

Talking about Garbage.....

Taking off from where we left things last year . . .

Finally after the year in which we decided that the alliance would focus in the area of solid waste through exploring roles for communities in the area of composting of solid waste, there have been many possibilities that have emerged.

1. Communities in their own areas have begun to compost bio degradable waste, and gradually use that strategy to get cleaner local areas, and beginning a negotiations with the city for reformulation of roles and functions in areas of solid waste management.
2. Taking on contracts for composting other waste: Since the solution that the communities have developed is universal for all biodegradable waste, examine the possibility for using it for hotel and market waste that the municipality has to deal with.
3. Taking contracts to keep streets clean examine what areas of cleaning cities communities can take on.
4. Linking recycling waste managed by poor and city issue....like hospital waste
5. Linking what we do with what others do... examination of what poor groups do with networks of waste managers do in city and other parts of the country.

We have produced two short films which explain this process.

Beginning to work with Ward Officials in Mumbai:

On 2nd October, 40 volunteers along with residents of Chandrama Nagar cleared such a garbage in the settlement, created a compost dump, and set such a process rolling. This is part of a much larger co-operation with the L ward at Kurla, to work with a large number of slums on Airport land. Remember in our earlier CITYWATCH we had discussed the issue of win win solutions? We are working very closely with the city and state administration to get them to first of all provide basic amenities to all these people who live on the land which belongs to some central government authority. The airport authority like the railways refuses this permission, and as a result for all this while these communities cannot have access to Municipal services.

But now the pressure on the central government authorities begins to build up and communities begin to pressure the state. The logic is that the city and the state itself began to provide basic amenities for reasons on public health. The same argument stands true for these communities as well.

In the case of the slums on airport land, we find that communities problems of garbage is also affecting the airport as the number of scavenging birds are gathering and "bird hits" have increased. It is a serious problem with has safely and economic implications.

Managing the waste from their own settlement:

Kanta's Story

Tata Memorial hospital waste

The Tata Memorial hospital is the city's largest cancer hospital at Parel . We were approached by Dr..Kerkar who worked at the hospital to help two families who were out of income because of the hospitals decision to stop the rag-picker families from picking up hospital waste because it is harmful and should therefore not be handled.¹

Kanta Rajendra Nadar, who would be about 30-40 years of age, came to the Byculla Area Resources centre of SPARC. She was very distressed by the fact that her occupation had been destroyed over night. Earlier, she enjoyed an income which insured her a steady wage and a certain standard of living. She said she earned approximately 500 rupees every alternate day and was able to pay a few other ragpickers who also helped her sort out this waste. She has put her children to english medium school and now felt she was not going to be able to continue this with her source of income cut .

Its hard to fully explain what this loss really means to her but her eyes full of tears did say a lot and its more than denial of the right to scavenge... its the loss of a whole support strategy she has developed for her self over the last several years.

¹ In the last year, there has been a well orchestrated campaign to bring to the attention of city officials, hospital administrators and NGOs the potential health hazards of working in the area of recycling hospital waste. Many hospitals who allowed rag pickers to scavenge through their waste, now cordoned off the waste area. This is one such micro instance of what happens in real situations.

Here was a woman who took responsibility for her family without much support from her husband who was an alcoholic, she said. She understood the reasons as explained by the doctor... about the bad effects of handling hospital waste and said that if it was so she did not want to continue as it was also bad for her daughter to continue handling this as she was really young and was afraid she may pick up any illness. She believes every word the doctor told her but as far she was concerned all her aspirations had come tumbling down.

In spite of the sad part of this story one saw a lot of determination and strength to move ahead. She did not miss out anything while talking to the doctor, she kept negotiating. Her exploration continues to be to examine whether she could work with the non harmful waste. But this is a choice which she has not been permitted to explore. The hospital has unilaterally decided to barricade the garbage dump as a result her family and others who also work there have no access to any kind of waste.

Kanta tried to check out if it would be possible for her to get some job inside the hospital and this was also impossible she was told due to the hospital's recruitment policy whereby you need the push of the union within the hospital.

When Kanta told us her story, I asked myself the same questions. Is it possible to pick up waste that may not be harmful? Would it be possible for at least one or two of the affected members to be employed by the hospital? Would it be possible for the hospital to in fact use the sorting skills of the rag-picker families so these families become a resource for the hospital. (This I knew would require outside intermediaries). Would it be possible to continue this job if gloves and necessary conditions were provided for sorting, would it still be wise for them to handle this?

Pro-actively we were looking at ways by which the city could use such skills of these families in other projects of the city, may be allotting specific garbage bins for these families or involving them in the cleaning drive of the city. So basically Kanta fired our imagination. We had to find a way not only for her but for other families and rag-pickers who were affected by this.

It is clear that we lack information. We heard of incineration and the creation of the slow poison dioxins, but that is after the PVC gets burnt? What kinds of hospital wastes other than PVC, like infected blood items were included? What items were the hospital staff worried were getting recycled for reuse, such as syringes and gloves etc.?

So while any person with some knowledge about hazards of hospital waste would think it right that hospital waste is harmful and should not be touched, is it true that all hospital waste is harmful and should not be touched? Can the hospital dispose the harmful waste in a way that those handling it do not have a problem?

While the hospital has taken responsibility not to allow anyone outside its premises to touch the waste, the responsibility somehow seems to end there.

Surely after this gets picked up by the BMC, it gets dumped at some site where other rag-pickers connect with it? So the attitude seems to be more of "I will not let anyone scavenge in my bin, but once the waste gets to another place, it's not my responsibility".... that what happens after the BMC takes it is not the hospital's concern is not acceptable. So then how should the hospital handle this?

In this instance the doctor who was made aware of the hazards, yet who saw the problem the woman faced and sent her to Byculla on the one hand, and we in Byculla who asked her questions about where her responsibility ended were caught in a grid lock for which we both have no answers. This solution will come, with more people involved in the process of managing hospital waste participate.

Our solutions are going to be influenced by the information we have. Those whose lives are affected by changing practices need to be involved in the process very centrally. Creating workable options which either improve their working conditions, or which give them other occupational choices are crucial to make the new strategy sustainable. Often drastic action attempts to restrict a particular practice, but in reality this may continue out of the public sight.

We would therefore like a sustained dialogue between all the identified stakeholders in this process:

The actors identified so far are

- Hospital administrators
- Environmental groups concerned with waste
- Organizations like SPARC/NSDF/MM working directly with poor communities
- City authorities
- Rag-picker families /groups

The bottom line is our ability to look beyond just our jurisdiction and take whichever solution to its logical conclusion. In Mumbai, we all have the opportunity to take this process to its rightful conclusion.

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Composting Solid Waste - A means to many ends

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1. In 1996-97 the alliance has learnt to compost solid waste which is bio-degradable. This research was considered to add more dimensions to making communities efficient infrastructure managers. As a result communities can now

- confidently compost most waste, recycle and only put 1/4th in the waste.
- They can offer the municipality the possibility for :
 - more ward domestic waste to be composted
 - to use the same technique for market and restaurant waste.

Teach upper income groups waste composting on site.

This strategy has many possibilities.

- a) Local slum areas become cleaner, and communities can demand that the municipality build sorting platforms and composting facilities in return for better community managed solid waste where only 10-30% waste leaves the settlement for land fills.
- b) Communities obtain contracts from municipalities to establish composting for market and restaurant waste for which there can be savings on transport and fuel for ward and land fill space for the city.
- c) Set up training of middle class volunteers to encourage upper income cooperatives to manage solid waste.

Working on Issues of Hospital Waste and recyclers.....ⁱ

What makes hospital waste similar and yet different from other waste which is recycled.

Looking at what groups and activists are doing in hospital waste

Incinerators and hospital waste: impact on the recyclers.

Exploring possible alliances and choices of who does what.

Value of demonstrating that zero garbage is possible in poor communities and well as the better off communities.

Looking at things that do not work: The story of the pelletisation plant in Chembur, Mumbai.

Meet Mr. Pawar.

The L ward Officer who is a enthused solid waste manager...

At a meeting with Mr. Pawar and his team at his office one Sunday in October, Mr. Pawar gave us some interesting Statistics about solid waste management in his ward.

- L ward is one of the largest wards in the city. It serves a population of 7,50,000 people, of which a very large majority are slum dwellers.
- Presently his garbage collection after all his effort is 50%.
- 360 Tons are Collected of which 300 tons are refuse and 60 tons are Debris.
- The financial requirements are for each year
 - 900 people @ Rs 5000: is the establishment cost of the department that is called Conservancy.
 - 450 Shifts @ Rs 600 per shift for small dumping vehicles.
 - 30 shifts of 11 vehicles of Compactor @ Rs 900 per shift.
 - 52 shifts of GCB dumper @ Rs 5500 per shift.
 - 2000 trips for dumping debris to landfill @ Rs 900 per trip.
 - 17 shifts each for 30 vehicles @ Rs 1300 per shift .

This is 10 crores or 100 million rupees year. Or Rs 13.33 per person in the ward.

Scaling up to a ward:

Exploring how solid waste management strategy of the alliance works in partnership with the City.....

When (after the initial experimentation and strategy development of Mahila Milan, NSDF and Sadaak Chaap) it became evident that communities can participate very strategically in the solid waste management process the next phase of exploration began. It examined how to strengthen and promote composting as a solution of domestic, market and hotel waste which are essentially biodegradable. Composting was a good solution to keeping informal settlements clean, reduces waste which leaves the area so it has the potential of reducing city requirements for landfill, cost of transporting the waste from settlements. Further it is both financially viable, and can encourage more decentralize management of waste and greening of neighborhoods.

All over the city, different communities have begun the process of collection sorting and composting of waste on site. These activities operate as a training, refinement of practice, and become part of the f the zinda misal or live examples of the alliance. The most important learning from these experiences is to see what makes communities sustain practice, what makes the activity break down, and finally, what trouble shooting is needed to restart the process and who is most suitable to do that job. In short we are exploring a very loose and decentralized strategy based on self motivation and practical use and benefit that communities see in the activity.

But now, we move ahead to look at how this experience and strategy can be used to build alliances and partnerships with other actors in the solid waste management process. Some identified actors are: The ward Offices of the Municipality, Hotels Markets, Cooperatives of upper income groups, Environmental groups, and traditional scavengers and waste pickers.

Once again, we see our involvement in Solid Waste Management as a MEANS as well as an END. It is a means to bring communities together to solve something they cannot do by themselves, and hopefully this process can lead to many other collective activities. It is a means to link poor communities and the alliance to the solving of a problem that is plaguing the city, and its a sustainable, decentralized solution which communities can control. It is an END because all urban habitats face increasing crisis about Solid Waste. Creating a solution which is simple, which has universal application, and which makes communities central to the process is a important END!