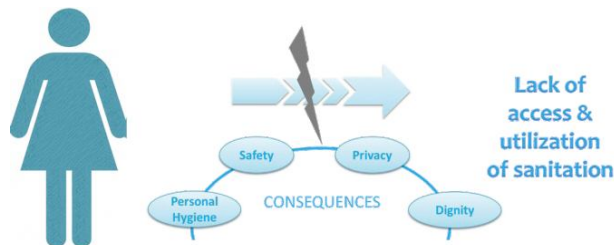


Acknowledging Her Role

Water and Sanitation in India

Women's disproportionate vulnerability to lack of water and sanitation access is well documented. Women are the real users, providers, and managers of water in rural households. They therefore need to be mainstreamed into water management activities by participating in decision-making on access, location and maintenance of water sources. In the implementation of programs aimed to increase drinking water access in rural areas, village level institutions play a key role. Hence women's empowerment in planning and implementation of such programs must occur at the community level.

Women are also the guardians of household hygiene and the most inconvenienced when there are no proper sanitation facilities. Sanitation infrastructure must take into account their needs of personal



hygiene, dignity, safety and privacy. However, decision-making on access to sanitation infrastructure is often without reference to the women members of the household. Therefore, approaches that empower women within the family tend to be more successful.

In India, however, water and sanitation issues are often conflated into a single issue. By not accounting for the differences in scale, policy-makers are severely hampered when planning and implementing a gender focused program on water and sanitation.

Women's access to water and sanitation in rural India

In rural India, a dual standard prevails for men and women when it comes to water and sanitation. In the case of water, there is a gender division in roles. Traditionally, women have assumed the burden of providing water for domestic activities such collecting drinking water, cleaning dishes and washing clothes. However, only 41% of rural households have access to drinking water within the premises according to the 65th National Sample Survey (NSS) report for 2008-09. Thus many women have no choice but to carry water home. This is challenging, particularly during the water-scarce and drought-prone summer months, during which they have to invest considerable time and effort to make long trips to distant water sources. Barriers to water access are also greatly increased for women of marginalized communities, as social obstructionism may reduce their access to village water sources.

In a similar way, cultural norms allow men the freedom to urinate or defecate in public with little stigma. Yet women are required to seek private areas for the same activities. Unfortunately the existing infrastructure does not address their needs; the 65th NSS report indicates that nearly 65% of rural households have no latrine facility. Women in rural areas are left with little choice but open defecation. They have to invest time and energy searching for relatively safe (and private) spaces that have water access.

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A study conducted by Planet Kerala in 5 Panchayats covered under Jananidhi Project, found that women in low-income households could save over 2 hours (123) minutes daily if they had access to a nearby supply of drinking water.

It is not enough to provide adequate sanitation facilities only at home. Public institutions like schools need to improve their facilities as more than a third of rural schools have no sex-segregated toilet

facilities. This inconveniences girls disproportionately and has been postulated to be a major reason behind the higher dropout rate of girls. Adolescent girls are especially likely to discontinue their education because they cannot manage their menstrual hygiene due to the inadequate sanitation infrastructure in schools. Without adapting to the needs of female students, dropout rates for girls will continue to be higher than for boys.

Compromised sanitation and water access has grave consequences for women's health. Women have to wait for certain times of a day, such as under the cover of darkness during dawn or dusk, to relieve themselves. The links between water, sanitation and hygiene to overall health cannot be dismissed. Women are especially vulnerable to poor facility access. Lack of water may result in inadequate hygiene, while lack of sanitation access may involve taking personal risks in the process of open defecation.

Providing water and sanitation facilities at a reasonable distance and ensuring access for all members of society will allow women to experience greater savings in time, improved health benefits and have greater dignity. Yet these facilities must also be designed and maintained in such a way that women's needs are taken into account. Program interventions aimed at increased access to drinking water must take into account women's needs when deciding location and maintenance of drinking water sources. Programs on individual household toilet construction must factor in women's issues such as water availability and washing and bathing facilities in the bathroom.

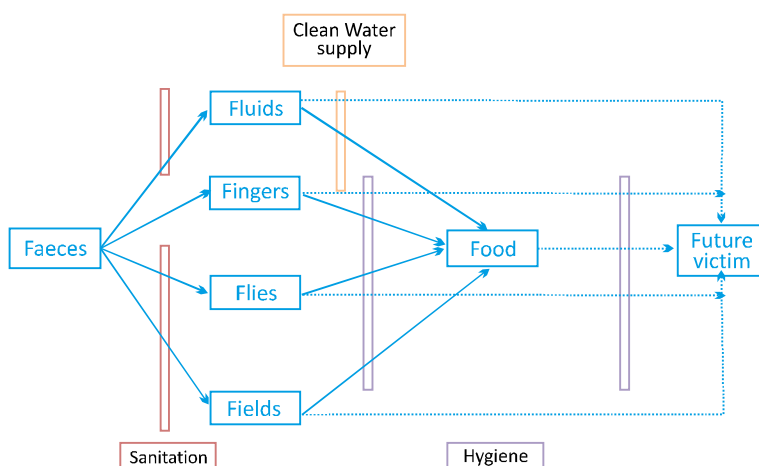
Women's access and policy making

Although the Government of India acknowledges the importance of water and sanitation for women, the National Water Policy (2002) does not specifically mention gender differentiated water needs or women's role in water management. Nor do key survey tools like the Census of India or the National Sample Survey Office collect gender disaggregated data on water and sanitation indicators. The lack of data is particularly challenging as it makes it difficult for the civil, academic and policy-making communities to understand the scale of this issue.

Village Water and Sanitation Committees are the brainchild of the National Rural Drinking Water Program. They are standing committees in each Gram Panchayat. Their responsibilities include the planning, implementing and operating of Water Supply Schemes. They also monitor and maintain facilities through actions such as testing water samples using Field Test Kits.

VWSCs are a civic engagement instrument that work to ensure active participation of villagers. It is recommended that 50% of VWSC members are women.

The current trend of marginalization of gender with regard to water and sanitation in national policy making level does not look to improve in the future. In the 12th five-year plan for 2012-2017, the Working Group on Rural Domestic Water and Sanitation Report has only one chapter that touches upon safe water access for disadvantaged groups including women. Although women's needs have only briefly been discussed in one (small) section of the chapter, it does recognize how access to water and sanitation affects women's workload, life style and earning capacity. However, while it discusses in detail water security planning and implementation at village,



district and state level, it does not delineate that specific roles and responsibilities should be undertaken by women. Instead, the report only recommends that more than 50% of the Village Water and Sanitation Committees (VWSCs) should be women from all communities including Scheduled Castes and Scheduled Tribes. It outsources the responsibility of managing participation to individual states, asserting that guidelines on participation

should take into account the state's specific demographic break-up and requirements.

Women's access in VWSCs

Only eleven states had set up VWSCs by December 2011. Of these states Andhra Pradesh, Gujarat and Jharkhand have established the most committees. The following table looks at these states and how the role of women within them has evolved.

Andhra Pradesh
Andhra Pradesh has been particularly successful in implementing VWSCs, with over 15,000 VWSCs by December 2011. The VWSCs work by promoting the clean village concept, in which women have taken the lead. Women also have been involved in activities such as the construction and design of latrines, given input on their usage and worked to decrease open defecation within the village. Their efforts have been so successful that several villages have won the Nirmal Gram Puraskar, an award given for fully sanitized and open defecation free Gram Panchayats.
Gujarat
As of December 2011, about 46% of villages in Gujarat had in-village water supply schemes managed by VWSCs. As a result of these efforts, about 72% of the houses had tap water. VWSCs also formed water quality teams who use water quality kits to test water. Over 400 Gram Panchayats (GPs) were awarded NGP in 2011 indicating that VWSCs have been helpful in improving sanitation indicators as well.
Jharkhand
The 2010 Jharkhand Panchayat election, held after a gap of 32 years paved the way for a paradigm shift in how villages in the state approached and prioritized water, sanitation and hygiene activities. VWSCs were formed at the village level and the Jal Saiyas were created to promote sanitation and hygiene activities. A Jal Saiya is a woman who is elected by the Gram Sabha to create awareness of sanitation and water issue and mobilize communities to construct toilets. She is also responsible for the maintenance of water and sanitation facilities.

These case studies show that VWSCs can be extremely useful in improving water and sanitation indicators. However, there needs to be more effort to address the practical issues around ensuring adequate representation of women in VWSCs. Barriers to proper representation include low attendance in the Gram Sabha meetings where VWSC members are elected, nepotism and favoritism on the village leaders' part. Without oversight from the district panchayat officials and other neutral stakeholders, it is difficult to ensure adequate representation of the women in VWSCs.

States need to introduce standard operating procedures for the operation and maintenance of hand pumps and piped water supplies. GPs or VWSCs should identify and assign key functions to the appropriate person or agency such as the hand pump caretaker or operator. There should be a timely transfer of money for the maintenance water systems as without it the GPs will be unable to operate and maintain schemes without service

breaks. For hand pumps, the GP or VWSC needs to be provided access to spare parts and trained mechanics by the District Water and Sanitation Manager for regular preventative maintenance of all hand pumps in the GP. Women Self Help Groups (SHGs) should also be roped in and interested women should be trained in skills such as masonry and plumbing. This will not only provide the women work opportunities in repairing and maintenance of water systems, but also allow them to make inroads into a field that is mostly dominated by men.

Lessons from Cambodia on women's access

India can learn a lot from the Second Rural Water Supply and Sanitation Project (RWSSP2) in Cambodia. The RWSSP2 project is aimed at expanding access to improved rural water and sanitation services and better health of rural households in six provinces. The project has established the village level institutions, such as Village Development Committee, Water Supply User

