

# Urban Sanitation A Right or a Privilege?

**A** Policy Brief on Swachh Bharat Abhiyan  
from women and children's perspective



**SANITATION**

## Abstract

India's sanitation crisis has huge costs on its human development index as well as economy. The United Nations (UN) estimates that around 117,000 of the deaths of Indian children under the age of five in 2015 were caused by diarrhea, the incidence of which correlates closely with the quality of sanitation in an area. Diarrhea and other diseases tied to poor sanitation can have debilitating long-term effects, such as malnutrition and stunting. The costs are high in terms of decreased productivity, increased household expenditure on treatment and premature deaths. A 2015 report on the global costs of poor sanitation, co-authored by the charity WaterAid, valued the loss to India's economy at \$106 billion per year, or over 5 percent of its gross domestic product.

Inadequate water and sanitation facilities impact women and girls more than men and boys. Researches and surveys establish the fact that girl children drop out of school with the onset of puberty due to lack of toilets in school premises. Women have been exposed to sexual harassment and violence due to absence of safe sanitation facilities. The recently released Economic Survey 2016-17 also stresses on the need to ensure women's privacy and dignity through provision of toilets.

In the backdrop of this, many sanitation programmes were launched by Government of India to meet the sanitation needs and its related health impacts on the population which include Central Rural Sanitation Programme (CRSP) in 1986, Total Sanitation Campaign (TSC) in 1999 and "Nirmal Bharat Abhiyan" (NBA) in 2012. However with a renewed commitment and momentum to address the country's sanitation crisis by 2019, the '**Swachh Bharat Mission**' has been initiated with a promise to improve sanitation coverage and end open defecation, conferring benefits in terms of health, education, and even women's safety to some extent.

Swachh Bharat Mission (SBM-Urban) has been one of the key programmes where the issue of urban sanitation was for the first time been brought to the forefront of the Government of India's developmental agenda. There has been a substantial increase in the budgets for the urban programme in the last three years. Although sanitation coverage has increased through these means under the target of Swachh Bharat Mission in the last few years, there remains a huge gap in addressing the segment wise requirements of the population.

At the onset of completion of three years of the Swachh Bharat mission (2<sup>nd</sup> October 2014), we made an attempt to assess how the commitments of the country's largest mass sanitation movement have reached all sections of population, especially to the women and children.

This policy brief seeks to establish the progress SBM has made towards meeting the sanitation commitments by analyzing the budgetary allocations from women and child rights perspective, especially now that the country is in

transition to a devolved system of governance. Since the budget is the most important economic and policy instrument used by government to translate their policies and commitments in service delivery, it serves as a good basis to draw policy and budget advocacy strategy in building a case for investment for women and children from both a rights as well as development perspective.



## Why to prioritize Women & Children

Men, women, boys and girls have different sanitation needs for biological and social reasons. It is also an indisputable fact that sanitation is an essential component in child health. Defecating in unhygienic environments due to lack of toilets causes physical stunting in children and inhibits mental growth.

In women, the lack of proper sanitation facilities is a major factor for onset of different diseases including Urinary Tract Infection (UTI), Kidney failure and other sexually transmitted diseases. Lack of private sanitation facilities also leads to security issues.

Investments for women and children for sanitation thus should be designed and implemented taking in to account these social costs. This policy brief aims not only to draw attention to the unique sanitation related challenges that women and children face, but also to examine how the SBM policy purview recognizes and address these challenges.

## Swachh Bharat Mission (Urban)- The Policy in a Nutshell

The Swachh Bharat Mission is one of the biggest ever drives to accelerate efforts towards eliminating open

defecation, achieving universal sanitation coverage and improving cleanliness by October 2, 2019. It has two Sub-Missions, the Swachh Bharat Mission (Gramin) and the Swachh Bharat Mission (Urban), with an investment of Rs.62,010 Crore (appx. USD 10 billion) for the SBM (Urban). The SBM (Urban) Guidelines are a good initiative and an improvement on the earlier initiatives. The guideline makes provision to extend assistance to all 4041 statutory towns/cities as per 2011 census under following six components.

- Construction of Individual Household Latrines, including conversion of insanitary toilets into pour flush latrines
- Construction of Community Toilets
- Construction of Public Toilets
- Solid Waste Management
- Information, Education and Communication and Public Awareness
- Capacity building and Administration

Impact population specific considerations, primarily women and girl children's sanitation-related needs, are nominally mentioned in the policy document, with



insufficient explanation or guidance on how their needs will be met by these initiatives, especially menstrual hygiene and gender-based violence. Children (who are not going to school) as a major segment of impact groups of the mission's success also have not received due diligence in the service strategy or budget provision.

Two more years left to achieve the dream of 'Clean India', it is a judicious effort to assess the extent to which the Swachh Bharat policy addresses gender and children's issues in the urban development sector with respect to the design, budgets (allocations and expenditure) and implementation.

### Component wise Discussion of SBM (U) Guidelines

One strong element of SBM policy is that it is increasingly focusing on segment wise service delivery provision with a clear outcome metrics. The urban guideline also has encouraged Urban Local Bodies (ULB) to draft city specific sanitation plans that are in accordance with the SBM targets and uniquely tailored to the local contexts.

Despite these positive plans, many stakeholders note that the SBM has fallen short of driving investment into impact group specific requirements and specific changes are suggested to reform the funding strategy to make it more responsive for all. Following is a discussion about the appropriateness of the budget provision under different segments of Swachh Bharat Mission.

#### Component 1: Budget appropriateness under Construction of Individual Toilets

SBM-U provides for a financial incentive to be made available to households seeking to construct an IHHL. To scale up the sanitation system to low income and marginalized households, Government is providing partial financial help in form of subsidy. The Urban guidelines allocate INR 4000 for constructing toilet at household level; however the actual construction cost is seven times higher in an urban set up. The incentive cost covers between 38% to 46% of latrine construction cost with the shortfall being met by the households. The households practicing open defecation, will put little interest in building such high cost infrastructure.

The subsidy cost is less for urban households compared to rural areas, as the infrastructure design of individual household latrine is more about connecting to the

sewerage networks. But most of the slum households lack tenure over the land they reside and this prohibits getting permission for connection under municipal regulation. In such situation septic tanks and pits construction sanitation options are left for these households.

The technical features and specification for toilets under SBM-U<sup>1</sup> says that the Operations & Maintenance (O&M) of the septic tanks & pits will be primary responsibility of the householder, though they may take ULB utility or private contractor support for proper emptying and disposal of the waste. But the maintenance often falls to woman of the household. While deciding the subsidy amount, the cost of pit emptying and other recurrent



cost of maintenance are not considered though this a key determinant of reliability and usability of a latrine. The unpaid labor of women during maintenance of the sanitation system is not included in the construction cost.

The budget allocation for construction of toilet also failed to include the cost of access to water<sup>2</sup>. Creating easy access to water is not part of the toilet design though water is a critical requirement for cleaning defecation and menstruation. In urban areas, public and community toilets become unusable and defunct in long run-primarily on account of lack of availability of water. The guideline promotes pour flush toilet design in individual households, thus the water arrangement in the toilet for the entire family will disproportionately add the burden on women.

1. August 2017, Guidelines for Swachh Bharat Mission – Urban, Ministry of Housing and Urban Affairs (Page – 38)

2. Report on Indian Urban Infrastructure and Services, High Powered Expert Committee, Ministry of Urban Development



## Component 2 and 3: Budget appropriateness under Construction of Community & Public Toilets

Women have accorded priority under the community toilet and private toilet construction segment of SBM guideline that one community toilet seat per 25 women and one public toilet seat per 50 women to be built as against one seat per 35 and 100 men respectively. However the ratio in particular should be higher for women than for men, because women need frequent urination than men, women have to use same toilet seat for urination and defecation and for short-call also they have to sit or squat and this takes more time. Additionally young children use the female toilets along with their mothers.

In the clause 5.2.1 (SBM –U Guideline)<sup>3</sup>, the mission has taken care of providing separate toilet and bathing facilities for men and women, but it has no special mentioning about facilities for disposing menstrual products or washing menstrual cloths. For many urban homeless women and girls, menstruation management through community and public latrines becomes a difficult job.

### Pay to Use:

Women have lower earning potential than men, yet will need more frequent use of public latrines, since they are forced to use them for urination as well as defecation.

Thus pay-per-use toilets with an equal price of access for men and women—a common mode of access in urban slums in fact provide an unequal level of service across genders. Since children are dependent on mothers to use public toilets, then this cost also needs to be paid by women.

In resettlement areas, women are often not working, as they are skilled only in housework and find it difficult to get suitable employment in the neighborhood. With no sources of income they are unable and unwilling to pay for toilet usage each time.

### Improper allocation of toilets in Public blocks:

Again, the SB-Urban guideline targets constructing public toilets for floating population presumed that 5% of total urban population will use public toilets. While constructing toilet seats, the assumption is made that two-third seats will be for male and one-third seats will be made women friendly. Nevertheless, females have a share of 48.1% in the urban population but are given just 33% allocation in public toilet use.<sup>4</sup>

### Poor Maintenance of Public Toilets:

Poor maintenance is one of the key factors leading to women not willing to use public toilets. The SBM clearly mentions that no program fund will be used for construction and maintenance of public toilets. It directs the ULBs to explore other options for funding such as

3. August 2017, Guidelines for Swachh Bharat Mission – Urban, Ministry of Housing and Urban Affairs

4. August 2017, Guidelines for Swachh Bharat Mission – Urban, Ministry of Housing and Urban Affairs (page 44)





through Corporate Social Responsibility, MPLADs etc. Though more and more corporate organizations are willing to fund construction of toilets, their focus is on rural areas and not the urban areas.

Further SBM has the provision that state government will ensure water availability without any action plan for the same. Even if SBM achieves the target of 2.25 lacs public toilets seats, these infrastructures will not be sustainable without assured water supply.<sup>5</sup> In urban areas, public and community toilets become unusable and defunct in long run- primarily on account of lack of availability of water.

#### **Component 5: Budget appropriateness under Information, Education and Communication and Public Awareness**

Swachh Bharat's IEC budget is three times the amount under NBA, but is a smaller proportion - eight per cent - of the net budget under SBM. The construction budget, by comparison is seven times greater. Ending open defecation requires changing minds, knowledge, behavior and attitude not just allocating money to building latrines for people that will either go unused or not built at all. Under the current sanitation policy, there is a provision for Information, Education, and Communication (IEC), but the spending on such activities

is capped to 15 per cent of the Budget, signaling that it should be considered secondary to latrine construction. The IEC on menstrual management for women and girls in schools, part of this mission has no specific mention of provision of information in accessible formats, means and modes.

#### **Women and Children have no say in Sanitation**

End user's participation in water and sanitation sector is highly emphasized for the programme's sustenance. SBM has increasingly emphasized 'women' inclusion in sanitation program by reserving 33% membership for women in institutions and bodies related to sanitation. However in actual practice women's participation is seldom encouraged. Women and children in households do not have the say in the decision of site selection, toilet building, size and design selection. The public and community toilet construction planning never invited opinion of women or children.

#### **Children have not received enough significance in the SBM Guidelines**

In India, 117,000 children under five years of age die every year due to diarrhea (this is about 22 percent of the global burden), 38 percent are stunted (do not meet potential growth, development, physically and



mentally), 14 percent neo-natal deaths occur due to sepsis. Such problems are a result of inadequate access to safe drinking water, sanitation and hygiene, as well as an absence of infection prevention and control facilities.<sup>6</sup>

To address this huge social loss- the sanitation needs of children, the Swachh Vidyalaya Programme under Swachh Bharat Mission was launched with an objective to provide separate toilets for boys and girls in all government schools within the timeline of 15th August 2015. States have reported that 4,17,796 (2.26 lakh boys and 1.91 lakh girl) toilet blocks were constructed or made functional in 2,61,400 schools within the given timeline.

Additionally, by setting up of the 'National Bal Swachhta Mission' as a part of the Swachh Bharat Mission (SBM) initiative, clean Anganwadis, Clean Surroundings like Playgrounds, Clean Self (Personal Hygiene/Child Health), Clean Food, Clean Drinking Water, and Clean Toilets programmes were started to provide healthy and hygienic environment to school going children.

While the Swachh Bharat Abhiyan (SBA) programme initiatives have rightly been focusing on both sanitation infrastructure building component along with the knowledge building about personal hygiene maintenance for children, it has limited the scope to school going children only.

According to Census 2011, 8.1 Million children live in urban slums in India. 0.11 Million children are homeless in urban areas and 15 Million children are internal migrants residing in informal settlements. One in four children of school-going age is out of school in our country-99 million children in total have dropped out of school.

These children have little or no access to either proper sanitation infrastructure or any scope for hygiene management. They have to depend on community or public toilets or practice open defecation having no access to toilets. While the SBA budget has no specific provision to make the community and public toilets child friendly with appropriate dimensions and features for children, a significant percentage of children population still remains at the risk of malnutrition, stunting and wasting due to lack of proper sanitation facilities.<sup>7</sup>

## Recommendations

1. For effective outcome of the goal fixed under SBM, all costs including the costs of operation and maintenance, access to water cost and the unorganized labor cost (disproportionately burdening women & girl child) should be taken into account while quoting for construction costs of toilet blocks.



2. The guideline should encourage gender-responsive sanitation programming in terms of the design, location, and management of sanitation systems to better address the socio-cultural and biological needs of women and girls
3. The IEC guideline should clearly spell about the Menstrual Hygiene Management awareness at community and school sanitation programmes.
4. Decisions around paying user fee for community toilet should not exclude the opinion of women and consideration for needs of children. The community and public toilet should have mandate provision of **child friendly toilet** infrastructures under SBM guideline.
5. The voice of women and girls are important during all stages: the setting and tracking of indicators of access, the design of gender-responsive infrastructure, the planning of projects and during the creation of financial plans.
6. Sanitation systems should focus not only on urine and feces disposal or treatment, but also on the disposal (or cleaning and drying) of menstrual hygiene products. Hygienic disposal of all waste products is central to accessible and sustainable latrine systems.
7. For all indicators of sanitation access, and for monitoring and evaluating disaggregated data (Age & Sex) are needed. The monitoring indicators should consider health, education impact on children (girl children) and safety, productivity and sense of equity among women as the impact of children and women responsive sanitation system.



## **Humara Bachpan Swachhta Abhiyan.....**

In order to ensure clean and disease free neighborhoods for children, 'Clean Neighborhood' is one of the advocacy agendas of the Humara Bachpan Campaign. As part of the GOI's ongoing mass sanitation programmes 'Swachh Bharat Abhiyan' in the urban areas, the child leaders of Humana Bachpan are leading a campaign titled 'Humara Bachpan Swachhta Abhiyan' across all the 11 cities where Humara Bachpan works.

The child leaders resolved to take up cleanliness as an issue and campaign exclusively on it for two months to highlight as well as resolve issues by creating awareness among the community members, schools and government stakeholders. Thus, started the Swachhata campaign in September 2017 wherein the children conducted various activities which included Swachhata audits, mass awareness programs, school awareness programs and cleanliness drives to create awareness and bring about change.

Swachhta audits were conducted in 120 slums across the country, children identified the issues that compel people to defecate in the open such as unavailability of individual toilets in the houses, dysfunctional and inaccessible community toilets. The audit also found out the issues related to waste management in the neighborhood. Based on the findings, children came up with slum specific recommendations such as toilet facilities for every household with water provision, proper and regular disposal system for managing solid and liquid wastes to keep their neighborhood clean and open defecation free. They made their recommendations reached to civic authorities through media releases by organizing Press Meets.

Children led mass cleanliness drives were organized in 92 slums of 11 cities with participation of 6630 numbers of community members and stakeholders where children tried to inculcate cleanliness as a regular practice among the community members. Different awareness generation activities such as Street Plays, Rallies, seminars, meetings and school awareness programmes were organized to spread the message of Swachhta to larger mass during the period.



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