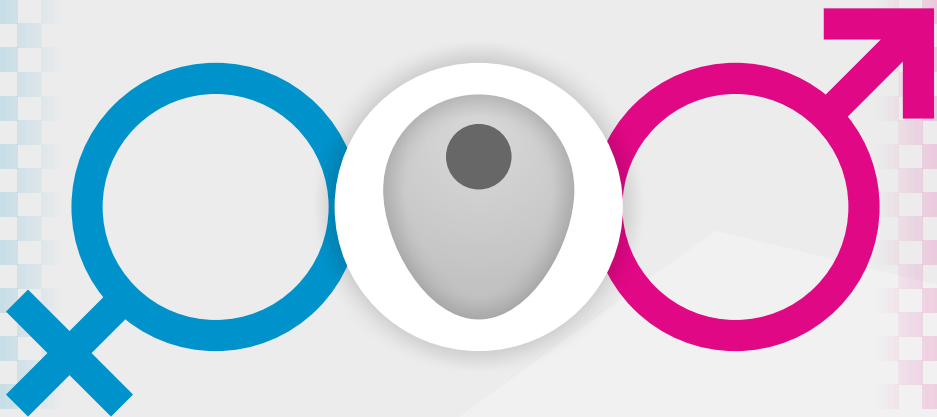


“Gender Responsive Budgeting in Swachh Bharat Mission

Access to Public Toilets for
Low-Income Working Women
in Four Cities of India”

The Case Study of Bhubaneswar



Foreword

Gender Responsive Budgeting (GRB) in Swachh Bharat Mission (SBM) was undertaken with care as a special mirror through analysis of accessibility and affordability of appropriate public toilet provisions in Bhubaneswar Municipality Corporation (BMC), Odisha. The report is planned as a document to provide critical inputs and likely to be a path finder for the policy makers to engender the SBM provisions.

Our sincere hope is to sustain the interest and commitment towards initiating the practice of GRB in the state. Our gratitude to BMC for collaboration and support throughout the process. We are grateful to UN Women and National foundation for India (NFI) for their support to this much needed effort in Odisha.

Jagadananda
Co-Founder & Mentor

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Executive Summary

Access to gender-friendly, inclusive sanitation facilities goes a long way in enhancing women's and girls' economic and social participation. Provision of Public Toilets (PTs) is not only an important environment and public health concern but are an essential design and planning concern to make cities more accessible, inclusive, and convenient for all members of society. However, this still remains inadequate in most communities, especially in countries like India which lack basic toilet access. Besides, Public Toilets often overlook the needs and concerns of women, children and PWDs.

A study was jointly conducted by CYSD, UN Women and NFI to analyse gender responsiveness of PT component of the SBM (U) in terms of relevant policy guidelines, allocated budget, and actual implementation on ground. The study was undertaken in Bhubaneswar. The ward was chosen to map public spaces, especially those relevant to low income working women. The Embedded Case approach; Case Study method; User Satisfaction Survey; Public Toilet Observation and open-ended interviews were among the methodologies adopted for the Study. Five PT sites were selected from a ward in the Bhubaneswar Municipal Corporation (BMC) for observation, profiling and user satisfaction survey in the city. Sample selection was done at three levels – first, the selection of workplaces and wards; second, the selection of toilet sites and third, the selection of women users for structured interviews. The five step framework was followed for the field study which includes situational analysis; assessment of gender responsive in the policy; adequacy of budgetary allocation to implement gender responsiveness of the policy; implementation issues and assesses the impact.

The SBM (U) stipulates PTs with facilities for men, women, and people with disabilities (PWDs), to ensure an inclusive PT policy. However, there is no separate budget provision for this purpose. Instead, states and ULBs have been asked to follow Public-Private Partnership (PPP) model to bring private sector in for construction and management of these toilets. Constructing more public, community, and hybrid toilets; providing easy access to them; developing mechanisms for effective observation and maintenance of standards in these; and encouraging toilet use among urban poor; help reduce open defecation in cities and towns of the State.

Under the BMC, there are three broad categories of PTs - existing PTs, Hybrid Toilets and PTs under Project Samman. While Hybrid Toilets and PTs under Project Samman have taken into consideration needs of women, children and PWDs, the large number of existing PTs have been constructed and are being operated without any serious design framework on the concerns of women.

More than 50% of the respondents in the study agreed that women face more problems than men in accessing toilets in the locality. Out of the total sample, 92% women preferred to go to PTs. Among the type of problems faced by the respondents, 14% said that they have faced harassment from men. In the study, 55% women said that they have faced situations of having to hold for long. While 10% said that they find the public toilets dirty, 6% said that they found it smelly. When asked whether they have ever faced a situation wherein they had to use the toilet urgently when they could not find one, 73% replied in the affirmative. In the user satisfaction survey, overall 65% of the respondents expressed full satisfaction with the service, 30% were adequately satisfied and 5% were not satisfied.

The five PTs observed also revealed that none of the toilets had either the supervisor or cleaning staff present all the time. Though the separate entrance gives easy access to women and girls, many times, the presence of men and boys deter them from using the facility. The water supply facilities are not adequate.

Gender Responsive Budgeting (GRB) exercises may address practical gender needs, such as women's easy access to PTs. However, at present, the SBM (U) doesn't have any provision for gender budgeting or scope for gender segregated inputs. There are no gender segregated inputs at the various stages in building PTs except in deciding the number of toilet seats to be made available for females. BMC sources for funds to construct PTs and Hybrid Toilets include the BMGF, HUDU, and the BMC's own revenue.

The Study of the public toilets makes it clear that a successful PT model must take into consideration gender concerns. Need for more PTs, easy and clear access, privacy, safety, design, regular O&M and participation of women in design & location of PTs are among some of the critical recommendations that needs to be taken up by policy decision makers and the concerned ULBs. Considering the growing number of women using public toilets, traditional planning strategies should be reviewed and updated. Women's toilets should be treated as an integral part of city planning. When PTs are designed, managed and maintained well, they can yield healthy and accessible environments for all, especially women and girls. They can embody a vision of positive and equal human participation in urban spaces.



CHAPTER -1

About the Study

1.1 Background

Investments in infrastructure projects, particularly those related to water and to sanitation have been well recognized to improve women's economic participation (Asian Development Bank, 2011; World Bank, 2010). One critical yet less focused area in this discourse, however, has been the link between public toilets (PTs) and women's economic empowerment.

Public toilets, by definition, imply those provided for floating population or general public in places such as markets, train and bus stations, tourist places, near office complexes, or other public areas where there are considerable number of people passing by (Swachh Bharat Mission - Urban, 2014). Provision of PTs, is not only an

important environment and public health concern but are an essential design and planning concern to make cities more accessible, inclusive, and convenient for all members of society. The literature shows that unequal and inadequate toilet provision makes it difficult to achieve sustainable, healthy, and inclusive cities (Bichard et al, 2004). Toilet limitations significantly restrict people's mobility in cities and their ability to take part in public life (Knight and Bichard, 2011).

Unfortunately, public toilet provision still remains inadequate in most communities, especially in developing countries such as India which lack even rudimentary toilet access (Gershenson and Penner, 2009;

Molotch and Noren, 2010). Moreover, PT provision often overlooks the needs of women, children, people with disabilities, and the elderly (Afacan and Gurel, 2015; Molotch and Noren, 2010; Anthony and Dufresne, 2007; Vishawanathan, nd). Even in developed countries like Canada, New Zealand, Australia, and the UK, the provision of PTs for women was late, partial, and often only achieved through local and national civil campaigns (Andrews, 1990).

This focus on PTs at the highest level is a good opportunity to not just review their status, and their effective utilization, but also specifically for identification of specific expectations and needs of women from PTs.

1.2 Purpose and Scope of the Study

The study (jointly done by CYSD, UN Women and NFI) analyzes gender responsiveness of PT component of the SBM (U) in terms of relevant policy guidelines, allocated budget, and actual implementation on ground. Based on this analysis, it suggests ways to improve gender responsiveness, for instance, by highlighting differences in men's and women's requirements from a PT. The study also makes a case for ensuring women's access to PTs as not just a health concern but as an important enabler of their economic empowerment.

The study was undertaken in Bhubaneswar (Odisha). Within one zone, one ward was chosen to

map public spaces, especially those relevant to low income working women.

These low income working women belonged to four categories; those of Wage Laborers, Salaried Women, Vendors, and Shopkeepers. The study looked at both workplace and transit sanitation needs of these women. Five types of work places were covered, namely, Construction Sites, Formal Markets, Informal Markets (e.g. Haats), Tourist Spots, and Public Institutions. Limited time and resources ruled out focus on dimension of access to toilets at home. Yet, basic information on this was also garnered.

The study aims to address the following objectives:

- 1 Analyze potential of SBM (U) to address specific sanitation needs of working class women
- 2 Understand demands, needs, and expectation of low-income working women from PTs
- 3 Assess the extent to which policy and resource allocation on PTs, within SBM (U), has considered the needs and priorities of women.

1.3 Methodology

The Embedded Case approach was used carefully for choosing cities. In turn, the Case Study method was used to develop human interest stories of various categories of low-income working women in Bhubaneswar.

The case study was based on quantitative and qualitative data. The former was derived from statistical analysis of a User Satisfaction Survey and Part A of Structured Interviews (in which female participants were asked about needs from, and satisfaction with, existing PTs). The latter was determined by spatial mapping, observation, site profiling, and Part B of Structured Interviews (in which female participants were asked problems

faced due to lack of access to public toilets). Additional information was gathered by interviewing relevant ULB officials assessing budget and policy documents of SBM (U).

User Satisfaction Survey was based on a total sample of 200, 20 men and women each, exiting each of the five PTs. These toilets were chosen on criteria of (at least three out of five) being constructed within three years under SBM (U), having a good user base, and serving five different types of work sites - a formal market, an informal market, a tourist site, a bus stand, and a construction site, all located in each other's vicinity. The ward

selected in the city for the study was one that had all five types of work sites and met the above specified criteria for choosing public toilets. Structured Interviews were conducted with 100 lower income group women of the ward (including users and non-users of public toilets), from the five different public places, to assess their perceptions of the standards of these toilets and how to improve the same.

In addition, open interviews of municipal officials were also conducted to get macro level information. Further, policy and budget documents of SBM (U) at the ULB and Ward level were also assessed for the final review.

Step-by-Step Field Study

A list of key markets, tourist spots, public institutions and transit points (bus stands) were identified at the city level.

These spots were marked on the city level map (with zone and ward level boundaries).

The ward within one zone was identified based on presence of maximum locations within one area.

A list of all public toilets in the given ward was collected and were marked on the city map.

Five public toilet sites were selected for observation, profiling and user satisfaction survey.

A one day visit was made to each of the five sites to capture site related data (this was a regular working day for the market and not a specific occasion or holiday). Two surveyors (one male and one female) reached the site at the peak time of market/facility and undertook the following activities:

- Filled the site profile format based on inputs from the supervisor/manager of the site
- Filled observation sheet based on review of the site and took photographs
- Undertook a quick user survey of 20 men and 20 women using the toilet facility.

After the site visit, the structured interviews at the work place was conducted for 100 women in the area.

A discussion was conducted with the ward, zone and municipal officials of the area to understand the ULB policy and implementation status of PTs in the City. Related policy and budget documents were also collected.

Last three years' budget allocation, release and expenditure details under SBM (U) for the ward were collected along with other details (DPRs, MoUs of PTs constructed under PPP mode.)

After all the surveys were over, another meeting with ward officials was conducted to clarify any doubts thereof.

1.4 Gender Responsive Budgeting (GRB) Analytical framework

Gender Responsive Budgeting (GRB) has been recognised as a significant tool to examine the mainstreaming of gender in government policies and budget. GRB initiative are strategies for assessing and changing budgetary processes and policies so that expenditure and revenue reflects the differences and inequalities between women and men in incomes asserts, decision making power, service needs and social responsibilities for care.

This does not imply separate budget allocation for men and women but the recognition that almost 99% of the total government budgets can have significant gender impacts. The key aim of GRB initiatives is thus to bring into focus key economic and social matters related to gender that are frequently overlooked or obscured in conventional budget and policy analysis, decision making. (Sharp and Elson, nd). Another central characteristic of GRB is the need to match resources with the objective and actual

allocation of funds for the same, further there is diversion in the disbursement of funds from the budget for their planned or expected use. GRB promotes the tracking of allocations and expenditure, which brings higher accountability of government's gender commitments. GRB also promotes output and outcomes budgeting systems that adequately incorporate performance indicators to track progress towards, and retreats from, gender equality and women's empowerment.

There are three widely disseminated functional frameworks utilised by GRB:

- a) The Five Step Framework;
- b) Gender Sensitive Expenditure Statements;
- c) Gender analysis of the for dimensions of the policy and budget cycle i.e. planning, enactment, implementation and audit. These are, however, not mutually exclusive and often overlap, reflecting the evolutionary and diverse nature of the GRB framework . (Sharo and Elson,nd). Based on the analysis, GRB advocates policies and guideline, allocations and expenditures, design and decision –making structures.

The study builds on the five-step GRB framework to understand the gender responsiveness of the public sanitation component of the SBM (Urban), covering the following aspect.

1.4 Selection of Public Toilet through spatial mapping Ward 49's Profile



Municipal Ward Number 49 was selected from within Bhubaneswar city for the study. Five PTs with good user bases were randomly selected for observation from among the eight such toilets (two are under construction) in the ward area. Ward Number 49 has a mixed population consisting of tourists, visitors, local shoppers, construction workers, street vendors etc. who use the PTs. The main bus station in Baramunda, Khandagiri and Udaygiri caves tourist complex and construction sites are situated in the ward.

A spatial mapping tool was used to mark the distance between the work places and existing PTs. Using the structured observation sheet, a detailed profile of the selected PT site was undertaken.

1.5 Study details

1.5.a Sample Size and Selection process

The sample selection was done at three levels – first, the selection of workplaces and wards; second, the selection of toilet sites and third, the selection of women for structured interviews. Given the limitations of time and resources, the study used more convenience yet purposeful sampling in terms of site selection, both for workplace and toilets. Within that, the selection of users and structured interviewees was done through stratified sampling.

1.5.b Work Place Site Selection

The selection of work place sites was based on logistical convenience (their nearness to each other) and their location within the same ward and zone.

Public Toilet Site and User Selection - Five public toilet sites in ward no 49 in Bhubaneswar were selected for observation, profiling, user tally and user satisfaction survey. These were selected based on the following criteria:

Have been constructed in the last three years under SBM (U) (at least 3 of the 5 toilets)

Is known to have good user base and relevance to the work places being studied.

SI no	Land mark- Location	Operation Year	Work Place	
1	Khandagiri-1	1993	Tourist place	Pre-SBM
2	Khandagiri-2	2013	Tourist place	Pre-SBM
3	OSRTC-1	2016	Baramunda Bus stand	Post-SMB
4	OSRTC-2	2016	Baramunda Bus stand	Post-SBM
5	AIGANIA	2017	Market Place (Near Bus)	Post-SBM

In each of the toilet sites, 20 men and 20 women users were surveyed for service satisfaction assessment. These users were selected based on the first 20 users exiting the facility after use (at the time of the site visit) and agreeing to participate in the survey.



Review of State Urban Sanitation Profile

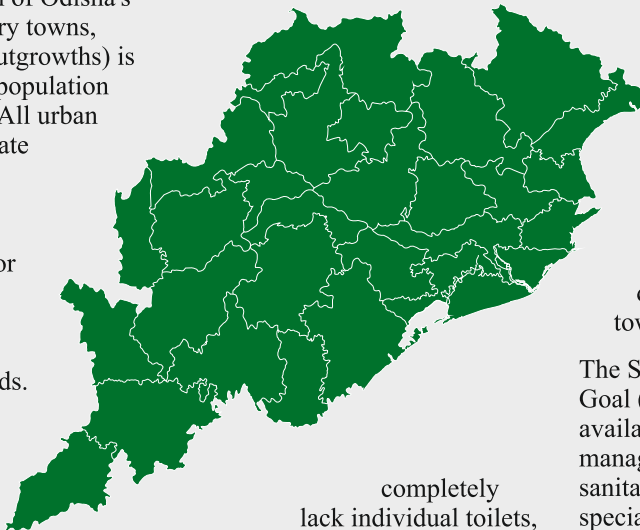
2.1 Sanitation Scenario of Odisha

The SBM (Rural) web report of 4 January 2017 shows that with 45.2% IHHL coverage, Odisha has the second worst figure for any Indian state after Bihar. In the specific context of urban areas, according to Swachh Survekshan 2017 (Sanitation Rankings of 400 Indian Cities/Towns), Bhubaneswar was ranked 94.

The total population of Odisha's urban areas (statutory towns, census towns and outgrowths) is 7,003,656. Of this, population of statutory towns (All urban areas declared by state government as a municipality, corporation, cantonment board, or notified town area committee) is 59,69,842, with 13,35,888 households. This study, hereon, only discusses urban areas in terms of figures for statutory towns as they have their own local administration, levy taxes, and have other allocated funds, all of which are necessary for constructing public, community, and hybrid toilets. Also, they attract most floating population, which uses PTs.

The State has been performing poorly in achieving SBM (U) goals, with only around 8, 97,450 (67.18%) of these urban households having toilets within

premises. This is a marginal improvement of 5% between 2001 and 2011. Even out of these households with toilets, only about 7,74,815 (58%) households have toilets with water closets. The remaining 1, 22, 635 (9%) households make do with pits or other kinds of dry toilets. Another 4, 38, 438 (32.82%) households



completely lack individual toilets, of which a paltry 9,514 (2.17%) households only access community toilets. (All figures as per 2011 Census).

A number of factors are responsible for Odisha's continuing very high urban open defecation rates. These include rapid growth of cities and towns despite constraints in terms of area to do so, resulting in high population density in urban areas, increase in size and number of slums, poor infrastructure of utilities, ingrained habits of open

defecation, poor solid and liquid waste management, and lack of citizen consciousness (to demand and access sanitation related services).

Although, implementation of the SBM (U) has led to some improvement, Odisha still has a long way to go. Constructing more public, community, and hybrid toilets; providing easy access to them; developing mechanisms for effective observation and maintenance of standards in these; and encouraging toilet use among urban poor; will all help reduce open defecation in cities and towns of the State.

The Sustainable Development Goal (SDG) 6 aims to ensure availability and sound management of clean water and sanitation for all by 2030. It pays special attention to needs of women and girls as physiologically and socially they remain more vulnerable. In Odisha, lack of sanitation facilities, especially toilets at household level, and public and community toilets, as well as clean drinking water has particularly adverse effects on women and girls, raising concerns about their health, hygiene, safety, security and dignity.

2.2 System for Construction and Maintenance of Public Toilets

Under the Bhubaneswar Municipal Corporation (BMC), there are three broad categories of PTs; existing PTs, Hybrid toilets and PTs under Project Samman. Existing PTs are those of old design, of which some were constructed by BMC and others by NGOs. Hybrid toilets cater to floating population as well as to local communities and are constructed by Sulabh Social Service International Organization (SSSIO) with funds from the Housing and Urban Development Department (HUDD). Finally, PTs under Project Samman are only meant for floating population and are constructed by National Building

Construction Corporation Limited (NBCCL), based on designs developed by their technical partner The Abdul Latif Jameel Poverty Action Lab (JPAL), with funds from Bill and Melinda Gates Foundation (BMGF).

For construction of PTs under Project Samman, the site on government land is selected by the concerned Zonal Deputy Commissioner (there is one for each of the three zones), BMC. Once selected, a letter is forwarded to Deputy Commissioner, BMC, for approval. The SBM Cell at BMC then facilitates the process by providing design, funding and

construction through relevant partners. However, at the zonal level, women's insights and suggestions on their specific needs are not sought during the planning process. This is a critical lapse in ensuring a gendered perspective.

After construction by NBCCL, maintenance of PTs under Project Samman is done by various partner agencies of BMC such as SSSIO, Enkon, Ajanta advertising, Selvel and Aysa construction. All of them take user fees or where there is a low user base, are compensated by BMC at the rate of Rs 20,000 per month.



Situational Analysis

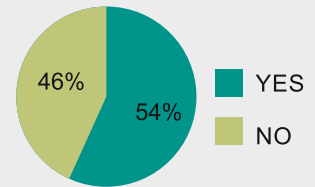
Glimpse of the Study Findings

3.1 Women's Preference of Toilet

At present, BMC has 60 functional public toilets i.e. (one PT for every 14,000 persons) as per total population of 837,737 in Bhubaneswar (Census 2011). More than 50% of the respondents agreed that women face more problems than men in accessing toilets in the locality.

Out of the total sample, 92% women prefer to go to PTs. Of them, 49% cited the fact that these PTs are located close to market places, bus stops and tourist places, 29% said that they were able to reach there easily and 22% said that they felt safe at the facility.

Women Face Problem in accessing toilet in the locality



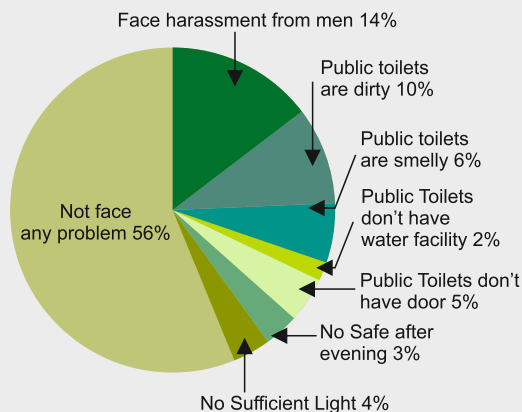
3.2 Types of Problem

Among the type of problems faced by the respondents, 14% said that they have faced harassment from men. While 10% said that they find the public toilets dirty, 6% said that they found it smelly. Nearly 5% said they faced problems as the toilets did not have a door and 4% faced problems as there were no sufficient lights in the toilets. 56% said they did not face any problems.

When asked whether they have ever faced a situation wherein they had to use the toilet urgently when they could not find one, 73% replied in the affirmative. 47% said that they have faced a situation like this when they were travelling in a bus or auto. 19% women said that they faced additional problems during their periods/monthly cycles while using the public toilets. When asked if it was easy for women to find open place to urinate as against men, 100% respondents said it was not.

In the user satisfaction survey, overall 65% of the respondents expressed full satisfaction with the service, 30% were adequately satisfied and 5% were not

Type of Problem Women Face



satisfied. With regard to easiness of access to the service, while 73% of the respondents were fully satisfied, 21.5% were adequately satisfied. The 5% of the respondents who were not satisfied.

On the adequacy of waiting time, 73% were fully satisfied, while 26% were adequately satisfied. On the other hand, 3.5% were not satisfied with the adequacy of waiting time. 73% of the users expressed full satisfaction with regard to comfort and convenience in usage of facility.

23% of the respondents were adequately satisfied and 2.3% were unsatisfied.

On the aspect of cleanliness, 69.5% expressed full satisfaction, 26% were adequately satisfied and 4.5% were dissatisfied.

While 63.5% said they felt safe while using the services, 31% felt adequately unsafe and 5.5% felt unsafe. 69.5% were fully satisfied with the issue of privacy, 27% were adequately satisfied. On the other hand, 3.5% were not satisfied with the privacy.

Although 57% of the respondents were satisfied with the government facility, 17% said they need to be cleaner and 15.5% expressed the need for a security person in the facility. 3.5% said they need more maintenance and 4% said there should be more communication for the services. 3% of the respondents said that more toilets are required, as a suggestion for improvement.

In addition, none of the toilets had either the supervisor or cleaning staff present all the time. The entrance to one of the PTs located in Baramunda remained surrounded by men, making access difficult for women. It was found to be unclean and foul smelling. There were no women supervisors in any of the five public toilets studied. In addition, none of the public toilets had security guards.

It was also observed that the public toilet in Baramunda Bus Stand may not be suitable for women to enter after 7 pm due to safety issues. The public toilet in Aigania which has been constructed in 2017 is in excellent condition and properly maintained. However, only two cleaning staff have been hired which is inadequate from the hygiene point of view. Women mostly use this toilet as it was considered safe in addition to its proximity to the Aigania square where many low income group women work.

3.3 Usage of Public Toilet

The five PTs observed also revealed that all are located within 100-700 meters of the main road with proper signage except one at Khandagiri II, where there was no signage to point the way. One thing is good that it is easy for women to enter the public toilet as there is a separate entrance for women and clearly visible from the main road. Separate entry and well-thought location ensured women's safety and ease of access to public toilets. One of the PTs at Baramunda Bus Station was found to be always surrounded by males creating difficulties in access for women during the day and unsafe after 7 pm.

The water supply facilities are not adequate, sometime water taps don't work and at times there is no water due to which a PT is



filthy and unclean, increasing the risk of infections for users. Facilities such as racks and hooks on the door, sanitary products, dustbins etc. were available in some form or the other, though inadequate. Only three toilets had rack facilities and only one

public toilet had hook on the door to hang clothes and towel. The PT at Baramunda Bus Station is poorly maintained, it was mud-spattered, creating inconvenience for women users. In two of the toilets, goons and street dogs were found to be around the facility.



None of the PTs have facilities for women accompanied by children.

Nilima Murmu, 35, Khandagiri

Thirty-five-year-old Nilima Murmu is a construction worker and only bread earner of her family which includes her old mother and two children. She belongs to the Scheduled Tribe (ST) community and works at construction sites in Bhubaneswar. She used to work temporarily at the construction site at

Khandagiri.

"I always face problems at the work sites which do not have toilets," she says. "Sometime, have to hold urine for long which is very uncomfortable. Once I also suffered from severe back pain and stomach pain which lasted for about a month," she reveals. During this time Nilima could not go for work.

3.4 Access to PT and health

It is a well-established fact that retaining urine for long hours can cause both short-term and long-term adverse health effects. Most of the women interviewed revealed that several times, had to hold urine due to either lack of PT either in their work place or while travelling. In the study, 55% women said that they have faced situations of having to hold for long (or not urinate for 5 to 6 hours) due to lack of space, out of which 10% said that they have faced health problems due to this. However, 60% of the women said that women/girls from their families had to face similar situations and problems.

When asked whether they have ever faced a situation wherein they had to use the toilet urgently when they could not find one, 73% replied in the affirmative. 47% said that they have faced such situation when they were

travelling in a bus or Auto. 19% women said that they faced additional problems during period/monthly cycles while using the public toilets. When asked if it was easy for women to find open place to urinate as against men, 100% respondents said it was not.

Hygiene in PTs is of utmost importance as a health concern since physiologically women are more susceptible to infections. Lack of overall cleanliness and hygiene, compounded by lack of water all times is also a concern for women. It was observed that the entrance area of none of the PTs was clean. The study shows most PTs are hygienically maintained. However, the PT at Baramunda Bus Station was found to be unclean and covered with mud. Of five PTs, only one (i.e. Baramunda Bus Station) had a sanitary napkin vending

machine. None of the PTs had sanitary napkin disposal facility.

In addition, 100% women affirmed that if they had a daughter they would want good toilet facility at her work place. When asked what the government should do to improve access of public toilets to women, 68% respondents said that it should make more public toilets especially in transit points and market places.

Out of the 100 women interviewed for the study, 55 revealed that they often find much harder to find a toilet and had to hold urine for over five hours and faced health issues as a consequence. Out of them, though 10% said that they have faced health problems, 60% of the women said that women/girls from their families had to face similar situations and problems.



Women face additional problems while accessing PTs during menstruation

Fifty-two-year-old Binita Parida is a school teacher who uses public toilets sometimes during the course of her work and also while commuting. Besides, the usual problems that women and girls face while using PTs like harassment, lack of security and inadequate number of female toilets, she says that the health repercussions should also to be considered. “Women face additional problems while accessing PTs during menstruation, especially due to lack of water availability. Once I had to ask my friend to bring some water from the nearby tap,” she says. “Women hesitate to use unhygienic toilets during menstruation. Also, it is very difficult for menstruating women to go out in the open when there are no Public Toilets are nearby,” she adds.

Binita shares her experience of suffering from urinary infection as she had to hold urine for a long time. “Several times while travelling I have to hold urine as there are no suitable places to go to. Once I had severe stomach pain followed by urine infection. My sister and sister-in-law have also faced similar situations.” Lack of security at the public toilet is another concern for Binita. She says that she makes sure to take a friend or a relative with her while going to a PT. “Once while returning from work I was once harassed by boys while using the PT. I was with a friend and the boys started passing lewd remarks but they went away after the security guard came..”

3.5 Safety and Security

Many of the women interviewed also expressed concern about the safety and security aspect and narrated their experience when they were harassed. Among the type of problems faced by the respondents, 14% said that they have faced harassment from men. While 10% said that they find the

public toilets dirty, 6% said that they found it smelly. Nearly 5% said they faced problems as the toilets did not have a door and 4% faced problems as there were no sufficient lights in the toilets. 56% said they did not face any problems. None of the public toilets have security guards. In

addition, none of the toilets had either the supervisor or cleaning staff present all the time. The entrance to one of the PTs located in Baramunda remained surrounded by men, making access difficult for women.



Manisha Pani, 34, Khandagiri II

Manisha Pani is a 34-year-old woman who works as an assistant in a shop in located near Ruchika Market. Her working hours are from 10 am to 8pm and she does not have access to a toilet at her work place. Manisha uses the public toilet at Khandagiri II. However, lack of operation and maintenance at the toilet poses several problems for female users like Manisha.

Non-availability of water in the public toilet at all times is another major problem for women like Manisha. In many of the PTs, either the taps are damaged or the tank is emptied. "There is no water in this public toilet as the tap is broken. The water keeps flowing till the tank is emptied. So, I have to urinate in the open and have to frequently put up with harassment by men," she says. "It is difficult for women to urinate in open as it attracts unwanted attention and from men."

She says that women and girls are harassed while going to public toilets during working hours by men and boys who loiter near it. But the presence of Supervisor at the public toilet gives a sense of security to the women. "Yes I was once harassed by boys chatting near the

toilet but the Supervisor came to my help," Manisha reveals.

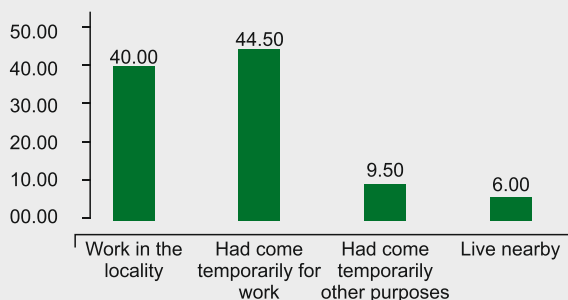
Lack of privacy is also a concern as some of the doors did not function properly. Narrating her experience, Manisha says that the doors for the female toilets need to be repaired as they are damaged. It is difficult to shut properly and need extra force to be shut." Manisha feels that inadequate Public Toilets especially in public areas like bus terminals and bus stops pose a problem for females in transit. She says that several times while travelling she had to hold urine for long hours due to lack of appropriate space. "I was earlier working at a village school in Nimapada for which I had travel for long hours. There was no place I could relive myself while travelling and had to wait till I reached the school or the house," she says.

Kajal Pati, 37, Construction Worker: "The supervisor at the public toilet is often away. It makes me feel vulnerable, especially after 6 pm, as the locality is remote and sparsely populated."

3.6 Access to PT & Employment

From each site, different categories of women were interviewed; out of which 40% women work in the locality, 45 % had come for temporary work, 10 % had come for other purpose and 6 % who live nearby.

Reason For Being in the Locality



Access to toilet however has not been a major deterrent when it comes to taking up any type of employment as only 4% of the respondents said that the issue of not having proper access to toilets ever prevented them from taking up any type of employment/work. Moreover, 99% of the women said that they have never lost work due to access to toilets and

100% of the women said that they have never left any employment or any specific markets/market days because of access to toilet related issues. However, they do face problems due to lack of PTs during the course of their work which causes inconvenience.

One of the main concerns being having to hold urine for long hours. In addition, 100% women

affirmed that if they had a daughter they would want good toilet facility at her work place. When asked what the government should do to improve access of public toilets to women, 68% respondents said that it should make more public toilets especially in transit points and market places.



SBM Policy and Budget Analysis

4.1 SBM (U) and Allocation for Public Toilets

The SBM was launched by the Government of India on October 2, 2014 to ensure sanitation for all with subsequent announcement of a sub-mission, the SBM (U) to implement the mission in urban areas. The sub-mission's goal was to transform urban India through community-driven initiatives into totally sanitized, healthy, and livable cities and towns. PTs have been recognized as one of the six main components to achieve this goal. Accordingly, all States and ULBs need to ensure a sufficient number of PTs in each city,

covering all prominent places that attract floating populations.

SBM (U) stipulates PTs with facilities for men, women, and people with disabilities (PWDs), to ensure an inclusive PT policy. Special norms for women's PTs have been incorporated in the technical specifications, with a higher number of water closets provided for women's toilets than for men. Also, ULBs must ensure all toilets constructed under SBM (U) are built in sync with water supply arrangements, with adequate provision for operation and maintenance, for at least five

years. An important aspect has been clear assigning of responsibility to build PTs to ULBs.

However, there is no separate budget provision from Government of India for this. Instead, states and ULBs have been asked to follow Public-Private Partnership (PPP) model to bring private sector in for construction and management of these toilets. It bets on delegation of powers to ULBs to ensure its viability without specifying incentives the state governments would have for the same.

4.2 Gender Responsive Features of SBM

- Adequate provision of separate toilets and bathing facilities for men, women and PWDs in SBM (U).
- Special focus in SBM (Rural) on providing access to various categories of low income group women who are otherwise unable to use safe sanitation facilities
- Gender sensitive concerns, especially those related to dignity and safety, have been taken into account at each stage, namely, planning, implementation, and post-implementation management of sanitation issues in SBM (Rural)
- Special provisions have been made for disposal of menstrual waste in Community Toilets and PTs as well as for raising awareness on menstrual hygiene management
- Constructing Individual Household Latrines (IHHLs) for women headed households

4.3 Gender Issues in Public Toilets

Men and women have different toilet requirements. Women, due to menstruation, pregnancy, childbirth and their general physical anatomy, use toilets more frequently than men. For some women, giving birth results in a prolapsed bladder. This leads to involuntary release of urine and difficulty in urinating. The biological differences between men and women result in men needing less frequent access to

toilets and requiring no specific design modifications for their toilets. Women, in turn, take twice as long as men to use toilets, and therefore need double the provisions (Greed, 2003). This, along with lack of suitable toilets, means that women are forced to wait longer to use public restrooms, a subtle form of gender discrimination (Anthony and Dufresne, 2007). Distance, issues of hygiene due to lack of

cleanliness, and safety concerns all act as gender barriers to access PTs. In addition, women often act as primary caregivers to the elderly, disabled, infirm, and children, which again requires that they make supplementary trips to the restroom.

Despite its indisputable necessity to ensure public health and sanitation, hardly any studies exist in the Indian context on

gender and public toilets. The website www.ideo.org tried to fill this gap with a report on PT design in India. It makes 12 suggestions based on views of women using PTs in South India:

- 1) Empower individuals via public toilets
- 2) Design for cleanliness
- 3) Plan for maintenance
- 4) Set expectations around reliability
- 5) Select a good location for a public toilet
- 6) Foster positive community relationships
- 7) Label toilets for gender inclusion
- 8) Create privacy in public spaces
- 9) Position the sink and mirrors better
- 10) Design PTs to ensure female hygiene
- 11) Gently introduce new technologies
- 12) Consider payment and usage mode

The study conducted by CYSD considered all the above aspects (through multiple data points and both quantitative and qualitative data) to develop a comprehensive picture of how gender can be factored into designing PTs. In addition, it explored issue of how lack of access to PTs impacts women's economic participation. The study also used insights on how, often, design and urban planning of public toilets and restrooms, manifests as problems, specifically for women. These elements resulting in gender inequality have been summarized by Anthony and Dufresne (2007) as (i) inequality in restrooms in terms of size and number; (ii) inadequate sanitary conditions in women's restrooms; (iii) difficulty in locating women's restrooms; and (iv) complete non-existence of women's restrooms.

4.4 Policy Objectives of SBM (U) for construction and maintenance of public toilets

Under SBM (U), States and ULBs will ensure that a sufficient number of public toilets are constructed in each city. All prominent places within the city attracting floating population should be covered. Care should be taken to ensure that these facilities have adequate provision for men, women and facilities for

The public toilet should have adequate provision for men, women and facilities for the disabled (e.g. ramp provision, braille signage, etc.).

the disabled (e.g. ramp provision, braille signage, etc.) wherever necessary. ULBs should ensure that all Public Toilets being constructed under SBM (U) are built in tandem with water supply arrangements in ULBs. There

will be no Central Government incentive support for the construction of public toilets under SBM (U). States and ULBs are encouraged to identify land for public toilets, and leverage this land and advertisements to encourage the private sector to construct and manage public toilets through a PPP agreement. Additional funding support by any means other than GoI grant can be used for public toilets. The projects will be prepared, sanctioned and implemented by ULBs. In the entire project approval and procurement process, all provisions and procedures as prescribed by respective State Governments for ULBs must be followed in their entirety. The entire approval procedure should end at the ULB level. To this end,

the States are required to empower the ULBs if not already done so. This includes the delegation of powers to allot land (for this purpose) to ULBs and mechanisms to leverage this land to make the Public Toilet a viable project. All Public Toilets constructed under SBM must have a minimum five year maintenance contract.

As per the addendum made to the previous guidelines issued on October 2014 by Ministry of Urban Development vide letter number 20/1/2016-SBM-I dated 18.07.2016, Extension of VGF/Grant of up to 40% as available for CTs to public Toilet projects as well(i.e. VGF/Grant of Rs 39,200 per seat). Unit cost of PTs to be same as CTs. Target for PT to be set under CT component. This will be subject

to overall state-wise funds envelope (sum of allocation under IHHL and CTs for the entire Mission period) remaining unchanged.

As per the MoU signed between Sulabh International Social Service Organisation (SISSO) and BMC, the SISSO will construct PT complexes having 5-7-10 seats with urinals and wash basins as per the design approved by the technical team of HUDD. It will construct the toilet complexes on Design, Built, Operate, Maintain and Transfer (DBOMT) model. All minor repairing, yearly white washing shall be the responsibility of the SISSO. Where sewer lines exist, it allows SISSO to be connected to it, if feasible. The cost of sewer line, manholes etc. needed for the connection to be included in the cost estimate of the complex.

The SISSO is also responsible for carrying out the job and its completion while conforming to all requirements of quantity,

quality as per standard norms, safety and security. It operates

SISSO is responsible for conforming all requirements of quantity, quality as per standard norms, safety and security.

and maintains the toilet complexes for a period of 10 years from the date of commissioning of each complex at its own cost extendable for another 10 years subject to satisfactory performance without taking any assistance/financial support from the concerned.

The SISSO operates the toilet complexes on “pay and use” basis in consultation with the ULBs. The cleaning, sanitation, repairs and maintenance of toilets is done as per SISSO standards. The electricity and water charges in public toilets is borne by the second party for O&M of the toilets.

Display rate charts of different type of usages and other critical information like the dos and don'ts, safety instructions signage indicating hours of opening and contact details of reporting damages and incidents, emergency numbers, grievance redressal mechanism outside the toilet. Display of adequate number of visual and figurative signage guiding users to use the toilets in a proper manner. SISSO will make the toilet complexes attractive through landscaping, plantation, and gardening around the toilet complex wherever sufficient space exist.

After receipt of site-plans, drawings, specifications, and cost estimate of the public toilet to be constructed at various places shall be prepared and submitted by the SISSO to the ULB for approval. The cost estimates of the PT will be based on the State Govt. schedule of rates plus 10% of the total estimated cost as implementation charges.

4.5 Exclusive Specifications for Gender Needs for Construction and Maintenance of Public Toilet in BMC

For construction of Public Toilets, the government land site is selected by the Zonal Deputy Commission, BMC, and a letter is given to the Deputy Commissioner, BMC, for approval. The SBM Cell at the BMC facilitates the process. On the other hand, for the construction of Hybrid Toilets, while the HUDD provides the fund, the construction is done by SSSIO. The BMGF provides fund for construction of toilets under Project Samman, the construction is done as per the

NBCC guidelines. The designs for the toilets under Project Samman have been developed by their technical partner, JPAL. So, while the budget for the PT is provided by the state funds,

There is no documented evidence for inclusion of gender in the construction of PT except the number of seats for females.

budget for the HTs are provided by the HUDD.

Apart from the number of seats for females, there is no documented evidence of deliberate inclusion of gender in the construction and O&M of PTs

- BMC has installed 11 sanitary napkin vending machines along with incinerators.
- Signage and separate entrance for male and female was present in all the PTs of study area.

in the ULB. During the study it was not conclusively found out whether women and girls have been consulted or not, whether their participation was ensured before the PTs or the HTs were built. The MoU with private agencies also do not have any specific points for girls and women. Special projects engaged in building PT and CT like Project Samman however, consult women and girls in both construction and O&M.

Eleven sanitary napkin vending machines along with 11 incinerators have been installed in the PTs of Bhubaneswar. Here, three sanitary pads are available for Rs 10. One machine has been installed in Baramunda Bus Stand

(Ward No 49 study area). Although the PTs have dustbins, there is no special dustbin for sanitary napkin disposal facility. There is no separate wash area either.

Signage for male and female was present in all the PTs studied. While PTs were free for People with Disabilities (PWDs), this provision remains hollow in absence of disabled friendly facilities, beginning with the very point of entry. Out of the five PTs, only one had ramp facilities for convenient entry and exit on a wheelchair. Children seated toilets are present only in 7 & 10 seated toilets which exist in the hybrid toilets.

Electricity and water connection were found in all the toilets though the lights were considered dim by some of the respondents. Also, the water supply was found to be inadequate as some of the taps were broken resulting in loss of water.

Although all the toilets had Supervisors, none of them stayed for the entire duration that the toilets were functional. The respondents have expressed that the presence of the Supervisors throughout would enhance their confidence in using the PTs and will improve their safety and security.

4.6 Gender Budgeting and SBM

Lack or inadequacy of basic sanitation services and infrastructure has a disproportionate impact on women, compromising their health and security. For example, absence or shortage of safe and clean toilets, exposes women and girls to violence and disease. That is why it is of critical importance that urban development must factor in gender perspectives in policy design, programme formation, budget allocation, and in creating institutional mechanisms to ensure there are adequate opportunities for

women's empowerment. This will ensure that decisions on location and design of public toilet will not ignore women's needs and views.

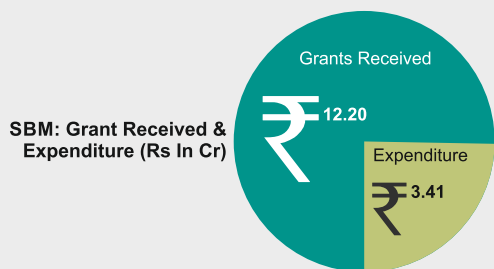
However, at present, the SBM (U) doesn't have any provision for gender budgeting or scope for gender segregated inputs. There are no gender segregated inputs at the various stages in building PTs except in deciding the number of toilet seats to be made available for females. Effective implementation of SBM agenda to improve women's access and to address their health and security

concerns requires that the Mission's implementation and monitoring is done in a gender responsive manner.

Gender Responsive Budgeting (GRB) exercises may address primarily practical gender needs, such as women's easy access to PTs. However, the very process of GRB addresses other strategic gender concerns by affording greater political accountability, representation, and participation to women, thereby helping bridge the gap towards achieving gender equality.

4.7 Budgetary Provision for Public Toilet and SBM

BMC sources for funds to construct PTs and Hybrid Toilets include the BMGF, HUDD, and the BMC's own revenue.



The side graph illustrates the combined figures of total grants received and expenditure made by BMC for the two financial years, 2015-16 and 2016-17. As is evident, approximately a quarter of the total grants received were actually spent by BMC in these two financial years.

The grants received from SBM (U) are under the head of Individual Household Toilet, community toilet, public awareness, capacity building and administration & office expenses and IEC. There is no specific service plan of expenditure for women or men to respond to their specific.

Detail Head Wise Grant Received under SBM (Rs In lakh)

Year	IHHL	IEC & PA	CB and A & OE	CT	Total
2015-16	465.64	34.69	8.67	112.45	621.45
2016-17	580.72	14.37	3.59	0.00	598.68



Conclusion and Recommendations

The study of the five public toilet factors in a set of correlations indicating that achieving a successful public toilet solution taking into consideration the gender concerns necessitates considering each factor with its variables simultaneously. Considering the significance of women public toilet users, traditional planning strategies should be reviewed and updated; female toilets should be treated as an integral part of city planning.

When public toilets are well-designed, managed, and maintained, they can yield healthy and accessible environments for all people especially women and girls and embody a vision of positive and equal human participation in urban spaces.

The Study of the five public toilets makes it clear that a successful PT model must take into consideration gender concerns. Considering the

growing number of women using public toilets, traditional planning strategies should be reviewed and updated. Women's toilets should be treated as an integral part of city planning. When PTs are designed, managed and maintained well, they can yield healthy and accessible environments for all, especially women and girls. They can embody a vision of positive and equal human participation in urban spaces.

- **Need for more PTs:** There are currently 60 functional PTs serving a population of 837,737 in Bhubaneswar city. It comes to one PT for about 14,000 people. Many new PTs have been constructed in the city after SBM to cater to increasing urban population and floating population. Yet, there is a need for even more PTs as well as for renovation of existing ones that need repairs, especially near transit centres and market places, which always have a large floating population of women. Clearly, there is a need for mechanisms to involve women in planning, location and design of PTs.
- **Easy and clear access:** Even though most PTs in the city have easy access there are exceptions. Easy and clear access for women to each PT is a must. Particular care must be paid to special needs of disabled women who have free access to facilities but find these difficult to use due to lack of disabled friendly construction and design.
- **Privacy:** Privacy greatly matters to women users. Thus, secure door and locking system, separate entrance, clear pathway for female toilets and bathrooms have to be guaranteed. Recruitment of women as supervisors and in greater numbers as cleaning staff, especially from SHGS, will also help while providing empowerment through employment.
- **Safety:** Ensuring safety in the PTs through the presence of security guards, supervisors is critical to enhancing better usage by girls and women. Many girls and women express concern about safety while using PTs especially in the evening hours when there is less footfall.
- **Design:** Another key aspect is the design. It can help maximize function and comfort in a public toilet. For instance, indoor environmental quality can be ensured through appropriate light and ventilation for female users. It is imperative for policy makers and implementers to construct female-friendly public toilets and incorporate the required needs of girls and women.
- **Operation and Maintenance (O&M):** Regular and systematic O&M of the public toilets is one of main reasons by which female users will be encouraged to use public toilets. Regular O&M makes the public toilets less dirty, smelly and safer and usable which are some of the main criteria which prompt female users.
- **Cleanliness & hygiene:** Women are physically more vulnerable to infections and hence have greater need for hygiene. Cleanliness in PTs is inadequate. Attention should be paid to regular cleaning; adequate provision of sanitary products, uninterrupted water supply, building of functional racks, hooks and soap dispensers in sufficient numbers along with placing of mugs, buckets and air fresheners. Sanitary pad dispensers and facilities for effective disposal must exist in every PT.
- **Participation:** The effectiveness of PTs can only be assured through beneficiary participation. A simple way to do this is by feedback options such as providing a register or upscaling the feedback pooling system that only exists in one PT at present.

Annexure - I**Five Step Framework****STEP-1**

Analyse the situation for women and men and girls and boys in a given sector or level

STEP-2

Assess gender responsiveness and gaps of policies, programmes and legislation

STEP-3

Assess the adequacy of budget allocations to implement gender sensitive policies and programmes in Step 2

STEP-4

Monitor whether the money was spent as planned, what services were delivered and to whom Step

STEP-5

Assess the impact of the policy /programme /scheme and extent to which the situation in Step 1 has changed

Annexure - II**Structured Interviewees Selection- Sample Classification:**

Place	Khandagiri	Ruchika Market	Barmunda	Aigania	Total
Visitors to Khandagiri temple and cave (Tourist Spot)	18	1	1	3	23
Temporarily for work (Labour)	3			1	4
Work in locality	16	5	8	7	36
Self Employed	1				1
other work	6	12	6	5	29
construction work (Worker/Labourers)	3	4			6
Total	47	22	15	16	100

User Survey and Observation :

Place	Khandagiri-I	Khandagiri-II	Ruchika Market	Barmunda	Aigania	Total
Vuser Survey	20	20	20	20	20	100
Observation	1	1	1	1	1	5

Annexure - III

Research Matrix

	Criteria	Proxy Indicator/ Research Question	Source of Information
Outcomes	Women's Economic Participation	a. Significance of public toilet for work participation b. Countering violence/harassment c. Loss of work days/ opportunities d. Dependency on male counterpart	Structured Interviews
	Women's Mobility	e. Choice of transport facility f. Avoidance of certain routes g. Embarrassing situations faced	Structured Interviews
	Women's Health	h. Practicing dehydration or holding of bladder i. Instances of UTI or bladder infections	Structured Interviews
Outputs	Adequacy	a. No. of toilets per sq km (M/F) b. No. of toilets/WC per user (M/F) c. No. of toilets on transit points and transport routes	Spatial Mapping User Tallies Structured interviews
	Accessibility	d. Ease of locating/finding the nearest toilet e. Operational toilets (24/7; locked) f. Money/ Pay and Use Charges	Structured interviews and User survey
	Convenience	g. Distance from work place h. Ease of entry and exit i. Location of toilet- dignity	Spatial Mapping Observation and User survey
	Comfort	j. Type of facility and WC k. Built in facilities (racks, etc) l. Sinks and wash spaces m. Privacy	Observation and User survey
	Hygiene	n. Cleanliness o. Water availability p. Sanitary pad dispensers q. Sanitary pad disposal facilities	Observation and User survey
	Safety	r. Location of toilet s. Lighting/ Darkness t. Security guard/ supervisor u. Public opinion	Structured interview Observation and User survey
	Special needs	v. Women with children w. Differently abled women x. Elderly women	Structured interview Observation and User survey
	Operation and Maintenance	y. Sewage disposal system z. Water availability aa. Supervision	Observation and site profiling

Inputs	Criteria	Proxy Indicator/ Research Question	Source of Information
	Policy	a. Clarity of responsible agency b. Clarity of technical specifications c. Specific specifications for gender needs d. Clarity of management system e. Demand assessment system	Structured Interviews
	Resources	f. Adequacy of allocations (unit costs and total budget) g. Clarity of budget line item h. Ease in availability of budget i. Proposal development and approval system j. Land availability k. Locational compromise due to financial restrictions l. Resources for O&M	Structured Interviews
	Implementation and Management	m. Number of toilets constructed in last 3 years (M/F) n. No. of WCs created in the city (M/F) o. Location of women's toilets in the city (if possible with GPS coordinates) p. ULB managed vs PPP system q. Linkage with Swachhta app r. Feedback mechanism	Structured Interviews



ABBREVIATIONS

BMC – Bhubaneswar Municipality Corporation
 BMGF – Bill & Melinda Gates foundation
 CT- Community Toilet
 CB and A & OE – Capacity building and Administrative & Office Expenses
 DPR – Detail project planning
 GRB – Gender Responsive Budgeting
 HUDD- Housing and Urban Development Department
 IHHI- Individual Household Toilet
 IEC - Information, Education and communication
 JPAL - The Abdul Latif Jameel Poverty Action Lab
 MOUs - Memorandum of Understanding
 NBCCL - National Building Construction Corporation Limited
 PT - Public Toilet
 PWD – Person with disability
 SBM (U) – Swachh Bharat mission Urban
 PPP - Public-Private Partnership (PPP)
 PA – Public Awareness
 PPP – Public Private Partnership
 SSSIO - Sulabh Social Service International Organization
 ULBs – Urban Local Bodies



Gender Responsive Budgeting in Odisha:

A roadmap & Implementation Strategy is a product of an expert consultation and path finder for policy makers to initiate practice GRB in the State.



Gender Responsive Budgeting: Opportunity & Challenges in Odisha: This policy brief has been prepared on GRB which highlights both the gaps and positive development at national and sub national level. It also provides useful insights on how union govt. and progressive states have interpreted Gender Responsive Budgeting.

OBAC Odisha Budget and Accountability Centre

OBAC, working on budget research, budget literacy and its process, evidence based advocacy for pro-poor budgeting and policy practices, has been operating in the State since 2003 as a constituent unit of CYSD. The centre promotes accountability tools like Community Score Card, Citizen Report Card, Social Audit, Expenditure Tracking and community led monitoring for enhancing the effectiveness of public service delivery and encourages participation in decentralised planning and budgeting in Odisha. The centre has been holding Pre-Budget Consultation since 2007 on a sustained basis.

The key areas of the centre are:

- Macro State Budget Analysis
- Social Sector Budget Analysis (Health, Water & Sanitation, Food & Nutrition Security, Education, Social Security)
- Budget for Disadvantaged groups (Women, Children, STs & SCs)
- Agriculture and Livelihoods
- Decentralized Planning & Budgeting
- Citizen Led Accountability of basic services (PDS, ICDS, Maternal Health, Water & sanitation etc)

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