Equity in Drinking Water & Sanitation in India
Perspectives on equity and gender in the WASH Sector in India

Evidence of gender inclusion

Women's collective action for drinking water service delivery & safe sanitation

- In all Central State Government sponsored projects of community managed water supply in villages of Gujarat, the Water And Sanitation Management Organisation (WASMO) has ensured women's participation from planning, implementation, accounting procedures, and regular O&M for sustained water delivery at doorsteps.
- In the Jalshiksha Project in Maharashtra and in many more programs across states like Tamil Nadu, Andhra Pradesh and Karnataka, women's Self Help Groups are involved as change agents to ensure sustainability of drinking water & sanitation at various stages - from planning, monitoring to management of the sustained outcomes.

Source: Consolidated Reply, Water Community of Practice, UN Solution Exchange India, July 2012

Towards improving gender outcomes for WASH programs:

- Defined data on women’s and men's resource use, knowledge, access and control over resources.
- Gender disaggregated information for developing gender responsive policies.
- Capacity building of policy makers, implementers and other stakeholders on gender issues.
- Incorporating gender perspective in planning, monitoring and evaluation.
- Ensuring opportunities for women in decision making, implementation, monitoring & evaluation.
- Developing effective channels for women to voice their concerns, thereby contributing towards policy decisions.
- Foster commitment at all levels - local, national and international - to integrate gender concerns, leading to equitable and sustainable development.

Source: Resource guide on mainstreaming gender in water management, December 2000; GBAS-7-UNDP

Open defecation across social groups

<table>
<thead>
<tr>
<th>SC</th>
<th>ST</th>
<th>All India</th>
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<tr>
<td>34</td>
<td>46</td>
<td>35</td>
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- SC and ST households in rural areas still have significantly higher levels of open defecation (76%, 82% respectively) in comparison with the Indian rural average (67%).
- The situation across all groups is much better in urban than rural areas but disparities across groups remain. 24% SC and 26% ST in urban areas defecate in the open while the National average is 13%.

Source: Census 2011 data

Four strategic components of inclusive programming

- Inclusive growth should be reflected in the improvement of provision of basic amenities including water and sanitation. Particular attention is required to meet the needs of the SC/ST and OBC population.
- Women and children constitute 70% of the populations and deserve special attention. Ending gender-based inequities faced by girls and women must be accorded the highest priority.
- Women should be included in all aspects of decision making with respect to drinking water security planning, implementation, operation, maintenance and management.
- Children are more likely to die from diarrhoea than adults, due to their undeveloped immune systems. Furthermore, the risk of stunting by 24 months increases exponentially with each diarrhoeal episode and with each day of diarrhoea. The children most at risk are those living in poverty.
- Women's collective action for drinking water service delivery & safe sanitation

Source: On the Right Track - Good Practices in realising the rights to water and sanitation (2012), Catarina de Albuquerque

Strengthening gender outcomes

- There is no uniform gender disaggregated data in the WASH sector being collected officially by any agency and this lack of data impacts on our understanding of the relationship between gender and water. More gender disaggregated data and a robust framework applicable to India and State contexts is urgently required for improved gender outcomes for women and children especially in the WASH sector.

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- Gender-disaggregated information for developing gender responsive policies.

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WASH refers to the Water, Sanitation and Hygiene sector. A focus on WASH sustainability, safety and the environment, is essential to ensuring equity. These key aspects form an interdependent framework for WASH programming. Adequate WASH is critical for the survival, development and growth of children and their mothers.

Adequate WASH is critical for the survival, development and growth of children and their mothers. In India disparities in WASH may exist:

- Across States;
- Across Castes;
- Across Religion;
- Across Rural-Urban;
- Within politically recognized excluded classes;
- Across poor and non-poor, disaggregated in this document by Wealth Quintiles (cutting the population into the 5 groupings from richest to poorest). Disparities across wealth are cross cutting, i.e. the poor suffer no matter who they are.

Even though India has reached the MDG for drinking water, around 13% of households still have access to drinking water from unimproved sources and this rises to 27% for Scheduled Tribes (STs). ST indicators for piped water access are lower than the Indian average (24% as opposed to 44%); the value for Scheduled Castes (SCs) is 41%.

Nearly 27.4 million SC households and 17.4 million ST households do not have access to sanitation facilities. ST households lag significantly behind the national average 6%. ST and SCs are disproportionately without access to sanitation than the Indian average (75% and 63% respectively as compared to the national average of 50%).

259 million people gained access to improved sanitation between 1990 and 2010 and 382 million more are not open defecating in this period (JMP, 2012), but progress amongst poorest households needs acceleration. The reduction in open defecation in the lowest quintile is only 4% between 1995 and 2008; and the economically and socially vulnerable are still excluded.

Significant disparities still exist across India with respect to sanitation access and wealth. Bihar & Rajasthan are amongst states where the first three quintiles have almost no access to sanitation services. The poorest quintiles in Kerala are at par with the richest quintiles in Assam, Bihar & Rajasthan in access to improved sanitation.

Source: NSS 65th round report 2008-09