Right to Sanitation Campaign

The right to sanitation (RtS) campaign emerged from the need to establish a legally enforceable right on sanitation that provides every citizen the right to safe and hygienic conditions to lead a dignified life, especially the marginalised sections of the society. The campaign is embedded in the core principles of equity, justice and dignity and believes in securing the right through a democratic, decentralised and secular process. The RtS campaign began in 2013, which includes organisations and individuals from both WASH and non-WASH sectors. The participating organisations bring different kinds of resources to the campaign according to their capacities, like critical mass, knowledge, finance and solidarity. The campaign is guided by the National Campaign Coordination Team (NCCT), which meets regularly to discuss and take the activities of the campaign forward. Over the two years, the campaign actions and participation have been consistent in 16 states of India. These include Delhi, Punjab, Haryana, Bihar, Jharkhand, Uttar Pradesh, Odisha, Andhra Pradesh, Telengena, Tamil Nadu, Kerala, Karnataka, Maharashtra, Gujarat, Madhya Pradesh and Chhattisgarh. The RtS campaign also organised a large convention on sanitation in March 2014 in Delhi that mobilised large number of people from different parts of the country. As part of this convention, Forum published short policy briefs on the content of right to sanitation, sanitation from the perspective of homeless people in the urban areas, Adivasis and physically challenged persons. The second all India convention on right to sanitation, was held on 19 March, 2015 in New Delhi as a part of the World Water Day Programme in India. More than 300 elected representatives from the Panchayati Raj Institutions and Urban Local Bodies from 14 states and three Members of Parliament along with support organizations and people working on the issues participated in the convention.

The RtS campaign sees sanitation in India as a process of regeneration of the environment by disposing and managing human waste of all types in a way that makes it fit for human habitation. Therefore, establishing RtS in India must necessarily focus on, 1) ensuring no human being is manually involved in the management of human waste, 2) ensuring health and environmental safety, 3) ensuring appropriate infrastructure and resources for access to sanitation facilities and 4) ensuring that these infrastructures are created in accordance with geographical, environmental conditions and specific needs of the different sections of the Indian society. The RtS campaign is an effort to commit and implement the right to sanitation, not only in making the country open defecation free, but approaching towards sanitation in a holistic and sustainable manner.

The Forum and Its Work

The Forum (Forum for Policy Dialogue on Water Conflicts in India) is a dynamic initiative of individuals and institutions that has been in existence for the last ten years. Initiated by a handful of organisations that had come together to document conflicts and supported by World Wide Fund for Nature (WWF), it has now more than 200 individuals and organisations attached to it. The Forum has completed two phases of its work, the first centring on documentation, which also saw the publication of 'Water Conflicts in India: A Million Revolts in the Making', and the second phase where conflict documentation, conflict resolution and prevention were the core activities. Presently, the Forum is in its third phase where the emphasis is on backstopping conflict resolution. Apart from the core activities like documentation, capacity building, dissemination and outreach, the Forum would be intensively involved in right to water and sanitation, agriculture and industrial water use, environmental flows in the context of river basin management and groundwater as part of its thematic work. The right to water and sanitation component is funded by WaterAid India, Delhi. Arghyam Trust, Bangalore, which also funded the second phase, continues its funding for the Forum's work in its third phase also.

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FORUM FOR POLICY DIALOGUE ON WATER CONFLICTS IN INDIA

Right to Sanitation:
A Gender Perspective

Introduction

"In a world where 2.5 billion persons lack adequate sanitation, where menstruation is often stigmatizes, and women face multiple forms of discrimination, the failure to take immediate action to guarantee their right to water, sanitation and hygiene poses dire consequences. It demands the attention, not just of the human rights community, but of health professionals, governments, activists, economists and broader society."[1]

Access to clean water and basic sanitation is essential not only for an individual's well-being, but also for achieving gender equality, sustainable development and poverty alleviation.[2] According to UN Water, access to safe drinking water and adequate sanitation services is not only vital to human health but has other important benefits ranging from the easily identifiable and quantifiable (costs avoided, time saved) to the more intangible (convenience, well-being, dignity, privacy and safety)[3]. In 2010, the United Nations General Assembly explicitly recognised the human right to safe drinking water and sanitation, and the Human Rights Council reaffirmed this recognition. The United Nations Special Rapporteur on the Human Right to Safe Drinking Water and Sanitation (appointed in November 2014) has received repeated requests from States (both, national and local), service providers, regulators and others, to provide guidance and to clarify what this human right would imply for their work and activities. In fact, this recognition has given an increased visibility to the water, sanitation and hygiene sector, and many sector professionals see 'human rights' as an opportunity to raise political support for these essential services.[4] In fact in a recently held, 'Thematic Debate of the General Assembly: Water, Sanitation and Sustainable Energy in the Post-2015 Development Agenda', The UN Special Rapporteur on the Human Right to Safe Drinking Water and Sanitation stressed the need for elimination of inequalities as the main objective of water and sanitation services.[5]

Since 1990, over one billion people across the world have gained access to improved drinking water supply and sanitation services. However, there are still 2.5 billion people who do not have sanitation facilities, and 1.1 billion people are still using water from unimproved sources (UN, 2014).

With this global background, in India today, 597 million people still practice open defecation, 792 million do not have access to improved sanitation facilities and 92 million people do not have access to improved water sources (WHO and UNICEF, 2014). In fact, about 69% of the rural population and 18% of the urban population continues to defecate in the open, and India accounts for about 58% of the world's open defecation (ibid). Only 31% of the 167 million rural households have access to tap water and domestic toilets. Only 70.6 % from 78,865,937 have access to tap water in urban India. Of this population that lacks access to improved sanitation across urban and rural India, 70% constitute women (Census, 2011). More than three to four million Indians die annually due to water, sanitation and hygiene-related problems.

Studies show that along with social, gender-based, health and environmental impacts, inadequate sanitation causes considerable economic losses including costs associated with death and disease, accessing and treating water, plus losses in education, productivity, time and tourism. Premature mortality, other health-related impacts of inadequate sanitation which lead to productive time lost to access sanitation facilities or sites for defecation and, drinking water-related impacts have also been analyzed in such studies (WSP, 2011).

Research and experience on the ground show that poor hygiene, lack of sanitation and water quality exacerbates poverty by reducing productivity and elevating health costs. What is however not so visible are the gender-based impacts, despite the fact that it is women, children (especially girls), displaced, poor and other marginalised people whose well-being, health, productivity and opportunities are affected the most. And even more adversely affected among women and girls are those who are, physically/ mentally challenged, elderly, displaced, homeless and marginalized.

1 *In the words of Craig Mokhiber, Chief of the UN Human Rights Office, Development and Economic and Social Issues Branch, as quoted in Every woman's right to water, sanitation and hygiene, March 2014. Available at, http://www.ohchr.org/EN/NewsEvents/Pages/Everywomansrighttowatersanitationandhygiene.aspx (last accessed on November 24, 2014)*

2 *UN Water, "Gender, Water and Sanitation: A Policy Brief", Inter-agency Task Force on Gender and Water (GWTF), a sub-programme of both UN-Water and the Interagency Network on Women and Gender Equality (IANWGE) in support of the International Decade for Action, 'Water for Life,' 2005–2015*

3 *Joint Monitoring Programme for Water Supply and Sanitation, 2013 Update; World Water Assessment Programme, 2009 as cited on http://www.unwater.org/topics/water-sanitation-and-hygiene/en/*

4 *http://www.ohchr.org/EN/Issues/WaterAndSanitation/SRWater/Pages/Handbook.aspx*

5 *http://www.un.org/en/ga/president/68/pdf/sts/WSSE_Agenda2142014-1.pdf*

In a majority of societies, women have the primary responsibility for management of household water needs, sanitation and hygiene. Women also take the main responsibility for socializing children into the use of latrines and for providing health/ hygiene education to children (Hannan and Andersson, 2001). It is often women, who spend considerable time in cleaning their homes, kitchens and toilets and in the disposal of waste, who ensure the health and well-being of family members in the household. In 76% of households worldwide, women and girls are responsible for collecting water (WHO and UNICEF, 2010).

Since women carry the burden and responsibility of Water, Sanitation And Hygiene (WASH) management, lack of adequate facilities accentuate these tasks, while simultaneously, adding to health and security concerns for themselves and their children (especially girl children). Accessible and affordable water, sanitation and hygiene services will not only benefit women and girls by reducing time spent in management of these requirements, but will also improve their productivity, health and access to diverse social, educational, economic and political opportunities. At the same time, it will lead to further benefits of decreased poverty and disease, and thus contribute to the economic and social development of communities and nations around the world.

The Terminology

Gender is a concept that refers to socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate, and ascribes to women and men. These distinct roles and the (power) relations between women and men give rise to gender inequalities where one group (usually men) are systematically favoured and holds advantages over another (usually women). Inequality in the position of men and women can, and has, worked against societies' progress as a whole. Class, caste, ethnicity, culture, age, sexuality, disability, religion and urban/ rural contexts are also important underlying factors contributing to power differences, which play a major role in the way gender relations and responsibilities are constructed and played out in society. What is important to note is that gender is socially constructed; gender relations are contextually specific and often change in response to altering circumstances (Moser, 1993). Patriarchy as an ideology works in perpetuating and discriminating women in terms of their unequal access to and control over decisions, income, assets, natural and manmade resources as well as knowledge. Therefore interventions that are sensitive to the differing situations and needs of women and girls and other marginalised people can be effective in challenging these power differences and promoting gender equality.

Gender equality is the equal visibility, opportunities and participation of women and men in all spheres of public and private life; often guided by a vision of human rights, which incorporates acceptance of the equal and inalienable rights of women and men. Gender equality is not only crucial for the well-being and development of individuals, but also for the evolution of societies and the development of countries. However, common societal practices, that determine men as property owners, heads of households and main decision makers in the public sphere, often result in marginalising access to resources, views and preferences of women and girls. Despite important progress towards gender equality (e.g. regarding universal school enrolment, women's access to the labour market, and women gaining political ground), gender inequality is one of the most pervasive forms of inequality worldwide (UNDP 2005; UNFPA 2005; UN 2007).

Water, Sanitation and Hygiene (WASH) or Water and Sanitation (WATSAN) services and rights include, access to clean water for drinking, bathing, washing and cleaning; access to clean and safe toilets at home, schools and in public spaces, toilets with basic sewage and drainage systems and waste disposal. Further, availability of electricity, cleaning and washing materials after using the toilet and for menstrual hygiene, are all basic needs for sanitation and hygiene, and need to be accessible to all.

Detailed, standard definitions and indicators have been developed by 'UN Water' to support effective monitoring of WASH targets. These specify the maximum time that should be spent collecting water, the minimum quality of water needed, and the safe management of these services. The definition of sanitation specifies which types of sanitation are acceptable, how many people could share a sanitation facility and arrangements for disposal of excreta. The definition of hygiene specifies standards for hand washing and menstrual hygiene management facilities.

Source: UN Water (2014) – A Post-2015 Global Goal for Water - Synthesis of key findings and recommendations from UN-Water. Available at, http://www.un.org/waterforlifedecade/pdf/27_01_2014_un-water_paper_on_a_post2015_global_goal_for_water.pdf

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Gender (In) Access to Water, Sanitation and Hygiene

> *"We do not have water, toilets are a distant dream.*
> *There are heaps of garbage near where we cook.*
> *Who decided that our lanes would look like this?*
> *Who listens to us when our cities are made?"*[6]

Different voices of women and girls across India– similar realities, same experiences

When there is a dearth of water and sanitation services, it is the women who suffer and have to find ways to manage and access what is available for them and their families. Women, girls and children are most vulnerable to the negative effects of the lack of WASH services – – ill-health, reduction in productive and positive activities such as livelihood, education, leisure and entertainment etc., and susceptibility to sexual harassment and violence. From a girl child rights perspective, it is against the concept of human dignity and well-being, that girls in some parts of the world have to face a lifetime of discomfort, lack of privacy, indignity, ill-health and other associated risks, when they are forced to urinate and defecate in open sites. Often these are away from the community and accessible only at specific limited times.[7] Added to these are issues of class, caste, ethnicity, age, and region which create multiple vulnerabilities for women and girls in their access to, and use of, sanitary services.

In most societies, including in India, women are key managers, promoters, educators and leaders of home and community-based sanitation practices. The provision of hygiene and sanitation facilities is considered a woman's task at the family or community level. However, women's concerns are rarely addressed in policy and practice terms, when planning and implementing WASH services. Along with societal barriers, the lack of a gender lens at the policy level often restricts women's participation in decision-making processes regarding clean water, infrastructure and hygiene facilities as part of sanitation programmes.

This lack of recognition of women's needs and involvement is due to the fact that in India, as in many other countries, women's views — as opposed to those of men — are systematically under-represented in decision-making bodies. However in the case of WASH this lack of recognition of women's roles is even more regrettable.

As with most household related work, all the hard work that women do around WASH gets categorized as 'care or nurture' – little realizing its important contribution to production. In fact, none of this 'un-recognised' and 'unpaid' work translates into any significant gain for women, in terms of either access to resources, or the decision-making processes around them.

Due to women's low social and economic status in Indian society, they have less access to many basic amenities and rights. One of the most observable divides between women and men is the access to, and control over, water, sanitation and hygiene facilities. This lack of control and access can be linked to the fact that most resources and property, especially housing and land, are owned and controlled by men, and almost all asset and money-related decisions are made by men as 'heads' of the family. Women who are poor, rural, displaced, urban slum dwellers, single, elderly and physically and/or mentally challenged are even more disadvantaged in their access to, and control over, resources and services including WASH, and, this in turn, can lead them further into the trap of poverty, ill-health and deprivation.

Research shows that, in the cash-dependent economy of urban slums, gendered identities closely determine sanitation privileges. In general, it is mostly adolescent boys and girls and adult men who "can" invest in the resources and time, to look and feel clean. However, there are no simple divisions between women and men. For example, earning, unmarried daughters can claim, and spend a part of their salary on (perfumed) soap, cotton rags (bought from tailors) and cotton pads (for use as sanitary towels), and hair oil, etc. Daughters-in-law of the same age, who are generally not allowed to work outside the house, especially if they are recently married, cannot make the same demands and must rely on the "individual thoughtfulness" of their husbands. Age and disability have significant impacts on staying clean. The inability to earn and contribute to the family income, being abandoned by children and/or saddled with grandchildren, means that the elderly not only lack appropriate sanitation services but often can ill-afford even the most basic of their sanitation needs.

6 *Voices of women living in resettlement slums in Delhi from documentary, "Our Lanes, Our Lives", 21 mins.| Hindi with English subtitles, by Tarini Manchanda, Aanchal Kapur, Ankur Kapoor, Produced by JAGORI-WICI, 2011, Accessed from Kriti Film Club http://krititeam.blogspot.in/2012/10/save-date19th-20th-october-for.html*

7 *Based on communication with Paul Calvert, South India In Hannan and Andersson, 2001*

8 *The rights of the girl-child, which have been in focus since the Beijing Conference in 1995, should include access to appropriate and adequate sanitation.*

There are many such issues that are beyond the commonly held notions of gender and urban sanitation (Joshi, Fawcett, Mannan, 2011).

- the constraints of poverty and a failing masculinity for some poor men, which puts sanitation services and goods out of reach and/or requires their wives and daughters to step out and violate gendered boundaries;
- age and practical necessities intertwining to influence the social/ health compulsion to stay and feel clean;
- the enormous burden on women to be continually responsible for sanitation in the most compelling situations;
- of the additional burden on women to cope with the biological and social pollution attached to the female body in the absence of adequate water; and last, but not least,
- the social demand to hide the female body from public view in crowded urban spaces

While it is important to understand women and girls' roles, needs and vulnerability related to sanitation issues, it is even more important to place 'access to water, sanitation and hygiene' in the context of their rights. We consider the *access to and use of sanitation and its associated services and resources as a human right, and one that is basic for women's rights as citizens.*

*The **Right to Sanitation** is inalienably linked to the right to a life of dignity, health and safety for women and girls* – the lack of it affects their privacy to bathe, defecate and clean themselves; it affects their (reproductive) health and hygiene; it affects their mobility and safety from sexual violence; and it affects their roles and responsibilities in securing clean water, sanitation and hygiene for themselves, their children and families. In fact, for families who live in open squatters and streets (especially in urban areas), for those who have no choice but to defecate openly (whether in rural or urban areas), and for many who often live around waste dumps, it is the women who have to ensure that the food they cook and consume is clean and does not impact the health of their households.

*The **Right to Sanitation** is also linked to girls' and women's right to (continued) education and (clean and secure) working environment* – the lack of it has meant that: girls' drop out of school in their puberty years; many working women have to use (dirty and unsafe) public and unisex toilets. They are embarrassed during their menstrual cycles and even subject to sexually oriented inscriptions on toilet walls, and are vulnerable to sexually violent behaviour and teasing by male colleagues and visitors.

A ***gender perspective on the right to sanitation*** not only enables us to identify the issues and impacts emerging from the lack of adequate and appropriate water, sanitation and hygiene facilities for women and girls, especially among poor and marginalised communities in rural and urban India, but also helps us recognise these for all girls[8] and women. A gendered understanding of the intrinsic linkages between women's roles and responsibilities, and the availability and accessibility of WASH services is crucial to the framing and advocacy of these from a rights' perspective.

Beyond Needs to the (Gendered) Right to Sanitation

For too long now, water, sanitation and hygiene, along with its associated infrastructure and resources has been seen as a basic need, but it is one basic need that has still not been ensured by the state to its citizens. This discourse, therefore, needs to change from a needs-based focus to one that looks at these as 'rights'.

Health of Women and Children

Women and children are most affected when there is a lack of clean water, toilets and other sanitation facilities. Giving birth in a setting without safe (drinking) water or sanitation has a negative impact on the health and survival of both, the mother and the baby. Ill-health of children, family members and themselves considerably increases women's work, burdens and worries, and may further affect their mental and physical health.

Lack of safe water, sanitation and hygiene causes upto 50% of under-nutrition deaths worldwide. Thus improved access to safe WASH is pivotal for ensuring good nutrition during the first 1,000 days of life. In fact, this is a critical period for ensuring health, and physical and cognitive development later in life (Prüss-Üstün et. al, 2008). Hygiene promotion and availability of supplies are keys to safe delivery and breastfeeding. Lack of safe drinking water can be a death sentence for babies who must be fed infant formula food.

Universal access to water and sanitation could prevent thousands of child deaths and give women and children more working days to work or go to school respectively. Nearly 37.7 million Indians, especially children, are affected by waterborne diseases annually and almost 1.5 million children reported die of diarrhoea alone. 'WaterAid' (an

When we look at sanitation as a personal issue, the responsibility always comes on women...

How can we look at it as a social and gender issue?

... when we incorporate the agenda,

in local governance, in budgets, in plans, in the infrastructure,
in equal participation by women and men...

... when we understand access to and use of sanitation services,
vis-à-vis gender based power relations

when we ensure that sanitary workers do their jobs

... when we lobby with political representatives at local, national, regional and international levels

... when we organise collectively to ensure
that we have clean lanes and toilets, that water, waste disposal and sanitation management is effective

that we live unafraid, that our girls and children are safe

and we have a clean, comfortable and inclusive living environment.

WASH programmes need to work in collaboration with other initiatives that address discrimination and women's rights violations. We need to rethink how the goals of the water sector themselves should be defined. Are they geared towards social justice and sustainable use is a question we must not forget to ask. Programmes must strengthen the connections between the rights to water and sanitation and other rights, including the rights to health, education, food, work, land, freedom from violence, mobility and the right to information.

The effects of both, improved service provision and better knowledge about hygiene, are felt throughout the wider community, most obviously through improved general health and quality of life. There are more subtle effects of these measures on the lives of women, such as greater confidence, increased capacity to earn money, and the fact that women are likely to be healthier, happier and have more quality time at home and in the community. In the work space, women workers can advocate for a clean and safe work environment, toilets, and drinking water along with working conditions that are sensitive to women's sanitation and hygiene needs. They could also keep in mind the heterogeneity of women by age, pregnancy status, mental or physical challenges, any specific health problem, living at home or homeless.

Flagposts for the Future

Mainstream research and policy on gendered sanitation broadly speaks about different problems faced by poor women and links these problems to poverty, insecurity of land tenure due to the threat of resettlement, uncertain access to water, and lack of, or inadequate, sanitation (UN 2008 in Jewitt 2011).

A neo-liberal development paradigm promotes the gendered management of poverty, i.e., both men and women as 'free' individuals have a responsibility to support themselves (especially in the face of marital insecurity for many slum-dwelling women) and contribute to India's growing economy (Dhanju, 2011).

However, feminists argue that a gender perspective to sanitation must acknowledge the power relations and division of labour between women and men that impacts women's access, use and management of sanitation services, at the family, community and state level (in terms of their participation in WASH programmes). An analysis of gendered access to public and private spaces is one way to see afresh the gendered power relations affecting drinking water supply and sanitation.

Some important flagposts that have emerged from the Right to WASH Summit organised by the Right to Sanitation Campaign (in the context of the newly initiated Swacch Bharat Mission) are as follows:

- *Gender has to be central to the WASH discourse at every level, from programme to policy.*
- WASH programming has to be based on the recognition, and a thorough analysis, of inter-sectionality between Gender, Caste and Class with respect to open defecation, toilet use and maintenance, as well as access to water and hygiene management. Disaggregated data and information around these will facilitate appropriate responses.
- *Women are consumers, producers and managers with respect to WASH –- this needs to be central to WASH programming.*
- Giving responsibility to women has to go along with rights and resources.
- *The concept of common toilets, instead of individual/private use and management of toilets has to be re-instituted to address gender issues under WASH.*
- *Technology is important but culture and economics is critical for the success of WASH policies and programmes. An analysis of deprivation and discrimination of women from an economic perspective should inform such programme designs.*
- *Gender sensitive public toilet infrastructure and designing is crucial from the safety and cleanliness perspective. WASH programming must factor in learning's around gender and related inequalities as well as vulnerabilities, and design programmes that are gender just.*

international NGO) estimates that 73 million working days are lost due to waterborne diseases each year. The economic burden of poor water and sanitation facilities is estimated at $600 million a year (Khurana and Sen, 2014). Common diseases caused by the lack of clean and safe water include diarrhoea, typhoid, cholera, intestinal worms, hookworm and hepatitis.

When toilets (or latrines) are appropriate and accessible they result not only in improved health but, equally, in moral, social and emotional gains. ***(Joshi, Fawcett, Mannan, 2011)***

When women and girls cannot access clean toilets or have to defecate in the open, many choose to 'hold it' or limit their consumption of food and drink to delay the need to relieve themselves, which increases the chance of urinary tract infections (UTIs). When women have to collect and carry water over long distances (especially while pregnant), the absence of WASH facilities implies greater vulnerability to health problems, such as uterine prolapse. Women who cannot access water easily to meet personal needs usually tend to ensure that the needs of the children and other family members are met first, and save water by not bathing and cleaning themselves, sometimes for days on end.

Education and Health of Young Girls

The lack of clean water, sanitation and hygiene can prevent girls from attending school because they are too busy collecting water or caring for sick family members, or because there is no toilet in their school! Girls, particularly at and after puberty, miss school or even drop out of their schools due to the lack of sanitary facilities, and/or the absence of separate girls' and boys' toilets. According to India's 2011 'Status of Education Report', young girls between the ages of 12 and 18 miss five days of school every month – i.e. 50 days a year – during their menstrual cycle because schools do not have sufficient funds to provide students with separate toilets. 23% of Indian girls drop out of school after reaching puberty, with irreversible effects on their health, growth and well-being (AC Nielsen and Plan India, 2011).

School sanitation is a problem neglected in many parts of India and the world. Hygienic conditions in schools are often very poor: hand-washing facilities as well as separate individual cabins and anal cleansing materials for the (girl) students are missing in many toilets and the deplorable conditions of these toilets often do not comply with the right for dignity, for both girls and boys. Children and teachers often do not drink water in adequate quantities, in order to avoid a toilet visit, which then has a negative impact on their health and causes psycho-social stress. Lack of education has an impact on the lives of children, particularly girls, including on their health, their freedom to plan their families, their self-esteem, their mobility for sports and other extracurricular activities or outside school activities, and ultimately on the cycle of poverty.

Simple measures, such as providing schools with adequate water and safe toilets, and promoting hygiene education in the classroom, can enhance girls' school attendance, and reduce health-related risks for all (UN Water, 2006). Not only is it a key requirement schools have to meet under the Right to Education Act, even the Supreme Court has been encouraging the establishment of girls' washrooms for some time now, because research has pointed out again and again that the lack of separate toilets in schools causes far too many girl students to drop out. Easier access to such a basic facility can enable girls to flower and grasp new opportunities for them, to grow in confidence and attain a greater sense of personal dignity.

Situation of Girl's toilets in India

District Information System for Education, (DISE) 2013 figures note that just about 50% schools in Arunachal Pradesh and Meghalaya have a girls' toilet. Assam and Andhra Pradesh do no better at 57% and 59% respectively. Orissa and Jammu & Kashmir stand at 68.86 to 65.36% for girls' toilets in schools, respectively. Bihar and West Bengal also have about 70% schools with a girls' toilet. In primary schools the situation needs much more attention. Considered backward on many social indices, Uttar Pradesh, however, surprises on this one - 96.92% of primary schools have a girls' toilet, 97% of all schools have a girls' toilet and 97.16% of these are functional. Madhya Pradesh can do better, as 88% of its schools have a girls' toilet and 92% of these are functional. There is also the other situation-- where girls' toilets exist but they are non-functional -- defeating their very purpose. DISE 2013-14 reveals that while only 64% of girls' toilets in Arunachal Pradesh are functional, only 71.67, 72.32 and 75.21% are functional in Andhra Pradesh, Meghalaya and Odisha have functional ones. What should be worrying everyone considerably is the lack of focus on the other major sanitation issue -- only 44.66 % of schools all-India had a hand wash facility near the toilet.

The boys have it slightly better- 92.67% of schools had functional boys' toilets. Andhra Pradesh, Assam and Meghalaya are the laggards here with 79.66%, 79.03% and 73.09% respectively in terms of functional boys' toilet. Union Territories--Daman and Diu, Lakshadweep, Chandigarh, Puducherry claim a 100% track record. In terms of drinking water, while 94.45% of schools had the facility in 2011-12, 95.31% have it in 2013-14. (District Information System for Education (DISE) data brought out annually by the National University of Education Planning and Administration)

Source: http://indiatoday.intoday.in/story/pm-modi-i-day-pledge-girls-toilet-every-school/1/377321.html

From Shame to Self-esteem - Menstruation Hygiene Management

Post-puberty, girls and women menstruate 3,000 days on an average, over their lifetime. Menstruation is a biological process just like defecation or urination. However, in many communities it is shrouded in negativity and secrecy, leading to women and girls having poor knowledge of menstrual hygiene and associated health care. Menstruating women and girls in India are often ashamed, uncomfortable and often unsafe, as they try to hide the fact that they are menstruating. Lack of basic WASH facilities including shortage of clean water, accessible safe toilets with water and cleaning material further increases their problems of managing menstrual hygiene. Unclean water and lack of water to clean vaginal and anal areas can lead to UTI and Reproductive Tract Infections (RTIs), which increase the risk of cervical cancer. Women and girls' well-being, mobility, dignity, self esteem and ability to participate in society are all further adversely affected due to negative menstrual attitudes and taboos and lack of facilities to manage menstrual hygiene.[9]

> *I don't go to school on some days because… I know I may need to use the toilet*
> *How do I relieve myself if there isn't one?*
> *My health is affected I feel constipated, nauseated and anxious*
> *I cannot concentrate on my studies.*

Women's and girls' access to toilets is further complicated because, in India traditionally, toilets were built outside the house due to the fact that bodily excretions such as urine, faeces and menstruation were considered unclean and taboo subjects. Traditionally, even when people could afford a toilet they would prefer to have it outside the house.

Approximately 355 million women and girls are said to menstruate in India on a monthly basis, and a woman requires 7,000 sanitary pads, on an average, to manage menstruation days before her menopause. Only 12% of young girls and women have access to, and use, sanitary napkins.[10] Millions of women and girls have no option but to use unsanitary materials like old rags, husks, dried leaves and grass, ash, sand or newspapers to contain the flow of menstrual blood.[11] Moreover, there are seldom mechanisms available for safe disposal of sanitary napkins in households, schools, colleges and community toilets. In this scenario, the plight of women and girls with physical and mental disabilities and those who are homeless is further compounded (AC Nielsen and Plan India, 2011).

Safe and private toilets allow for menstrual hygiene management at schools, and can go a long way in retaining adolescent girls in school, who otherwise may drop out. This, in turn, can reduce early marriage and early pregnancy, a risk factor for both, maternal and new-born deaths.

The breadth of neglect of menstrual hygiene is summarised in a review of the WASH sector based on literature and interviews with 85 water and sanitation professionals worldwide (Bharadwaj and Patkar, 2004). In all but a few pilot initiatives, menstrual hygiene management is absent from programmes for community water and sanitation, school sanitation, and hygiene promotion. It is not incorporated into infrastructure designs for toilets and environmental waste disposal, or into policies, training manuals or guidelines for health workers, engineers towards gender mainstreaming. While sanitation and hygiene programmes have successfully promoted affordable production and supply of soap and toilet construction materials for poor communities, the availability of affordable sanitary pads has not been considered (ibid).

India accounts for 27% of the world's cervical cancer deaths, according to the World Health Organisation. This incidence rate is almost twice the global average, and doctors studying the disease in India say poor menstrual hygiene is partly to blame. The homespun solutions to costly sanitary napkins raise the risk of vaginal infections. A weaker immune response can compromise the body's ability to fight the sexually transmitted human papillamavirus (HPV), the microbial cause of most cervical cancers (Bruni et.al, 2015). There is no reliable data to show the role menstrual hygiene plays in the prevalence of cervical cancer in India, according to Rajesh Dikshit, Chief of Epidemiology at Mumbai's Tata Memorial Hospital, India's biggest cancer treatment centre. Some analysis, he says, points to a link to clean water access: "Where there is no water, in India there are very high rates of cervical cancer. Where you have water, you don't have the cervical cancer" (Khan and Gokhale, 2013)

A toilet for every girl's school within a year: Prime Minister Modi on the Swacch Bharat Abhiyaan
According to the DISE 2013-14 statistics, 84.63 % of all schools have a girls' toilet while 80.85 % of primary schools have this facility and in a good 91.62 % of these schools, the toilet is also functional. With this data in place, the PM's agenda is definitely within hand even if it's not easy.

9
Fact Sheet on Celebrating Womanhood: Menstrual Hygiene Management, Break the Silence, WSSCC, Geneva, 2013

10
http://www.indiasanitationportal.org/printpdf/5820

11
In 2010, the Union Health Ministry announced a Rs.150-crore scheme to increase access to the use of sanitary napkins to adolescent girls in rural areas, however, this has yet to take off fully. There are however, some civil society and social entrepreneurial efforts in place that are working towards providing cheap, clean and bio-degradable sanitary pads to women and girls in some parts of the country.

lobbying agenda in the near future, as much as the fact of gender-based access to and use of sanitation facilities and, participation in critical decision-making spaces. These include sanitation infrastructure design (both, home and public utilities), maintenance and resourcing of sanitation facilities, spatial and safety concerns with respect to open defecation, public toilet use, distance from home, availability of water, waste disposal and management systems, etc.

Claiming Rights - Women, Sanitation and Policy-making

Attention to gender perspectives in water and sanitation programmes has often been limited to an analysis of women's contribution in relation to men's, and the impact on women in terms of anticipated benefits within the framework of the existing division of responsibilities. The status quo regarding roles, resources and power has been accepted as given (Hannan and Andersson, 2001). Promoting a universal access approach rather than a gendered approach has made the differential needs of men and women invisible (Lala and Basu, 2012) in most sanitation programmes. This needs to change at the level of policy and programming if we are to engender the right to sanitation.

On the other hand, 'participation' is key to claiming rights. Participation can create sustainable projects by: (a) including women as primary users, consumers, and managers; (b) increasing women's social capital and (c) accessing women's knowledge (O'Reilly, 2010). A lack of informed participation[17] by women often results in WASH services that are inappropriate, inaccessible and unaffordable. Programmes that include women at all stages of planning, implementing and monitoring are more efficient, effective and sustainable than those that do not prioritise equitable participation and decision-making.

Sometimes there is opposition to positioning women at the centre of water resource management initiatives, even when this comes as a response to a directive to include a majority or a quota of women in decision-making. This opposition is usually because women are seen to be stepping outside their traditional, non-public roles into public and technical areas for which they are perceived to be unqualified and unsuited. However, women can, and do, make a substantial contribution to water and sanitation services and do have a right, as human beings, to participate in issues that affect their lives and those of their families. It is a reality, even if a patriarchal and gendered one, that women bear the main responsibility for keeping their households supplied with water, caring for the sick, maintaining a hygienic, domestic environment and bringing up healthy children. It is they who are most likely to know what is required and where. An analysis of gendered access to public and private spaces is one way to see afresh the gendered power relations affecting drinking water supply and sanitation. (O'Reilly 2010). Getting these important details right means better WASH services and quality of life for all in the community.

Six basic R's for a more gender-aware approach to water and sanitation improvements

Having access to The roles/ responsibilities -- the actual and potential contributions of women and men in these areas and the constraints and opportunities related to these; the relations between women and men and how these are reflected at household and community levels and sustain differences and inequalities between women and men; the resources/ rights involved and the problems experienced by women, as opposed to men, in terms of access to, and control over, these resources and the securing of rights; and the representation of women and men in decision-making processes, both formal and informal, and the need to promote more equitable involvement of women where inequalities are observed.

Source: **Hannan and Andersson, 2001**

The question to ask is: If women are placed at the centre of decisions about water supply, sanitation and hygiene promotion programmes and activities, how does this benefit the wider community? There is evidence to show that water and sanitation services are generally more effective if women take an active role in the various stages involved in setting them up, from design and planning, to the ongoing operations and maintenance procedures required to make any initiative sustainable. Besides dealing with these technical and practical issues, women play an important role in educating their families and the community about hygienic practices. Again, evidence suggests that women's involvement makes these ventures more likely to succeed.

Water and sanitation services bring a host of benefits for community development. They bring girls back into school, women into employment, and improve health, dignity, and well-being and independence.[18]

17
While pursuing women's participation it would be crucial to consider the possible socio-economic costs involved, given the multitude of other responsibilities women have. (Cleaver, 1997, 1998; Hannan 2000, as cited In Hannan and Andersson 2001)

18
WaterAid (2012), cited in Homeless International (2012). How can water and sanitation provision empower the urban poor? Learning Brief No 2, June 2012.

16
Menstrual hygiene in South Asia: A neglected issue for WASH Programmes Water Aid report, London 2010

■ *The 'Program of Action' of the 1994 Cairo 'Conference on Population and Development', endorsed by 177 States, recognises in Principle 2 that:*

Countries should ensure that all individuals are given the opportunity to make the most of their potential. They have the right to an adequate standard of living for themselves and their families, including adequate food, clothing, housing, water and sanitation.

■ *Article 14 (2) (h) of the 1979 'Convention on the Elimination of All Forms of Discrimination against Women' (CEDAW) stipulates that State parties shall ensure to women:*

... the right to enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communication.

In addition to the above, there are some provisions in the **Indian Constitution, case law and national policies** that are relevant to the right to water and sanitation as given below:

■ Most of the Municipal Acts make sanitation and water supply an obligatory function of the local authorities:, for example, Uttar Pradesh Municipalities Act, 1916, Karnataka Municipal Corporations Act, 1976, The New Delhi Municipal Corporations Act, 1994 (Section 147). The Government of India has also recognised this obligatory function and stated that, women and children constitute 70% of the population and thus deserve special attention and therefore ending gender-based inequities faced by women and girls must be accorded the highest priority (Planning Commission, 2011).

■ Case law in India, drawing on the Indian Constitution and Municipal Acts, has recognised the Right to water and sanitation. Examples of the right to water in case law include: S.K. Garg v. State, AIR 1999 All 41 (India 1999); M.C. Mehta v. Union of India, AIR 1998 SC 1037 (India 1998); Subhash Kumar v. State of Bihar, AIR 1991 SC 420 (India 1991) (noting that the right to live includes the right to pollution-free water necessary for the full enjoyment of life); Attakoya Thangal v. Union of India, 1990 KLT 580 (Kerala, India 1990). Examples of the right to sanitation cases include: Municipal Council, Ratlam v. Vardichan (Supreme Court of India, 1980), (1980) 4 SCC 162. In this case the Supreme Court stressed that, *"[d]ecency and dignity are non-negotiable facets of human rights."* The Court ordered the municipality to decrease its budget on other items and use the savings for sanitary facilities and public health measures, including the construction of sufficient numbers of public toilets.

■ The Delhi High Court orders: 1) On W.P.(C) 29/2010 on 2, February 2011, the court directed that ten mobile toilets should be made available at Chabi Ganj shelter home within a week and also directed the Health Secretary of the Government of the National Capital Territory of Delhi to consult the Delhi Urban Shelter Improvement Board (DUSIB) to assess how many permanent toilets are necessary, and that the same shall be constructed within a period of two months; and, 2) On W.P.(C) 29/2010 on 25, May 2011 in which it observed that: "It will be an anathema to Article 21 of the Constitution of India if the people in need and in abject poverty, who are required to survive and live in shelter homes, are not provided with drinking water and fans". The court directed DUSIB to provide drinking water in the shelter homes and also provide at least two toilets, which are kept and maintained in a hygienic and clean condition.

■ The National Water Policy (2012) has recognised that water is fundamental for life, livelihood, food security and sustainable development. It states that "water needs to be managed as a common pool community resource, held by the state, under public trust doctrine to achieve food security, support livelihood, and ensure equitable and sustainable development for all. The Centre, the States and the local bodies (governance institutions) must ensure access to a minimum quantity of potable water for essential health and hygiene to all its citizens, available within easy reach of the household" (National Water Policy, GoI, 2012).

The Government of India's 'Total Sanitation Campaign (TSC)', a national programme, was launched in 2010 to ensure access to improved sanitation. In its guidelines the TSC recognised the need for the programme to incorporate hygiene promotion, provide women's sanitary complexes (community facilities with latrines and bathing facilities), and construct girls' toilets at schools.[16] Since then, the TSC has been restructured and renamed the *'Nirmal Bharat Abhiyan'* with the Congress Party declaring in 2012 that it would end open defecation in the next decade. More recently, on 2, October 2014, the Prime Minister of India, Shri Narendra Modi, launched the *'Swachh Bharat Abhiyaan* (SBA)', which aims to eliminate open defecation in India by 2015 by building more public and private toilets. Women and girls are the 'face' of this campaign, both, as 'role-models' and the 'constituency' of the SBA, and yet many of their concerns are not made visible to the extent needed.

The recognition of women's rights to clean and safe water, sanitation and hygiene in the various provisions and policies at the national and state levels need to become part of the Right to Sanitation Campaign's advocacy and

From Violence to a life of Dignity and Safety[12]

One of the most important contributions of women's groups and feminists to the WASH discourse has been to emphasise women and girls' increased vulnerability to harassment and violence when they have to travel long distances to fetch water, use shared and unsafe toilets, or practice open defecation. Feminist studies have reflected on the issues of violence, fear and coping mechanisms that women and girls encounter while meeting their basic water, sanitation and hygiene needs, thus impinging on their right to essential services and life.

Hundreds of thousands of women and girls across India in urban slums and rural areas face the daily shame and fear of having to defecate in the open. Government statistics suggest that 51% of unrecognised slums and 17% of recognised slums are entirely without latrines (Gosling, 2014). Only 66% slums have latrine within the premises and 34% do not have latrine in the premises (GoI, 2013).

> *A hand struck me from behind and I thought it was a pig. But when I caught his hand, the man pulled away and ran.*[13]

These voices of women and girls loom large, as a majority of them wait till sun-down to defecate since they have to walk to isolated locations outside the village or to the peripheries of their city dwellings, leaving them vulnerable to molestation, assault and potential rape (COHRE, WaterAid, SDC and UN-HABITAT, 2008). That is why women often drink less water, attempting to 'hold out' until the evening. Women may similarly also attempt to modify their diet, by not eating certain fibrous foods such as pulses or leafy vegetables. An unbalanced diet often results in negative long-term health consequences. These practices, combined with a lack of sanitation facilities, and the use of dirty and unsafe places for defecation result in health problems such as urinary and reproductive tract infections and bladder stones, among other ailments, headaches, etc. The shame and indignity of defecating in the open also affects women's self esteem, as does the lack of water for washing clothes and personal hygiene.

> *They tease us when we go to the public toilet... whistling, clapping, singing, laughing and passing lewd comments. They take pictures with their cell phones. In many toilets there are sexually oriented words and graffiti which embarrass us. Boys peep through the broken windows or doors of toilets in schools or communities.*[14]

The veil of silence, fear and shame that shrouds their daily exposure to sexual harassment and sexual violence, gives women and girls little voice to end their impunity, or demand services that would reduce their vulnerability. A pre-requisite of the right to sanitation is that policies and programmes must prioritise safety and privacy for women and girls, and actions must be aimed at reducing violence against women, while highlighting the importance of access to safe water and sanitation.

In many communities, queuing up to use the (few and available) public toilets for men and women, causes fights and brawls between neighbours, creates enmities that make women and girls more vulnerable to assault.

Sexual violence against women is a major public health problem and a human rights violation. It has direct negative effects, including psychological, health and economic effects on individual women, their families and the community. *The links between the right to sanitation and the right to a life without violence need to be reiterated at local, policy and legal levels.*

"With one out of three women worldwide lacking access to safe toilets, it is a moral imperative to end open defecation to ensure women and girls are not at risk of assault and rape simply because they lack a sanitation facility." United Nations Secretary-General Ban Ki-Moon on World Toilet Day, 19 November 2014

Source: http://www.un.org/apps/news/story.asp?NewsID=49378#.VG3HgHIoxMs

12
References from JAGORI and UN Women (2011); Lennon, S. (2011); and Gosling, L. (2010)

13
A woman's voice from documentary 'Our Lanes, Our Lives', Jagori, 2012

14
Voices of low income young women from 'Apna Haq', a documentary film and photo booklet on lack of access to toilets, made by low-income community girls in Delhi, Feminist Approach to Technology, New Delhi, 2014, Available at, http://krititeam.blogspot.in/2014/03/apna-haq-new-media-and-girls-rights.html

Women's Economic Empowerment

Women and girls perform most of the unpaid labour associated with WASH in households and communities. This reduces the time they have available for education, economic activities and leisure. A lack of economic independence compromises their empowerment and perpetuates gender inequality.

With improved access to WASH, women have more time to undertake income generating and entrepreneurial activities. WASH programmes can provide women with adequate water supply to carry out economic activities and create opportunities for paid work. Women's involvement in decision-making about water resources and in WASH programmes is critical to their empowerment, but it is important not to overburden them with additional unpaid work, on top of their existing responsibilities.[15]

Cleaning toilets is considered a 'dirty and low' job, performed by specific 'caste' women and men Sanitation is not just a problem of 'lack of facilities' but also one where sanitary workers assigned these tasks often do not do their jobs effectively – either due to low wages, lack of respect shown to them as 'workers' because of the kind of job they do, or because their health and safety concerns are ignored. In fact, the right to sanitation must also include the rights of sanitation workers to have safe and clean equipment and materials required to fulfil their job efficiently. Occupational health and safety concerns of women sanitary workers must also find resonance in this discourse.

International and National Framework on Sanitation as a Right

The right to water and sanitation is a fundamental human right necessary for an adequate standard of living and, human dignity. Understanding and advocating for the right to sanitation for women and girls implies recognition of the legal and policy frameworks defined across various International Instruments and Conventions:

- Access to water and sanitation are recognised as fundamental human rights incorporated in the International Covenant on Economic Social and Cultural Rights (ICESCR). The Covenant is the primary basis for the human right to water and sanitation and other economic, social and cultural rights and is ratified by 160 countries, including India, making it legally binding upon them in international law. The implication of these rights is that these basic services should be adequate, accessible, safe, acceptable and affordable for all without discrimination, and violations of these constitute a violation of women's rights.

- The UN Committee on Economic, Social and Cultural Rights General Comment No. 15: The Right to Water (2002), U.N. Doc. E/C.12/2002/11. Sanitation is also included in this General Comment.

The human right to water entitles everyone to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses. An adequate amount of safe water is necessary to prevent death from dehydration, to reduce the risk of water related disease and to provide for consumption, cooking, personal and domestic hygienic requirements (para 2).

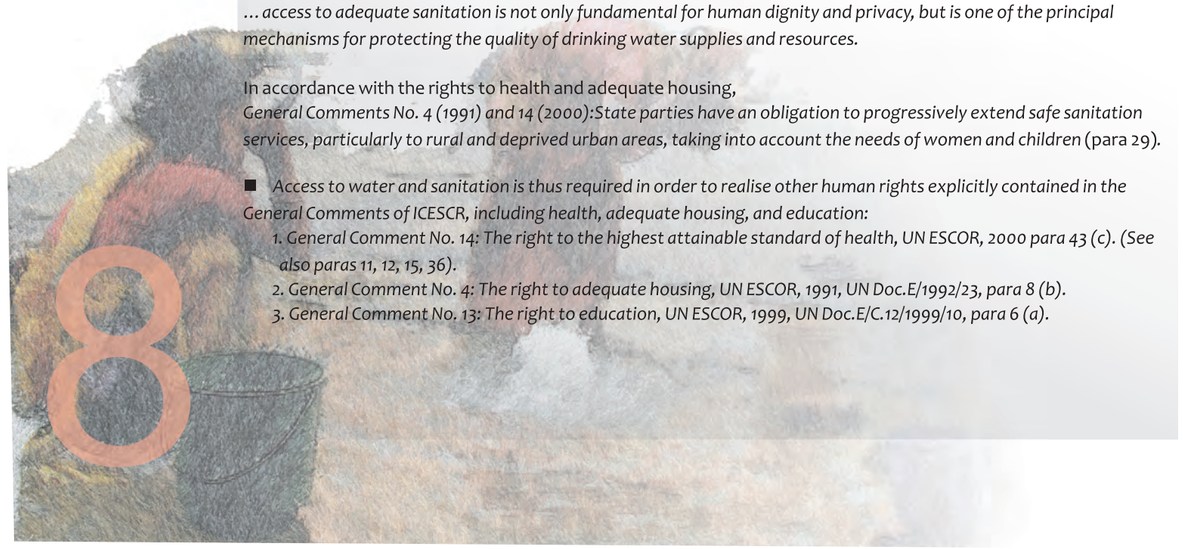
And,

… access to adequate sanitation is not only fundamental for human dignity and privacy, but is one of the principal mechanisms for protecting the quality of drinking water supplies and resources.

In accordance with the rights to health and adequate housing,

General Comments No. 4 (1991) and 14 (2000):State parties have an obligation to progressively extend safe sanitation services, particularly to rural and deprived urban areas, taking into account the needs of women and children (para 29).

- *Access to water and sanitation is thus required in order to realise other human rights explicitly contained in the General Comments of ICESCR, including health, adequate housing, and education:*
  1. *General Comment No. 14: The right to the highest attainable standard of health, UN ESCOR, 2000 para 43 (c). (See also paras 11, 12, 15, 36).*
  2. *General Comment No. 4: The right to adequate housing, UN ESCOR, 1991, UN Doc.E/1992/23, para 8 (b).*
  3. *General Comment No. 13: The right to education, UN ESCOR, 1999, UN Doc.E/C.12/1999/10, para 6 (a).*



- *The UN Economic and Social Council* in its Draft Guidelines for the Realization of the Right to Drinking Water and Sanitation (UNESCO, 2005) has defined the right to water as "the right to a sufficient quantity of clean water for personal and domestic uses" and the right to sanitation as "the right to have access to adequate and safe sanitation that is conducive to the protection of public health and the environment".

[15] References from JAGORI and UN Women (2011); Lennon, S. (2011); and Gosling, L. (2010)

- *The UN General Assembly Resolution 64/292*: The Human Right to Water and Sanitation (2010) recognises the right to safe and clean drinking water and sanitation as a human right that is essential for the full enjoyment of life and all human rights (UN General Assembly, 2010)[15]: para 8).

- *Principle 11 of the Habitat Agenda, adopted in the framework of the Second UN Conference on Human Settlements (1996) states that:*

  Everyone has the right to an adequate standard of living for themselves and their families, including adequate food, clothing, housing, water and sanitation, and to the continuous improvement of living conditions.

Special Rapporteur on the Human Right to Safe Drinking Water and Sanitation

Having access to safe drinking water and sanitation is central to living a life in dignity and upholding human rights. Yet billions of people still do not enjoy these fundamental rights. The rights to water and sanitation require that these are available, accessible, safe, acceptable and affordable for all without discrimination. These elements are clearly interrelated. While access to water may be guaranteed in theory, in reality, if it is too expensive, people do not have access. Women will not use sanitation facilities which are not maintained or are not sex segregated. Having a tap which delivers unsafe water does not improve one's access. Human rights demand a holistic understanding of access to water and sanitation.

The rights to water and sanitation further require an explicit focus on the most disadvantaged and marginalized, as well as an emphasis on participation, empowerment, accountability and transparency. The mandate of the Special Rapporteur on the 'human right to safe drinking water and sanitation' was established to examine these crucial issues and provide recommendations to Governments, to the United Nations and other stakeholders. Mr. Léo Heller was appointed (Special Rapporteur) in November 2014, and began his work on the mandate on 1 December, 2014.

Source: **http://www.ohchr.org/EN/Issues/WaterAndSanitation/SRWater/Pages/SRWaterIndex.aspx**

The Millennium Development Goals (MDGs)

In September 2000, the United Nations Millennium Summit agreed on a set of time-bound and measurable goals aimed at combating poverty, hunger, illiteracy, environmental degradation and discrimination against women. Over 100 world leaders at the gathering in New York also agreed on the third Millennium Development Goal (MDG) - "to promote gender equality and to empower women" -- an MDG that had an initial deadline of 2005, but was extended to 2015.

MDG-7 is "to ensure environmental sustainability" and target 10 is "to halve the proportion of people without access to safe drinking water and sanitation by 2015." The success of achieving this MDG is measured by the proportions of both, rural and urban populations who have sustainable access to improved water and sanitation. In addition, the 'Millennium Project Task Force on Education and Gender Equality'; has proposed that additional indicators for MDG-3 should include the *"hours per day (or year) that women and men spend fetching water and collecting fuel".*

The world remains off track to meet the MDG sanitation target of 75% and if current trends continue, is set to miss the target by more than half a billion people. India is one of the countries that is not on track on this target, though it is on track viz. the drinking water MDG target. Unless the pace of change in the sanitation sector can be accelerated, the MDG target may not be reached until 2026. Priority attention to issues of Water, Sanitation and Hygiene by countries, communities and individuals could fast-track the achievement of the Millennium Development Goals by the end of 2015 and free women from a cycle of poverty, disease, child mortality and low productivity.

Sources: **WHO and UNICEF, 2014; UN, 2014; UN Millenium Project, 2005; UN Inter-Agency Network, 2005**