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SUSTAINABLE DEVELOPMENT OF WATER RESOURCES, WATER SUPPLY AND ENVIRONMENTAL SANITATION

India - Women the Forgotten Half and Sanitation Still Elusive

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The world and its governments have committed to halve the proportion of population who do not have access to safe sanitation by 2010 and yet in their plans and strategies women do not find the rightful positions in leadership and decision making. Woman's role as user and motivator has been well recognized and to some extent exploited, but the core problems which are causes or effects blocking women's access to sanitation could better be addressed if there is sensitive leadership which can sense and address the issues. The village level committees are structured to have appropriate representation for women yet when it comes to women's role in high level decision making bodies it is still a long way to go in terms of representation and participation. This paper highlights the status of women vis-à-vis sanitation and analyses with reference to best practices these challenges can be overcome with women leadership.

Background

ACCESS to sanitation is a basic human right that safeguards health and human dignity and is fundamental to all development. Lack of sanitation is a public health disaster. It consigns nearly 2.4 billion people (WHO), nearly two thirds of them women and children, to live in primeval conditions,

Enhanced sanitation services represent a fundamental step towards improved living standards for all poor people and women in particular. Women in rural India without access to latrines, as in most parts of the world, face many problems when defecating in the open. They lack privacy, need to walk long distances to find a suitable place for defecation and face sexual harassment in these isolated locations, especially at night. In search of privacy women rise early in the morning or wait until night before venturing out into the open. They are effectively prisoners of the daylight. "Holding on" in this way causes health problems, such as urinary tract infections. Many women avoid drinking water, even in the peak of summer, just to reduce the number of visits to the open. This increases health risks manifold. (Gender, Sanitation and Hygiene, GWA, 2006)

Lack of access to sanitation also impacts on girls' attendance and enrolment in schools. Exposing oneself in the open, especially during menstruation, affects women's dignity, and sense of self-worth besides causing infections. These issues are particularly sensitive for adolescent girls.

Sanitation is a crucial issue in relation to HIV / AIDS. Diseases caused by poor water and sanitation undermine the functioning of the immune system, and can accelerate the progression from HIV+ to full-blown AIDS. Lack of sanitation also has huge impacts on the quality of life for care-givers of people with AIDS. In most cases women are the primary care-givers (see www.wsscc.org).

'Why women?' is probably the most obvious question. There are many reasons, beyond the health repercussions of inadequate sanitation, why sanitation is a priority issue for women and girls. In both rural and urban India, women are responsible for all sanitation related activities in the home. Water is critical for effective sanitation and women bear the full burden of domestic water collection. Therefore it is women that face an extra burden of water collection for sanitation if water is not provided with sanitation facilities. Women's sanitation needs are unique, and therefore it is essential that responsive and sensitive policies are formulated and effectively implemented.

This paper analyses the main policies and programmes in India regarding sanitation and explores the role played by women in sanitation. The paper then reviews a number of best practices related to women and sanitation and proposes ways in which these successes can be scaled up to maximize the role of women without adding to their burden. The article has been produced by the authors both as secondary review and hands on experience in the field as both have been associated with the WATSAN sector for a couple of years.

The National Programmes

The Central Rural Sanitation Programme (CRSP) sets the broad guidelines for Rural Sanitation in India in 1986 which was subsidy driven and promoted only one model of sanitation. The restructured CRSP's that is Total Sanitation Campaign (TSC) is being implemented in 594 districts of the country was launched in 1999. The TSC which moved from low to now subsidy and was demand based also recognized sanitation as a critical need of women and a number of the guidelines and implementation processes have been designed to meet women's sanitation needs.

For Urban water supply and Sanitation though there is no nation wide programmes as exists for rural, the Ministry of Urban Development has established the City Challenge Fund and the Pooled-Finance Mechanism to catalyze urban change through active partnership with states and their towns or cities. The Urban Reform Incentive Fund will complement these new initiatives.

Women Sanitary Complexes

Women sanitary complexes are an important component of the TSC¹. These Complexes are supposed to be set up in a place in a village that is acceptable and accessible to women. The TSC guidelines states, *"Village Sanitary Complexes for women can be provided under the Programme. The maintenance of such complexes is very essential and for this purpose the Panchayat should own the responsibility or make alternative arrangements at the village level."*

As at mid March 2006 (GOI estimates), 18% achievement has been made against the target set for women sanitary complexes which is very much behind the planned progress. There is encouraging feed back from a few states on the successful implementation of women complexes. However there are also reported instances where women complexes are constructed without adequate water supply and power for lighting and have been located at sites far away from habitations making these facilities inaccessible to women and dangerous for them to use.

School Toilets

Under TSC separate toilets are provided for girls and boys in all types of Government schools. However the TSC covers only those schools under Government management and the schools under private management are not supported for sanitation. Many such schools cater to the poor rural population and do not have sufficient resources to construct sanitation facilities.

Information, Education & Communication (IEC)

The IEC strategy under TSC is very organized and linked with output. It focuses on both mass campaigns and inter personal communication. Almost all villages covered by TSC have motivators and it has been found that women are the main influencers. The Gender Water Alliance states that "IEC is not gender sensitive. Women are less mobile and literate than men and use different information & communication channels. In sanitation/hygiene education, emphasis is often mainly or only on women. Women (mothers) can influence the practices of young girl and boy children. Influencing the practices of adolescent and adult male relatives is much harder for them and increases the work of women and girls. Education ought also to pay attention to a more equitable division of work and financial cost sharing between the sexes" (Gender, Sanitation and Hygiene, GWA, 2006)

Current status and Challenges

This section captures the general scenario of women and sanitation in India. In sanitation as in many development programmes women have gained recognition as key stake-holders. However unfortunately their role is perceived only at the domestic level – as consumers and beneficiaries in households and communities. Women's equal participation at all levels of decision-making is critical.

At the implementation level, due to the emergence of strong women's collectives there is strong participation from women in sanitation programmes at household and communities' levels. Particularly in the past decade, women's participation and leadership has given great impetus to the sanitation programme. But unfortunately experiences are only few and in isolated pockets, and is no mechanism in place to capture such emerging best practices and disseminate them for replication.

The following are a few areas where there is need for urgent action and, which if addressed appropriately and in time, may act as catalysts for sanitation promotion.

(Wo)Manual scavenging

Manual scavenging involves removing human and animal excreta using brooms, small tin plates, and baskets that are carried on the head. Manual scavenging still continues despite the enactment of legislation in 1993 prohibiting manual scavenging. Estimates suggest that there are about one million manual scavengers in India, 95 percent of which are women. Traditionally, women have been forced to follow this inhuman and undignified occupation (India Stinking – Manual Scavengers in Andhra Pradesh and their Work, 2006).

Where families have departed from traditional scavenging jobs to more dignified labour, they have been denied the Government privileges offered to their community. Manual scavenging is a specific caste occupation and moving out of it is interpreted by Government as an indication that a family is no longer in the vulnerable category. There is a need for caution in women managed sanitation facilities that cleaning should not be restricted to women of a particular caste. If this happens there is a risk of perpetuating caste associated occupation. This cycle needs to be broken and women can show the way

Urban slum women and their sanitation situation

In terms of simple numbers, the need for sanitation is greatest in rural areas. However lack of sanitation is far more alarming in urban areas than in rural regions, mainly because of population density in slums. The proper disposal of human waste is a huge problem in the slums because of a great shortage of latrines and suitable sewage systems. The deplorable sanitation situation in the slums exacerbates the problems of women. In the slums of Mumbai, the lights remain on all night and the city literally never sleeps. The price for this is played out in the lives of millions of women.

Sharing power or mere shifting of workload

Woman in lead roles has proved effective in terms of management, innovation and community based behaviour change. However there is need for caution while planning for women's participation especially in sharing responsibilities and costs. There are subtle shifts in transferring the financial burden to the women groups. Under the premise of community management, these groups are denied the benefits of subsidies, concessions, and other privileges which they deserve.

¹ Women Sanitary Complexes have been replaced by community sanitary complex as per amendment in TSC guidelines in 2004.

Accurate data on slums and their sanitation situation is not available and slums, especially unrecognized slums, are neglected in urban planning. This leads to the neglect of the needs of a large number of women and young girls. There is no systematic plan or commitment from Government for provision of sanitation facilities in urban slum areas and addressing women's sanitation situation.

As successful initiatives advance in year, a number of challenges are emerging, such as the cost of maintenance. These could well be tips of icebergs and by only projecting the success side of these stories we may not take timely corrective steps and run the risk of losing the potential movement leading to women empowerment and sanitation coverage.

The solid waste management and environmental sanitation have succeeded in many instances, but largely in urban middle class or upper class residential areas. Organizations which have been involved in such successful initiative are reluctant to extend services into slums for lack of space and a perception that slum communities will not be willing to pay and therefore it is financially unviable.

Success So Far and Opportunities Women's management and entrepreneurships

In recent years sanitation has thrown open many opportunities for entrepreneurships, especially for women. Management of public sanitation services is a profitable engagement for women's collectives. Women involvement and in managing entrepreneurial activities like owning and operating sanitation production centres, soap making and marketing and sanitary napkin production has also proved successful specially by NGOs, UNICEF, WaterAid etc. Women have shown strong initiative and commitment and innovative best practices have been established. Particularly in the past seven years the women's participation and leadership has given great impetus to the sanitation programme. But these still are islands of success which are yet to be captured in the mainstream. It has been presumed that participation in sanitation programme is automatically positive for women. The possible socio-economic costs involved, given the multitude of other responsibilities women have, are not normally considered.

In a few cities and small towns women complexes have been constructed through local Government or NGO initiatives. SPARC in Pune and GRAMALAYA in Tiruchirappalli are two NGOs that have demonstrated that women can successfully manage sanitation complexes in the urban slums. The women management has led to wider usage and the entire slums becoming open defecation free. The support from Corporation officials is also a vital factor for the success of these initiatives. Despite demonstration of such successes there is no comprehensive Government plan for slum sanitation. (Yojna 2006; WaterAid 2005.)

Self Help Groups and Rooted Advocacy

Women Self Help Groups in many areas have served as the

platform for launching and up scaling sanitation programmes. The thrift and credit programmes managed by these groups have supported the household contribution required by these programmes. In many places SHGs are acting as channels of communication at village level through the following activities. Becoming behaviour change leaders through education and motivation to other women and by living within the community. Woman with only primary school education who used to remain in their houses, are now leaders instrumental in Panchayat level sanitation coverage.

Supply Chains

The Rural Sanitary Marts (RSM) and production centres supported under TSC are normally located at the Block head quarters. This often makes them inaccessible to remote villages and transportation costs add to the cost of the programme. As a result these centres are not as effective as intended both as users of toilets as they are not able to build and also lack of or inadequate sanitation impacts entrepreneurial opportunities for women as mason etc.

Way forward, what can we do?

An important starting point must be the understanding that the women's more equitable involvement in sanitation initiatives should not be restricted to the perception of women as vulnerable, marginalized and victims. Women must be recognised as major stakeholders, actors and change-agents in households, communities and Governments.

Policy Framework

In the arena of policy, sanitation still tends to be clubbed with water supply. The scale and scope of the TSC has demonstrated the need for a separate national policy related to sanitation and hygiene. (GOI, SACOSAN, 2003.) This would create more enabling conditions and a framework to help meet the sanitation targets.

Capacity Building

The best way to do capacity building is in an environment that allows and encourages people to change and improve. The following points could be considered:

- Developing gender-sensitive tools, including genderdisaggregated data,
- Providing training and awareness for senior managers, officials, decision makers and technical staff in Government, Local Institutions and Civil Societies.
- Disseminating successful approaches and models.
- Training to women leaders and other stakeholders in areas of technology, management, lobbying and leveraging.
- Encouraging women led organisations to engage effectively.

Documenting and disseminating best practices

There is need for a structured approach to identify best practices from across the country, document the process involved and disseminate them.

Encouraging women leaders

The sanitation programme in India recognizes women's representation and leadership at local level. Encourage women leaders at all levels, communities, civil societies, local Governments, states and central governments and their representation in decision making bodies of sanitation.

Convergence

There is need for convergence of programmes which work through women. Most of the development programmes work through women institutions and organisations and trained women volunteers. If these programmes could be better coordinated resources would not be wasted and the impact would be greater.

Entrepreneurship opportunities contracting to women's Groups

Women's groups are growing in strength, not just in terms of numbers but in systems of management and accountability also. There are many business opportunities arising in sanitation programmes, such as vermin composting and solid waste management, construction of public and school latrines, management of public latrines, production of sanitary napkins, soap manufacturing, and designing sanitation plans. Women groups can be allotted the sanitation related production, supply chains and the schemes like Rural Sanitary Marts and production units.

Credit and Subsidy targeted at Groups

Women's groups have established their credit worthiness and financial management skills. Where women's groups manage these processes there is wide participation and a high level of transparency in the selection and households receiving subsidies. Currently the groups receive and disburse credit from banks at commercial interests as high as 12% for sanitation. As more and more women groups opt for sanitation credit more demand for sanitation loan which have very short repayment periods.

Women and Technology

Appropriate technologies are important in sanitation programmes, especially to address the needs of women.

Gender sensitive toilets at all work places and schools

Millions of women, from urban office goers to village vegetable vendors have stepped outside their homes, one problem all face, are the absence of facilities for women in the places they visit.

Conclusion with highlights

- 1. There is a need to sensitize on gender top officials, PRI members and women.
- Government should support private managed and resource scarce schools to construct sanitation facilities.
- 3. Greater coordination among departments managing education, health, women development, rural and urban development.
- 4. Involve women in developing and determining technology options.
- Women groups should be given priority when awarding sanitation contracts.
- Accelerated action is needed to convert dry latrines to sanitary latrines and enable the under privileged women to gain alternative livelihood opportunities or be managers of the improved facilities.

- 7. It may be appropriate to make it mandatory to include slums while contracting out the urban solid waste management.
- There is an urgent need for Government to come up with adequate public sanitation facilities for women and girls in urban slums. Successful practices of onsite treatment of sludge through biogas can be adopted.
- 9. Best practices currently remain islands of success. This experience needs to be captured and brought into the mainstream.
- There is need for wide dissemination of information on people's rights and entitlements, when women have this information they can hold local government to account.

Box 1. Women's recommendations to the Second Ministerial Conference on Water in the Netherlands in 2000

(These are reproduced here as all these recommendations are applicable to sanitation too) $% \label{eq:constraint}$

- women should be drawn into consultations at all levels when policy is created; systems developed; and mechanisms designed;
- women's rights to water and to participate in water-related organisations and institutions should be ensured;
- women's knowledge and experience in this field should be acknowledged, developed and better employed;
- women should be encouraged to enter the water management industry at all levels;
- gender training should be offered to all those involved in water supply and management
- annual water audits, based on gender disaggregated data, should be published each year etc.

References

Ramaswamy, Gita, 2006, India Stinking–Manual Scavengers in Andhra Pradesh and their Work, Navayana Publishing. Pondicherry, India.

- Shipra Saxena and Anjal Prakash. 2006, *Sanitation and Health*, Yojana. June 6, 2006, (can be sourced at http://www.publicationsdivision. nic.in/j_show.asp?id=24)
- WaterAid India, 2005, Drinking Water and Sanitation Status in India: Coverage, Financing and Emerging Concerns. WaterAid. New Delhi.
- Government of India, 2004, Revised TSC Guidelines. Department of Drinking Water Supply. Government of India. New Delhi. Sourced at http://ddws.nic.in/TSCguidelines.pdf
- Government of India, (March) 2006, TSC online monitoring. Department of Drinking Water Supply. Government of India. New Delhi. Sourced at http://ddws.nic.in/prog_tsc.htm
- SACOSAN, 2003, The Dhaka Declaration on Sanitation. South Asian Conference on Sanitation. Oct 21-23, Dhaka. Sourced at http://www. environment.gov.pk/sacosan-2005/PDF/Dhaka Declaration.PDF
- Government of India, 2003, SACOSAN. Towards Total Sanitation and Hygiene A challenge for India, New Delhi
- WSSCC, 2006, Report of the Workshop on Women and Sanitation. Water and Sanitation Collaborative Council. New Delhi. Sourced at http://www.wsscc.org/news/Create_effective_demand.php
- Maharaj, Niala, 2000, Gender 21: Women's recommendations to the 2nd ministerial conference on water. International Information Centre and Archives for the Women's Movement (IIAV). Netherlands. Sourced at http://www.iiav.nl/nl/ic/water/water_recommendationsen.html#foreword
- WHO, 2004, World Water Day Report: Water and Disaster – The role of World Health Organsiation, Sourced at http://66.102.7.104/search?q=cache:f9-SQGG26k4J: www.who.int/water_sanitation_health/wwd2004fs/en/ +Lack+of+sanitation+is+a+public+health+disaster&hl=en&gl=in &ct=clnk&cd=1