INTERSECTIONALITY INFORMED GENDER INTEGRATION FRAMEWORK

Developing an Intersectionality-Informed Gender Integration Framework for Sanitation

Report

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1. Introduction

"Inclusive and equitable access" as a phrase, is gaining popularity in the current lexicon and is often described as a need and a salient feature of inclusive societies. A cursory glance at the Sustainable Development Goals (SDGs) will show an abundance of terms that mean or imply universal access. In Goal 6, for example, targets 6.1 and 6.2 mention universal and equitable access to safe and affordable drinking water, sanitation, and hygiene. These targets show a focus on the extent of service as well as just the design of these services. Adding words such as inclusive and equitable to access increases its scope to include all individuals regardless of similarities or differences in their social and individual identities. "Inclusive and equitable access" cannot be called so unless it reaches every person and in order to do that, it is important to understand pre-existing inequalities in the society.

The absence of basic services is neither unbiased nor does it affect everyone equally; rather, certain groups are more vulnerable than others. Women and girls, for example, face discrimination and inequality in access to adequate drinking water and sanitation (Bhattacharya et al., 2016) (Van de Lande, 2015). They constitute a majority of the users of public sanitation facilities which are often plagued by poor conditions. In the absence of adequate sanitary facilities, women often have to wait until dark or resort to consuming less water than required, causing health problems such as urogenital tract infections (Van de Lande, 2015). In urban areas, women and girls face countless safety risks and other dangers when using toilets shared by men, using public toilets or going out in the dark for open defecation.

Most of the societies in developing countries place the primary responsibility of household Water Sanitation and Hygiene (WSH) management on women. Studies show that in sub-Saharan Africa, 71% of the burden of collecting water is shared by women and girls. They run the risk of physical, mental, and sexual assault while walking long distances to fetch water owing to the absence of piped or supplied water connection (Van de Lande, 2015). Often, they are also pressed for time as the water source may not be operational continuously (Bhattacharya et al., 2016). Women also spend more time on unpaid care work, when poor sanitation impacts other members of the family. Further, many girls drop out of school following puberty due to absence or inadequacy of sanitation and hygiene facilities in the schools [especially Menstrual Hygiene Management (MHM)]. This lack of education as well as the burden of care-giving has reduced the opportunities for women and girls for paid work. In India, women do almost 10 times as much unpaid work as men, barring them from contributing to the economy (Bhattacharya et al).

Similarly, people with disabilities or illnesses are disproportionately affected by services as public water and sanitation services are often ignorant of their needs. Limited accessibility is also faced by children, chronically ill individuals, and the elderly. People with certain health conditions such as HIV/AIDS may also face discrimination due to limited, and often incorrect, understanding of such ailments. "Universal access" therefore needs to acknowledge these realities of human life and absorb their needs and values into its own definition.

In this context, a project to develop an Intersectionality Informed Gender Integration Framework (IIGIF) was carried out in 2017-2018. This project was executed by a consortium comprising of The Centre for Study of Science, Technology and Policy (CSTEP), the Administrative Staff College of India

(ASCI), and Centre for Advocacy and Research (CFAR) with support from the Bill and Melinda Gates Foundation (BMGF).

The aim of this project was to strengthen agencies and advance policies, regulations, and processes for increased accessibility to Water, Sanitation & Hygiene (WSH) services. The project approach entailed a look at the cumulative impacts of different social factors such as gender, age, ability, socio-economic class etc. and their interactions on access to adequate sanitation across the value chain. This framework is being implemented in three towns of Andhra Pradesh (Anantapur, Kovvur and Narsapur). Capacities at state and city levels are also being built accordingly to integrate and implement the framework into their state sanitation strategy and City Sanitation Plans (CSPs).

This project report intends to describe the development of the framework and focused on capturing the experience of implementing the IIGIF in the three towns of Andhra Pradesh. The also provide recommendations on how such an inclusiveness-oriented approach can be successfully implemented and operationalised in the Indian context.

2. Theory of Change

The current global and national initiatives towards Sustainable Development demand a transformation in the existing social tapestry and how access to basic services are planned and implemented. In this regard, planning exercises must align themselves to larger agendas of social inclusion and equity. One widely-used method for developing such projects and programmes is the **Theory of Change** (**ToC**). This method, based on the critical theory school of thought, advocates for outcome-oriented approach where the impact is first articulated and working backwards, outcomes, outputs, and activities are defined. A generic flow for a theory of change is given in Figure 1.

Theory of Change
OUTCOME-ORIENTED APPROACH

01
Start with a goal towards which everything is directed

03
Identify outputs that will help achieve the identified outcomes

Impact/ Goal   **Outcomes**   **Outputs**   **Inputs**

Articulate your outcomes by defining the changes that need to take place in order to achieve this goal
02

Define activities and process that need to be executed in the project, to produce outputs
04

Figure 1: A schematic for a typical Theory of Change (ToC)

During the project conception phase, the consortium felt that it was crucial to articulate the intended theory of change for this project. The ToC developed helped articulate the project methodology, and provided a structured process for soliciting multi-stakeholder participation. The ToC also formed the foundation for the IIGI framework that was eventually developed.

For this project, the consortium believed that the ultimate goal of such socially-driven initiatives should be a positive and lasting impact on the population served. As sanitation is a vital basic service, the impact of equitable and adequate sanitation would have far-reaching effects on the quality of life of the people. It was thus decided that the goal for this project should be "high quality of life for all". Once the goal was defined, the consortium deliberated on the changes that needed to take place in order to achieve this goal. In case of sanitation, the change needed to not only improve access to adequate sanitation for all groups, including the most marginalised – it also needed to set a new standard in how services and infrastructure are envisioned, planned, and implemented. Two larger outcomes were therefore defined:

a) Non-discriminatory and inclusive sanitation provision for all, with active stakeholder involvement

b) New rules of engagement on gender through policy reforms at the State and the Council level

The consortium then needed to define a set of activities and their outputs which would help realise the aforementioned outcomes. In this context, a key assumption was introduced: if there were concentrated efforts in certain areas, they would provide the necessary push to achieve the defined outcomes. Through further discussion, the following areas pathways or "conduits" were defined with the intention of being as comprehensive as possible in planning project activities:

- **Evidence:** This conduit seeks to find qualitative and quantitative evidence for exclusion with regards to sanitation access.
- **Policy:** This conduit suggests policy directives that can help institutionalise inclusive sanitation planning and implementation.
- **Key Processes:** This conduit refers to mechanisms or processes that need to be either established or reformed to catalyse change in the rules of engagement.
- **Capacity Building:** This conduit includes development of institutional knowledge and skills in important topics such as leadership development, gender responsive budgeting, etc.
- **Monitoring:** This conduit refers to mechanisms to institute a participatory approach to sanitation monitoring and evaluation in the study cities

Specific outputs and associated activities (i.e. inputs) are given in the ToC flow (Figure 2).

GOAL

High Quality of Life for All

OUTCOME

| Non-discriminatory and inclusive sanitation provision for all with active stakeholder involvement | New rules of engagement on gender through policy reforms at the State and the Council level |

OUTPUT

EVIDENCE	POLICY	KEY PROCESSES	CAPACITY BUILDING	MONITORING
• Identification of exclusion and discrimination • Analysis of extent of discrimination with focus on sanitation	• Identification and development of policy directives /GO/GR for provision of non-discriminatory and inclusive sanitation for all	• Establishment of structures and convergence mechanisms • Establishment of participatory mechanisms • Establishment of incentive mechanisms • Establishment of non-negotiable programme framework	• Capacity building for leadership and skills at all levels for human-centric sanitation provision • Establishment of mechanisms to document processes and learnings	• Creation of a community-led monitoring framework to measure the performance against gender-specific SDG Indicators

INPUT

EVIDENCE	POLICY	KEY PROCESSES	CAPACITY BUILDING	MONITORING
• Study and map the evidence of vulnerability using community-led assessment methods • Initiate public discourse and exchange on gender inclusive sanitation • Hold community-level dialogue with municipal officials to strengthen convergence • Identify focal points or persons within the community to understand and aggregate gender-related concerns • Establish gender subgroup and solicit inputs • Collect qualitative, quantitative and anecdotal evidence on the extent of exclusion and discrimination • Engage with media to understand the extent of exclusion and discrimination in sanitation	• Create a state-level steering committee for policy development • Develop 'mini-pilots' to begin policy discourse on existing situation and have a demonstrative impact leading to administrative directions • Apply gender-based budgeting as evidence • Design tools for human-centric design, addressing vulnerability-specific needs • Develop an Attitude and Readiness Framework or Rights and Responsibility Framework—through trainings by experts on community strengthening • Develop a 'best practices' document from global and Indian evidence on non-discriminatory and inclusive sanitation provision	• Map existing practices and exclusionary factors • Identify entry points for participatory processes and influence intervention such as health and social entitlements camps • Conduct field-level consensus building and critical engagement through problem solving and awareness • Activate existing norms of representation and incentivise community service • Map non-negotiable service-level standards based on pilots, consultations, national and international norms (with specific reference to SDGs)	• Conduct Capacity Enhancement Needs Assessment (CENA) for stakeholders • Conduct gender-sensitisation training for policy makers, practitioners and community groups • Organise leadership development camps for gender-centric sanitation provision • Develop skills for human-centric design and gender budgeting for sanitation provision for municipal employees as well as non-governmental organisations	• Develop input indicators for assessing the quality of participation, representation and ownership by the community in the management of gender-friendly sanitation services • Mandate social audit / app-based user feedback, helpline at service points • Establish and train social auditors, community group to monitor sanitation service provisions • Develop a process for periodic review • Develop mechanisms to integrate gender-related information with the ULBs / concerned departments • Link gender budgets to outcomes/indicators • Collect relevant information for tracking performance on SDG indicators

Figure 2: Theory of Change for the IIGIF Project

Impact of the Theory of Change for IIGIF

In the context of the IIGIF project, the ToC not only provided the opportunity for crystallising the necessary activities and outputs, it allowed the project to position itself in the larger social-development ecosystem. The conduits identified by the ToC also lend themselves to the development of the framework, where the recommended interventions are categorised by the conduits they are intended to affect. Thus, the ToC exercise is not only important from a project management perspective, but can also help guide the tangible outputs of the project, such as the operational guidelines (n case of IIGIF).

3. Developing the IIGIF

The Intersectionality-Informed Gender Mainstreaming Framework was envisioned as an operational application of key concepts in social development such as gender mainstreaming, social exclusion, universal accessibility, intersectionality, and gender responsive budgeting. The framework was founded on the project's Theory of Change, and adopted the project's envisioned outcomes as its own. In its inception, the first exercise conducted was to identify certain crucial and non-negotiable assumptions or "pillars" based on the collective experience of the consortium and the wealth of existing research in this area. These pillars are:

- The framework should aim to adequately address all forms of social exclusion[1], and not be limited by a singular focus
- Individual experiences vary within and beyond gender, from place to place, sector to sector, and situation to situation, and this diversity of experience should be anticipated by the framework
- Transformational change can only be obtained through a democratic approach to planning and implementation by ensuring participation, representation, and ownership
- For a framework to provide actionable insights and effect change, it needs to provide clear directions to its own institutionalisation.

As the framework was designed for the sanitation sector, two sector-based assumptions were also considered:

- Sanitation services are only adequate if they safely cover the entire value chain and reach everyone all the time
- Access to adequate and dignified sanitation services is a basic, non-negotiable human right and the framework must preserve this right.

These key pillars helped outline the research conducted subsequently. The next section summarises the key learnings from this research.

3.1. Developing the Theory

Gender Mainstreaming

The concept of Gender Mainstreaming (GM) is a key tenet of the framework and was first defined as a strategy for the promotion of gender equality during the Fourth World Conference on Women, Beijing 1995. In 1997, the United Nations Economic and Social Council (ECOSOC) declared the intention to mainstream a gendered perspective in all policies and programmes of the UN. The ECOSOC defined GM as:

Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political,

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[1] "Social exclusion describes a state in which individuals are unable to participate fully in economic, social, political and cultural life, as well as the process leading to and sustaining such a state." – LNOB Agenda, UN

economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

GM as a strategy aims to empower and enable women who are at the bottom of the pyramid facing discrimination and inequality. Women face structural and systemic exclusion and discrimination on account of cultural barriers, biased gender norms and institutional hierarchies and convention. GM enables one to strategically deal with them and does so within the given institutional frameworks and norms by building a shared perspective and consensus on the reformatory pathway we should adopt to ensure gender parity.

Many frameworks have been developed globally, with the aim of addressing gender disparity and for successful mainstreaming gender at different levels, for different sectors. Often, the goal is to ensure gender-inclusive access to services (such as sanitation, education, health services, etc.) and to move towards empowering and engaging women to ensure a gender transformative future. Most of these frameworks prescribe the adoption of a process of analysing the role that gender plays in various contexts, particularly the difference in experiences of men and women, and boys and girls.

To get a basic understanding of gender mainstreaming, and how it can be applied to the development sector, various international gender mainstreaming frameworks were reviewed. Such frameworks included IFAD's Framework for Gender Mainstreaming rooted in development; Gender Equality Framework of USAID rooted in development and education; UNESCO's Gender Mainstreaming Implementation Framework (GMIF), and Longwe Framework that focuses on gender mainstreaming at a broader institutional level; UNDP Gender Equality Strategy rooted in sustainable development and democratic governance; World Bank's Gender Mainstreaming Strategy, Harvard Analytical Framework and Action Aid's Women Economic Empowerment founded on the notion of economic empowerment. All these frameworks, cover key concerns such as gender parity, equality, and equity, and aim to transform gender based stereotypes, roles, and relationships. These frameworks provide a broad conceptual outlook on gender, gender equality, and development for gender, and gender empowerment. The key takeaways from these frameworks are:

- Poor access to services and resources impacts employment, health, self-esteem, and cultural perceptions of marginalised genders
- Often gender inequality is reinforced at the policy level
- Marginalised genders are often not involved in planning and governance.

Hence, the frameworks suggest key areas of intervention. This includes:

- Collect gender disaggregated data for any developmental project
- Enable planners and policy makers to understand the practical benefits of mainstreaming gender into policy i.e. economically and socially
- Ensure affordability and accessibility by financing gender-responsive infrastructure and basic services
- Develop and define the potential for transformation with respect to gender planning and development

- Community Support structures must be created which can play a pivotal role in promoting behaviour change and communication, involve women in decision making, and support and enhance gender based rights and norms
- Transform deep-seated behaviours and norms pertaining to gender reversing stigma, and cultural perceptions
- Educate girls about gender parity and equality
- Expand women's economic empowerment through access and control of fundamental assets
- Conduct a situational analysis of the social, political gender based roles and responsibilities
- Conduct capacity building to cater to the needs of all genders
- Mobilise institutional structures to overcome negative gendered outcomes
- Secure rights to land and housing to empower marginalised genders

As evidenced above, Gender Mainstreaming Frameworks (GMFs) tend to focus their attention on addressing the barriers faced by women by adopting the most conducive practical strategies and processes. These strategies and process intend to change institutional culture and norms of involvement, participation and possible decision-making. This could range from building survival skills to increasing access to knowledge, support (in the form of financial support such as subsidies and scholarships, safe spaces, etc.), resources, participation in dialogues, etc. GMFs also often prescribe means to position or measure the gender inclusiveness of programmes, policies or situations such as indicators or scales of measurement. Some GMFs also acknowledge the need to be cognisant of the fact that gender is not the only dimension that affects or determines the access to a service. While gender may be an axis of discrimination or exclusion, other dimensions (such as age, ability, caste etc.) may exacerbate the problems faced. However, it should be noted that recognition of other dimensions does not always result in addressal of the same, rather these acknowledgements are often caveats to the impact that a GMF may have.

Going Beyond Gender Mainstreaming

Although existing GMF have played an important role in recognising that equitable access to services, they are strongly rooted in socio-economic and cultural factors. Particularly for gender, going forward GMFs need to look beyond their current scope in order to take a step towards achievement of a gender transformative society. Many GMFs, given the global application and appeal, often prescribe to the gender binary of men and women. Keeping in mind that there are many individuals who do not identify with this false dichotomy of gender, and considering the fact that in India a "third" gender has been recognised by the apex court since 2014, one of the key ways in which GMFs must improve is by focusing on empowering marginalised genders, which may not just include cis-gender women.

GMFs often fail to analyse and address the impact of other facets of identity like caste, customary norms, ethnicity on accessing basic services. For example, disability and gender are crucial dimensions that can influence the extent of access to sanitation. However, toilets built with only the disabled in mind may not be adequately equipped to ensure separation of male and female spaces, gender neutrality for transgender persons or adequate MHM services. Whereas toilets built with only a gender-centric view may not be as disabled-friendly as they should be, missing out on important features such as large size and ramps with gentle slopes (for wheel-chairs), measures of guidance for the visually impaired, etc. Further, disability when located in the context of gender or other dimensions can not only influence physical access but also the ability to collectively bargain for or

assert one's collective right to access. It is not only a development challenge but also makes empowerment processes that much difficult.

In keeping with the LNOB Agenda, to truly ensure that access to sanitation reaches every individual – including the most marginalised, it is important to transform GM from a single-gender strategy to one that takes into account all groups within and beyond gender.

Social Exclusion & Intersectionality

Given the shortcomings of existing GMFs, it is clear that gender mainstreaming requires us to develop a governance framework founded on strong practice of inclusiveness, whose principal tenets include looking within and beyond genders to understand the forms of exclusions that many groups face, and suggest measurable actions to move towards equality in access to services. Capturing the complexities of human identities, especially in terms of how they contribute to varied experiences is quite difficult, especially considering that there is always a fear that a particular identity or group are overlooked. In order to ensure that even the most marginalised groups do not "fall through the cracks", it is important to evolve an exclusion[2]-oriented viewpoint in the framework. While capturing the different dimensions that may be axes of exclusion (such as gender, ability, etc.) is crucial, knowing the forms of exclusions faced by different groups and their interactions allow us to develop strategies to counter the exclusion.

Intersectionality is a perspective that addresses multiple discriminations and helps understand how different sets of identities impact on access to rights and opportunities. It demands that inequalities in social locations be analysed in tandem and not independently of each other. Coined in 1989 by American critical race scholar Kimberlé Crenshaw, "intersectionality" was initially described by a metaphor of intersecting roads to express how two or more inequalities tend to reinforce each other; those standing at the "intersection" of multiple disadvantages are likely to face greater inequalities than those standing on one such disadvantage. Intersectionality aims to study concurrent and complex interactions between social identity (e.g., ethnicity, gender, caste, age, ability) and the impact of systems of discrimination (e.g., racism, classism, sexism, and ableism). Through an intersectional lens, not only are the broad inequalities among groups identified, but also the vulnerabilities that arise due to the intersections between two or more vulnerabilities (such as the unique vulnerabilities faced by disabled women or low-caste women as members of two disadvantaged groups). By virtue of its insistence on including not only various social locations but also their linkages, intersectionality can be a new, comprehensive, and cognisant lens to view access to basic services and their improvement.

To get a broader understanding of intersectionality as a theory, and social exclusion as a 'critical' concept, research papers by (McCall, Crenshaw, & Sumi, 2013) and (Levitas et al., 2007) were thoroughly read and analysed. Findings from the papers suggested that the 'State' needed to embrace discourses on social exclusion and intersectionality to make significant changes at the level of policy and implementation. (Hankivsky & Cormier, 2011) paper of 'Intersectionality and Public Policy' highlighted that intersectionality was an underdeveloped concept at the policy level and recommended methods such as the Multi-Strand Approach (Parken, 2010) and the policy cycle

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[2] *Social exclusion is a complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole.* (Levitas et. al., 2007)

approach (Bishwakarma, Hunt and Zajicek, 2007) need to be applied to develop intersectional competency in policies. Drawing from this paper and the underlying frameworks, it was inferred that a comprehensive methodology needed to be outlined to operationalise intersectionality by converting theory into practice. Such an approach needs to

- Understand the sources of inequality
- Focus on the multiple intersections and levels of exclusion faced within a particular context
- Develop a comprehensive methodology to facilitate inclusivity within the city
- Create a platform for democratic participation.

Rights-based Approach

The right to adequate and dignified sanitation has been recognised constitutionally and internationally. The Right to Equality is a fundamental right that is covered in Articles 14-18 of the constitution. In particular, Articles 14, 15, and 17 have a large ambit in addressing issues faced by marginalised communities in the sanitation sector. Article 14 lays down the general principles of equality stating that all citizens are equal before the law, while Article 15 goes into greater depth and states that "the state shall not discriminate against any citizen on grounds only of religion, race, caste, sex, and place of birth or any of them." Moreover, this legislation also addresses issues pertaining to the access to resources maintained by state funds. Article 17, addresses aspects of Article 15 by abolishing untouchability. The Right to Equality provides a broad platform to addresses the various types of exclusion faced by different identity categories. However, it does not directly emphasise on aspects such as quality of life, and human dignity while addressing issues pertaining to the access and provision of resources. This void is filled by Article 21 of the constitution or the 'right to life'. Article 21 states, "no person shall be deprived of his life or personal liberty except according to procedure established by law." This implies a much wider meaning and encompasses aspects that are fundamental to one's existence, i.e. the right to live with human dignity, right to health, right to free air etc. The Right to Sanitation is recognised by the judiciary as a right linked to Article 21. In Veranda Gaur v. State of Haryana, the Supreme Court stated," Article 21 protects the right to life as a fundamental right. Enjoyment of life and its attainment including their right to life with human dignity encompasses within its ambit, water, sanitation without which life cannot be enjoyed."

To incorporate this rights-based approach to sanitation, many leading works in this area, such as (Boesen & Martin, 2007), (UNICEF, 2016), and (Overseas Development Institute, 1993) brief on a rights based approach to development were studied. These frameworks suggested the following:

- The norms, principles, and goals of human rights need to be integrated with development
- It is essential to transition away from a simple needs-based approach in development thinking i.e. provision of basic assets, infrastructure, and services are human rights
- A holistic perspective of human beings with regard to their social, economic, and cultural roles needs to be incorporated into governance
- It is the imbalance in power relationships that prevent individuals from exercising their rights
- Participation is key in ensuring a rights-based approach
- Governance by state bodies through a focus on the interrelation between the state and its citizens in the form of duties and rights is essential.

The frameworks also suggest that to ensure that the state incorporates a rights based approach to development and governance, the following areas need to be focused on:

- Targeting the most vulnerable groups to tackle multiple levels of exclusion and discrimination at various stages including policy, governance, behaviour change, and communication
- Addressing the root causes of human rights violations, social exclusion, and vulnerabilities faced by excluded groups
- Empowering various marginalised groups through involving their representatives in the planning process, and this participation should be regarded as a goal for development.

Before designing the programme, it is first important to analyse the context. A comprehensive evaluation and monitoring strategy should also be developed.

3.2. An Intersectionality-Informed Gender Integration Framework (IIGIF)

The IIGIF is a holistic and operational tool designed to assess existing situation, recommend means of amelioration and help urban local bodies develop, implement, institutionalise, and monitor city sanitation plans that are pragmatic, ambitious, and most of all, inclusive in nature (schematic described in figure 1). Taking the lessons from the aforementioned key concepts, the framework has been designed to operate along three tracks to ensure extensive reach and impact. The intended outcomes of these tracks should be institutionalised in the form of a formal document such as an action plan. These tracks have been described below (schematic in Figure 3):

Figure 3: Framework Schematic

1. **Establishing social mobilisation platforms**: The collation of insights from various leading frameworks and concepts, as well as experience of the consortium clearly identifies the establishment of social mobilisation platforms as a crucial step towards ensuring participation, representation, and ownership of women and marginalised communities in the planning and governance processes. Such platforms can help streamline a transparent, empathetic, and swift two-way communication between the community, the service providers and decision-

makers. The IIGIF prescribes a multi-level structure where forums are established at the settlement level and sub-city administrative level (i.e. wards), and federated at the city level. These structures enshrine the concept of intersectionality by having an open and inclusive participation of community members. Such structures can not only help in guiding needs and grievances of the communities to the appropriate authorities, but can also help disseminate knowledge and training across various issues to the community. These social mobilisation structures should be formalised at all levels. In the application of the IIGIF in Indian towns, institutionalisation of these structures within the local governance structures (as per the 74th Amendment) is recommended. Existing programmes with a social development agenda can help direct and drive the formation, support, and capacity building of the IIGIF structures. This institutional structure is given in Figure 4. The following are the multi-level structures formed in the study cities:

- **Gender Forums (GFs):** Gender Forums are formed at the settlement level under the aegis of the state program, MEPMA and the ULB. GFs are SHGs adapted to include vulnerable groups like persons with disabilities (PwD), minorities, street vendors, girls, children, elderly, sex workers, transgender, etc. GFs are the first point of contact for community members to voice their concerns and channelise them to the right authorities

- **Gender Sub-Group (GSG):** the GSG is a sub-committee formed at city level under the City Sanitation Task Force (CSTF) under the aegis of the ULB. The main aim of this body is to focus on equity in sanitation, especially sanitation-related needs of women and vulnerable groups

- **Gender Resource Centre (GRC):** The GRC is a platform established at the municipality which oversees the gender integration into sanitation in the city. The GRC works closely with Gender Sub-Group and Gender Forums to fulfil their respective agendas. The GRCs are envisioned as the secretariat of the GSGs, which will assist the CSTFs in preparing an inclusive and equitable City Sanitation Plans
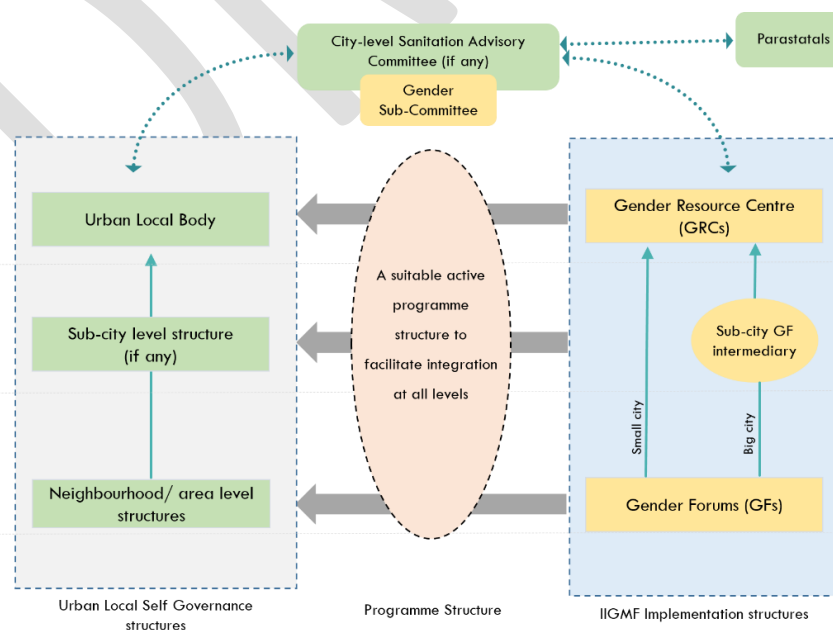

Figure 4: Recommended institutional model for the IIGI Social Mobilisation Structures

2. **Include Gender Component in Planning Instruments:** The framework recommends a participatory city and issue-profiling to design and prioritise gender inclusive strategies, interventions, and actions. It also recommends the development of an action plan through the active participation of GFs, GRCs and GSGs. The action plan will be institutionalised in two ways: via either City Sanitation Plans (CSPs), if they exist; or in cases where cities do not have functional CSPs, it can be mainstreamed as the city sanitation planning process. To ensure implementation, the framework outlines crucial activities such as intervention design, inclusive budgeting, city-level institutionalisation, etc. The framework recommends the implementation of a gender-budgeting framework and the earmarking of sufficient budgets for gender integration-related interventions. It also recommends ensuring the flow of resources to support capacity building and the sustenance of community structures such as GF, GSG and GRC.

3. **Monitoring inclusive sanitation:** Long-term sustainability of any operational framework requires rigorous monitoring and evaluation. Indeed, there are numerous examples of well-intentioned initiatives failing due to a lack of diligent monitoring, maintenance, and course correction, wherever necessary. As the framework recommends the development of an action plan, there is an evident element of tracking the implementation of this plan through the milestones and indicators of success defined for each intervention. However, this set of indicators will not be enough to truly capture how inclusive the city is, and whether or not it is on track to demonstrate a social transformation agenda. Therefore, the framework articulates a set of indicators to monitor the inclusivity of the sanitation sector and assess gender gap in the city. **Figure 5** provides the schematic for the Monitoring and Evaluation (M&E) framework developed as a part of the IIGIF.

Figure 5: The M&E Framework

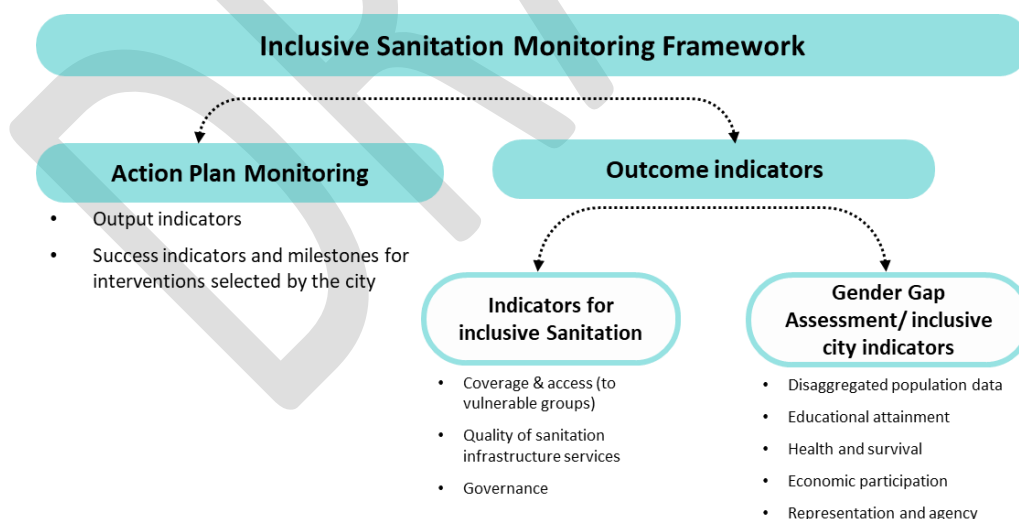**Action Plan Development & Formalisation:** The National Urban Sanitation Policy (2008) requires states to develop Sanitation Strategies and cities to develop their Sanitation Plans to direct the implementation of the sanitation agenda. For the framework to be imbibed into sanitations service provision, the framework's reflections should be aligned to this existing process. The IIGIF thus

recommends the development of an action plan which can be either appended to CSPs (if they exist) or be mainstreamed as the city sanitation planning process itself (for cities which do not have CSPs).

The IIGI Action Plan is a key synthesis document that preserves the key decisions taken by the city to implement the inclusive agenda. To ensure this implementation, the framework outlines crucial activities such as action plan development, inclusive budgeting, city-level institutionalisation, etc. The social mobilisation platforms initiated in the city as well as the monitoring and evaluation protocol adopted should be included alongside other sector-related interventions. This process is detailed out in Table 1.

The framework believes that a multi-stakeholder partnership is crucial for the success of any inclusive agenda. To ensure continued involvement of the community, community support structures (such as civil societies, missions/programmes, etc.), implementing agencies (the ULBs, active sanitation missions/programmes) and service providers etc. establishment institutional structure for IIGIF implementation (chapter 4) has been recommended. A similar strategy has been applied to ensure gender responsive budgeting portfolios are developed by the city and a robust monitoring and evaluation system is established.

The detailed description of the how to implement the framework is presented in the Operational Guidelines in the project website (http://igis.cstep.in/).

Table 1 Action Plan Development Process

Sr No		Objectives	Element	Constituents	Description	Needs/Pre-requisites
1	A	To articulate a vision for sanitation provisioning in the city which is inclusive and transformative in nature	*Visioning*	City Positioning	Deliberate on goals for the city by positioning it in a scale leading to transformation	1. Knowledge of national, state and city sanitation plans, policies, GOs etc. 2. Awareness of key sani-social conditions of the city 3. A multi-stakeholder convening towards deliberations on Visioning
	B			Vision Articulation	Define a vision for the city which clearly identifies what the city wishes to achieve within the next five years	
	C			City Commitment	Elaborate on the vision by defining the type of progress, the beneficiaries, etc.	
2	A	To determine the key milestones, the city needs to achieve in a five-year period to ensure inclusive and transformative sanitation provisioning	*Intervention Development*	City Profiling	Discover: 1. Quality and quantity of access to sanitation 2. Social inequity in access to sanitation 3. Groups that experience this inequity 4. Key Stakeholders that should be included in development of the action plan	1. Evidence to determine quality and quantity of access with specific focus on marginalised groups and their experiences 2. Assessment of how inclusive existing planning and service provision instruments 3. Assessment of quality of sanitation infrastructure
	B			Intervention Selection	Select key interventions to implement in the city under each of the key conduits for change (including establishment and running of social mobilisation platform and the M&E protocol)	1. Multi-stakeholder experts convening to choose larger indicators and defining milestones
	D			Intervention Phasing	Phase out the interventions over a five year period by defining the timeframe for achieving each of the milestones	
3	A	To prepare a comprehensive five-year action	*Action Plan Development*	Inclusive Budgeting	Make inclusive and responsive budgetary allocations for the chosen interventions for a five-year period	Inclusive budgeting session before budgeting is conducted

Sr No		Objectives	Element	Constituents	Description	Needs/Pre-requisites
	C	plan for institutionalisation		Action Plan Formulation	Develop the action plan document	All of the above
4	A	To finalise and formalise the action plan through general and expert consensus ,and align any associated plan with the action plan	*Action Plan Finalisation*	Action Plan Consultation	Put up the action plan for consultation in multi-stakeholder platforms and community forums	Multi-pronged mechanisms to elicit inputs from different stakeholder groups
	B			Action Plan Finalisation	Finalise the action plan based on suggestions from consultations. Append to existing sanitation plans, if any	
	D			Action Plan Formalisation	Notify the action plan	
5	A	To measure the impact and effectiveness of the action plan and commit to curse amendment or correction wherever necessary	*Periodic Review*	Periodic Review	Periodically weigh in on key tenets of the action plan such as relative success and failures, community perception of activities, availability of more innovative methods, availability of additional funding etc.	1. Implementation of Action plan for at least 1 year 2. Multi-stakeholder consultation
	B			Continuous M&E	Measure impact of implementing the action plan through tracking of IIGI Action Plan indicators	1. M&E framework frequently updated (at least monthly) by dedicated impact assessment team

4. Applying the IIGIF in Andhra Pradesh

While developing the IIGIF, it was crucial that its key tenets and components were tested on-ground and informed with the resultant learnings. The project was thus piloted in three towns of Andhra Pradesh, India (Anantapur, Kovvur and Narsapur).

Social support platforms were established as critical community engagement instruments for integrating an inclusive agenda across all levels of sanitation planning and service delivery. They helped in providing voice and agency to even the most marginalised communities, thereby, increasing their active participation, representation and ownership in the planning process. In most urban settlements, there are already one or more social support platforms operating – having been created under various missions and/or policies, such as the Self Help Groups (SHGs) under the National Urban Livelihood Mission or the Mahila Arogya Samitis (MAS) under the National Health Mission. However, in most instances, sanitation is not a key part of their mandate. While implementing the IIGI framework, we tried to leverage such existing structures for the execution of a sanitation-focussed agenda. Furthermore, such initiatives helped us build trust between the Urban Local Body (ULB) and the community.

4.1. Implementation process

The process involved in implementing the IIGI framework is elaborated below:

Building by-in with the community

Getting by-in from the community is one of essential and the foremost step carried out by the project team. First step involved in building connect with the community involve listening to what they have to say. A two-way exercise was conducted between the community and the ULB about sanitation services. This process helped both the groups to develop a common cause. We encouraged the city-level official's to visit the settlements to cconduct lane-wise or group meetings with specific user groups; to conduct guided transect walks with proactive members of the community to observe the existing sanitation infrastructure etc. After listening exercise next step was confidence-building. The team focused on building trust and confidence among the community members regarding the establishment of empathetic and participatory mechanisms for managing sanitation services. This was done by enabling community representatives to submit applications regarding urgent problems, aggregating the demands of persisting problems, and conducting public hearings or interface meetings.

The Shikaris community of Anantapur town were one of the most marginalised communities who lived in an excluded settlement, Budappa Nagar with no toilet facilities. With the consistent support of community representatives of Rani Nagar and the project team, one on one meetings were conducted and a listing of residents with no toilets were drawn up. The list was then presented to key stakeholders at a public hearing. Decision was taken by ULB to allocate budgets and facilitate toilet subsidy for construction of IHHL. Twenty five applications were registered, 10 were approved, and 15 are under process. As an interim arrangement, the renovation of community toilets was done to provide relief for the community. At this point confidence was built among the community that there was passivity of changing their situation and improving their quality of life.

Figure 6: Building by-in with the community

Assessing the situation and the vulnerability

A situational assessment of the gaps and shortfalls in existing services provisions and existing vulnerable groups/communities in the settlements was conducted with help of trained community representatives. Some of the key evidence collections methods (refer Figure 7) included vulnerability assessment, household surveys, key informant interviews, focused group discussions, random surveys, guided transect walks etc. Disaggregated data was collected and analysed to map the experiences of marginalised communities in using sanitation services.
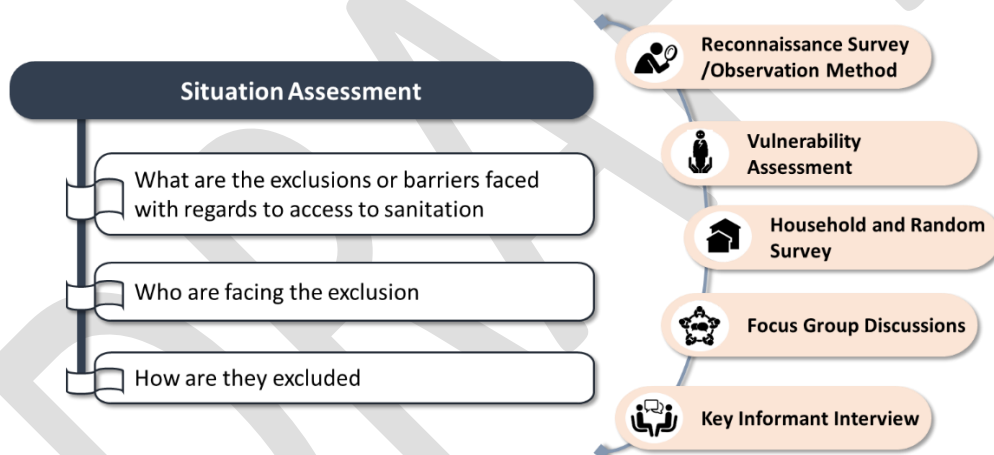

Figure 7: The Evidence Collection Process

Vulnerability Assessment was carried out across the three towns, 19 slums were identified as highly vulnerable based on presence of excluded groups and infrastructure availability across three towns. A total 1552 households were sampled for household survey. 5162 people were profiled through household surveys and 949 random surveys were done in public places. 18 FGDs (Anantapur 8, Kovvur and Narsapur: 5 each) were conducted with minorities, sex workers, construction workers, rag pickers transgender, Yerukula, Shikaris, SC, ST and mixed groups. Key informant interviews were targeted at members of municipalities, MEPMA, community members (who are not covered in the FGDs), Primary Health Centres, orphanages, night shelters and old-age homes.

Key observation recorded from three cities are mentioned below:

Vulnerability assessment of 114 notified slums across 3 towns was conducted; 32 (28%) slums were relatively better serviced, 63 (55%) had basic/limited service and 19 (17%) had weak service. Through

The vulnerability assessment, deeply excluded groups such as sex workers, construction workers, rag pickers, transgender, Yerukulas, Shikaris were identified in slums.

The survey significantly assisted in our understanding of the access situation while simultaneously helping us identify any missing links in completing the proposed framework. The survey mainly indicated various occupational and gender-binary based vulnerabilities. It was also observed that the slums in these cities were observably better serviced than those in larger cities. Despite highlighting the habits and preferences of the respondents, the survey could not effectively capture the nature of marginalisation faced, thus, a more targeted approach (such as FGDs and KIIs) was required to capture such vulnerabilities.

The random surveys was targeted at the 'floating population' and population without any formal housing, to understand the sanitation problems faced by people beyond the household. The random surveys highlighted that people are intentionally taking efforts to avoid using toilets in transit. Some of the major issues faced are lack of proper access to toilets, poor maintenance, harassment/eve-teasing, broken latches etc.

FGDs was a key tool in understanding the deeper exclusions faced by the most vulnerable groups The FGDs revealed that majority of the marginalised groups such as female construction workers, fisher folk and rag-pickers are vulnerable in their place of work due to lack of access to toilets. They tend to consume less food and water to avoid using toilets in transit, which affects their health. In the slum communities most of the households living on owned properties had access to household toilets while those living on rent are compelled to resort to open defecation. Community toilets were found to be poorly maintained and often had little to no water available.

These KIIs presented the perspectives of government and other institutions on gender in the context of access to sanitation. Old age homes and orphanages had access to well-maintained toilets within the premises but the number of toilets currently present are inadequate, leading to higher waiting time. The male night shelters did not have access to toilets within the shelters thus residents resorted to open defecation due to lack of affordable public toilets close by. In contrast, the female night shelters had access to toilet within the shelter. Only issues they faced was the waiting time of 10-15 minutes.

Establishing social support platforms at settlement level (Gender Forums)

Community representatives were enabled by the project team to collectivise, form forums, and groups while ensuring that all user groups are adequately represented in these forums and sub groups. Gender Forums (GFs) of 10-15 members were constituted with participation from active members of different community platforms such as SHG, other slum -level groups, groups with specific needs (such as PwD), transgender people, the elderly, single women, adolescents etc. Up to 10 gender forums were federated spatially to form area level gender forums. The gender forum members wrer trained and capacitated for the following

- To establish common processes, where GFs will work closely with the Municipal Corporation to ascertain equal participation of the vulnerable population and ensure equitable distribution of the services to all
- On FSSM, MHM, information about sanitation-based schemes, subsidies, missions and importance of gender inclusive sanitation etc.
- To collect evidence and monitor implementation of the action plan (inclusive sanitation service provisions)

Figure 8: Establishing Gender Forums

Engaging with the city

Continuous engagement with city authorities: In all three cities, frequent interactions were maintained with the municipality, MEPMA, and other key stakeholders. These efforts helped us in realising institutionalisation at the city level and ensuring continued interest and support from the stakeholders.

Establishing social support platforms at city level: The project team then worked with GFs in establishing social support platforms at city level. A Gender Resource Centre (GRC) was established at the ULB in each of the three towns. The GRC is chaired by a nodal person from ULB and supported by GF members. The GRC acts as a city-level liaison between the municipality and ongoing missions (MEPMA) and the GFs. Sanitation issues that could not be resolved by the respective GF are brought to the GRC. In turn, the GRC channelises these issues to the appropriate authorities and follows up to ensure effective response.

Figure 9: Establishing Gender Resources Centre

Institutionalising Gender Sub-group (GSG): A gender sub-group was then institutionalised under the City Sanitation Task Force (CSTF) in three cities, in order to ensure sustainability of efforts undertaken by GFs and GRC. The mandate of the GSGs is to ensure that city sanitation plans (CSPs) developed by CSTFs are inclusive and gender-responsive in the cities. Followed by this, the existing CSPs were incorporated with gender components and got approved by the municipal council, specifically in Narsapur and Korver.

Capacity enhancement needs assessment (CENA): was conducted in the cities of Anantapur and Narsapur to understand the attitudes, knowledge, skills, and roles of key stakeholder institutions at the city level in the context of gender inclusion in sanitation. About 20 people across stakeholder groups (such as technical ULB staff, managerial ULB staff, and community members) were interviewed as part of this exercise. Their responses were analysed to determine the require training needs.

City-level dissemination: Dissemination workshops were held in Narsapur and Anantapur by the project team. These workshops highlighted the need for gender integration in sanitation and the work done in these cities. A two-day gender-budgeting training was also conducted for Narsapur and Kovvur municipality officers. This training was conducted by a gender expert, Ms. Dharmistha Chauhan, who has extensive experience in this field. These workshops were designed based on the CENA results derived from the cities. These workshops also helped secure buy-in from key stakeholders towards continuing the efforts.

Figure 10: City Level Dissemination Workshops at Narsapur and Anantapur

Micro-planning using community-led process for targeted improvements

Once the social support platforms were established, reports from these cities showed a positive and encouraging impact in access to sanitation for marginalised and disadvantaged communities residing in the cities. With this positive step, the Municipality of Narsapur agreed to work on other two components of the IIGI framework (Promote Gender Inclusion & Budget in Sanitation Services and Ensure Periodic Monitoring). The project team worked with the municipality and the community to develop a joint action plan for integration of gender into sanitation with budget allocations, timelines and implementing agency. As part of this joint action plan, monitoring protocols were also developed with help of GFs to monitor the quality of sanitation services and the action plan periodically. Followed by Narsapur, the the Municipality of Anantapur developed a joint action plan. A detailed step by step process is presented in the Operational Guidelines in the project website (http://igis.cstep.in/).

An **action plan** for Gender Integration in Sanitation was presented the same to the Municipal Commissioner of Narsapur. **The Commissioner has acknowledged receipt of the action plan by officially signing the same**.

Engaging with the state

Capacity enhancement needs assessment (CENA): Similar to the city level capacity building assessment, CENA was also conducted at the state level. The project team met with officials from key departments at the state level to understand their perspectives and priorities relating to sanitation in general and inclusive sanitation in particular. The key officials included: Mission Director, Swachha Andhra Corporation; State Mission Manager – Health, MEPMA; Mission Director, MEPMA; Special Commissioner, Woman Development and Child Welfare; Additional Director, CDMA; and State Project Director, Sarva Siksha Abhiyan.. The CENA demonstrated that state-level initiatives require a sensitization-led approach, where the need for gender integration is first explored, followed by a

demonstration of the project work. It also recommended the need for a cross-department deliberation to build mutual understanding of the issues and taking collective action.

Continuous engagement with the State authorities: Through continuous engagement with the State, the consortium has secured positive buy-in from Principle Secretary, Municipal Administration and Urban Development department. Results of this enragement has lead to:

- Inclusion of a gender expert in the non-sewered sanitation (NSS) cell of the Swachha Andhra Corporation.
- Development of a policy framework for ULBs in tandem with MEPMA to implement gender integration into sanitation services. The policy framework is crucial to realise the goals of Government of Andhra Pradesh's State Sanitation Strategy and FSSM Policy. The policy framework intends to achieve its goal of ensures safe and adequate sanitation especially women and girls through three key goals
    - o All urban population, particularly women and girls have equitable access to adequate sanitation services and facilities at all times
    - o Women and girls have equal participation, representation and ownership in sanitation related decision making, planning, implementation and monitoring
    - o Urban local bodies in Andhra Pradesh integrate gender in all planning, implementation, financing and monitoring processes related to urban sanitation

> **Engagement with MEPMA:** Training workshops were conducted in different parts of the state (Visakhapatnam, Guntur and Tirupati) for **300 MEPMA officials**. The workshops aimed at building capacity of the Health Resource Person's (HRP) on how gender can be mainstreamed into sanitation planning and implementation.

4.2. Impact on-ground

The experience from three cities of Andhra Pradesh (Anantapur, Narsapur and Kovvur) has shown demonstration of implementing gender integration strategies by institutionalising social mobilisation platforms at neighbourhood and city level. Reports from these cities show a positive and encouraging impact in access to sanitation for marginalised and disadvantaged communities residing in the cities.

GFs and GRCs have successfully created discussions around issues involving sanitation; they encourage participation from socially excluded groups, understand their role in improving access to sanitation, contribute towards multi-stakeholder consultations, and demonstrate problem-solving capabilities. GFs and GRCs are collectively working, co-managing on understanding the gaps, identifying priorities and generating ownership amongst the users and providers by doing door to door campaigns, training and awareness generation on MHM, school sanitation, organising public hearings, settlement level meetings, and organising child cabinet etc. The city level MEPMA office has played an instrumental role in capacitating and institutionalising these participatory platforms in the three cities. To ensure sustainability of these efforts, Gender Sub-Groups were established within City Sanitation Taskforces (CSTFs). The GRCs are envisioned as the secretariat of the GSGs, which will assist the CSTFs in preparing an inclusive and equitable City Sanitation Plans. The Table 2 below details of support platforms established in the cities:

Table 2 Details of Social Support Platforms Established

	Anantapur	Narsapur	Kovvur
Gender Resource Centre	Activated	Activated	Activated
Gender Sub-group	Established under CSTF	Established under CSTF	Established under CSTF
Gender Forums Total	14 GF (144 members)	8 GF (91 members)	6 GF (37 members)
GFs in settlements with poor and inequitable sanitation service	5 GF (58 members)	4 GF (39 members)	2 GF (11 members)
GFs in settlements with socially marginalised groups	3 GF (34 members)	4 GF (52 members)	4 GF (26 members)
GFs in settlements with occupationally marginalised groups	6 GF (52 members)	-	-

The achievements of GF and GRC are highlighted below:

1. Awareness/ Training

- GF member also trained community members to communicate their grievances through the Pura Seva, app to ensure timely response and take collective ownership for monitoring the services
- 300 women and adolescent trained on Menstrual Hygiene Management
- 50 women and girls have been capacitated by GFs and Mahila Arogya Samiti
- Awareness campaigns mounted along with the ULB staff and MAS on benefits of ODF were conducted
- 190 children from municipal schools have been educated on handwashing and personal hygiene.
- Child cabinet has been set up in Rani Nagar and Ferror Colony, Anantapur.
- 238 GF members have been trained on FSSM by experts
- 30 GF members are now master trainers and are training Slum-Level Federation and Town-Level Federation members.
- GF members are disseminating their learnings and experiences regarding waste segregation with other slums
- 30 campaigns on disease prevention have been conducted in Anantapur, 25 in Narsapur, and 15 in Kovvur.
- GF members carried out awareness on composting wet waste at household level in Anantapur
- GF members carried out awareness campaigns on safe use of community and public toilets in Anantapur
- 20 households were identified by GF members and demonstrated composting of kitchen waste

2. Addressing sanitation infrastructure issues

- 998 of 1011 issues on sanitation, health, and hygiene have been resolved in Anantapur, 204 of 235 in Narsapur, and 230 of 250 in Kovvur. These issues were collectively addressed by the municipality, MEPMA, and the community through the GF.
- Gender Resource Centres (GRC) are supporting the community in applying for individual household latrine (IHHL) subsidy in all three towns.
- 101 IHHL applications are submitted through the GFs
- Excluded groups like Shikaris have started accessing IHHLs (25 families) in Anantapur.
- The Rani Nagar GF helped rehabilitate a community toilet block, which is now being co-managed by the municipal corporation and the community.

- GFs are coordinating with local public health workers and sanitary inspectors to ensure streets and lanes with proper waste segregation and drain maintenance

3. Resolutions Passed

Urban local bodies (ULBs) and MEPMA have passed 20 resolutions in Anantapur, 10 in Kovvur, and 10 in Narsapur to support the gender-integration agenda in the cities. These resolutions were on several relevant and urgent topics: construction of IHHLs, design and maintenance of community toilets, in school sanitation, MHM, SWM etc.

Figure 11: Gender Forums Working

4.3. Institutional Structure

As a part of this project, the consortium designed an institutional framework to operationalize the gender-integration agenda for sanitation. The institutional structure details out how the social support platforms established unifies with the existing municipal structures at the city level and who are the major stakeholders at both city and state level. The institutional structure for the state of Andhra Pradesh can be referred in Figure 12.
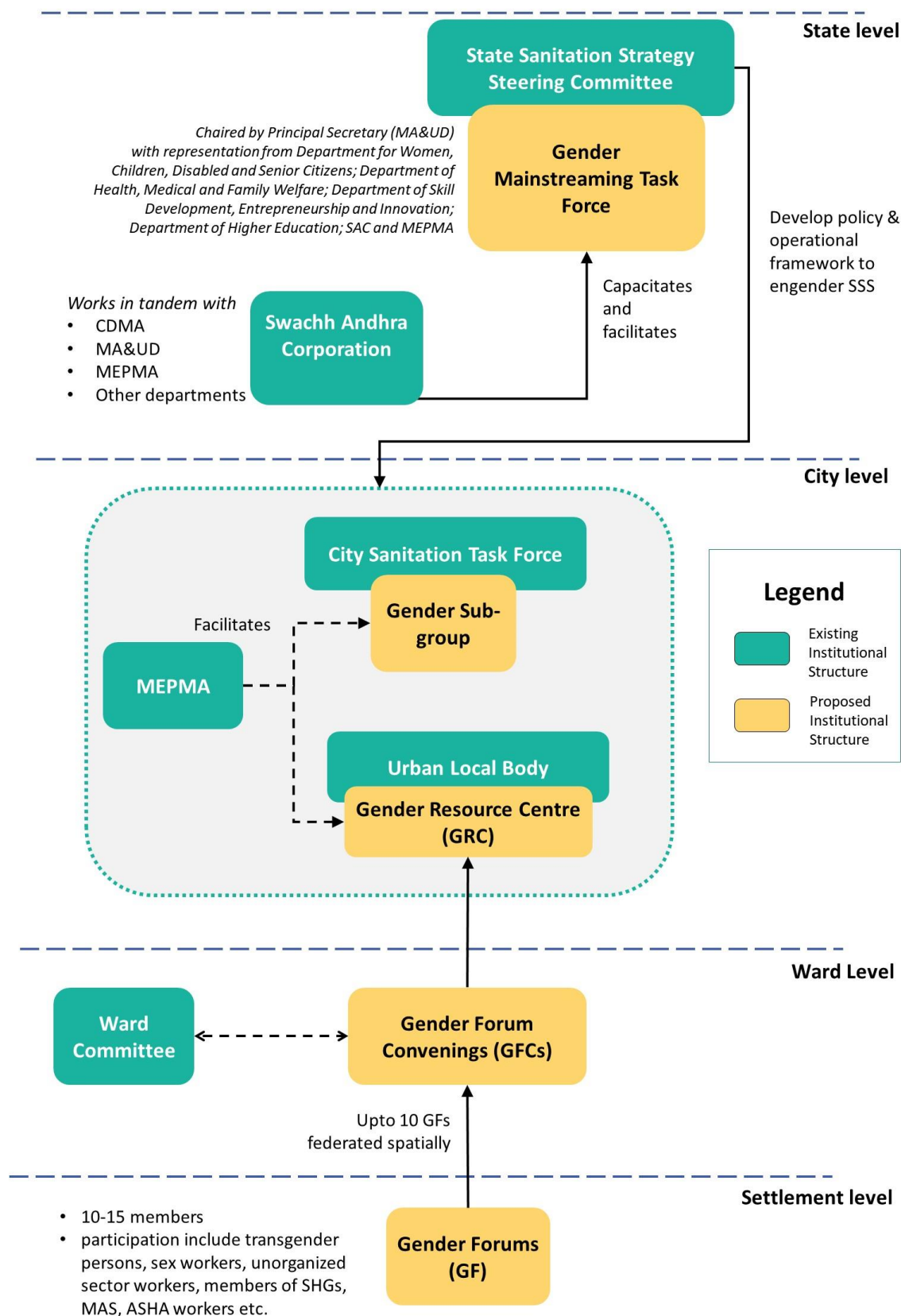
State level

State Sanitation Strategy Steering Committee

Chaired by Principal Secretary (MA&UD) with representation from Department for Women, Children, Disabled and Senior Citizens; Department of Health, Medical and Family Welfare; Department of Skill Development, Entrepreneurship and Innovation; Department of Higher Education; SAC and MEPMA

Gender Mainstreaming Task Force

Develop policy & operational framework to engender SSS

Works in tandem with
- CDMA
- MA&UD
- MEPMA
- Other departments

Swachh Andhra Corporation

Capacitates and facilitates

City level

City Sanitation Task Force

Gender Sub-group

Facilitates

MEPMA

Urban Local Body

Gender Resource Centre (GRC)

Legend

(teal)	Existing Institutional Structure
(yellow)	Proposed Institutional Structure

Ward Level

Ward Committee

Gender Forum Convenings (GFCs)

Upto 10 GFs federated spatially

Settlement level

- 10-15 members
- participation include transgender persons, sex workers, unorganized sector workers, members of SHGs, MAS, ASHA workers etc.

Gender Forums (GF)

Figure 12: The Institutional Structure for AP

5. Institutionalising and Scaling-up Implementation of IIGIF in Cities across India

5.1. Introduction

Institutionalisation, by its definition, refers to the (often-deliberate) process whereby an individual, collective or a concept is programmed to conform to and perform within an organisation, an overarching social and/or governance system or society at large. Institutionalisation of a socially transformative agenda includes three interconnected processes, i.e., rule-making, rule-adaptation, and rule-change (Keman & Rogers, 2017). While rule-making and rule-change are generally carried out by policy instruments, norms and standards, sustainable scaling-up of new rules across diverse contextual settings would demonstrate variants of rule-adaptation as both a process and an outcome. The Theory of Change for this study identifies two key tenets (i.e., non-discriminatory and inclusive sanitation provision for all with active stakeholder involvement; and new rules of engagement on gender through policy reforms) for the IIGI framework to achieve the desired shift from business as usual in the urban WSH sector. While the framework itself identifies and articulates the key norms, outputs, and processes that need to be created or revised (rule-making and rule-change) (refer Section-I), the demonstrative experience from the three cities in Andhra Pradesh presents examples of specific forms of adaptation of IIGIF in a given socio-political and governance context. This section discusses the institutional arrangements that can be considered while implementing IIGIF in cities across India.

5.2. Tenets of institutionalising and scaling-up an intersectionality informed gender integration agenda

Literature on intersectionality indicates that integrating intersectionality is a political exercise and cannot be fully realised at the administrative level. This partially explains why some researchers have concluded that intersectionality has failed to shape mainstream policies due to the challenges posed while operationalising it (Manuel, 2006). Therefore, any institutional framework for operationalising intersectionality has to recognise all the nodes of policy implementation, i.e., the State (i.e., bureaucracy), the citizens, and the political representatives; the latter essentially also acting as a bridge between the other two. Hence, we refer to the concept of collaborative governance as a guiding framework for articulating the rationale for successful scaling-up of IIGIF in WSH in Indian cities.

Collaborative governance, also known as hierarchy or network form of governance, is based on the premise that "no single actor, public or private, has the knowledge and resource capacity to tackle a problem unilaterally" (Kooiman, 2003). Collaborative governance represents an advanced form of governance characterised by collaborations between the public sector, the private sector and the civil society. It relies on "reflexive rationality that deploys dialogue, negotiation, and knowledge sharing as its operative code" where the State is one of the many actors, however playing a central role in encouraging other actors (Jessop, 1998) (Mohan & Parthasarathy, 2016). Prominent literature argues

that such forms of governance are capable of addressing development challenges that are 'wicked' and evade solutions (Mohan & Parthasarathy, 2016).

The basic premise for institutionalisation of the IIGI framework for inclusive sanitation in the three cities in Andhra Pradesh was to create suitable social mobilisation structures for gender inclusion at different levels in the city and establish convergence protocols with different tiers of Urban Local Self Governance (ULSG) structures. The project leveraged the institutional apparatus created under the Mission for Elimination of Poverty in Municipal Areas (MEPMA)[3] to demonstrate a form of collaborative governance (refer Section-II of this report). This project argues that suitable programme level structures active in a city (such as MEPMA in Andhra Pradesh) play a critical role of a facilitator in establishing this convergence and hence accelerate institutionalisation. The diagram below (**Figure 13)** represents this approach.
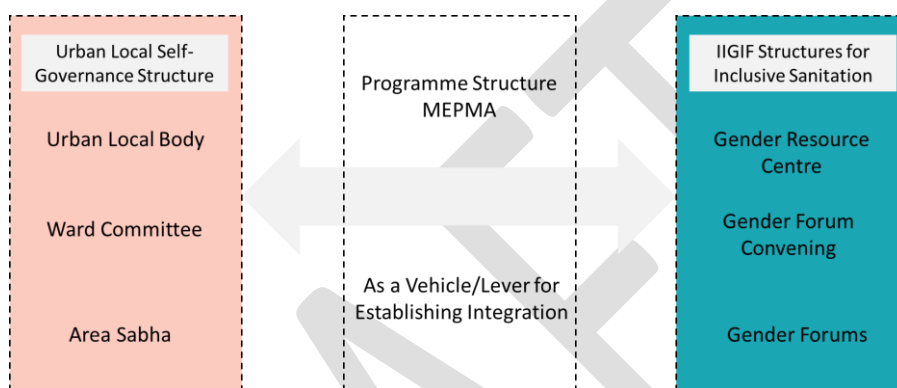

Figure 13: Institutionalisation approach adopted in the three study cities in AP

In this context, the essential characteristics of an institutional arrangement for replicating IIGIF implementation in other cities can be identified as following:

- Protocols for participation, representation, and ownership to achieve empowerment of women and other marginalised groups
- Horizontal and vertical coordination within complementary governance structures for better efficiency, responsiveness, and accountability
- Protocols that ensure consensus orientation
- Adaptability (to different socio-political contexts)
- Sustenance (upon withdrawal of temporary support mechanisms, incentives)

Further, each attempt for replication needs to learn from the previous attempts and revise its strategies for implementation as necessary.

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[3] MEPMA is an Andhra Pradesh state-level avatar (a society formed under the Government of Andhra Pradesh) of the National Urban Livelihoods Mission (NULM) and has emerged as an institution for promoting women empowerment, livelihood, health and sanitation issues in urban areas in Andhra Pradesh.

5.3. Scaling-up IIGI in Indian States: Learnings from IIGI Implementation in Andhra Pradesh

Implementation of IIGIF in Andhra Pradesh during this project period was carried out in three cities: Anantapur, Narsapur and Kovvur (refer Section-II for details). Following are the key learnings that emerged from the city level engagements with respect to institutionalisation:

- Involvement of programme-based platforms is instrumental in securing integration of gender agenda in local governance

MEPMA has been truly effective in institutionalising the IIGIF implementation efforts in the study cities in AP. From facilitating participation from SHGs and other NULM structures in the Gender Forums (GF), to establishing Gender Resource Centres (GRC) in the ULB, MEPMA has become a strong support in securing buy-in from different stakeholders over the period of this engagement. At the same time, the experience from cities suggests a need for securing greater buy-in from the ULB and ULSG Structures (such as the ULB councillors and ward committees). Stronger coordination could make the GRCs work seamlessly as an important node for streamlining of communications between the settlements and the respective departments in the ULB.

The institutional model emerging in the study cities in Andhra Pradesh is illustrated in Figure 12 in Section-I of this report. It could be noted that women and various other marginalised groups (via GFs and GRCs) are likely to play an enhanced role in decision-making. However, the effectiveness of the City Sanitation Task Force (CSTF) still remains questionable. It could also be noted that some layers in the ULSG structure are absent in these cities in AP (such as Area Sabhas), hence showing a slightly distorted alignment with the IIGI structures. Also, absence of a ward level IIGI platform could lead to operational bottlenecks in big cities.

The Gender Forums (GF) created in urban poor settlements have been able to secure participation from members of different existing community level social mobilisation platforms (such as SHGs, SLF, MAS, and ASHA workers). At the same time, various socially and occupationally excluded groups outside of these forums were also inducted in the GFs. With facilitation from MEPMA, GFs, and GRCs have actually evolved around the strong presence of SHGs. GFs have been also able to establish themselves as grassroots level single-window platforms for discussing and channelising WSH issues.

- A sanitation-only mandate does not seem sufficient for sustaining IIGIF structures

In Anantapur, GFs were given a mandate inclusive of all issues at a community level, with specific focus on WSH. In contrast, the GFs in Narsapur were given a mandate mostly centred on sanitation. It emerges that the Anantapur GFs show better sign of sustainability beyond this project period (after withdrawal of external support) when compared to Narsapur. This has triggered a need for revising the mandate of GFs in Narsapur inclusive of all community level issues, albeit with sanitation as a major agenda. With respect to scaling-up, this experience indicates that the community level structures are more inclined to discuss their issues in entirety and thus creating opportunity for addressing WASH-livelihood-gender equality nexus.

- New platforms created for IIGI can help revive existing platforms such as City Sanitation Task Force

Experience from cities reveals that CSTF has mostly been partially functional or non-functional in many cities. Experience in the three cities in AP reveal that making CSFT a consistent platform to continuously

push the gender agenda at local level could be challenging. At the same time, inducting GF members in the CSTF could itself be a boost towards reviving otherwise non-functional CSTFs.

- <u>Handholding at community and municipality level is essential for sustenance of platforms and processes in the initial stage</u>

The AP experience showed the agility of the social mobilisation platforms (i.e. GFs) to experiment and adapt to new ideas, accepting new members and delivering an enhanced mandate. At the same time, the ULB and MEPMA both were forthcoming in responding to the traction created by the GFs. It was a challenging task though. It required continuous handholding, convincing and follow up by the project team members at multiple levels. Protocols and rules of engagement evolved throughout the implementation period and matured in a given context. This support from a dedicated team of experienced professionals is essential in the early replications of IIGI in other states and cities. It is likely to take some time before appropriate policies, programmes are rolled out and capacities are built at all levels to integrate gender in an auto-pilot mode in all sanitation related activities.

- <u>Persistent engagement with State-level agencies can provide a strong push for building capacity and policy innovation for gender integration in sanitation at all levels</u>

Consistent engagement with MEPMA and the Government of Andhra Pradesh has allowed few but critical accomplishments during the project implementation period. One, a government order mandating appointment of a nodal officer for gender integration in the Non Sewered Sanitation Cell of the Swachh Andhra Corporation. Second, a policy framework for gender integration in sanitation was formulated in discussion with the MA&UD, Govt of AP which will support the AP State Sanitation Policy. Thirdly, a series of training workshops covering different aspects of gender integration in sanitation was conducted for different levels of officials of MEPMA from across the State. These interventions will play a pivotal role in sustaining the positive traction created in the three cities over and beyond the project period.

5.4. NULM as a potential lever for scaling-up of IIGI in WSH: Opportunities and limitations

The institutional structure, components, and implementation status of NULM indicate following positive attributes with respect to its positioning as a vehicle for scaling-up IIGIF in cities across India:

- <u>Presence in cities across India:</u> NULM is a programme that has presence in large number of cities. This gives scope for testing the NULM apparatus in different states as a vehicle for implementing the IIGI agenda and create enhanced opportunities for peer learning.
- <u>Stated commitment to social mobilisation and institutional development</u>- This is evident from the SMID component of the programme. Moreover, the programme includes the SHG structures existing in the community and hence minimising the need for multiplicity of CSS.
- <u>Strong orientation to include marginalised urban population</u>- Such as the urban poor, homeless, and street vendors. The scope can be expanded to include other marginalised groups to be addressed under IIGIF.
- <u>Flexibility in institutional delivery mechanisms</u>- NULM allows substantial flexibility at state-level in its implementation. Importantly, it allows for an existing state-level body for poverty

alleviation and livelihood development to work as SULM and thus avoiding erosion of capacity and duplication of efforts.

There are however limitations in the NULM structures in its present form to sustain a socially transformative agenda such as IIGIF as identified in the following points:

- Does not address all forms of social exclusion- The programme, although oriented towards the urban poor and marginalised, does not create enough opportunities for inclusion of various socially and occupationally marginalised groups, such as transgender persons beyond skill development and thus making it narrowly focussed for a transformative agenda.
- Absence of practical integration with urban basic services delivery - Addressal of residential vulnerability has been recognised but has been left for other urban service delivery and housing programmes to cover. However, most urban service delivery programmes do not have a strong community mobilisation component. Although there has been a recent effort by MoHUPA in converging NULM with SBM-Urban by creating a guidance framework in March 2018, the actual implementation success of the same is yet to be seen.
- Varied implementation success across states- NULM's implementation, especially with regards to the SMID component, shows varied success in different states. While some states have performed satisfactorily in creating structures to suit their specific context, many states have failed to leverage the programme to initiate social mobilisation and create opportunities for the urban poor.
- Over-burdening of the SHGs – The social capital of SHGs is undoubtedly an asset in addressing deep rooted social issues, especially gender inequality. However, many argue that the SHG structures are over-utilised. In the absence of effective implementation of the decentralised urban local governance agenda in some states (as suggested by the 74th constitution amendment), parallel structures such as SHGs are being used for delivery of various programs at the local government level. While this gives the opportunity for creating a single window for discussing all issues at community level, it nevertheless over-burdens the SHG structures with extra workload and poor remuneration.

5.5. Opportunities for other programmes in furthering IIGIF implementation

A mapping of prominent urban sector service delivery, poverty alleviation, and other social development programmes was done against a set of parameters to understand their positioning to support IIGIF implementation in their present form. The exercise reveals that while all the service delivery and housing programmes cover WSH as a sector, only very few of them (such Swachh Bharat Mission [SBM]]) have attempted to adopt an urban-poor CSS component for implementation. This indicates a somewhat low priority to social mobilisation by programmes. A recent guideline by MoHUPA has tried suggesting protocols for convergence of SBM with other social sector programmes and ULSG structures. However, it only controls a part of the total investment made in the WSH sector.

Among other urban social sector programmes, National Urban Health Mission (NUHM) is closest to NULM for its emphasis on social mobilisation and community empowerment component through creation of Mahila Arogya Samitis (MAS). There are good practices of convergence of Mahila Arogya Samitis (MAS) created by NUHM with other programmes including NULM and SBM like in Andhra Pradesh. However, such examples may largely remain as exceptions which are yet to be scaled-up. Such exceptions also raise question that whether the success stories are limited to geographies where some

form of external support (such as an NGO, expert institutions in the working in the same area)has enabled availability of resources.

5.6. Limitations of a programmatic approach: Could result in dependency on programme performance, hindering long term sustainability

Over last few decades, especially since recognition of urban development as a separate sector in the 8th Five Year Plan, cities have been receiving greater importance and increased investment across the service delivery spectrum. Treating cities as engines of growth has taken a further concrete shape with programmatic investments being channelised in mission-mode through the Jawaharlal Lal Nehru National Urban Renewal Mission (JnNURM) during the last decade. The next generation programmes such as the Smart Cities Mission (SBM), Atal Mission for Rejuvenation and Urban Transformation (AMRUT), SBM, Pradhan Mantri Awas Yojna (PMAY), along with social sector programmes such as NULM and NUHM continue to follow a similar trajectory. Together, these programmes have been able to channelise increased investment and focus on urban issues. However, one of the limitations of relying on programmes for long-term reformist agenda is that these are time-bound initiatives and come with an expiry. On the other hand, social and political structures independent of programmes are permanent.

6. Way forward: Imperatives for National Policies

The framework presented in this report, the implementation experience in the three cities in Andhra Pradesh and an Operational Guideline designed as a part of this project are all aimed to provide guidance to cities for implementation of the IIGI Framework in sanitation planning and service delivery. For the framework to become more implementable, it needs to be replicated in varied urban settings with different socio-political context (such as in large cities; cities in states with different positioning in human development and gender development index; cities in states with history of greater social-mobilisation etc.). The schematic model suggested for implementation of IIGIF outside Andhra Pradesh needs further nuanced detailing keeping in mind the pros and cons in a specific city and the policy umbrella provided by respective States. At the same time, it is imperative for national policies to align policy goals and implementation instruments in order to advance a gender mainstreaming agenda which is informed by all types of exclusions. Some specific imperatives are summarised below:

Stronger commitment to the gender agenda required at policy level

The National Urban Sanitation Policy, (NUSP), 2008 provides the overarching directions towards addressing sanitation problems in urban India. The policy envisions total sanitation coverage for all Indian cities, with 'special focus on hygienic and affordable sanitation facilities for the urban poor and women (Ministry of Housing and Urban Affairs, 2008). However, the policy document largely remains inconsiderate of the mechanisms through which special needs for women could be addressed; and the exclusions and marginalisation that exist within urban poor communities beyond the gender binary of men and women (such as transgender persons, elderly, persons with disability, occupationally marginalised groups and so on). Therefore, any revisions to the NUSP to make it a stronger instrument for advancing the inclusive and equitable sanitation agenda must be done by strengthening the following two objectives: a) mitigating gender-based sanitation insecurity; and b) empowering marginalised groups through sanitation. While the first objective is a basic-minimum, the second objective intends to achieve a more transformational agenda. It strives towards making the 'Right to the City' a practical reality for all. Following are some more specific recommendations that could be incorporated in the NUSP:

- Policy vision, goals, and implementation support strategies to articulate 'sanitation for all at all times', and include 'marginalised and vulnerable groups' instead of only 'poor and women' and open defection free cities.
- Articulation of key sanitation policy issues to include limited adoption of human-centric design for universal accessibility
- Policy goals to give specific focus on Menstrual Hygiene Management under safe and sanitary disposal and access to sanitation at workplace for all (including street vendors and domestic workers)
- Implementation instruments to include preparation of ***gender integration action plan*** as a part of the City Sanitation Plans.
- Implementation strategies to include constitution/ expansion of social mobilisation platforms to enhance participation, representation, and ownership by all excluded groups in sanitation
- Implementation support strategies to include development of a multi-programme gender-budget portfolio for sanitation projects along with mandatory adoption of gender-budgeting in all financial reporting practices

Similar provisions need to be incorporated in the national Faecal Sludge and Septage Management Policy of India, 2017. In this policy, specific interventions towards encouraging women entrepreneurship in FSSM as well as men's participation in sanitation management at household level needs to be incorporated. These can help in achieving gender-empowerment through sanitation. The 'Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, 2013' also deserves significance in this regard.

Discussion regarding a National Urbanisation Policy has been gaining traction recently. Reflective provisions need to be made in this policy which can guide other infrastructure and spatial planning policies/ programmes/ plans (such as water and transport policies and plans, city development plans, master plans, local area plans etc.) for cities to embed the gender-mainstreaming agenda in city planning.

Outside the ambit of urban sector, policies and acts related to women's welfare and safety, persons with disability, transgender persons, labour, employment, education, and health need to reflect gender-empowerment agenda with complete cognizance of the marginalities that exist beyond gender binary.

Specific guidelines and tools for gender integration required in mission design/ programme delivery

While policies at national and State levels enshrine their commitment to gender integration in sanitation in unambiguous terms, onground achievement of this objective can happen only through specific programmes delivery mechanisms. The programmes mentioned below can be identified as specific entry points in the present context:

-   Implementation of Swachh Bharat Mission can include preparation of Gender Integration in Sanitation Action Plans at city level. This can be complemented by creation of a single window system for channelization of issues from women, other marginalised groups and urban poor communities in similar lines of GRCs. Moreover, appointment of a gender specialist in the State level nodal agency for SBM would go a long way in institutionalisation of gender integration agenda in a consistent and cohesive manner. These could be made optional reforms in performance based fund disbursement under SBM.
-   Other flagship urban service delivery missions both by Government of India (such as AMRUT, Smart Cities Mission) and by respective States can follow the city level Gender Integration Action Plan for implementation of any sanitation related programme. Solid waste management and water supply related projects under these programmes need a stronger alignment with sanitation plans.

A strong push for convergence between programmes needed at local level

Finally, the demonstration experience from AP and the recommended policy objectives mentioned above can only be sustained if a strong culture of programme convergence at local level is initiated. Like NULM, there are few more programmes which needs a strong social mobilisation platform for implementation. However, from the perspective of the community, many such fragmented platforms increases transaction time, effort and leads to siloed implementation. This eventually burdens the community asking for free volunteerism which is unsustainable. Hence, a guideline for programme convergence at local level which goes beyond fund disbursement and puts the beneficiaries at the centre of the business emerges as an important way forward.

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Annexure 1

Sr. No	Programme/ scheme and Overview	Timelines (start and end date, likelihood of continuation)	Inclusive development/ social inclusion		Covers WSH service delivery		Community empowerment	
			General mention of the poor and marginalised	Specific reference to gender	Municipal services	Specific reference to WSH	General participatory approach	Urban poor community level structures adopted
1	**Swachh Bharat Mission or Swachh Bharat Abhiyan (Urban)** The main objective is to eliminate open defecation through the construction of household-owned and community-owned toilets and establishing an accountable mechanism of monitoring toilet use. Additionally, the mission also aims to clean up the streets, roads and infrastructure of India's towns and cities. Key thrust areas of the mission include, •Elimination of open defecation •Eradication of Manual	Period: 2014 to 2019	Yes Special Focus Groups identified by the States (SFGs include rehabilitation of manual scavengers, migrants, informal sector workers, etc.) PT-ensure that these facilities have adequate provision for men, women and facilities for the disabled	Yes (Priority to be given to cover vulnerable sections including pensioners, girl children, pregnant and lactating mothers)		Yes 1. Access to toilets (ODF) 2. Modern and Scientific Municipal Solid Waste Management 3.Awareness generation about sanitation and its linkage with public health	Yes (The implementation of SBM-U should promote citizen engagement and participation)	Yes (ULBs to engage with communities: 1.Foster linkages with frontline workers such as Mahila Arogya Samithi (MAS) members, ASHA Workers and community mobilizers appointed by ULBs 2.Create learning sites and train

Scavenging by converting insanitary toilets to sanitary •Modern and Scientific Municipal Solid Waste Management •Effecting behavioural change regarding healthy sanitation practices •Awareness generation about sanitation and its linkage with public health •Capacity Augmentation for Urban Local Bodies (ULBs) to create an enabling environment for private sector participation Coverage: All statutory towns						SHGs and Women forums on community engagement for SBM (U) 3.Constitute a Community Management Committee (CMC) for community engagement activities)

2	**National Urban Livelihoods Mission (or Deendayal Antyodaya Yojana NULM)** To aim of the NULM i to reduce poverty and vulnerability of the urban poor households by enabling them to access gainful self-employment and skilled wage employment opportunities, resulting in an appreciable improvement in their livelihoods on a sustainable basis, through building strong grassroots level institutions of the poor. Coverage: In Phase I, all cities with a population of more than one lakh and district headquarters with a population of less than one lakh (as per Census of India 2011). Additional towns may be considered in exceptional cases on the request of the States. The Major components of the mission are: • Employment through Skill Training and placement – ESTP • Self-Employment Programme	Implemented in two phases Phase I :2013-2017 Phase II : 2017-2022	Yes (NULM lays particular emphasis on the mobilisation of vulnerable sections of the urban population such as SCs, STs, minorities, female-headed households, persons with disabilities, the destitute, migrant labourers, and especially vulnerable occupational groups such as street vendors, rag pickers, domestic workers, beggars, construction workers, etc.) The dimensions of urban poverty can be broadly	Yes (Women and female headed HHs and male handicapped SHGs)		Yes (Ensure availability and access for the urban homeless population to permanent 24-hour shelters including the basic infrastructural facilities like water supply, sanitation, safety and security)	Yes (Community Organisers and Resource Organisations to facilitate formation of SHGs. Additional participation includes community-to-community learning/exposure and immersion visits of members of SHGs and their federations and programme-related personnel)	NULM envisages universal social mobilisation of urban poor into Self-Help Groups (SHGs) and their federations. Normally, women SHGs will be formed, however male SHGs of handicapped persons will be allowed to be formed. The services of ASHA / Anganwadi workers and other community level functionaries under various schemes / programme

– SEP • Social Mobilisation and Institutional Development- SMID • Shelter for Urban Homeless – SUH • Support to Urban Street Vendor – SUSV • Capacity Building and Training Programmes – CBT.		divided into three categories: (i) residential vulnerability (access to land, shelter, basic services, etc.); (ii) social vulnerability (deprivations related to factors like gender, age and social stratification, lack of social protection, inadequate voice and participation in governance structures, etc.) and (iii) occupational vulnerability (precarious livelihoods, dependence on informal sector for employment and earnings, lack of job security, poor working conditions, etc.).				may also be utilised at the field level to facilitate the formation of SHGs

| 3 | **National Urban Health Mission (NUHM)**

The National Urban Health Mission would aim to improve the health status of the urban population in general, but particularly of the poor and other disadvantaged sections, by facilitating equitable access to quality health care through a revamped public health system, partnerships, community based mechanism with the active involvement of the urban local bodies.

Coverage: NUHM would cover all state capitals, district headquarters and other cities/towns with a population of 50,000 and above (as per census 2011) in a phased manner. Cities and towns with population below 50,000 will be covered under NRHM | Launch: May 2013 | Yes

One of the core strategies of NUHM is to prioritise vulnerable groups. Slum dwellers and other marginalized groups like rickshaw pullers, street vendors, railway and bus station coolies, homeless people, street children, construction site workers, destitute, beggars, street children, and other such migrant workers. The NUHM also categories urban poverty into 03 categories as considered in the NULM (i.e.(i) residential vulnerability, (ii) | | Yes

NUHM broadly talks about strengthening the existing health care service delivery system, targeting the people living in slums and converging with various schemes relating to wider determinants of health like drinking water, sanitation, school education, etc. | | Yes

One pf the goals of the NUHM is: 1.Partnership with community and local bodies for a more proactive involvement in planning, implementation, and monitoring of health activities. | Yes

Enhance participation of the community in planning and management of the health care service delivery by ensuring a community link volunteer (Accredited Social Health Activist-ASHA/Link Workers from other programs like JnNURM, ICDS etc.)

The NUHM will ensure the participation by establishment of Rogi Kalyan Samitis (RKS) and Mahila Arogya |

		social vulnerability and (iii) occupational vulnerability) Some goals of the NUHM are: 1. Need based city specific urban health care system to meet the diverse health care needs of the urban poor and other vulnerable sections 2. Availability of resources for providing essential primary health care to urban poor.				Samitis (MAS). SHGs of women made under programmes of urban development department etc. can also play the role of MAS. In such a scenarios recruiting an ASHA may not be necessary.

| 4 | **Pradhan Mantri Awas Yojana (Urban)**

Affordable housing will be provided to the urban poor with a target of building 20 million affordable houses by 31 March 2022.
The four verticals of the mission are:
1."In situ" Slum Redevelopment
2. Affordable Housing through Credit Linked Subsidy
3. Affordable Housing in Partnership
4. Subsidy for beneficiary-led individual house construction or enhancement

Coverage: All statutory towns as per Census 2011 and towns notified subsequently would be eligible for coverage under the Mission.(2,508 cities and towns in 26 states) | Period: 2015-2022 | Yes | Yes

(The houses constructed/acquired should be in the name of the female head of the HH or in the joint name of the male head of the HH and his wife, and only in cases when there is no adult female member in the family, the house can be in the name of male member of the HH) | Yes | Yes

The mission will support construction of houses with basic civic infrastructure like water, sanitation, sewerage, road, electricity etc. | Beneficiary based | Encourage formation of associations of beneficiaries under the scheme like Residents' Welfare Association (RWA), etc. to take care of maintenance of houses being built under the mission. |

| 5 | Smart City Mission

Develop cities that provide core infrastructure and give a decent quality of life to its citizens, a clean and sustainable environment and application of 'Smart' Solutions.

Coverage: 100 smart cities

The core infrastructure elements include:
i. Adequate water supply,
ii. Assured electricity supply,
iii. Sanitation, including solid waste management,
iv. Efficient urban mobility and public transport,
v. affordable housing, especially for the poor,
vi. Robust IT connectivity and digitalization,
vii. Good governance, especially e-Governance and citizen participation,
viii. Sustainable environment,
ix. Safety and security of citizens, particularly women, children and the elderly, and
x. health and education. | Period: 2015 to 2020 (5 year programme).

The Mission may be continued in the light of an evaluation to be done by the MoUD | Yes
(Improving the quality of life for all, especially the poor: (e.g. increased coverage of water, solid waste management, enhanced green public spaces, etc.). | Yes
(Safety and security of citizens, particularly women, children and the elderly) | Yes | Yes
1. Adequate water supply,
2. Sanitation, including solid waste management,
3. Health and education. | Yes
(Good governance, especially e-Governance and citizen participation) | |

| 6 | Atal Mission for Rejuvenation and Urban Transformation (AMRUT)

Providing basic services (e.g. water supply, sewerage, urban transport) to households and build amenities in cities which will improve the quality of life for all, especially the poor and the disadvantaged is a national priority.

Coverage: 500 AMRUT cities

The major thrust areas are:
i. Water supply,
ii. Sewerage facilities and septage management,
iii. Storm water drains to reduce flooding,
iv. Pedestrian, non-motorized and public transport facilities, parking spaces, and
v. enhancing amenity value of cities by creating and upgrading green spaces, parks and recreation centers, especially for children. | Period: 2015 to 2020 (5 year programme).

The Mission may be continued in the light of an evaluation to be done by the MoUD | Yes
Reforms milestone include
1. 1.Differential rate is charged for water use and adequate safeguards are included to take care of the interests of the vulnerable | | Yes | Yes.
Major thrust areas include:
1. Water supply,
2. Sewerage facilities and septage management
Reforms milestones include:
1.Differential rate is charged for water use and adequate safeguards are included to take care of the interests of the vulnerable
2. Swachh Bharat Mission (Elimination of open defecation, Waste Collection ,Transportation Scientific Disposal | Yes
In the check list for appraisal of SLIP by respective ULBs, the following areas are also considered for appraisal.
1. Has the City carried out citizen consultations to develop SLIPs and prepare CDPs
2. Have the prioritization of projects been done
based on citizen consultation | |