

40th WEDC International Conference, Loughborough, UK, 2017

LOCAL ACTION WITH INTERNATIONAL COOPERATION TO IMPROVE AND
SUSTAIN WATER, SANITATION AND HYGIENE SERVICES

**Key challenges of marginalised communities on sanitation
and hygiene and recommendations to clean India**

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PAPER 2615

The Ministry of Drinking Water and Sanitation, Government of India recognizes that equity and inclusion are key to ensuring that everyone's sanitation needs are met and that no one is left behind. A priority concern of the SBM guidelines is providing access to different categories of people who are not able to use safe sanitation facilities. The guidelines mention the need to take safety and dignity issues into account and provide facilities that are sensitive to the needs of people with disabilities. It also recognizes the specific needs of women and adolescent girls, such as menstrual hygiene management, and allocates resources for awareness and disposal of menstrual hygiene waste. These guidelines are now in the process of being operationalized and rolled out in practice. This paper discusses key challenges and issues of marginalised communities in India regarding sanitation and hygiene and recommendations under Swachh Bharat Mission.

Introduction

The launch of the Swachh Bharat Mission (SBM) in 2014 had given a new momentum to sanitation in India. There is a clear political will to accelerate the progress on sanitation and hygiene for all. However, progress has been uneven and inequitable, and many challenges remain (*SBM Guidelines, 2014, para-5.9*). Particularly, women, adolescent girls, the elderly, persons with disabilities (PWD), sanitation workers and waste segregators are systematically excluded from safe and adequate hygiene and sanitation services. They are further excluded from decision-making processes, even though they face specific challenges regarding access to water and sanitation. This paper is based on consultative process leading up to SACOSAN VI, Dhaka. The purpose of this consultative process was to support Government to implement Commitment of the Kathmandu Declaration (SACOSAN V declaration) and facilitate direct participation and representation of marginalized voices at SACOSAN VI. As part of this process, eighteen consultation meetings were held by the Water Supply and Sanitation Collaborative Council (WSSCC) with support of the Freshwater Action Network South Asia (FANSA) across 8 states (Delhi, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Odisha, Tamil Nadu and Telangana) in India with participants from different marginalized groups. In January 2016, community representatives participated in the plenary session at SACOSAN VI, Dhaka where they presented the sanitation and hygiene challenges of their constituencies to the key decision makers of national governments and international development agencies. The observations and outcomes of all meetings are presented in this paper (India Country Report on Leave No One Behind, 2016).

The women and adolescent girls

Current WASH practices

1. The participants shared that they go – usually in a group - to a pond, stream or river or fields at some distance from their homes to defecate. The group gives them a sense of security. They prefer to go before sunrise and after sunset to ensure privacy.
2. As Per the participant, community toilets are unsafe, dirty, poorly maintained and do not offer any privacy. In fact, men often loiter specifically near the toilets and harass women when they come to use

the toilets. Many women depend on an escort (usually an older person) to accompany them to the toilet, to reduce the risks involved. Also, there is shortage of water supply in these toilets.

3. A similar situation exists regarding bathing. Most of the women reported bathing that they take a bath at a river or stream or in an open space behind their homes. They also wash their clothes in the same source of water.
4. Menstrual hygiene continues to be a taboo subject. Even during the meetings, some of the participants were reluctant to share openly. The most common practice during menstruation is using old cloth, washing it in a water body during a bath and reusing it. Sanitary napkins are either not known or are considered too expensive. Adolescent girls said that they were too embarrassed to ask a male shopkeeper for sanitary napkins and hence refrained from buying them from a shop. In public toilets and school toilets, there are no proper disposal mechanisms. Handwashing with soap is rare and people mostly use ash or mud.

Challenges

1. Lack of privacy when they go out to defecate is the biggest challenge women and adolescent girls face. They shared how the lack of a toilet exposes them to physical and emotional danger. Bathing in open ponds and rivers also exposes them to risks, such as sexual harassment.
2. Special situations like pregnancy and illnesses exacerbate the problem. Pregnant women shared that the long distance and uneven paths they have to cover to find a public toilet or a place for open defecation exposes them to the risk of falling and having a miscarriage. Toilets are also not designed for pregnant women as they find it difficult to squat.
3. Women are usually not consulted or involved in financial decisions in the household. Men and other family members do not prioritize toilets in the home.
4. Public toilets are particularly difficult to use as they are not maintained and tend to be unclean and unsafe. Irregular water supply adds to the problem. Public institutions, such as schools, colleges, offices, market places, railway stations, etc. do not have separate toilets for men and women. When compelled to travel, the participants restrict the intake of food and water to avoid the need to defecate or urinate till they return home.
5. Financial challenges have further impact on accessibility. Participants shared that the fees levied for using public toilets were too high when calculated for the entire family monthly, and many of them cannot afford to pay it.
6. Proper Menstrual Hygiene Management is very difficult at all locations - at home, school, and other public places due to the lack of toilets, water and a proper space for changing and the safe disposal of used sanitary materials. Participants also shared that the use of sanitary napkins is limited because of the lack of information, non-availability of sanitary napkins, the high costs of sanitary napkins and the problem of safe disposal.

Elderly and disabled

Current WASH practices

1. Most participants came from urban, peri-urban, slum and rural areas. Most of them shared that they do not have toilets at their homes. They defecate in the open, with many of the older people defecating in a half standing, half-squatting position with the support of a walking stick.
2. Most of the participants admitted that they wash their hands with soap only after returning home, as it is difficult for them to carry water for both anal and handwashing. Moreover, there is no running water in most households and people store water in a tank in the courtyard.
3. The participants, some of whom were from Old Age Homes and Special Schools for disabled children, shared that the existing toilets are not designed to meet their needs and hence they find it difficult to use these toilets.
4. Despite statutory requirements, disabled-friendly sanitation facilities are simply not available in most of the public spaces, including market places, bus-stands, hospitals and offices.

Challenges

1. Most of the participants do not have toilets, even though they have a disability. The key hurdles include: lack of funds and family support, space constraints, inappropriate infrastructure that does not meet their special needs, and lack of awareness regarding subsidy procedures.
2. Even the few people, who have household toilets, face problems because these toilets are not designed to meet their needs. Elderly people and the disabled also need slip-resistant floors, handle bars to support

themselves and space for a walker. The standard toilet design does not cater to different types of disabilities.

3. Even in urban areas, the WASH facilities in public areas are inappropriate for people with disabilities. The designs are inconsistent and the position of the door, light switch and water points differ in each toilet.
4. There are poor hygienic conditions due to improper and inaccessible WASH facilities. Participants cited several reasons for not using public toilets, including the shortage of water and poor maintenance, the lack of display boards and instructions for use, insensitive staff and tap / flush arrangement.
5. Most of the schools and colleges lack disabled-friendly sanitation facilities. Although there are ramps in some institutions to give students with disabilities access to the classroom, going to the toilet continues to be difficult due to its location and uneven access paths. Girls who are menstruating have little choice other than to stay at home or stain their clothes.
6. Disabled women face challenges especially during menstruation, pregnancy and childbirth because of the lack of clean, hygienic and accessible WASH facilities.
7. The inadequate number of toilets and inappropriately designed toilets in old age homes also cause several difficulties.
8. Participants across all consultations felt that community and responsible authorities do not understand the challenges faced by people with disabilities. Caregivers – who also participated in the consultations – shared that they face huge challenges in ensuring the personal hygiene of their wards.
9. As per the participants the contractors and agents selected for construction of toilets are appointed without people's participation, and as a result the quality of their work is sub-standard and their designs flawed.

Sanitation workers

Current WASH practices

1. Although sanitation workers and rag pickers are key stakeholders and responsible for keeping the environment clean, they themselves do not have access to WASH facilities and work in extremely unhygienic conditions.
2. Most of them live in slums where, if there are any toilets at all, they are community ones with poor drainage systems, insufficient water and no maintenance.
3. Waste pickers, living at the Bhalasva landfill in Delhi and in Gandhinagar, Gujarat, shared that they have no proper bathing facilities. Women use poles and a sari or bed sheet to create a make-shift tent where they can bathe in privacy.
4. There are no WASH facilities at the work place despite the long working hours. Waste pickers, especially women, typically start their workday very early in the morning and spend all day at the landfill or waste segregation centres, or collecting waste from homes. Sanitation workers also spend the day cleaning roads and public spaces, including drains. They do not have access to toilets and practice open defecation.

Challenges

1. Unhygienic work conditions: Rag pickers, especially, are extremely vulnerable to injuries and infections because they have to sort garbage manually with their bare hands. This garbage is mixed with potentially harmful waste materials, including hospital waste, shards of broken glass and soiled sanitary napkins and diapers. They do not have any protective gear – no gloves, mask or boots. The toxic gases and foul odour from these drains are suffocating and have often led to sanitation workers suffering from respiratory diseases and in extreme circumstances, even dying.
2. Lack of enforcement of waste management policy and practice: India has rapidly growing cities that produce tonnes of garbage. Although there are waste management rules in place for the disposal of plastic, e-waste and biomedical waste these rules are not enforced into practice.
3. Lack of proper equipment for cleaning the drains and removing garbage. Very few garbage collection vehicles have a mechanized system to remove the garbage. Instead sanitation workers pick up bins with their hands and dump it into the trucks. The condition of these vehicles tends to be poor.
4. Vulnerability to ill-health and high medical costs: Almost all the participants said that they regularly fall ill due to unhygienic work conditions. They complained of illnesses such as back aches, skin infections, asthma, bronchitis, diarrhoea and tuberculosis. During the summer and monsoon seasons, they suffer from frequent bouts of malaria and dengue fever.

5. Lack of financial security is a major concern. At the time of the consultation, the sanitation workers in Delhi had gone on strike because they had not been paid by the Municipal Corporation for several months. While these workers are better off since they have a regular job, most of the sanitation workers are employed on temporary or contract basis and have no job security. Women participants reported receiving lower wages than men. They also complained of supervisors forcing them to carry heavy loads.
6. Discrimination issues and non-cooperation from the community were universally considered to lead to stress, lack of self-esteem and demotivation. Entry of private companies and privatization of garbage management is also a threat to the livelihoods of waste pickers.

Transgender group

Current WASH practices

1. Due to social prejudices, it is difficult for the transgender community to find rental housing and they regularly end up living in highly congested areas with few toilets. Those who find shelter with a guru share a toilet with over 30 people and therefore often have no option but to defecate in the open.
2. Transgender people living with their families usually have access to a toilet, but in rural areas some of them continue to practice open defecation.

Challenges

1. Daily harassment, discrimination, prejudice and violence from their own family members, community members, the police and their clients since transgender people are mostly engaged in sex work or beg for a living.
2. Denial of accommodation, forcing them to live in remote, slum areas, where access to water and sanitation facilities is poor. Since their work is considered illegal, it usually takes place in deserted places (areas) – graveyards and dump yards - where there are no toilets.
3. Transgender people face a dilemma every time they have to use a public toilet. Public toilets are either for men or women and transgender people are not welcome in either, since it is widely believed that they are seeking sex work when they visit public toilets. When they use the men's toilet, they are subjected to sexual harassment and sexual violence. Therefore, most transgender women prefer to use the ladies' toilet; however, they report that women get scared when they see a transgender person in the toilet and start abusing them.
4. Due to lack of adequate water and sanitation, they frequently contract acquire various infections, such as skin and urinary tract infections (UTIs).
5. Due to social prejudices of health care providers and financial constraints, they are unable to afford proper medical care and therefore are forced to rely on unregistered medical practitioners or fall back on traditional medicine for treatment.

Key findings

Across all the consultations, it was found that most of the participants resorted to open defecation because of the lack of suitable toilets. Men and children expressed a preference for open defecation and said they only used toilets during an emergency or when they couldn't go out. Private bathing facilities were not available for majority, and most built makeshift tents or bathed in a river or a pond, that was also used for washing clothes. While women and adolescent girls revealed that they ranked a toilet as an urgent and important need, males said it was not a priority. Since women have very little voice in decision-making, they are unable to influence the menfolk and ensure that their own needs are met. WASH facilities in schools, workplaces, market spaces and public areas are poorly maintained, tend to be dirty and can be unsafe. Generally, there is neither soap, nor water available for handwashing. The problems of women and adolescent girls are exacerbated when they are menstruating, because there are no facilities for changing and disposing sanitary materials safely.

Elderly people and disabled groups said that they experienced extreme difficulties in using the existing toilets because the infrastructure has not been designed with their needs in mind. They said that the designs of the existing facilities reflect a complete lack of understanding of their needs, not only by service providers, but at times even by their own family members. Measures taken so far to protect sanitation workers and waste pickers, and to accord the transgender communities with their basic human rights, have been largely inadequate and ineffective. Sanitation workers, mostly from the Dalit community, work in very unhygienic conditions and run under the risk of the risk of infection and injury because they are not provided with protective gear and have no access to handwashing facilities at work. Financial and job security remain

elusive goals. The prevalence of stigma, prejudice and discrimination serves to enhance the vulnerability and marginalisation of both the transgender community and the sanitation workforce. (*India Country Report on Leave No One Behind, 2016*).

Key aspirations of these groups include

- Safe, clean and accessible WASH facilities at educational and public institutions with adequate facilities for washing, changing, drying or disposing of soiled sanitary materials for menstruating women and girls.
- Safe and clean WASH facilities at home and in public institutions, including schools, which can be easily accessed by the elderly and persons with disabilities by introducing simple adjustments, such as wide doors, ramps, handle bars for support, good lighting, commodes and slip-resistant floors.
- Inclusion in decision- making processes related to planning, designing and managing these facilities to ensure that the specific needs of each group are met.
- Information and education on menstrual hygiene management for adolescent girls and availability of privacy, water, soap and sanitary napkins at schools and colleges.
- Medical, life, accident insurance, job security and equal pay for sanitation workers and waste collectors.
- Recognition of the critical role played by informal waste collectors in keeping the environment clean, and their right to sell the waste collected by them at a fair price.
- Provision of safety equipment, protective gear, and WASH facilities at landfills and waste segregation points, for sanitation workers and waste collectors.
- Sensitization of the general public, as well as, governments to reduce stigma and discrimination against sanitation workers and the transgender community.

Recommendations

A. For local, state and central government

- Inclusion of the voices of marginalised communities in planning and decision-making bodies at all levels, so that they inform the design, operation and maintenance of WASH facilities. The participation of women, adolescents, people with disabilities and other marginalised groups must be institutionalized at all levels.
- Ensure the enforcement of building norms for public institutions, which include norms for WASH facilities.
- Allocate dedicated funds for operation and maintenance of community toilets at the time of planning the facilities.
- Ensure that the national guidelines for Menstrual Hygiene Management are disseminated and state capacities built for implementation of these guidelines.
- Ensure that WASH facilities in public places meet the needs of persons with disabilities, elderly people and other groups with specific sanitation needs.
- Train masons so they can offer persons with disabilities and other groups with specific sanitation needs, appropriate, cost-effective toilet design that meet their specific needs.
- Ensure implementation of the solid waste Management Rules 2015 and enforce the segregation and safe disposal of waste.
- Enforce legislation to ensure the personal safety and financial security of sanitation workers and waste collectors and ban manual cleaning of drains and replace it with the use of technology.
- Ensure the rights of Transgender Persons' Bill is legislated and disseminated to all states and sanitation facilities are made available for transgender people.

B. For civil society organisation

- Create platform for marginalised individuals and communities to raise their concerns with policy makers and WASH service providers.
- Build capacities of village Water and Sanitation committee (VWSC) and School Management Committee (SMC) on WASH issues.
- Build awareness on hygiene and sanitation issues to ensure adoption of safe practice by individuals and communities.
- Support public campaign on safe waste disposal sensitize people to reduce stigma and discrimination against sanitation workers and waste collectors.
- Advocate with government to ensure the dignity of sanitation work is recognized and the jobs of the

- sanitation workforce is regularised through legislation.
- Conduct sensitization campaign on the rights of transgender people.
- Advocate for developing clear guidelines under SBM and city sanitation plans to meet the sanitation needs of transgender persons.
- Monitor progress on the implementation of ongoing activities and SACOSAN VI commitments.

The way forward

The Leave No One Behind consultation process and participation of marginalised groups is an important step towards addressing equity and inclusion in sanitation and hygiene. It is, however, critical to continue and deepen this process by systematically creating platforms for constructive dialogue so that policy makers and duty bearers can listen to the needs and aspirations of marginalised groups. The challenge will be to institutionalize such processes so that the perspectives of those, who are traditionally left behind, routinely inform policy and practice. As the key findings of the consultation process have shown, we need collective behaviour change so that people begin to adopt hygienic practices. We also need to address stigma and discrimination, that act as barriers and prevent the marginalised communities from accessing and using safe sanitation facilities. Above all, we need to put the last mile first and listen, to ensure that no one is left behind.

Acknowledgements

The author would like to extend thanks to Ms. Archana Patkar, Program Manager, Water Supply & Collaborative Council (WSSCC) for support and advice and FANSA (Fresh Water Action Network South Asia) team.

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Note

This paper is based on India Country report of Leave No One Behind consultation process before SACOSAN-VI in India.

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