

Gender and Poor Inclusiveness

in Sanitation Whitebook Preparation and City Sanitation Strategy Planning in Indonesia

Gender in ISSDP refers not only to women. The approach focuses on equal involvement of women and men all sanitation services and institutions. Gender equality relevant at community, institutional and policy levels. Women have the greatest demand for sanitation, yet seldom come to local planning meetings and sit on committees. This reduces the chances of investments in sanitation and hygiene and of sustained services. Having both sexes speak out at meetings and join committees raises the profiles of sanitation and hygiene in budgets and programs. In promoting household sanitation and hygiene the situation is reversed. Promotion generally targets women, e.g. through PKK, Posyandus and Puskesmas. Yet in financing of larger investments in home sanitation and hygiene, men are prominently involved. Men also need to improve

their own hygiene habits and set good examples for children. Hence, promotion programs are needed for men and women alike. And to achieve more equal participation, city cadres and NGOs need more teams of male and female technical and social specialists staying together on five year programs.

poverty Gender balance alleviation Whitebook in preparation. When the two ISSDP gender consultants began their work, Whitebook preparations were already in full swing. To catch up, the team visited all cities. In each city, the Sanitation Pokja members and City Facilitators briefed them on city sanitation and helped them to assess good practices on gender and the poor regarding toilet and wastewater

conditions, solid waste, drainage and hygiene. School visits in **Jambi** showed the need and scope to include public schools and Islamic Pesantrens.

Assessment of existing gender enhancement and poverty reduction activities in six ISSDP cities. Cases of gender and poverty inclusive sanitation and hygiene improvement were found in all six cities. In Banjarmasin, the capital of Kalimantan, men and women in a middle class community joined to compost organic waste and organised self-help actions to preserve the 'green, clean and hygiene' characteristics of their neighbourhood. They use the compost and liquid fertilizer in their joint vegetable plot and for sales. Proceeds go to the Self Help Group (KSM) fund and have already helped to pave roads and make a badminton court and a communal meeting ground.



Banjarmasin home composter



Washing waste for recycling



Denpasar compost factory



Entrepreneur Mrs. Bahrain

In all cities poor women, men and children work in the informal sector for solid waste collection, segregation and recycling, as labourer and some as entrepreneurs. The estimated annual value of non-organic waste is

US\$ 5,8 million in Surakarta alone. The work is an important source of income for poor families and helps reduce poverty in the six cities.

Mrs. Bahrain began a plastic recycling business in Banjarmasin in 2000. Her husband later joined her. About 60 of the 100 employees are women. They can bring their children with them to work. Their main job is to sort the waste into 50 different types of plastic. The sales turnover is Rp 450 million/month (US \$ 50,000 in 2007). Yayuk is a solid waste trader in Blitar. A former scavenger, she now buys the waste from 20 women scavengers whom she lent working capital from Rp. 50,000 to Rp 200,000. Her sales have a value of about Rp 20 million/month (US\$ 2200 in 2007). Source: ISSDP Private Sector Study.

Blitar in East Java has a history of empowering its 20 local governments. Under community block grant programme, the city disburses 2% of its income directly to the neighbourhoods for projects of their choice. The neighbourhoods contribute 13-22% in cash and kind. The objective is to increase public participation and self-management and allow local and communities to their autonomy. The officials exercise (Village LPMK Community Empowerment Institutions) take care of mobilization and stimulate women to participate. Denpasar, the capital of Bali, has

several solid waste recycling schemes. One neighbourhood in Sanur employs two low-income men to collect all solid waste from its houses. It has donated a waste sorting yard where the men compost organic waste and sort and sell the remainder to the informal sector. In another area, an NGO runs a compost making plant. It employs two women and two men from low-income families to process home-separated and citycollected organic waste for use in a plant nursery and for sale. Another NGO collects and sells recycled solid waste from 20 hotels to the private sector. Denpasar and Blitar

are also among the cities that have piloted community-managed onsite sewerage and waste water treatment services. The system uses biological methods to treat the waste water that do not need any energy and can be operated, maintained and managed by a selfhelp group or user committee either as an independent scheme or under the local administration. simplified community-These managed sewerage services have now spread to 26 cities. There are now some efforts to develop more equal gender participation in local planning and service management, have fairer cost sharing between

better-off and poor and strengthen accounting for service delivery and financial management to male *and* female household heads. High density urban areas often have MCKs (communal toilet, washing and laundry facilities) with septic

tanks or wastewater bio-treatment. Managed by community members or community-hired and paid operators and using a system of pay-and-use or household subscriptions, their cleanliness was in stark contrast to MCKs under city

or local government, such as the ones visited in Jambi. In an MCK in Surakarta in Central Java, women operated it by day and men by night for better access and safer operation during hours of darkness.



House connection to locally managed simplified sewerage



Women run this MCK by day, men by night



Conventional hygiene promotion only for women



Promoting sanitation and hygiene with men and boys

The city of Payakumbuh in South Sumatra boasts successful women's waste composting and plant production centre. It sells ornamental, medical, and carbon-oxide absorbing plants and has a revolving plants scheme for hiring 'green office' plants. A quick estimate revealed that the enterprise provides about 25% of the women's family income. The city also boasts ISSDP's first CLTS (Community-Led Total Sanitation) program, located in a resettlement area for victims of a volcano eruption. Started by the city's Health Department and led by two informal women leaders, it promotes a gradual upgrading approach. 3/4th of the families had already built their toilets, using a mix of free

and bought material and their own funds. The local health worker monitors progress during her weekly visit.

Including Equity on Gender and for the Poor- in the City Sanitation Strategies (CSS). Based on this assessment, and in close consultation with the Sanitation Pokjas and City Facilitators, the gender consultants then developed a catalogue for making the mix of city sanitation systems more equitable for gender and improve the conditions and labour opportunities for the poor. The table below gives a summary of the approaches. Work is now going on to integrate these into City Sanitation Plans, institutional arrangements and capacity building.

Type of services	Making sanitation and hygiene services more gender equitable and fairer to the poor
Off-site centralised sewerage systems	Marketing through channels and messages specific for poor / better off women / men;
	Make connection and service payment easier for the poor by a combination of various measures, e.g. social tariff for first block, connection loans and payment modalities adjusted to the conditions of the poor, e.g. by having female local 'agents' who get a commission for collecting payments from other women in their area at variable times and in variable amounts;
	Offer special financial deals for neighbourhoods that link up collectively and take on unskilled construction, loan repayments for connection investments and tariff payments, etc.
Community-managed simplified sewerage services with on-site biological waste water treatment* or communal septic tanks	Where central sewerage is not possible or cannot reach, scale up community-managed simplified sewerage within reasonable time and prioritising high and medium risk communities;
	Promote informed decisions on <i>weighed</i> contributions to investments and <i>weighed</i> tariffs to cover all recurrent costs. Flat payments press more heavily on people with cheap houses, rented rooms and small businesses and do not reflect the amounts of waste water produced;
	Get male support for women's participation and facilitate women and men to meet at times and places suitable for all and join in decisions, training and organisations;
	Enhancing capacities for post-construction management and accounting to male and female heads of customer households for service delivery, financial management and future plans.
Different types of MCKs with septic tanks, composting pits or on-site biological waste water treatment	Giving densely settled neighbourhoods choices on the numbers, sizes and sites of MCKs or rows of combined toilet & bathrooms shared by 2-3 families; and between models that generate compost and do not need emptying (DVPF or Dry) or use septic tanks or biological treatment; and on different management and financing models;
	Involve male and female heads of households in decision making, using participatory methods and tools to facilitate informed decision-making.
Solid waste management	Institutionalised neighbourhood-based collection, segregation and recycling of solid waste with an informed choice from different local organizational models involving women and men; Poverty reduction by enhanced city-wide partnerships between city, communities, NGOs and the formal private sector with the informal sector for solid waste; safer and better working conditions for women, men and children working in the informal solid waste sector.
Hygiene promotion	Training cadres on locally specific participatory hygiene promotion methods and tools with women and men resulting in community action programs for measured improvements

^{*} intermediate treatment levels may be acceptable in systems sure to be linked soon to central sewerage with treatment



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