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DISCUSSION PAPER

HOW GENDER-RESPONSIVE ARE INDIA'S WASH POLICIES?

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ABSTRACT

Despite carrying the disproportionate burden of poor Water, Sanitation and Hygiene (WASH) services, women are often excluded from policy planning and implementation efforts. Policies and programmes in WASH must not only be gender-sensitive, but also challenge gender norms, power inequities, and empower women to drive social transformation. In this context, this paper assesses how gender-responsive are India's WASH policies and makes recommendations to address certain shortcomings.

INTRODUCTION

Typically, the household responsibilities of providing clean drinking water, proper sanitation and hygiene provisions to families fall on women and girls. These 'care' activities — including cooking, cleaning, caring for children, ill and elderly — often impede the progress of women that good education, health, income-earning capabilities, and socio-cultural participation can help them accomplish.

More than 50% of the Indian population do not have access to safely managed drinking water (UNICEF). Moreover, 42% of rural households travel every day to fetch drinking water, out of which 10.5% spend more than 30 minutes daily (Kapil 2019). Studies show that women and girls are burdened with the responsibility of walking miles to fetch water; furthermore, young girls do not enrol in or drop out of school to help their mothers in this task (Singh et al. 2020).

According to the 'State of World's Toilets' report, 732 million people lacked access to basic sanitation in India in 2017 - the highest in the world (WaterAid 2017: 16). For those girls who are attending school, 23% drop out on reaching puberty because of their inability to access menstrual hygiene products and clean toilets and water (Dasra 2015: 15). In urban India, the absence of toilets or the presence of unhygienic and poorly-designed toilets restrict women from joining the workforce or continuing their employment (Ratho 2018). Figure 1 shows results from a Rapid Survey on Gender Norms, Sanitation and Hygiene conducted in 2016.

Besides the loss of education and opportunities to earn an income, women become particularly vulnerable to violence and sexual harassment when they have to travel long distances to fetch water, use public toilets,

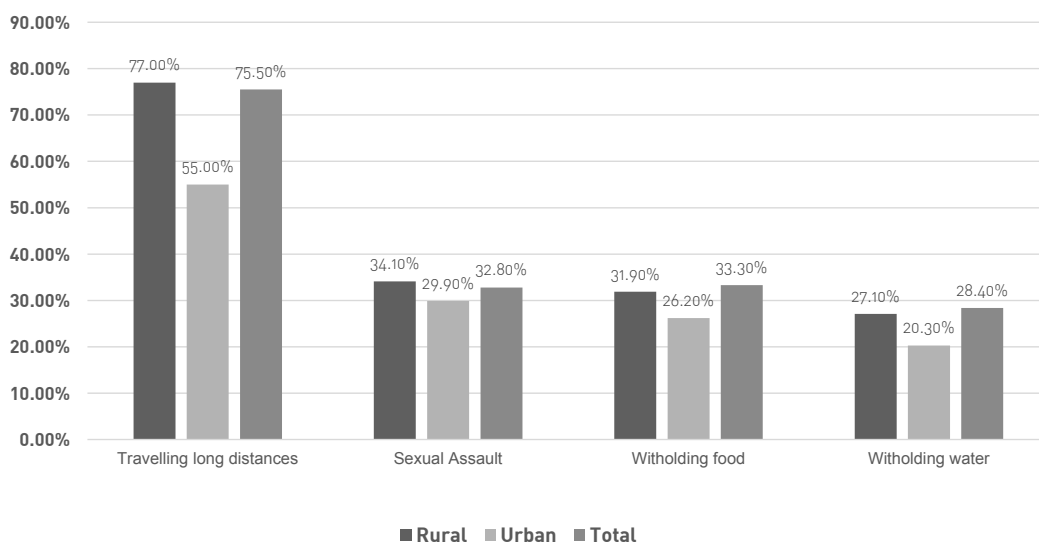


Figure 1: Potential Consequences of Not Having Toilets for Women
Source: Economic Survey 2016-17

and practice open defecation. Studies show that women who practise open defecation are more likely to face non-partner sexual violence than those who have in-house sanitation facilities (Jadhav et al. 2016: 9).

The repercussions of inadequate WASH services on the health of women are significant (WaterAid 2013: 10). Illnesses associated with lack of water, basic sanitation and hygiene are the fifth biggest cause of female deaths in the world (Callister 2017). With functional toilets in only 19.2% of labour rooms and 3.2% of post-natal care wards (UNICEF n.d.), Indian women are prone to sepsis. In fact, India has the second-highest sepsis death rate in the world (Belagere 2020). Consequently, the neonatal mortality rate was 30 deaths per 1,000 live births (Ministry of Health and Family Welfare 2016) and the maternal mortality rate was 130 deaths per 100,000 live births in 2014-16 (NITI Aayog).

The substandard WASH services are also a significant contributor to child and infant mortality in India. In 2019, on an average, three infants under the age of five died every 2 minutes - the highest in the world (UNICEF 2020: 42). India also bears the highest under-5 pneumonia and diarrhoea burden with 9.3 deaths per 1,000 live births - both diseases being directly connected to poor sanitation and hygiene (John Hopkins Bloomberg School of Public Health 2019: 3). Such illnesses, when occurring regularly, also lead to undernutrition, stunting, and wasting.

Barriers to Women's Participation in Water Supply, Sanitation and Hygiene

Social norms, patriarchy, and gender stereotypes play a crucial role in keeping women out of decision-making roles. In patrilineal societies, women do not own land rights and water rights, which shrinks their bargaining power in households and the community, while men assume most decision-making roles in both domestic matters and, village groups and committees. A woman is also unable to make the best decisions about her health and that of her children. In light of these structural aspects, it is tough for women to participate actively in WASH programmes (Khandker 2020: 3). Nevertheless, evidence from across the world and India point towards the far-reaching benefits of women's participation in WASH.

ASSESSING GENDER-RESPON- SIVENESS OF WASH POLICIES IN INDIA

India has undertaken several policies for improved sanitation, clean drinking water, and menstrual hygiene, each focusing on different aspects of WASH. However, what is lacking is an umbrella WASH policy that can build synergy between independent schemes and collectively work towards a common goal. This section applies the 'Gender Responsive Assessment Scale' developed by the World Health Organisation (WHO) to evaluate those policies and programmes on a

five-point scale: Gender-unequal: 1, Gender-blind: 2, Gender-sensitive: 3, Gender-specific: 4 and Gender-transformative: 5 (WHO).

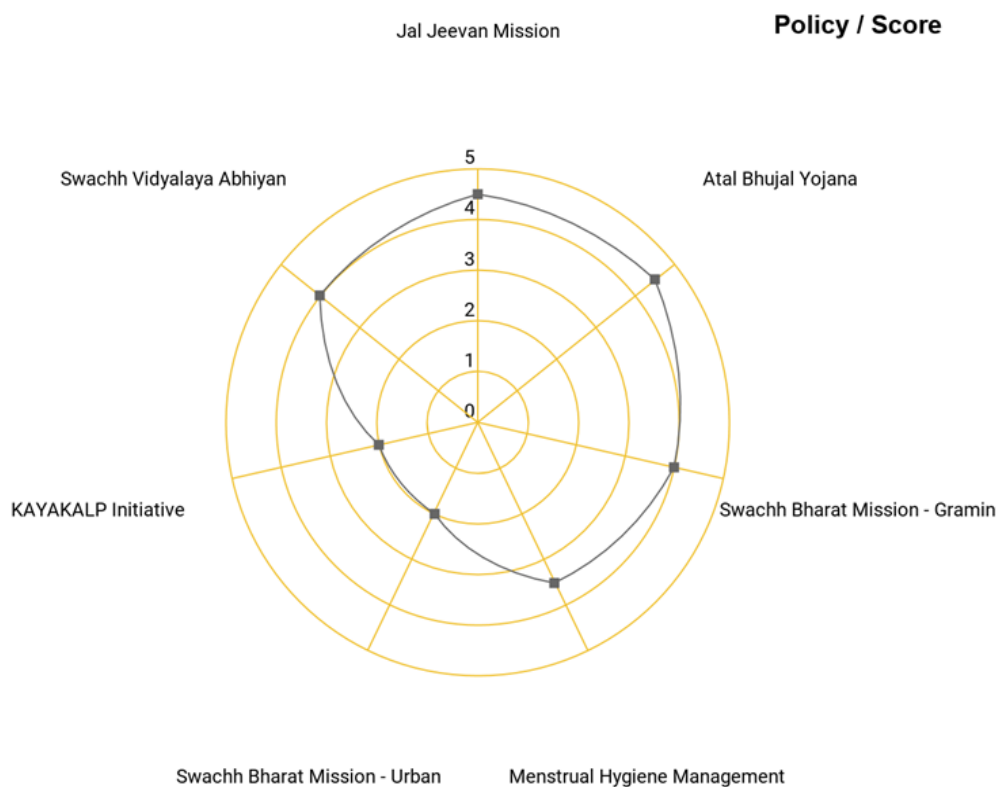


Figure 2: Gender responsiveness of WASH policies

Jal Jeevan Mission (JJM)

The Government of India restructured and subsumed the National Rural Drinking Water Programme (NRDWP) into the Jal Jeevan Mission (JJM) in 2019. The policy aims to ensure affordable and adequate drinking water supply through Functional Household Tap Connections (FHTC) to every rural household by 2024 with a service level¹ of 55 litres per capita per day (Jal Jeevan Mission n.d.).

The JJM guidelines released in 2019 recognise the challenges faced by women and girls due to the unavailability of water and notes that the provision of tap water connections to households will relieve women and girls of the struggle of walking miles to fetch water, alleviating 'time poverty'². It emphasises on the role of women to lead and participate in JJM activities, especially at the village level - women are required to constitute 50% of the Village Water and Sanitation Committees. The 'Swajal' programme, under JJM, comprises a Women's Development Initiative (WDI) designed to upskill them, improve their income-earning capabilities and connect them to the market, through help from Support Organisations (Ministry of Drinking Water and Sanitation 2018: 16).

About 19% of the rural population had been provided FHTCs by 31 December 2019. However, habitations with less than 25% of the population having access to safe drinking water were granted lower priority in coverage than other categories (Kapur et al. 2020: 9). This indicates that water-stressed regions continue to

¹ service level is the service that users receive in terms of water quality - here, 55 lpcd

² Time poverty refers to the lack of time for personal recreation or leisure due to long working hours. In the case of women, it indicates the shortage of time due to domestic chores or care activities that take up most of their hours.

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(Ministry of Drinking Water and Sanitation 2018: 16)



Photograph by Department of Foreign Affairs and Trade

suffer, and so do women and girls in those regions. Nevertheless, the JJM presents a unique opportunity to undertake gender-transformation in rural India through promoting women's leadership.

Atal Bhujal Yojana

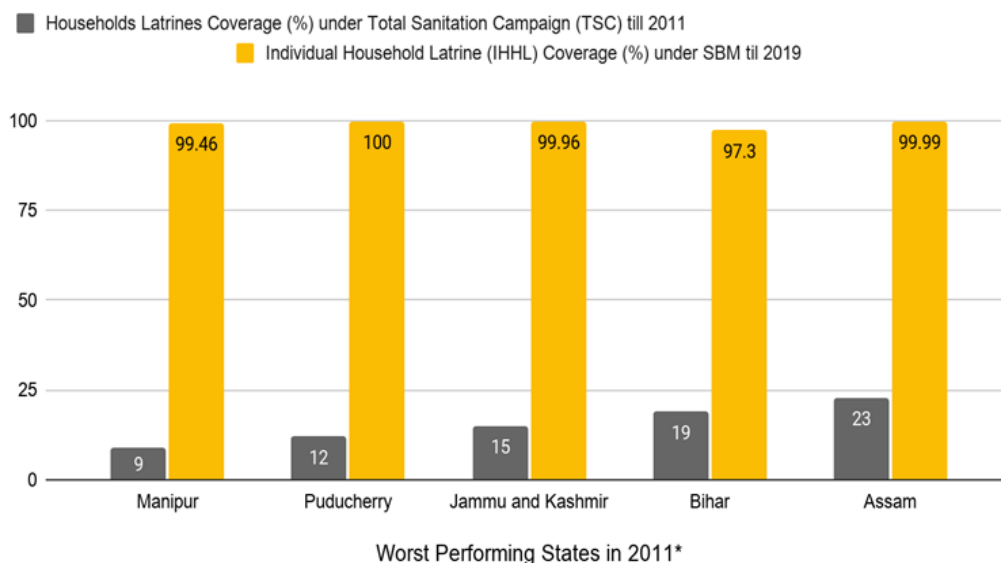
Launched in December 2019, Atal Bhujal Yojana aims for sustainable groundwater management and behaviour change through community-led initiatives by local communities and stakeholders in select water-stressed areas in Gujarat, Haryana, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, and Uttar Pradesh (Ministry of Jal Shakti 2020).

The gender strategy for the policy tracks the participation of women in the scheme. It requires the presence of 33% female members in Water Use Associations (WUA) at the Gram Panchayat level, to allow holistic participation of women in water budgeting, water security planning, and monitoring implementation progress. Apart from providing training, gender issues are also addressed in meetings of WUAs. Women members of Self-help Groups (SHGs) are also required to constitute a substantial number of Water Management Committees (WMC) (Ministry of Jal Shakti 2020: 61).

Although the on-ground gender transformation is yet to pan out, evidence indicates that women's participation in resource management improves their bargaining power and leadership skills while upholding more efficient water use (Kevany et al. 2013: 59).

Swachh Bharat Mission - Gramin (SBM-G)

The Swachh Bharat Mission (SBM) or Clean India Mission was launched in 2014 to achieve universal sanitation coverage in India, and more than 100 million toilets have been built since (Ministry of Jal Shakti n.d.). Figure 2 depicts the superior performance of SBM in household latrine coverage as a percentage of the target when compared to the Total Sanitation Campaign (TSC) — that was in effect since 1999 aiming to achieve universal rural sanitation coverage by 2012 — across the worst-performing states in 2011.



*Excluded Dadra & Nagar Haveli due to unavailability of data

Figure 3: Household Latrines Coverage under TSC vs SBM

Source: Swachh Bharat Mission (Grameen); Water and Sanitation Programme

The mission through its 'Gender Guidelines' recognises the importance of adequate sanitation and menstrual hygiene management for women's health, privacy, safety, and socio-economic outcomes. It requires the active participation of women not only in campaigns but also as leaders constituting 50% of the Village Water and Sanitation Committees (VWSC). The Information, Education, Communication (IEC) campaigns are targeted not only towards women but also men, to challenge gender stereotypes. It also encourages women to work as masons to help in toilet construction, adolescent girls to raise awareness on menstrual health management in their communities, and men to participate in maintaining toilets.

The programme has also incorporated trained foot soldiers, or swachhagrahis, mostly women, from self-help groups, Accredited Social Health Activist (ASHA) workers, and other community-based organisations who motivate improved sanitation practices in their villages. Numerous examples show that they have worked hard towards achieving the Open-Defecation Free (ODF) status in their villages (Ministry of Drinking Water and Sanitation 2018: 12). In Jharkhand, 1.5 million women led a hygiene campaign and constructed 1.7 lakh toilets in less than a month (Ahuja 2018).

Although India was declared ODF in 2019, several reports indicate the persistence of open-defecation in ODF regions, defunct toilets and discrepancy between the SBM administrative data and National Sample Survey data (Alexander 2019). There have also been reports of non-payment of wages to swachhagrahis (Jyoti 2018). If such policy implementation gaps are not bridged, regions with poor sanitation and lack of adequate toilets will continue to fail their women.

Menstrual Hygiene Management (MHM)

Drawing direction from the SBM-G, the Ministry of Drinking Water and Sanitation issued guidelines for MHM in 2017, to aid adolescent girls in understanding menstruation, its hygienic management and, making schools and communities MHM-friendly. The guidelines provide a well-defined MHM framework that incorporates IEC initiatives, better WASH infrastructure, availability and safe disposal of menstrual absorbents, and participation of communities and schools, to make adolescent girls capable of continuing their education and ending the taboo around menstruation. It also brings together various Ministries to collectively take action towards the cause (Menstrual Hygiene Management 2015: 1).

However, MHM is still recognised as one of the least prioritised components of SBM-G. On the Lok Sabha question of allocation of funds to the MHM component of SBM-G, the Ministry of Drinking Water and Sanitation answered that they do not release component-wise funds and do not have any monitoring mechanism in place (Lok Sabha 2017). Ground reports show that knowledge of proper menstrual hygiene practices is still lacking. Girls have access to sanitary napkins as long as they are provided with the same from the school and later, stop using them because of non-affordability or non-availability. Even though ASHA workers continue to raise awareness, there are cases where 80% of women and girls in villages continue to practice unhygienic MHM (101 Reporters 2019).

Swachh Bharat Mission - Urban (SBM-U)

This mission is the urban counterpart of SBM-G, and it too aims to achieve similar goals of universal hygiene, sanitation, and waste management. The key areas include the elimination of open defecation, eradication of manual scavenging, modern municipal solid waste management, and awareness building.

About 6.2 million individual household toilets and 0.6 million community and public toilets have been constructed across India till date (Ministry of Housing and Urban Affairs n.d.).

Although the SBM-Gramin has tried to be gender-transformative while recognising the burden of poor sanitation on women, SBM-U seems to have left that out entirely. The only gender sensitive point included in the guidelines for SBM-U is that “adequate provision for separate toilets and bathing facilities for men, women and the physically disabled” must be ensured.

This can be problematic. In 2018, 35.2% of India's urban population was living in slums, and with the ever-increasing urban population, this is only going to rise (World Bank Data). Urban slums with poor sanitation, privacy, and infrastructure pose several challenges for women. Since females mostly use community toilet complexes or public toilets — often located on the outskirts of the slum within 1-2 km radius — they are prone to harassment and violence. These privacy and safety concerns are magnified in the evenings and late nights. The paucity of clean and separate toilets for women in the urban working landscape can discourage and restrict women from joining the workforce, in addition to several factors that already hinder their labour force participation (Ratho 2018). The toilets are also poorly maintained and lack water connection and proper waste disposal methods. To arrange water for household use, women and girls need to stand in long queues to collect it from the water tankers (Chakravarthy 2019: 149).

Swachh Vidyalaya Abhiyan

The Swachh Vidyalaya or Clean India: Clean Schools campaign under SBM has recognised separate toilets and clean water in schools as crucial to a girl's education. It provides for barrier-free access to clean toilets and clean drinking water for all children. The programme includes education on menstrual hygiene management, sanitation, and handwashing (Ministry of Human Resource Development 2014: 1). There have been significant improvements in sanitation and clean water availability post this campaign. However, some problems remain.

In 15% of schools assessed by WaterAid, drinking water was not safe, and half of them lacked a water storage facility. While 95% of the schools had functional toilets, these toilets were locked in 39% schools and some students were still defecating in the open. A third of the schools had no running water for handwashing, and only about 20% of schools assessed had “some facility for girls to manage their menses” (WaterAid 2016: 10).

Kayakalp Initiative

This initiative was launched by the Ministry of Health and Family Welfare to supplement the efforts of SBM. It aims to promote cleanliness, hygiene and infection control in public health facilities, encourages regular performance assessment and peer reviews, and develops sustainable cleanliness practices to improve health outcomes. The scheme also recognises and awards the best-performing public health facilities (Ministry of Health and Family Welfare 2015: 5). However, although the guidelines mention the cleaning of toilets and labour rooms, the gender dimension is not considered.

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POLICY RECOMMENDATIONS

The COVID-19 pandemic has made hand hygiene crucial for disease prevention, and this has led to WASH gaining greater importance in households, schools, health facilities, and communities. It is evident that inadequate WASH services disproportionately burden women, and

policy framing and implementation must recognise the experiences, needs, and barriers faced by women and girls.

The best way to achieve this is through involving women in designing, planning, and implementing WASH programmes - something that many of India's WASH policies are attempting to undertake. Such participation leads to greater transparency and accountability of projects. It also empowers women by granting them decision-making positions in their communities and opportunities to contribute to their family income. Case studies from across the world and India show that this helps in decreasing dropout rates from school, increasing school attendance, improving literacy rates and health outcomes, ensuring greater privacy and dignity, and reducing child mortality and the risk of harassment and violence (UNICEF 2006: 22). Hence, women's participation in WASH services benefits not only them but also their families and entire communities.

1. Integrate existing policies into a single WASH policy for India

While it's notable that policies such as the Jal Jeevan Mission and Kayakalp scheme are recognised as being in tandem with the Swachh Bharat Mission, the convergence of these policies under the umbrella of WASH would provide the synergy and holistic implementation that India's WASH sector needs.

2. Train swachhagrahis for wider communication and ensure timely wage payments

The network and reach of swachhagrahis must be utilised beyond the basic sanitation and toilet construction concerns. They must be trained to propagate gender-sensitive IEC, promote women's access to toilets, and build more gender-friendly toilets, to challenge certain social norms in practice (Karthykeyan 2020). It must be ensured that due wages are paid to them on time as per the swachhagrahi guidelines.

3. WASH in schools: Amplify the policy focus on Menstrual Hygiene Management

The availability of separate functional toilets for girls and boys and adequate handwashing stations needs to increase. The installation of water purification systems and storage of water in clean containers will ensure clean water supply throughout the year (WaterAid 2016: 44).

The schools must have adequate MHM infrastructure, which includes private spaces, clean water supply, and waste disposal facilities. Along with teaching MHM to girls, the students must also be taught to wash their hands after toilet use and before mid-day meals. The school management committees (SMC) must ensure that WASH services and awareness are maintained (WaterAid 2016: 45).

The local self-governments and authorities must ensure women's leadership to eliminate the taboo around menstruation and gender-inclusive decision making. The use of cheaper and sustainable options for MHM must be encouraged. The government can incentivise and support grassroots entrepreneurs to scale

production and distribution of their biodegradable menstrual hygiene products, to maintain a stable supply even for last-mile populations (Bhattacharjee 2017).

4. Swachh Bharat Mission (Urban) needs to be sensitive towards women in urban slums

It is crucial that designers of public toilets or community toilet complexes are cognisant of factors like privacy, hours of availability, distance from the residential areas, design of toilets that can impact women and girls, and employ innovation in building gender-sensitive structures (Karthikeyan 2020). This will require sufficient initiative from the government's end.

SBM-U must also incorporate WASH considerations in the public spaces and workplaces. Ratho (2018) argues that to ensure the right to hygiene and sanitation, licenses for setting up shops, factories or workspaces must be issued only if women-friendly toilets are available, irrespective of whether women are employed or not. The government must pursue urban sanitary infrastructure with due rigour and monitor compliance efficiently (ibid).

5. WASH in health facilities must be gender-sensitive

WASH policies in health facilities must integrate the special needs of women and children, which includes safe, hygienic and accessible health centres and functional toilets. The Kayakalp Awards must include 'gender-inclusive infrastructure' as a metric in assessing health facilities for their health environment. Monitoring systems must be set up to track WASH performance of health facilities and its impact on health outcomes of women and girls (WaterAid 2018).

6. Develop a 'Gender Tracking' system and favourable ecosystem for change

Even while WASH policies are gender-sensitive or gender-transformative in their design and planning, they fail to measure the gendered impact of the policy. Most evidence available is anecdotal, and there is no quantitative data or monitoring to depict where the policy stands on bridging the gender gap. Policies must employ gender analysis tools to develop a framework for such measurement and integrate it with the Management Information System (MIS) or mobile apps to track progress on gendered outcomes (Karthikeyan 2020).

To create an ecosystem for gender transformation, it's crucial for WASH policies to go beyond gender sensitivity and address the causes of gender inequality and bring forth positive changes in the power dynamics between women and men.

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