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Government of India
Ministry of Drinking Water and Sanitation
Swachh Bharat Mission (Gramin)

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New Delhi-110 003

Dated 03.04.2017

To

The Principal Secretary/ Secretary in-charge of Rural Sanitation,
All States/UTs

Subject: Guidelines on Gender issues in sanitation

Madam/Sir,

The SBM (G) focuses on achievement of complete Open Defection Free (ODF) villages, it has been observed that number of women are coming to the forefront of the campaign to end open defecation.

2. Accordingly, the guidelines has been evolved to define the activities of Gender issues in sanitation at Annexure. It is hoped that this guidelines will prove useful to the States/UTs.

3. I am sure you will bring the above issues to the notice of the implementing machinery in your State, especially at the district level and below, in all the relevant departments, for due compliance. I shall also be happy to receive any queries or comments from you in the matter. I would like to hear from you about any initiatives taken by your states to ensure gender equality and the empowerment of women and girls with respect to sanitation. Selected stories of exceptional work done in this direction will be recognized and shared on the national platform.



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Copy to:

1. State Coordinators, SBM-G of all States/UTs
2. Mission Directors, SBM-G of all States/UTs

Guidelines on Gender issues in sanitation

As the Swachh Bharat Mission (Gramin) {SBM-G} has entered the third year of its implementation, it is important to reflect on gender issues in sanitation. It is true that women and girls bear the heaviest burden of poor sanitation and continued open defecation. Issues of lack of privacy, personal safety, sexual harassment and gender-based violence are faced by women and girls each time they defecate in the open. In addition, the situation arising from open defecation puts their health to risk through medical conditions such as urinary tract infections, chronic constipation and mental stress. Another common negative impact of open defecation is witnessed by young girls and women on a monthly basis when they menstruate. Lack of safe, private spaces for women and girls to wash or tend to their personal hygiene needs when menstruating, severely restricts their ability to fully participate in daily activities, including attending school.

2. While increasing number of women are coming to the forefront of the campaign to end open defecation, the following issues are mentioned for consideration.

Role of women in sanitation

3. Women are actively involved in the mobilization of communities through social and behavior change communication for sanitation. However, it is observed that their involvement in the actual process of implementation of the sanitation programme i.e. in planning, procurement, toilet construction and monitoring needs to be strengthened. Since implementation of SBM-G focusses on community engagement, it may be ensured that women are *actively* involved, not only in behaviour change activities, but also in the activities of institutions involved in the process of toilet construction (VWSCs, motivators, procurement committees, etc.). The SBM-G guidelines, Para 7.6.2 states that 50% of members of VWSC should be women. This must be ensured by the State government and local government bodies. Following the trend of increasing women's leadership in local governance, women should also be represented in the leadership of SBM-G committees and institutions like WASH (like Nigrani) committees, Village Water and Sanitation Committees (VWSCs) and Village Water Sanitation and Health Committees (VWSHCs), so that their communities and villages can benefit not just from women's participation but also their leadership.

Messaging in IEC/BCC

4. It is noted that behaviour-change messaging in SBM-G often includes subjects like 'shame and dignity of women'. While these may be useful for entry-point messaging, they carry risks of lack of ownership by men and the reinforcing of gender stereotypes (like women should not

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step out of the house, men as the custodians of women's dignity, etc.) The IEC/BCC messaging should, therefore, be gender sensitive and targeted at both men and women, particularly focusing on men who are often the primary decision makers in rural households where household expenditure is involved. For example, stories of a brother gifting a toilet to his sister, a sarpanch declaring to take-off his moustaches unless his village becomes ODF, may perpetuate gender stereotyping and portray women as weak and passive compared to men. The SBM-G messaging should ensure that it does not propagate, even inadvertently, any such gender bias. Rather, SBM-G IEC/BCC should portray and popularize stories of powerful women and successful women Swachhta champions, to inspire and motivate women across the country to take charge of their own fate, health and safety. Examples of this can include women SHGs who along with other activities, take on the responsibilities of Sani Marts and even work as masons, adolescent girl leaders who speak out and raise awareness about menstrual hygiene management and men and women at the district level like DCs/DMs and other leaders who talk about the important role women have played in making their districts ODF.

Maintenance of toilets

5. Traditionally, due to the traditionally patriarchal nature of many communities, cleaning of toilets is looked upon as an 'unclean job', often to be done by women of the household. SBM-G should specifically promote the idea that everyone in the family, irrespective of gender, has an equal responsibility in keeping the toilet clean after use.

6. This equal responsibility for toilet maintenance also goes beyond the family. SBM-G should also promote universal responsibilities in communities for maintaining facilities and shared toilets so that factors like caste etc. do not play a role in determining who cleans and maintains toilets within households, in schools, health facilities and in other community places. All members of the community should be made aware that the decomposed pit material (in a twin-pit latrine) is safe to handle after about a year of closing the pit and can be used as compost/manure for agricultural purposes, and that switching of pits and taking out pit manure is safe and not a 'dirty' chore, nor is it solely the responsibility of the women in the family.

Inclusivity

7. In many communities, the third-gender may often be dissociated from the mainstream. SBM-G should make a conscious effort that they are recognized as equal citizens and users of toilets. They should be allowed to use the facility of their choice (men or women) in community or public toilets. There are also examples from around the country, where people belonging to the third gender have come up as Swachhta champions and have played a huge role in taking the message of Swachhta to households in the community. Where suitable, their support can be enlisted in engaging communities, and their efforts duly recognized and honoured to break any stigma around them, and to also enable them to use facilities without any embarrassment.

8. Elderly women with age-related constraints, face increased risks of injury in everyday tasks, including while using toilets and other public facilities. For many, squatting is uncomfortable due to stiff joints, and many elderly people end up relieving themselves in a half-standing, half-squatting position. Similar difficulties can be experienced by pregnant women. Badly designed toilets also deter children from using them due to fear of darkness or falling down the plughole

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etc. Common toilet designs are often found to be unusable by the differently-abled, both men and women.

9. Toilets under SBM-G should, therefore, adopt an inclusive design that makes them barrier-free. They should be well-ventilated and well-lit to avoid stumbling, the floor should have a gentle slope towards the drain to keep the floor dry and to prevent slipping. In public toilets, care may be given to ensure that a ramp with appropriate slope, handle-bar support, both inside and outside of the toilet cubicle with different heights for adults as well as children, raised toilet seats/commodores for the elderly, the young, and the differently abled are included in the design. Community/public toilets designs may be revisited to make them accessible by children, senior citizens, and the differently-abled to encourage them to use these toilets. If there is a user fee in community/public toilets, concessions may be provided for senior citizens, children, and the differently abled, to encourage them to avail of these services.

Menstrual Hygiene Management (MHM)

10. Menstruation is a normal biological function and SBM-G is sensitive to MHM needs of adolescent girls and women. Towards this end, guidelines have been issued by the Ministry of Drinking Water & Sanitation in 2015, which is placed on the MDWS website¹. These guidelines must be adhered to. The SBM-G implementation should ensure that the MHM facilities take into consideration issues such as ample space, water availability, sanitary pad disposal mechanism, privacy and adequate ventilation. Few points that may be kept in mind are –

- Public toilet design should ensure safe and private entrance to women's toilets, with ample lighting after evening hours. The location of the toilets should be decided through a participatory process that is based on the feedback of users. The approach to the toilet should feel and be safe for women and girls e.g. ensuring that there are no public gathering spots on the path to the toilet where men gather socially.
- Adequate water and space inside the toilet should be ensured for the women users to change napkins/cloth and to wash themselves.
- Toilet cubicles may be provided with a shelf, hooks or niche to keep clothing and menstrual adsorbents dry.
- Disposal bins with lids should be placed within the toilet, as the initial point of collection.
- To avoid transport of menstrual waste, incinerators may be built within the toilet with chutes directly adjacent to the toilet building.
- Funds under the SLWM components may be used for setting up of incinerators in community toilets.
- IEC plans should include MHM as a key component for raising awareness among girls as well as boys, women as well as men. The MHM guidelines have a description of possible interventions.
- Efforts must be made through the IEC activities, to rid the community of taboos and superstitions associated with menstruation. Involving faith leaders in this context may be considered.

¹ <http://www.mdws.gov.in/sites/default/files/Menstrual%20Hygiene%20Management%20-%20Guidelines.pdf>

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- CSOs and SHGs may be engaged to inform the communities about safe menstrual hygiene practices and also develop economic models to meet the demand for low cost sanitary napkins.
- Studies show that when fathers of adolescent girls are made aware about the MHM needs of their daughters, they become their biggest champions and therefore specific communication to fathers should be included in the outreach to communities.
- Schools must have segregated toilets that are kept open and accessible during school hours, and have the above systems in place for menstrual waste management.
- It is reiterated that provision of MHM related facilities to schools including Communication interventions and as well as infrastructure creation, may be supported under the SLWM component of the SBM.
- Counseling sessions for adolescent girls, and special educational sessions around menstrual health and hygiene should be organized by qualified professionals as part of school education of girls of appropriate age.
- Similarly, menstrual health and hygiene awareness camps may be organized at local health centres, anganwadis, etc. by qualified professionals, for women in the community.

Conclusion

11. Overall, SBM-G should be implemented in a way that is not just sensitive to gender issues, but also becomes a platform that enables the empowerment of women and girls and promote human dignity. For this, the programme needs to focus not only on women and girls, but equally on men and boys, so that everyone understands and appreciates the underlying nuances in everyday hygiene practices.

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