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Water and Sanitation: A Gender Perspective

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Abstract:
According to The Committee of Social, Economic and Cultural Rights, access to water and adequate sanitation are underlying determinants of health, which in turn, is an inclusive right. In our portfolio of economic development and social progress, provision of proper sanitation and drinking water are quintessential requirements, especially when it pertains to women's health. Proper water availability and better sanitation are indeed reflections of women's dignity and equity. Absence of proper hygiene and sanitation is the chief cause of reproductive tract infections (RTI) in females where the former is primarily associated with the availability of water. Her personal sanitation and hygiene is neglected with huge gender inequalities in the utilization of the services.
The paper has relied primarily on secondary data to analyse the problem in consideration. For qualitative analysis, a few case studies are incorporated in understanding the gravity of the situation and for deriving inference about the problem. The paper examines the functionality of various government programs in Rajasthan related to water availability and sanitation. It tries to find the gap that pertains in this sphere, where there is divergence between approved, released and actual funds. Thus the government is realising the necessary condition of toilet construction and meeting the sufficient condition of proper water availability remains a crucial issue. The paper tries to focus on the problem of water availability which adversely affects sanitation practices that result in various health hazards especially with reference to rural women of Rajasthan.
Effort is made to evolve a sanitation model that adapts well to Rajasthan's social and geographic conditions. Appropriate design and location of sanitation facilities reduces the risk of violence and gender specific health problems. It is essential to understand the needs of women and girls while designing sanitation programs.(Marcelina Albuquerque). Realizing the goal of adequate sanitation and water availability is a consistent social process that requires time and investment.

1. Introduction

The State of Rajasthan –is located on the northern side of the country, where it comprises mostly the wide and inhospitable Thar Desert[i] with a significant rural mass. Doing a situational analysis of the State, the status of water in Rajasthan is most critical[ii]. Rajasthan with a geographical area of 10.4% which supports 5.5% of the population and 18.70% of the livestock, has only 1.16% of the total surface water available in the country. 85 out of 142 desert blocks are in the state of Rajasthan covering almost 60%. Average annual rainfall is 531mm (ranging 100-800) and has witnessed frequent droughts and famine. The per capita water availability in Rajasthan is about 780 cubic metres against the minimum requirement of 1000 cubic metre. It is feared that the availability of water would fall below 450 cubic metre by year 2050 which is considered as absolute water scarcity as per international accepted norms[iii]. The often unspoken part of water crisis and sanitation is its impact on the Gender, a woman's struggle involved in getting the basic needs met as she is the sole promoter of the family's health and hygiene practices. According to The Committee of Social, Economic and Cultural Rights, access to water and adequate sanitation are underlying determinants of health, which in turn, is an inclusive right. In our portfolio of economic development and social progress, provision of proper sanitation and drinking water are quintessential requirements, especially when it pertains to women's health. Proper water availability and better sanitation are indeed reflections of a woman's dignity and equity.

[i] Government of Rajasthan, Official Web Portal
[ii] http://www.investrajasthan.com/drinking-water.cms
[iii] Hemant Joshi & Suneet Sethi,(2011), "Decentralized Governance in Rural Water Sector: The Rajasthan Scenario", Communication and Capacity Development Unit, Water and Sanitation Support Organization, Public Health Engineering Department, Government of Rajasthan

2. Government Programmes

Health infrastructure is the fundamental prerequisite for achieving the desired results in the pace of development and growth. It is a merit good which should strictly adhere to the principles of non- excludability and non-rivalry. It has a role to play in the generation of positive externalities and to minimise market failure. Sanitation thus, is a right for all, where the benefit has to be transmitted to every sphere and segment of the society irrespective of caste, class and gender. It is a sad fact that dualism exists in this arena too, which has crippled the functionality of proper water supply and adequate sanitation. This persists not only in India, but is a grave issue all over the world, where the gender is callously sidelined. Many international organizations have come up for the redressal of the issue where United Nation Development Programme's (UNDP) Millennium Development Goal (MDG) is one such.

Sanitation as a national objective shaped out of its genesis in the form of government sponsored programmes since 1986 with Central Rural Sanitation Programme as the pioneer. It was launched to improve the quality of life of rural people and also to provide privacy and dignity to women. In Rajasthan, various programmes are launched under Rajeev Gandhi Water Resources and Conservation Mission like Apex Committee of State Water and Sanitation Mission (SWSM), Executive Committee of Sanitation, Programme Monitoring Unit & Sanitation Support Organisation (PMUSSO), Capacity and Communication Development Unit (CCDU). Panchayati Raj Institutions are entrusted with justifiable or rather 'need-of-the-hour' objectives under District Water and Sanitation Mission (DWSM), Block Water and Sanitation Mission, Village Health and Sanitation Committee etc.

In 1999, there is Total Sanitation Campaign (TSC) including large IEC (Information, Education and Communication) component which is hailed as a major paradigm shift from a supply driven approach to demand driven approach[iv]. Demand-side approaches focus on health education, social marketing, community action, supporting household behaviour change and enabling small scale entrepreneurial initiatives with state as facilitator.[v] In 2003, Nirmal Gram Puraskar was initiated where there is reward for 100% sanitation. In 2012, Nirmal Bharat Abhiyan, community led and people cantered approach. In Rajasthan, the sanitation programmes triggered off with Rural Sanitation Programme in 1994-97, that provide training to NGOs in Rajasthan. Many other projects were also initiated.

Adequate sanitation and construction of toilets is receiving attention these days. The focus on creating demand for toilets and sanitation has led to important findings that individual and households′ motivations to build and use toilets has more to do with comfort, convenience, status, privacy, and dignity than with perceived public health benefits (Evans, 2005, Jenkins and Scott, 2007 and Jenkins and Curtis, 2005; Jenkins and Sugden, 2006; Peal et al., 2010). Thus the positive externality of public health is hardly considered by the households or individual units.

According to United Nations, Millennium Development Goals Report 2014, Sanitation remained a grave concern for India. The danger of water scarcity encircling the State, the problem of Sanitation is critical. Health and Sanitation is regarded as an inclusive right by World Health Organisation (WHO)[vi]. Sanitation is regarded as public health emergency, where availability of water is crucial. Without water, there is no hygiene. Research shows that less water availability results in less good hygiene in the households.[vii] Having said that, the State of Rajasthan and its sanitation has to be given serious attention.

3. Trend of TSC Budgeting

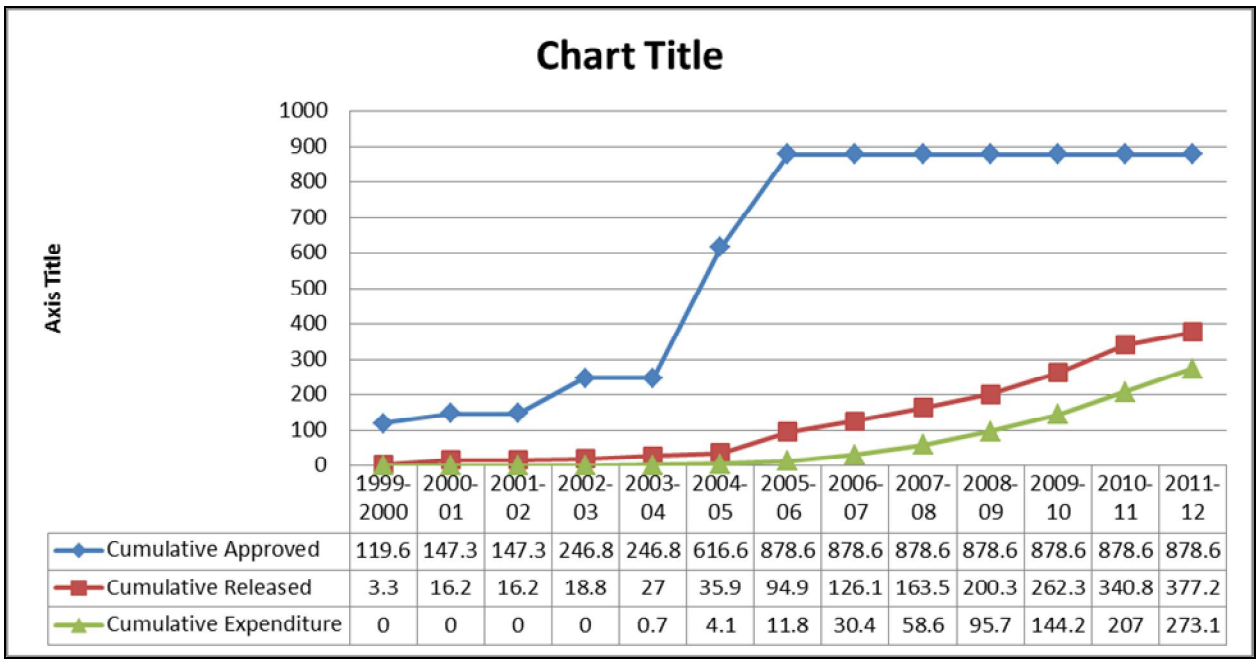
Funding is allocated to rural sanitation and hygiene in line with Total Sanitation Campaign and Government of India guidelines, which clearly shows a lack of convergence between the approved, released and actual expenditure of funds. The Total Sanitation Campaign transferred the administrative control to Panchayati Raj Department in 2010. It is a sad reality that the agencies entrusted with the responsibility of effective sanitation like Panchayati Raj Institutions (PRI) are not given the financial freedom via fund allotment. Financial autonomy is very much desirable for a better productive performance and a fruitful outcome. The Figure shows the trend in Total Sanitation Campaign budgeting in Rajasthan.

[iv] Plan International (India),(2009),"Evaluation of Existing capacities in WATSAN Sector", Plan International and WASH Institute.

[v] Kathleen O Reilly, Elizabth Louis, (2014), "The Toilet Tripod: Understanding Successful Sanitation in Rural India" Science Direct, Health and Place, Volume 29, Sep., 2014, pp 43-51.

[vi] http://www.wma.net/en/20activities/20humanrights/10health/UN_s_Special_Rapporteurs_briefing-EN.pdf.

[vii] http://www.who.int/water_sanitation_health/takingcharge.html.



	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Cumulative Approved	119.6	147.3	147.3	246.8	246.8	616.6	878.6	878.6	878.6	878.6	878.6	878.6	878.6
Cumulative Released	3.3	16.2	16.2	18.8	27	35.9	94.9	126.1	163.5	200.3	262.3	340.8	377.2
Cumulative Expenditure	0	0	0	0	0.7	4.1	11.8	30.4	58.6	95.7	144.2	207	273.1

Figure 1: Trend of TSC Budgeting: Approved, Released and Actual Expenditure
Source: ddws.nic.in (Y axis-Funds in Rupees Crore)

The Figure shows the divergence between the approved, released and actual expenditure of funds. The percentage of cumulative expenditure to approved funds is abysmally low. For a considerable period of time, cumulative expenditure remained stagnant. ie, from 1999-2000 to 2005-06. Growth of cumulative expenditure is marginal and was around 32% of approved funds in 2011-12.The percentage of cumulative expenditure to release funds is also no less depressing. Between 1999-2000 and 2002-03, the percentage of cumulative expenditure to released funds was zero percent. It showed a steady improvement and reached 72% of approved funds in 2011-12. Though the figure shows an upward trend, it has to be noted that it constitutes only 32 percent of the approved funds.

Though the Government is showing a greater conscience getting more and more funds approved, the release of the funds is minimal which throws light on an inefficient bureaucracy and many loopholes in the administration. Even the use of released funds is questionable. Total Sanitation Campaign has played a major role in the construction of more toilets in the rural areas. All districts of Rajasthan have been covered under TSC and the rural sanitation coverage of the State has increased from 14.61 % (2001) to 45.45% (2010).[viii] The rural sanitation coverage of the country is 62.41% as per the progress reported by all the states which clearly indicated that the state of Rajasthan is lagging behind as the figure is less than the national average. NSSO data shows that TSC has led to large leakages without improving much in rural sanitation of Rajasthan. The expenditure of funds should manifest itself in the proper functioning and maintenance of toilets which is not happening. There is much emphasis on the construction of toilets. But there is hardly any follow up so as to make these toilets functional for the public use. Women are the major sufferers here as they are subjected to grave gender inequities.

The situation of toilets in the public schools of Rajasthan shows the true picture of sanitation efforts by the government which is grossly underperforming in respect of necessary and sufficient conditions. The norms of the Water Sanitation Hygiene programme for school (WASH) for toilets are 1 toilet for 80 boys and 1 toilet for 40 girls. The findings show that for boys, 68 per cent schools have a ratio of one toilet per 80 boys, while for girls only 28 per cent schools have one toilet for 40 girls which shows gender discrimination. Water in toilets was available only in 48.55 per cent schools, while the rest had no water in the toilets. Water in urinals was available only in 52.15 per cent schools.[ix] Although significant progress has been made in coverage of school latrines increasing from 20.24% (2005) to 89.89% (2011)[x]. Now 97% of schools have common toilets, but only 85% of the schools have separate toilets for boys and girls[xi].But putting mere concrete would not help. Sanitation Crisis would not have happened if the Government had seen not only the necessary condition of creating the "infrastructure", but also the sufficient condition of making it functional focussing much on the areas like water supply, proper pipelines, proper drainage, appropriate toiletries, men and resources required to maintain the toilets.

The majority of public toilets situated in public offices, bus stops, railway stations etc are locked and many are extremely unhygienic which poses a great hindrance to women sanitation and health. Use of unhygienic toilets has resulted in severe health problems including Reproductive Tract Infections (RTI) and poses hazard to women's menstrual hygiene. Water inadequacy adds gravity to the

[viii] Government of Rajasthan, Rural Development and Panchayati Raj Department (2011)
[ix] Aarti Dhar, (2015), Rajasthan HC: No recognition for schools without toilets, The Hindu, Feb., 23, 2015, Jaipur.
[x] www.ddws.nic.in.
[xi] Rajasthan Rural Education Council, August 2011

situation and is one major catalyst for the extreme unhygienic state of the public toilets. Many defecate in the open and women 'hold back' due to lack of privacy and results in severe health repercussions.

It is indeed a pity that much social and cultural stigma is attached to discussing openly the sensitive, serious issues of these kinds. According to UNICEF Report, as in 2013, only 48 per cent of rural Indian population has access to good toilet and sanitation facilities. In Rajasthan, 60% of population defecates in the open.[xii] Lack of toilet facilities in the rural areas for females has always been a matter of concern, especially during the late hours.

In every household, women shoulder the responsibility of maintaining the hygiene, sanitation and fetching water for the family. Many of the rural households lack proper awareness on adequate sanitation. Moreover, culture and beliefs, along with female illiteracy, make them unaware of the health hazards that they have to deal with on a daily basis. Women suffer from inflammation, itching, soreness and odorous discharge. Lack of hygiene plays a big part in transmission-sharing bathrooms or toilets of poor hygienic condition. A case study on Dausa district of Rajasthan (2012) supports this as it was found out that around 70-80 percent of rural females suffer from the above illnesses. An interview with health service providers and other health agencies threw light on the grave sanitation issues that has crippled the female health. Rural girls suffer from poor menstrual hygiene. According to Craig Mokhiber, Chief of the Human Rights Office Development and Economic and Social Issues Branch, stigma around menstrual hygiene is the violation of human rights and it demands attention, not just of the human rights community, but of health professionals, governments, activists, economists and broader society at large.[xiii]

4. Case Studies

The following cases throw light on the severity of water unavailability on sanitation and general hygiene with greater impact on the women. The cases are from Lakshmangarh village which is in Sikar district of Rajasthan

Santosh, aged 35, literate, holding a BA degree, encourages her children to defecate outside, squatting on the drainage lines, though they have a toilet inside the house. She tells that it saves much of her water which she fetches with difficulty from the outside pipe where water comes at irregular intervals. She saves water for cooking and for "emergencies".

Jyoti, aged 39, again a graduate, rich who belongs to the joint family, owning and living in a Haveli which has a toilet attached to the house outside. On 2-3 visits there, it was found that the toilet was extremely dirty ignoring hygiene to its core, again attributing it to the shortage of water. There the males prefer open defecation.

Durga, aged 9, belongs to a poor and illiterate household does not have a toilet in her house. The family defecates in the open, takes bath in the only room of their house and when asked as to what they would do if more money was coming their way, toilet was never in their list.

The two of the three cases above are true paradoxes as literacy even could not save hygiene and sanitation in the face of severe water scarcity. They ignore the consequences or rather they choose to ignore. Indeed, literacy and awareness foster better sanitation and hygiene practices. But when adequate water is not there to make it functional, the rest all factors are grossly ineffective.

In the Ralawata village of Rajasthan, hardly ten out of one hundred households have toilets. Upon interviewing a few, it was found that mostly the financial assistance received from the government for the construction of toilets, comes under the female's name. Unfortunately, she does not have a say in the family and comply to her husband's decision of constructing toilets and using it as store rooms so that they meet the inspection requirement by government authority.

It is thus necessary to evolve the toilet model that complements the economic dictum, "the maximum utilisation of scarce resources"- our main issue here being that of water shortage and that justifies the geographical and social conditions of the rural mass in Rajasthan. This would enhance the dignity and self-esteem of the women folk at large. Ecological Sanitation (ECO-SAN) Model toilets should come forth and to a great extent can curb the problems of sanitation where water scarcity is also acute.[xiv] This toilet design might be costly but prevents contamination of water and soil. Human waste can be composted and used as a natural fertilizer. This is best in water scarce areas. With greater funds approved for sanitation, right utilisation in the right direction is not a major hindrance

If we tally the costs and benefits of sanitation, the costs are very minor compared to the benefits as it has a direct impact on health, gender, social security, economic stability and advancement of the state and the nation at large. Eco-sanitation or compost toilets have helped achieve nearly 100% sanitation in Rupauliya, a small village in Bihar.[xv]

From the gender perspective, it is clear that the severity of the problem of scarce water supply and sanitation is quite huge. It carries shocking dimensions with it. Her right to health, right to freedom, freedom of speech and expression, her security and safety are put to question. With ample funds approved, it has to be put to the best utilisation adopting the best sanitary measures, water and maintenance of sanitation and its effective monitoring by the government bodies.

[xii] Diane Coffey, Aashish Gupta, Payal Hathi, Nidhi Khurana, Nikhil Srivastav, Sangita Vyas, Dean Spears (2014),"Open Defecation-Evidence from a new Survey in Rural North india",20 Sep.2014,Economic and Political Weekly, Vol XLIX No.38

[xiii] http://www.ohchr.org/EN/NewsEvents/Pages/Everywomansrighttowatersanitationandhygiene.aspx

[xiv] http://water.worldbank.org/shw-resource-guide/infrastructure/menu-technical-options/ecological-toilets

[xv] Chicu Lokgariwar,(2014),"The profitable Toilet", India Waterportal

5. Conclusion and Recommendations

We need to realise the strong interconnection between water management, sanitation systems, waste management and health education. As pointed out by Avinash Kumar, Director of Programs and Policy for Water Aid India, Census 2011 found that almost 80% of the toilets estimated to be built under TSC between 2001 and 2011 were missing. It has been realised that the money dumping on just toilet construction will not help. Corporate Social Responsibility can bring in technology for sustainable sanitation, they can use their expertise on consumer behaviour to develop designs for mindset changes around sanitation and lastly it has to recognize that this is also a social process requiring time and investment.

Greater priority on Information, Education and Communication (IEC) is the need. It is necessary to have greater social mobilisation for generating demand for sanitary facilities at manageable cost, adequate NGO involvement, a greater focus on long term planning, impact maximisation through inter-sectoral co-ordination, greater community participation in decision making and planning at the grass root level, especially women so as to incorporate their needs. Long term planning should be resorted to. Further, a proportion of fund should be assigned to the regular maintenance and monitoring over sanitary facilities guaranteed to rural poor in Rajasthan. The trend of valuing private good over public good should be ripped off. As Christian Holmes, the USAID Global Water Coordinator rightly puts it, "It is time to support and enhance the capacity of woman to develop and lead the implementation of water and sanitation solutions. Women have the right to participate equally in decision making within the communities to help address these needs."

Thus, working on development goals like water and sanitation should be the outcome of joint effort, of evolving mindset more adaptive to welcome changes, closely correlated with gender mainstreaming and a consistent perseverance towards a better quality of life for human sustenance.

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