

## Bring the Change You Want to See: Scripting Women and Girls into India's Urban Sanitation Actions

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The Government of India's focus on "Swachh Bharat" (Clean India) brings renewed commitment and momentum to address the country's sanitation crisis. The national government's initiatives promise to improve sanitation coverage and end open defecation, conferring benefits in terms of health, education, and even women's safety.<sup>1</sup>

India is on the cusp of having half of its population live in urban areas, a transition that heralds greater economic development and prosperity for many. Yet the abysmal urban sanitation situation threatens to undermine such gains. One in every six Indians lives in an urban slum where grossly deficient urban infrastructure and limited basic service planning do not provide adequate sanitation.<sup>2</sup> Therefore, despite improvements in sanitation infrastructure in select urban pockets, an estimated 12.6% of urban residents continue to defecate in the open. Sewer connections, while growing in number, are still inadequate.<sup>3</sup> The extremely low rate of sewage treatment in the country is fouling drains and water bodies. India's Central Pollution Control Board estimates show that 75% of water pollution by volume is from urban sewerage, and even where urban waste is piped, less than 15% of the waste that makes it into a pipe is actually treated before it is discharged.<sup>4</sup> The urban poor bear the greatest impact of poor sanitation, particularly in terms of their health, with women and girls facing additional challenges related to menstrual hygiene, gender-based violence, and discontinuing education.



### The Sanitation Priority

- Nearly 60% of the world's open defecation occurs in India.
- Consequences of poor sanitation are devastating on human health, education, the environment, and the economy in general.
- Women and girls face particular risks due to poor sanitation facilities.
- Improved sanitation facilities include a connection to a public sewer or septic tank, pour flush latrine, simple pit latrine, or ventilated and improved pit latrine.

Men and women have specific sanitation needs, access, and utilization patterns and experiences. Poor sanitation facilities and services affect both sexes, but women and girls are particularly vulnerable due to a loss of dignity, increased health concerns, and safety risks as elucidated below.

- **Sanitation and menstruation:** Menstrual hygiene management (MHM) represents an equity, human rights, health, and environmental issue closely linked to sanitation.<sup>5</sup> Girls' and women's ability to manage their menses is undermined by poor sanitation facilities that do not afford adequate privacy and space, as well as water, toilet, and hygiene amenities to change, wash and dry, and dispose of used menstrual absorbents and to maintain personal hygiene.<sup>6</sup>
- **Sanitation and nutritional impacts:** Evidence is limited, but organizational reports and anecdotal evidence suggest that girls and women control their food and water intake to limit defecation and urination to certain times of the day when they can defecate in the open (usually at night or early morning) or use available toilet facilities when most convenient.<sup>7</sup> Such practices may affect female nutritional status and may also result in urinary tract infections, constipation, and other urogenital and gastric problems.<sup>7</sup> Implications for adolescent girls and pregnant women are particularly important, given the nutritional needs during these life stages.
- **Sanitation and education:** Quality sanitation facilities are a factor in school enrollment and retention, especially for secondary education among postmenarcheal girls.<sup>8,9</sup> Lack of toilets, disposal mechanisms for used menstrual absorbents, and privacy make it difficult for girls to manage their menses in school.
- **Sanitation and gender-based violence:** Poor sanitation access can enhance women's vulnerability to gender-based violence.<sup>7</sup> Lack of toilets leads to open defecation practices that may put women and girls at risk for harassment and attack. At times, existing facilities may be unsafe, lacking adequate lighting, doors that lock, and other security measures that can enhance women's susceptibility to gender-based violence.<sup>7</sup>
- **Sanitation and well-being:** Psychosocial effects associated with open defecation and negative experiences of toilet use include stress, anxiety, fear, disgust, low self-confidence, and low self-esteem. Women and girls also express unique concern over stigma and discrimination related to the experience of violence or harassment or being seen defecating or urinating in the open, fear of being blamed for being assaulted or harassed, being accused of being unfaithful, and disowned by families if they experience

sexual harassment as a result of open defecation or as a result of using public toilets.<sup>10</sup> Fear was highlighted by women in urban, low-income settlements as the foremost concern in relation to toilet use and open defecation. This fear alone can preclude women's toilet use even when toilets are available.<sup>10</sup>

Sanitation facilities and services in India, and the lack thereof, result in significant disadvantages in terms of health, education, safety, and well-being for girls and women. Moving forward, sanitation policies and programming must ensure that effective sanitation facilities and services are designed to account for these gender-specific needs.<sup>11,12</sup> This policy brief aims not only to draw attention to the unique sanitation-related challenges that girls and women face, but also to examine how government sanitation initiatives in urban areas recognize and address these challenges.

### Gender Dimensions of India's Sanitation Policies

This section examines six major Government of India, urban-related initiatives to highlight how each addresses the gender dimensions of sanitation. These six national-level initiatives represent the Government of India's largest initiatives since 2010 that have direct and indirect operational goals to affect urban sanitation. The review looks at "policies" and their implementation guidelines, as well as "missions" and their goal-oriented, time-bound components. Policies and missions are important to evaluate because they denote commitment, articulate priorities, and motivate the allocation of resources for implementation. National policies are also valuable to stimulate incentives and promote local actions. Table 1 presents the six initiatives, identifying the time frame, institutional leadership, primary drivers, core objectives, and modalities; the table also defines recommendations on how the gender differences of women are often missing from the initiatives and could be better incorporated. Although some of the initiatives have expired, it is instructive to see how these frameworks could be strengthened to achieve better targeting.

The six policy and mission initiatives reviewed here have been or are implemented by different government bodies, many of which direct their efforts toward improving urban development and urban service delivery, with the intent to benefit the urban poor. The overarching emphasis across these initiatives is infrastructure development, improvement, or both. Behavior change, education, and sanitation advocacy are mentioned but receive less attention and are inadequately operationalized. Gender considerations, primarily women's sanitation-related needs, are nominally mentioned in policy documents, with insufficient explanation or guidance on how their needs will be met by these initiatives, especially menstrual hygiene and gender-based violence.

# Bring Gender in to Change Urban Sanitation

**Table 1. Overview of sanitation-related policies and missions for urban India**

Policy, Dates, and Lead Ministry	Key Driver	Objective(s) and Modalities	Gender and Sanitation Recommendations
<b>National Urban Sanitation Policy (NUSP)</b> 2008–2015  <b>Ministry of Urban Development</b>	Urban sanitation; vision is for urban areas in India (both cities and towns) to become “totally sanitized,” emphasizing health, well-being, and environmental benefits through sanitation facilities that are affordable	Behavior change and education; end open defecation; city-wide sanitation <ul style="list-style-type: none"> <li>• Development of city sanitation plans</li> <li>• Seven core principles guide planning efforts: (1) institutional roles and responsibilities; (2) awareness generation; (3) city-wide approach; (4) technology choice; (5) reaching the underserved; (6) client focus and demand generation; and (7) sustained improvements</li> </ul> <p><i>Highlights women as a vulnerable group, but silent on women-specific, sanitation-related needs</i></p>	<ul style="list-style-type: none"> <li>• Require women’s engagement in facility design and management</li> <li>• Create awareness among community members and stakeholders about women’s sanitation needs</li> <li>• Include menstrual hygiene management (MHM) considerations in sanitation planning and installation (particularly bathing and washing facilities and solid waste management of menstrual waste)</li> <li>• Address gender-based violence link to sanitation through the design of safe and secure sanitation facilities that are easily accessible to girls and women</li> <li>• Include sex-disaggregated data (e.g., number of toilets for women and men) and gender indicators (e.g., toilets installed in locations considered safe and accessible by women) to enable gender-integrated sanitation planning and implementation</li> </ul>
<b>Jawaharlal Nehru Urban Renewal Mission (JnNURM)</b> 2005–2014  <b>Ministry of Housing and Urban Poverty Alleviation</b>	Slum upgrading and urban infrastructure development; over half of India’s gross domestic product comes from cities, and for continued economic growth, infrastructure improvement in urban areas is essential	Infrastructure improvements: water, sanitation, solid waste management; service provision to urban poor <p>Two submissions proposed:</p> <ul style="list-style-type: none"> <li>• Basic services for the urban poor</li> <li>• Urban infrastructure and governance</li> </ul> <p><i>Stipulates that women may have unique sanitation needs, yet vague on the specifics on addressing these needs</i></p>	<ul style="list-style-type: none"> <li>• Map women’s sanitation needs and identify potential solutions across different types of slums in cities</li> <li>• Strengthen solid waste management initiatives in slums to include the disposal and management of menstrual waste</li> <li>• Include sex-disaggregated data and gender indicators to enable gender-integrated sanitation planning and implementation</li> </ul>
<b>Rajiv Awas Yojana (RAY)</b> 2013–2022  <b>Ministry of Urban Development</b>	Urban housing and slum development; aim is to move toward a “slum-free India”	Housing improvement, water supply, sanitation, and solid waste management; in collaboration with JnNURM, RAY promotes total sanitation through the provision of individual toilets and water supply to each household and appropriate sewage connections <p><i>The program documentation does not outline any gender considerations</i></p>	<ul style="list-style-type: none"> <li>• Identify how women’s sanitation needs, specifically related to MHM, can be addressed in housing improvement initiatives (e.g., provisions such as dustbins or incinerators to deal with menstrual waste, and provisions for washing and drying reusable menstrual absorbents)</li> <li>• Coordinate with Swachh Bharat Mission and NUSP to explore opportunities for the construction of individual household latrines and solid waste management under RAY initiatives in different types of slums</li> </ul>
<b>National Urban Health Mission (NUHM)</b> 2013–2017  <b>Ministry of Health and Family Welfare</b>	Urban health; aims to meet the health needs of the urban poor by improving health care services in urban areas and converging with initiatives that address factors outside of health that influence the health of urban populations, such as sanitation	Build health capacity; increase services to all vulnerable, disadvantaged urban areas; outline norms for the establishment of directed health services for the urban poor; focus on improved public health system, partnerships, involvement of urban local bodies, and community engagement in cities with a population of over 50,000 <p><i>Recognizes gender differences in health, but does not directly address the intersections between women’s and girls’ sanitation needs and health</i></p>	<ul style="list-style-type: none"> <li>• Advocate for research on how gender-responsive sanitation planning can improve health (with a focus on MHM, gender-based violence, and nutritional effects)</li> <li>• Advocate for intersectoral convergence to improve sanitation in urban areas with the intent to improve health</li> <li>• Include sex-disaggregated data and gender indicators to enable gender-integrated sanitation planning and implementation</li> <li>• Include indicators that can track the health impacts of sanitation</li> <li>• Increase women’s participation in urban local bodies, especially in relation to sanitation planning and implementation</li> </ul>

(continued)

## Bring Gender in to Change Urban Sanitation

**Table 1. Overview of sanitation-related policies and missions for urban India (continued)**

Policy, Dates, and Lead Ministry	Key Driver	Objective(s) and Modalities	Gender and Sanitation Recommendations
<p><b>Nirmal Bharat Abhiyan (NBA)</b> 2009–2014</p> <p><b>Ministry of Drinking Water and Sanitation</b></p>	<p>End open defecation and improve drinking water supply</p>	<p>Behavior change; hygiene education; end open defecation by 2022; household/community toilet provision; ensure water supply; focus on sanitation coverage awareness and hygiene education; installation of sanitation facilities in communities, schools, and Anganwadi centers; and supporting the development of cost-effective, sustainable, and environmentally sound sanitation and waste management technologies</p> <p><i>NBA is the only program to make explicit references to MHM; a December 2013 modification to NBA guidelines called for the inclusion of hand-washing at critical times and the inclusion of information on maintenance of menstrual hygiene in information education communication materials for all stakeholders; the amendment also called for funding facilities, such as incinerators for MHM in schools, women's centers, and public health facilities</i></p>	<p>Adapt and apply NBA's plan for including MHM in solid and liquid waste management, as well as NBA's information, education, and communication materials on MHM in urban settings</p>
<p><b>Swachh Bharat Mission (SBM), Submission for urban areas</b> 2014–2019</p> <p><b>Ministry of Urban Development and Ministry of Drinking Water and Sanitation</b></p>	<p>Furtheres the goal of NUSP to have "totally sanitized, healthy, and livable cities and towns"</p>	<p>Elimination of open defecation; toilet improvement; eradication of manual scavenging; improved solid waste management; promotion of behavior change; awareness generation; capacity building of urban local bodies; facilitating private-sector engagement for capital expenditure, and operations and maintenance</p> <p>Key action areas:</p> <ul style="list-style-type: none"> <li>• Provision of household toilets</li> <li>• Community toilets</li> <li>• Public toilets</li> <li>• Solid waste management</li> <li>• Information education communication and public awareness</li> <li>• Capacity building and administrative and office expenses</li> </ul> <p><i>No mention of sanitation needs specific to girls and women; no mention of MHM, especially in the context of sanitation infrastructure and solid waste management for urban areas; MHM guidelines for SBM Gramin (rural) have been proposed and are currently under review by the Ministry of Drinking Water and Sanitation</i></p>	<ul style="list-style-type: none"> <li>• Ensure women's participation in the design of household, community, and public toilets</li> <li>• Include the disposal of menstrual waste products in solid waste management plans</li> <li>• Spread awareness about actions that respond to women's sanitation needs and gender-responsive sanitation solutions through public awareness campaigns</li> <li>• Implement monitoring and evaluation plans to evaluate facilities, use patterns, and educational impact for men and women</li> </ul>

Assessments of policy impacts from a gender perspective are lacking. Monitoring formats outlined by policy documents do not recommend the collection of sex-disaggregated data, nor do they gather information on differences among men's and women's utilization of facilities and services provided under these initiatives. In NUSP, for instance, the National Award Scheme for Sanitation for Indian Cities outlines a rating chart for sanitation in cities; none of the indicators is disaggregated by sex, and no gender-sensitive indicators (e.g., women's participation in planning processes or decision making) are included.<sup>13</sup> The paucity of monitoring and evaluation data that highlight differences by sex and gender indicators undermine policy makers' and program planners' efforts to identify gender gaps in sanitation and service delivery. Policy makers can, however, draw upon recent urban sanitation initiatives that are gender-responsive. The Urban Development and Urban Housing Department of the Government of Gujarat has proposed a sanitation index for the Swachh Bharat Mission and includes output indicators assessing the adequacy of toilets for women and men.<sup>14</sup> The Chennai Municipal Corporation plans to install she-toilets in 348 locations across the city, based on a survey of where public toilets for women are needed.<sup>15</sup> This initiative is a step to fulfill the sanitation data and infrastructure gaps identified by the Transparent Chennai Project, which presents a publicly available survey format for collecting information on public toilets that could inform policy and program initiatives at the city level.<sup>16,17</sup>

Tackling the urban sanitation crisis in India will take a combination of bold initiatives testing political will and resource commitments. For these policies and programs to be successful, it is important to be more responsive to gender, unpacking and targeting the sanitation needs of girls and women. Prime Minister Narendra Modi's clarion call to protect and promote women's dignity in relation to sanitation and ensure that toilet facilities are available in schools and communities reflects the government's recognition of the gendered nature of sanitation and a desire to take action to respond to these gaps. Evidence and guidance on how gender-responsive sanitation programming can be carried out in terms of the design, location, and management of sanitation systems can bolster sanitation initiatives across the country.<sup>18</sup> As plans for the Swachh Bharat Mission are solidified and monitoring metrics are defined, sanitation and gender are essential elements to be written in consistently and thoughtfully to promote inclusive solutions to India's sanitation challenge.

### Recommendations

- Urban policies addressing sanitation and explicitly calling for the design and construction of toilets that offer safety and privacy; space, water, and soap to facilitate washing of hands, washing of genitals, and changing of menstrual absorbents; and culturally appropriate disposal of menstrual absorbents.
- Policy guidelines specifying the involvement of women and girls in the design of sanitation solutions, especially in low-income urban settlements and in urban schools.
- Monitoring frameworks in policy documents to include gender-responsive indicators and plans to disaggregate data by sex in order to lay the foundation for gender-responsive sanitation planning and performance monitoring.
- Policy documents advocating for gender-related research on sanitation practices and preferences at the city level to inform policy and program initiatives

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