to my house lifted by my hands."

Access and attitude: An overlaid maze

Inadequate access to safe sanitation facilities create additional challenges for women such as those related to menstrual hygiene, personal safety, sexual harassment and violence. Without access to toilet, many women and girls become 'prisoners of daylight', using only the night as privacy to defecate. Night-time trips to fields or roadsides expose them to risk of physical attack and sexual violence (Women, Water, Sanitation and Hygiene, 2015). A survey conducted in 2012 by the Pune based organization 'Dasra', found that 30 percent of women population of town and cities are assaulted as the lack of toilets force them to defecate in the open. Additionally, in many cases women compromised on using community toilets in the morning to save time for men and children.

Adolescent girls in slums of Ahmedabad with no or limited sanitation facility: "Men often follow us while we go to defecate in the open."

Unavailability of safe water and toilet facility for girls have established linkages with lower attendance and higher dropouts of girls in schools. Girls tend to miss school six days a month on an average due to lack of quality sanitation facility at school. This eventually contributes to almost 23 per cent girls dropping out of school on reaching puberty, which critically undermines their potential as individuals and future workers. (Dignity For Her: Empowering India's adolescent girls through improved sanitation and hygiene, December 2015).

Gendered issues of WATSAN services is double layered: first, the inadequate infrastructure and second, the social system of gender norms. The resultant maze manifests into women and girls losing their opportunities for employment, education, leisure, and sleep; as well as affects their health, safety and dignity; putting them in more vulnerable situation. Most of the WATSAN schemes often fail to respond to such manifestations of gender dynamics and hence the finances being spent on them do not reflect the equitable impacts as it would, should the decision making be made with gender lens.

Assessment with a gender lens

Most of the times, implementation of infrastructural schemes get affixed by the mere principle of attaining the target numbers relating to physical infrastructure. The social dynamics manages to attract less attention and finance, resulting in not-so-effective and non-inclusive results. To

⁵ Brown, K. S. (2012, March 21). Women and Water Security: The Asia Foundation. Retrieved from The Asia Foundation: <https://asiafoundation.org/2012/03/21/women-and-water-security/>.

⁶ Gender and Water in Central Asia. Retrieved from Gender and Water in Central Asia: http://www.gender.cawater-info.net/what_is/facts_e.htm.

ensure better results; policy, programme and projects, whether implemented or proposed, need to be assessed from a gender lens. The following framework has been developed by gathering the understanding of differential needs and roles of females and males relating to WATSAN services.

The 7A gender-based WATSAN framework

To integrate the complex dimension of gender in public policy and finance for WATSAN services, there is a need for a methodological tool to assess whether benefits of development programmes and projects at different levels reach as much to women as to men. The study identified following parameters to be considered for the assessment.

1. Availability - Availability of water and sanitation services on or off the premises play a crucial role in deciding the hardship faced by women and men.
2. Accessibility - The ease and comfort of access is imperative in deciding the actual reach of available services. Indicators like time, distance and likelihood of crime need to be considered.
The WHO and UNICEF consider that if the water collection time does not exceed 30 minutes round trip, then the household is to be considered to have access to basic facility⁷.
3. Affordability - The monetary aspect is important for low income communities to decide the level of access to WATSAN services.
4. Adequacy - The adequacy of water supply, and toilet facility is important to assess real coverage of benefits for women and men. According to the CPHEEO Manual⁸, at least 40 lpcd water should be provided in urban areas, if the supply is through public stand posts. There should be at least one pump per 250 persons, preferable per 150⁹. As women constitute almost half of the population, the number of toilet seats in Community Toilet Centre (CTC) should also be proportional to that. According to Swachh Bharat Mission Urban Guidelines, there should be one seat every 35 men and for every 25 women in Community Toilet facility, with adequate bathing facility.
5. Appropriation - Appropriation of services as per gender needs is crucial. The quality of the service determines its use and the resulting impacts. Suitable provisions such as presence of urinals for males and sanitary napkin vending machine for females need to be considered.
6. Aims - Aims and objectives of policy, project and programme need to be gender responsive or shall consider gender needs. It is important to acknowledge and prioritize the biological needs and gender disparities while framing overarching aims and objectives of infrastructural services.
7. Association (Participation) - If women do not have enough representation then there is less chance of their needs being heard and valued. Studies suggest that sanitation projects designed with full participation of women are believed to be 5-7 times more successful than the ones which are focused only on men¹⁰. It is important to associate women and men equally to identify and design solutions to build inclusive infrastructure considering the social disparities.

⁷ (2017). Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

⁸ (1999). CPHEEO Manual on Water Supply and Treatment. Ministry of Housing and Urban Affairs, GoI.

⁹ Mathur, M. P., Chandra, R., Singh, S., & Chattopadhyay, B. (April 2007). Norms and Standards of Municipal Basic Services in India. New Delhi: NIUA WP 07- 01.

¹⁰ (2012). Squatting Rights: Access to Toilets in Urban India. Mumbai: Dasra, Forbes Marshall (p. 6, 26).

This framework aims to function as a grid for processing the quantitative and qualitative data gathered from observation, secondary records, interviews, FGDs and interactions with communities. As reality does not always fit into neat categories, the grid is left open to capture the qualitative responses. It is arranged to categorize responses for women and men. It compares their situation on the above listed parameters as a reflection of gender responsiveness of existing or proposed WATSAN services.

WATSAN services in the slums of Ahmedabad

Ahmedabad Municipal Corporation has seen focused investment in WATSAN services for urban poor through various slum upgradation schemes, as represented in figure1. First turning point was the launch of the Jawaharlal Nehru National Urban Renewal Mission (JnNURM) in 2005, which brought huge investments for WATSAN services for urban poor for the first time. Basic Services for Urban Poor (BSUP) under JnNURM provided WATSAN services through different models such as redevelopment, rehabilitation or in-situ slum upgradation in an attempt to make Ahmedabad a Slum-Free City. The second turning point was the inception of AMRUT and Swachh Bharat Mission which made access to WATSAN services a people's movement and drew even more attention and funding for the same.

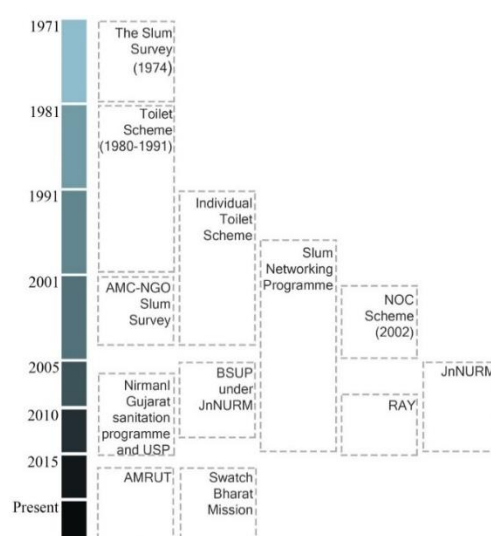
Analysis of data from Slum Free City Action Plan (2014) of Ahmedabad and reconnaissance shows that slum settlement in all 6 zones of the city have access to water through either individual or public taps. In terms of sanitation infrastructure, on the other hand, there exists a serious shortcoming with at least 25% of the slum households in the city lacking sanitation facilities. There are claims¹¹ that the city continues to face open defecation and manual scavenging. The city, however, has been recognized as Open Defecation Free (ODF) since 2015. Additionally, it received ODF+ status on January 5, 2019¹².

Such a declaration indicates improved WATSAN condition in low-income communities. However, if looked at from a gender lens, the reality of benefits existing on the ground becomes clearer. To understand the variations in perceived benefits and actual benefits, selected slum settlements of Ahmedabad were assessed based on the 7A gender-based WASTAN framework.

¹¹ Research done by Mahila Housing Trust, Ahmedabad in Dec 2017 showcase that open defecation is still being practiced. Is Ahmedabad open defecation free? Evidence suggests otherwise, wide prevalence of manual scavenging: Counterview. (2016, October 8). Retrieved from Counterview: <https://www.counterview.net/2016/10/is-ahmedabad-open-defecation-free.htm>.

¹² (Jan 11, 2019). Ahmedabad gets ODF+ status from centre- Times of India. Ahmedabad: Times of India. Retrieved from <https://timesofindia.indiatimes.com/city/ahmedabad/city-gets-odf-status-from-centre/articleshowprint/67478020.cms>.

Figure 1 Timeline of slum upgradation schemes as rolled out in Ahmedabad



Source: Adopted from Slum Free City Plan Ahmedabad, 2014 & Key Person interview of AMC officials

Assessment of WATSAN services using the 7A gender-based WATSAN framework

Settlements were selected from a wide spectrum ranging from successful implementation of household level services, limited services to no services across the city. Each case is a representation of situation of settlements with similar state of services. Settlements were selected from the sample where MHT works, to not infringe into the privacy and comfort of people as an outsider. Table 1 and Table 2 represent assessment using 7A gender-based WATSAN framework for water and sanitation services respectively.

Assessment revealed that hardships relating to fetching water from long distances have ended to a large extent in low income communities of Ahmedabad, as a result of various schemes that have been implemented over time (as shown in figure1). However, the accepted norm of 30 minutes round trip to be considered suitable for access to basic services is found to be questionable in the context, given the reported poor quality of water.

During focus group discussions (FGDs), women reported considerable improvement in their health as they no longer had to carry heavy containers filled with water from long distances. They now used the saved time in better management of household chores and some even managed to earn between Rs 40 to Rs 150 every day by working as domestic workers or home-based workers for small industries (as shown in the photos below). Both women and men reported increase in productivity. Further, daily fights rising due to water conflicts were also reported to have reduced. Table 1, representing 7A gender-based WATSAN framework grid clearly indicates that lack of water connection on premises leads to waste of time for both women and men, therefore the schemes financing household connection would be more successful.

Assessment of sanitation services using 7A gender-based WATSAN framework (as shown in Table 2 clearly establishes that women face least grievances in case of having access to functioning Individual Household Latrine (IHHL). Women with access to IHHL, reported to save time and

manage to earn from either domestic or home-based work, while men managed to increase their working days from 15 to 25 every month. However, in most cases, due to land tenure issues, the government was seen to prefer to provide CTC to low income communities (over individual household toilets). CTCs were observed to grapple with maintenance issues of electricity, and water supply, and lack appropriation as per women's need. Furthermore, settlements with poor and faulty designs of CTCs reported increase in risk of harassment for females. Therefore, the 'beneficiaries' of such facilities had no option but to resort back to open defecation.



Women in Ganesh Nagar (Ahmedabad) using their saved time to earn money by removing labels from acrylic sheet for small recycling units. Source: Krati Jain



Clock-wise from top: Mrs Shriben, 40-year-old proud owner of IHHL (Khodiyaar Nagar); Broken CTC (Ganesh Nagar), CTC of Balapir no Tekro (also used by Indra Nagar na Chhapra); Open Defecation site (Narankaka nu Vadu). Source: Krati Jain

The assessment grid clearly shows that young girls using CTCs or resorting to open defecation complained of being harassed on a daily basis. The slum settlement of Ganesh Nagar had witnessed an extreme case of brutality due to unavailability of safe sanitation facility in which a 7 years old girl was raped while she was going to defecate in the jungle.

To avoid such associated threats, females reported to either compromise on their natural body functions which increased the risk of health problems such as urinary tract infections, chronic constipation and mental stress; or go for CTC/ open defecation in groups, leading to loss of productive hours for many. In 3 out of 5 cases, females reported to wait for their turn to use the CTC, as against 1 in 5 men. The long waiting time also have health consequences. Girls reported to not go to school during menstruation due to unavailability of water in school toilets and provision of menstrual hygiene management. Such lack in appropriation as per gender needs and taboos linked with female sanitation lead to preventing women from receiving the benefits of public WATSAN services. Menstruation taboo is social stigma which involves menstruation being considered unclean and embarrassing, which leads to significant challenges in menstrual management.

During FGDs, women were also asked to give suggestions to improve sanitation facility in their community. Individual household toilet was stated to be the most preferred choice. They also discussed measures such as separate toilet complex for males and females, separate entry doors not facing each other and presence of utility room inside female toilet complex to change clothes. This suggests that participation of both women and men in planning processes and implementation is essential to understand gender needs and dynamics which can help overcome the cultural barriers and secure human right to sanitation.

Recommendations

As evident from the study, analysis of WATSAN services with a gender lens is central to assessing whether the benefits of finances being spent reaches as much to women as to men. It is important to consider the biological needs and social disparities in policy formulation and decision making for better equitable results.

Assessment of WATSAN services with 7A gender-based WATSAN Framework clearly indicates that household level services are better responsive to the differential gender needs and the social norms that create hardships for women. It is reported to provide opportunities to females for employment, better health, safety and dignity.

Gender assessment clearly brings out the nuances surrounding water and sanitation services for females and males which certainly should be given more attention in policy formulation and decision making. Location and design conforming to safety and comfort help in reduction of harassment and crime resulting in improved accessibility. Adequate facility with appropriation as per the needs of female sanitation is as important as providing urinals responding to the need of male sanitation. Provision of sanitary pads, soap, water and disposal of waste, with adequate privacy is crucial for making the services gender-responsive. Maintenance and cleanliness are another important factor to improve the use the community WATSAN services. Without consideration of such strategies and prioritizing gender responsiveness of WATSAN services in objectives, well intended programs with finances would fail to meet their desired goals. As men and women face different challenges of poor infrastructure, their participation at different stages of planning and implementation is vital in achieving gender-responsive results.

Better awareness and education are attempting to dissolve the gender boundaries, however social norms still dominate the realities of females especially the ones living in poverty. The study evidently proves that gender norms coupled with inadequate infrastructure are the barriers that need to be removed to ensure equitable access to safe water and sanitation for all. Public financing for WATSAN services has been targeting the income disparities within the communities through public policies. Now is the time that, planners and decision makers understand gender disparities and harbour a more gender sensitive approach to WATSAN policies and projects so that the benefits of public funds reach as much to women as to men.

Table 1 Assessment using 7A gender-based WATSAN framework for water services

Represents Case of Slum Settlement	Individual Tap Connection Khodiyaar Nagar		Individual Tap Connection Balapir no Tekro Gali no.1		Individual Tap Connection Indira Nagar Na Chhapra		Individual Tap Connection Ganesh Nagar		Community Water Tap Narankaka nu Vadu	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
Availability										
On/Off Premises	On Premises	On Premises	On Premises	On Premises	On premises	On Premises	On Premises	On Premises	Off Premises	Off Premises
Accessibility										
24X7/ Limited	Limited	Limited	Limited	Limited	Limited	Limited	Limited	Limited	Limited	Limited
Time consumed to access	0	0	0	0	0	0	0	0	One hour	One hour
Distance travelled	0	0	0	0	0	0	0	0	As much as 2-3 km	As much as 2-3 km
Likelihood of harassment/ crime/ accident	No	No	No	No	No	No	No	No	No	No
Ease of Access	Comfortable	Comfortable	Comfortable	Comfortable	Comfortable	Comfortable	Comfortable	Comfortable	Low pressure	Men pedal at an hour distance to get water
Affordability										
Yes/ No/ Others	Affordable	Affordable	Affordable	Affordable	Initial investment was costly	Initial investment was costly	Initial investment was costly	Initial investment was costly	Affordable	Affordable
Adequacy										
Taps	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No response
Appropriation										
Quality of water	Fine	Fine	Very Bad. Leakage of sewage into water pipeline	Very Bad. Leakage of sewage into water pipeline	Not good	Not good	Bad	Bad	Bad	Bad
Aim and Objectives										
Yes/ No	No	No	No	No	No	No	No	No	No	No
Association (Participation)										
Planning	No	No	No	No	No	No	No	No	No	No
Process	No	No	No	No	No	No	No	No	No	No
Implementation	No	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No
If given a chance of participation, what would you improve	-	-	Improve Quality	Improve Quality	Improve Quality	Improve Quality	-	Improve Quality	Improve Pressure and Quality	Improve Pressure and Quality

Table 2 Assessment using 7A gender-based WATSAN framework for sanitation services

Represents case of	Successful IHHL		Failed IHHL		Functioning CTC		Defunct CTC		No facility	
Slum Settlement	Khodiyaar Nagar		Balapir no Tekro Gali no. 1		Indira Nagar na Chhapra		Ganesh Nagar		Narankaka Nu Vadu	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
Availability										
On/Off Premises	On Premises		On Premises		Off Premises		Off Premises		No Sanitation Facility	
Accessibility										
24X7/ Limited	24X7. Most coverage by IHHL, partial by CTC		Defunct sewer line, use CTC or defecate in open		24X7		24X7		Few households have IHHL. CTC is defunct due poor maintenance and lack of water. Open Defecation	
Time taken per round trip	0 (IHHL)	0 (IHHL)	2-10 mins to CTC 10 mins to OD site	2-10 mins to CTC 10 mins to OD site	30 minutes (CTC). Senior women complain of leg pain, having to walk till CTC every time to pee	30 mins (CTC). Get late for work and lose pay	30 mins. (OD) Go in group which hinder their work & waste time	30 minutes	5-10 minutes	5-10 minutes
Waiting time to use the facility	0	0	30 minutes in CTC	30 minutes in CTC. Gets late to work	30 minutes. Leads to delay in preparation of food, sending children to school and their husband to work.	-	30 minutes	-	N/A	N/A
Distance travelled	0	0	Up to 1 km	Up to 1 km	Up to 2 km	Up to 2 km	Up to 2 km	Up to 2 km	1 km	1 km
Likelihood of harassment/ crime/ accident	One CTC is across the highway. Likelihood of road accident	No	Probability during night	No	Cases of harassment are highly likely during night.	No problem	Eve teasing and sexual harassment is prevalent	Open Defecation is not good for self-respect	Men often follow while going to Open Defecation	
	Men peep inside CTC				Feel exposed during every trip to CTC		A 7 years old girl was raped while going for open defecation		Likelihood of mosquito, insect & snake bite	
Ease of Access	IHHL-Very comfortable	IHHL-Very comfortable	Comfortable	Comfortable	Drunk people sit near CTC making it uncomfortable and unsafe for girls to access CTC during night	Comfortable	Stop in between if males come to the jungle to defecate	Do not feel good using the same space as women in jungle to defecate	Men come and sit next to us and make fun which is highly uncomfortable	Do not feel good
	CTC- Presence of drunkard near the CTC makes it uncomfortable	CTC- Not comfortable to use			Since the gates of male and female section face each other, males keep		Presence of mosquito and insects	Presence of mosquito and insects	Go early morning before dawn	

					looking making it uncomfortable					
Affordability										
Yes/ No/ Others	Affordable	Affordable	Affordable	Affordable	Affordable	Affordable	N/A	Affordable	N/A	N/A
Adequacy										
Toilet Seats	Yes	Yes	No	No	No	No	No	No	N/A	N/A
Appropriation										
Sanitary Pad Vending Machine	N/A	N/A	Sewer line passes through water pipeline which is leaking. Water gets leaked into the sewerage and overflows from the chamber. Drinking water also gets mixed with sewer water.	No	N/A	No	N/A	Feel ashamed and harassed during every trip to defecate in open	-	
Urinals	N/A	N/A		N/A	Yes	N/A	No			
Cleanliness	Yes	Yes		Bad	Bad	Very Poor	Poor			
Handwash	Yes	Yes		Not good	Not good	Unavailable	Unavailable			
Unit Gates	Yes	Yes		Stable	Stable	Broken	-			
Dustbins	Yes	Yes		Yes	N/A	Unavailable	-			
Aims and Objectives										
Yes/ No	No	No	No	No	No	No	No	No	No	No
Association (Participation)										
Planning	No	No	No	No	No	No	No	No	No	No
Process	No	Yes	No	No	Yes	Yes	Yes	Yes	No	No
Implementation	Yes	Yes	No	No	No	No	No	No	No	No
If given a chance of participation, what would you change	Full coverage of IHHT	-	Functioning IHHT	-	Coverage by IHHT	-	IHHL, no matter how small it is	IHHL	IHHT	
			24X7 water availability in CTC	-	CTC should be clean and have electricity all the time	-				
			Soap for hand washing and Dustbins	-	Sanitary Napkin vending machine inside the facility and dustbin inside every toilet unit.	-				
			Separate complex for male and females	-	Separate entry gates for male and female section of the facility, not facing each other.	-				
				-	Utility room where women can change	-				

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