Sanitation and Hygiene in South Asia

LEAVE NO ONE BEHIND

Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities and Sanitation Workforce

WSSCC
WATER SUPPLY & SANITATION COLLABORATIVE COUNCIL

MARI

FANSA
Freshwater Action Network South Asia

INDIA
COUNTRY REPORT


ONSULTATION MEETING FOR INCLUSION OF THE VOICES
OF COMMUNITY GROUPS AT SACOSAN VI
WSSC
WATER SUPPLY & SANI
COLLABORATIVE

SANITATION AND HYGIENE IN SOUTH ASIA

LEAVE NO ONE BEHIND

Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities and Sanitation Workforce

INDIA

COUNTRY REPORT

This report is one in a series of 8 reports produced as a result of a regional consultation process in preparation for SACOSAN VI held in January 2016 in Dhaka.

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MORE INFORMATION:

Leave No One Behind, report and resources:

• http://wsscc.org/resources-feed/leave-no-one-behind-voices-of-women-adolescent-girls-elderly-persons-with-disabilities-and-sanitation-workforce/?_sf_s=leave+no+one+behind

The eight country reports:

· http://wsscc.org/resources-feed/leave-no-one-behind-reports

Video:

· https://www.youtube.com/watch?v=RCGm3t6DX-c

Credits:

PRELUDE

Leave No One Behind is a call to listen and learn by putting people in the centre, asking them what they need and valuing the one in everyone. It is based on the belief that human beings come in different shapes and sizes and a single solution cannot meet their diverse needs. WASH services are mostly designed to meet the needs of the mainstream, dominant community. But what happens to those that are traditionally left behind... the last mile... adolescents, pregnant women, the elderly, people with disabilities, migrant workers, rag pickers, transgender people? How do they take care of their daily sanitation and hygiene needs? What are their challenges and aspirations? Do they have insights and suggestions to improve sanitation services?

The Kathmandu Declaration from SACOSAN V recognized the importance of "addressing diversity in service provision for infants, children, youth, adolescent girls, women, people with disabilities, chronically ill and elderly in rural area and people affected by poverty..." and committed to significant direct participation of these groups in SACOSAN VI, Dhaka and systematically thereafter. (Commitment X)

As part of the preparation for SACOSAN VI in Dhaka, the Freshwater Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organized a consultative process with marginalized groups in South Asia to listen to their sanitation and hygiene needs, challenges, hopes and aspirations. Over 2700 adolescents, women, elderly people, persons with disabilities, sanitation workers, rag pickers and transgender people participated in 55 consultations organized with the support of 70 local partners across Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

Across these eight countries, this was the first time many of these groups were being consulted on their sanitation and hygiene needs, aspirations and challenges. In spite of regional variations, the challenges they faced were remarkably similar. Their key issues and demands can be found in the Leave No One Behind regional report, the individual country reports and a film that was screened at the plenary session at SACOSAN VI, Dhaka.

In January 2016, twelve community representatives participated in the plenary session[1] at SACOSAN VI, Dhaka where they eloquently presented the sanitation and hygiene challenges of their constituencies to the Ministers and key decision makers of national governments, international development agencies and other stakeholders. The Dhaka declaration[2] is a testimony to the influence this session had on policy makers.

The Leave No One Behind consultation process is an important, first step towards addressing equity and inclusion in sanitation and hygiene. However, we need to continue and deepen this process by systematically creating more platforms for constructive dialogue, so that duty bearers can listen to the needs and aspirations of marginalised groups and include them in the design, delivery and management of sanitation services. For, unless we put the last mile first and listen, they will continue to be left behind.

1 Plenary session on 'Grass-root Voices: Women, Adolescents, Elderly, Persons with Disabilities and Sanitation Workforce'

2 http://www.sacosanvi.gov.bd/data/frontImages/Dhaka_Declaration.pdf

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MESSAGE

Mr. Saraswati Prasad
Additional Secretary
Ministry of Drinking Water and Sanitation
Government of India

This report by WSSCC and FANSA gives voice to the sanitation and hygiene needs and aspirations of marginalised groups in India. It is the culmination of 18 consultations held between October and December 2015 with women and adolescents, the elderly and disabled, sanitation workers and transgender persons.

Although these individuals and groups exist in large numbers, they are often unheard and remain invisible. Their stories reflect the daily struggles they face because they do not have access to safe and hygienic sanitation facilities and continue to defecate in the open. Without listening to and understanding their challenges and concerns, the goals of the Swachh Bharat Mission will remain elusive. This report presents an excellent opportunity to listen to and understand the challenges and concerns of marginalised groups and find ways of addressing them.

The Ministry of Drinking Water and Sanitation, Government of India recognizes that equity and inclusion are key to ensuring that everyone's sanitation needs are met and that no one is left behind. A priority concern of the SBM guidelines (5.9) is providing access to different categories of people who are not able to use safe sanitation facilities. The guidelines mention the need to take safety and dignity issues into account and provide facilities that are sensitive to the needs of persons with disabilities. It also recognizes the specific needs of women and adolescent girls, such as menstrual hygiene management, and allocates resources for awareness and disposal of menstrual hygiene waste. These guidelines are now in the process of being interpreted, operationalized and rolled out in practice.

Some of the states have already taken the initiative to support the specific needs of marginalised groups. For example, Tamil Nadu has integrated women's sanitary complexes with special facilities for menstrual hygiene management, children and pregnant women. In Jharkhand and Chattisgarh, a few households have used disabled-friendly designs while constructing toilets under SBM (G).

Such consultations and dialogues with marginalised groups will go a long way in helping implementers understand their specific needs, as well as the challenges and roadblocks to achieving sanitation for all. It also points to the need to hold regular stakeholder consultations at all levels so that the concerns of marginalised groups continue to inform policies and strengthen the sanitation and hygiene movement for a clean India.

स्वच्छ भारत
एक कदम स्वच्छता की ओर

सत्यमेव जयते

Ministry of Drinking Water and Sanitation Government of India

FOREWORD

Dr. Seetharam MR
National Convenor
FANSA - India

Access to safe, accessible, acceptable and affordable sanitation facilities is a basic human right. It is a right to which everyone should be entitled, yet it is not enjoyed by everyone. Over the last 30 years, various sanitation programmes in India[3], have reflected the needs of marginalised communities. However, they have failed to prioritize these needs during programme implementation.

Leaders from all South Asian countries committed themselves to Commitment X of the Kathmandu Declaration, which acknowledges the need to include the voices of marginalised groups and ensure their direct representation at SACOSAN VI, Dhaka.

Fresh Water Action Network South Asia (FANSA) has been working to improve governance in the WASH sector by strengthening the role of civil society in decision-making through its member organisations, and by working in partnership with governments and other interested parties. In order to ensure stronger representation of marginalised communities at SACOSAN VI in Dhaka, FANSA, with the support of the Water Supply and Sanitation Collaborative Council (WSSCC), organised a series of consultation meetings in the 8 countries of South Asia. The main purpose was to listen to the voices of marginalised groups and enable them to share their concerns and aspirations at SACOSAN VI so that their needs can be addressed, and their suggestions incorporated in policy decisions. The consultative process included representatives from the most marginalised constituencies. Other stakeholders including the government, civil society and academia joined these meetings as observers and facilitators.

This report presents diverse experiences from many different locations and people, and encapsulates their daily struggles due to lack of access to sanitation, and efforts to secure the same. The experiences shared in this report reflect the real-life situations currently being faced by marginalised communities. The report summarizes current practices, key challenges and the needs and aspirations of the people. These findings have formed the basis of recommendations for action, which we intend to incorporate into ongoing programmes, including the Swachh Bharat Mission, so that everyone can march together towards sustainable sanitation and hygiene for all.

3 The programmes include Central Rural Sanitation Programme (CRSP) in 1986, Total Sanitation Campaign in 1999 , the Nirmal Bharat Abhiyan in 2012 and the current Swachh Bharat Mission, 2014.

ACKNOWLEDGEMENTS

This report would not have been possible without the support and co-operation of a number of civil society organisations, FANSA-India partners and community members from eight states within India. Our sincere thanks are given to these NGOs and CBOs who organised the consultation process with vigour and to the community members who provided us with useful insights into everyday WASH - related challenges. We are particularly thankful to our colleagues Mr. Ramisetty Murali, Regional Convenor, FANSA and Dr. Saroj Tucker, Regional Co-ordinator, whose expertise was of great assistance.

We are also extremely grateful to the following FANSA-India lead partners who played an invaluable role by organizing the consultation meetings with different marginalised groups in a remarkably short period:

- Energy, Environment and Development Society, Madhya Pradesh
- Indian Institute of Youth and Development and Viswa Yuva Kendra, Odisha
- MADAIT, Jharkhand
- Modern Architects for Rural India and India HIV AIDS Alliance, Telangana
- Swami Vivekananda Youth Movement and Support for Network and Extension Help Agency, Karnataka
- Udgam Trust and Pravah, Gujarat
- WaterAid India, New Delhi

We would further like to express our appreciation to Mr. Saraswati Prasad, Additional Secretary, Dr. G Balasubramanian, Deputy Advisor SBM and Dr. D.S. Shyni, Senior Consultant and Team Leader (Sanitation), Ministry of Drinking Water and Sanitation, Government of India for their valuable support and inputs in finalizing this report.

Most of all, we are immensely grateful to WSSCC for giving us the opportunity to collaborate in this initiative and for their unwavering support and guidance, including participation in several consultations.

Dr. Seetharam MR, National Convener, FANSA-India
Mr. P C Misra, National Co-convenor, FANSA-India
Ms. Srishti Attri, National Co-ordinator, FANSA-India

EXECUTIVE SUMMARY

This report is one in a series of 8 reports that are the result of a regional consultative process leading up to SACOSAN VI, Dhaka. The purpose of this consultative process was to support South Asian Governments to implement Commitment X of the Kathmandu Declaration[4]. In India, 18 meetings were organised by FANSA India in collaboration with CSOs working with women, adolescent girls, the elderly, persons with disabilities, sanitation workers and waste collectors, and the transgender community.

The states included in the consultative process were: Delhi, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Odisha, Tamil Nadu and Telangana[5]. Based on extensive discussions with individuals from marginalised groups, the India Country Report following extensive discussions details the WASH-related challenges faced by these marginalised groups, who are rarely consulted when WASH programmes or policies are being designed or implemented.

Key Findings

Across all the consultations, it was found that the majority of participants resorted to open defecation because of the lack of suitable toilets. Men and children expressed a preference for open defecation and said they only used toilets during an emergency or when they couldn't go out. Private bathing facilities were not available for the majority, and most built makeshift tents or bathed in a river or a pond, that was also used for washing clothes. While women and adolescent girls revealed that they ranked a toilet as an urgent and important need, males said it was not a priority. Because women have so little voice in decision-making, they are unable to influence their menfolk and ensure that their own needs are met.

WASH facilities in schools, workplaces, market spaces and public areas are poorly maintained, tend to be dirty and can be unsafe. Generally, there is neither soap, nor water available for handwashing. The problems of women and adolescent girls are exacerbated when they are menstruating, because there are no facilities for changing and disposing sanitary materials safely.

4 http://www.sacosanv.gov.np/file/file_down/AYis9zKathmandu%20Declaration%2024%20Oct%20FINAL.pdf

5 The states were chosen based on the presence of FANSA member organizations and their ability to organize and facilitate the consultative process, including access to community members, and the ease of community mobilisation.

Elderly persons and disabled groups said that they experienced extreme difficulties in using the existing toilets because the infrastructure has not been designed with their needs in mind.

They said that the designs of the existing facilities reflect a complete lack of understanding of their needs, not only by service providers, but at times even by their own family members.

Measures taken so far to protect sanitation workers and waste pickers, and to accord the transgender communities with their basic human rights, have been largely inadequate and ineffective. Sanitation workers, mostly from the Dalit community, work in very unhygienic conditions and run the risk of infection and injury because they are not provided with protective gear and have no access to handwashing facilities at work. Financial and job security remain elusive goals. The prevalence of stigma, prejudice and discrimination serves to enhance the vulnerability and marginalisation of both the transgender community and the sanitation workforce.

KEY ASPIRATIONS OF THESE GROUPS INCLUDE:

◇ Safe, clean and accessible WASH facilities in educational and public institutions with adequate facilities for washing, changing, drying or disposing of soiled sanitary materials for menstruating women and girls.

◇ Safe and clean WASH facilities at home and in public institutions, including schools, which can be easily accessed by the elderly and persons with disabilities by introducing simple adjustments, such as wide doors, ramps, handle bars for support, good lighting, commodes and slip-resistant floors.

◇ Inclusion in decision- making processes related to planning, designing and managing of these facilities to ensure that the specific needs of each group are met.

◇ Information and education on menstrual hygiene management for adolescent girls and availability of privacy, water, soap and sanitary napkins at schools and colleges.

◇ Medical, life and accident insurance for sanitation workers and waste collectors.

◇ Job security and equal pay for workers employed by the government and private contractors.

◇ Recognition of the critical role played by informal waste collectors in keeping the environment clean, and their right to sell the waste collected by them at a fair price.

◇ Provision of safety equipment, protective gear, and WASH facilities at landfills and waste segregation points, for sanitation workers and waste collectors.

◇ An educated public that disposes different kinds of waste safely.

◇ Sensitization of the general public, as well as, governments to reduce stigma and discrimination against sanitation workers and the transgender community.

Key Recommendations

Recommendations include:

◇ Inclusion of the voices of marginalised communities in planning and decision-making bodies at all levels, so that they inform the design, operation and maintenance of WASH facilities. The participation of women, adolescents, persons with disabilities and other marginalised groups must be institutionalized at all levels. They must be represented on village health committees, the village water and sanitation committees, the school management committees and other decision-making fora. Additionally, the capacities of these bodies must be developed so that they are active and can play their role effectively.

◇ Acceleration of policy initiatives, especially for the elderly and persons with disabilities by integrating disability-specific solutions. Dissemination of handbook on toilet designs[6] released by the Government of India in 2015 to the functionaries of district and block level institutions, including Collectors, CEO Zila Panchayats and Block Development Officers involved in construction of WASH facilities.

◇ Training of masons so they can offer persons with disabilities appropriate, cost-effective toilet designs that meet their specific needs.

◇ Dissemination and implementation of the Government of India's National Guidelines on Menstrual Hygiene Management 2015[7] to all educational and public institutions.

◇ Legislation to ensure the personal safety and financial security of sanitation workers.

◇ CSO and media campaigns to highlight the sanitation needs of marginalised groups and to bring any violation of their sanitation rights to the notice of duty bearers.

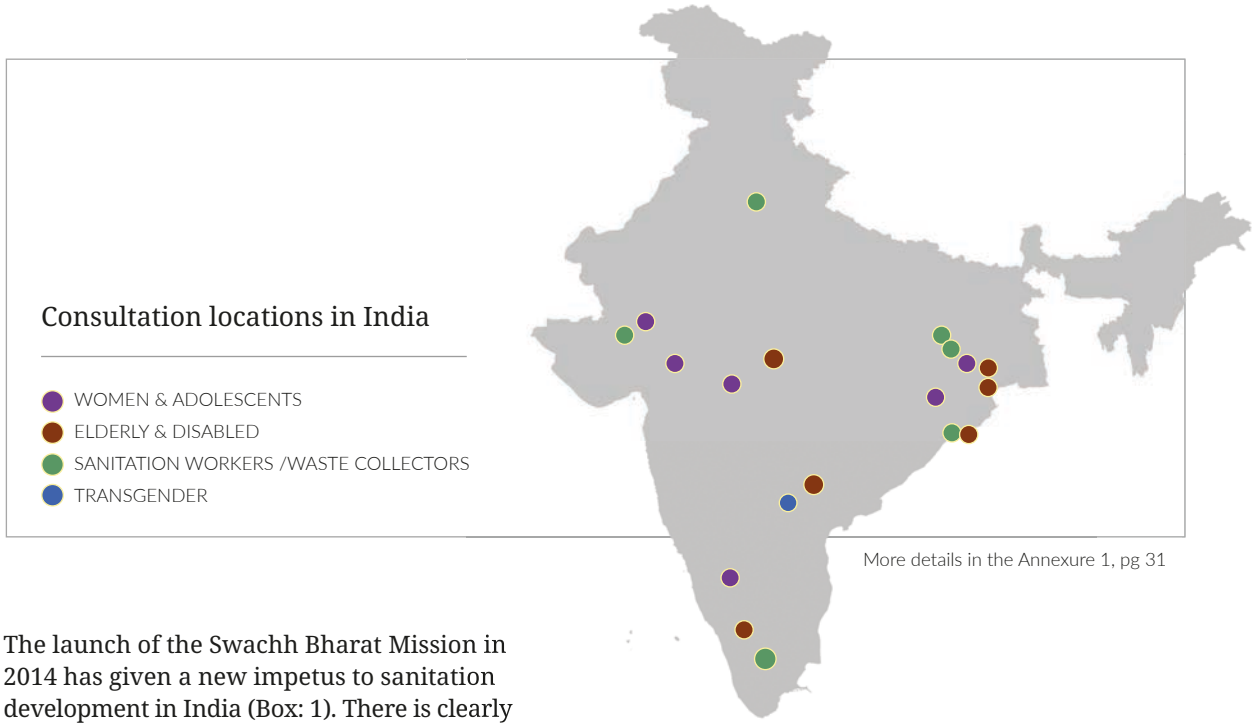
◇ Sensitize the public and government on issues of the transgender community and sanitation workforce to reduce stigma and discrimination.

◇ Collective behavior change campaigns focusing on building awareness on hygiene and sanitation and the right to sanitation to ensure adoption of hygienic sanitation practices by individuals and communities.

6 Handbook on Accessible Household Sanitation Facilities for Persons with Disabilities, launched on 22nd December, 2015 by MDWS in collaboration with WaterAid India on cost-effective technology options for PwD-friendly toilet designs.

7 Menstrual Hygiene Management National Guidelines, December 2015

INTRODUCTION



More details in the Annexure 1, pg 31

The launch of the Swachh Bharat Mission in 2014 has given a new impetus to sanitation development in India (Box: 1). There is clearly the political will to accelerate the progress on sanitation and hygiene for all. However, progress has been uneven and inequitable, and many challenges remain. In particular, women, adolescent girls, the elderly, persons with disabilities (PwD), sanitation workers and waste segregators are systematically excluded from safe and adequate hygiene and sanitation services. They are further excluded from decision-making processes, even though they face specific challenges regarding access to water and sanitation. This lack of voice needs to be addressed.

This report is one in a series of 8 reports that are the result of a regional consultative process leading up to SACOSAN VI, Dhaka. The purpose of this consultative process was to support South Asian Governments to implement Commitment X of the Kathmandu Declaration and facilitate direct participation and representation of marginalised voices at SACOSAN VI. As part of this process, eighteen consultation meetings were held across 6 states[8] in India with participants from different marginalised groups. A total of 999 people participated in these meetings, including 260 women and adolescent girls, 182 elderly people and persons with disabilities, 236 sanitation workers and waste pickers and 36 members of the transgender community (Annexure I). Modern Architects for Rural India (MARI) led the consultative process with the support of 30 local organisations in eight states of India working either on WASH advocacy or with the constituencies specified above (Annexure II).

A national meeting was held on 21st November, 2015 in New Delhi with all partners and key facilitators who conducted the consultations. The observations and outcomes of all meetings were collated through group work and are presented in this report.

8 The states included Delhi, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Odisha, Tamil Nadu and Telangana

Box 1: The Sanitation Situation In India.[8]

The Government launched the Swachh Bharat Mission (SBM) (Clean India Mission) on 2nd October, 2014 to accelerate efforts to achieve universal sanitation coverage, improve cleanliness and eliminate open defecation in India by 2019. The program is considered India's biggest drive to improve sanitation, hygiene and cleanliness in the country.

Current Sanitation Coverage of India (2015)[9]

Status	Urban	Rural	Total
Improved facilities	63%	28%	40%
Shared facilities	21%	5%	10%
Other improved facilities	6%	6%	6%
Open defecation	10%	61%	44%

(Source: JMP WHO-UNICEF)[10]

1. There is a rural-urban disparity with 39% households in rural areas with access to sanitation compared to 90% in urban areas.
2. 82% of schools have separate toilets for girls, 92% of which are functional.
3. Since the launch of Swachh Bharat Mission more than 11.5 million toilets have already been constructed in the rural areas.
4. States have been given flexibility to design delivery mechanisms that take into account local cultures, practices, sensibilities and demands.
5. Recently the Government of India published two documents: a handbook on Accessible Household Sanitation for Persons with Disabilities (PwDs) and guidelines for Menstrual Hygiene Management.

Challenges

1. Prevailing cultural practices and habits act as barriers to the adoption of hygienic practices, such as hand washing and toilet usage.
2. Inadequate implementation capacities of states in terms of trained personnel and procedures for planning and monitoring.
3. The focus remains on toilet construction instead of behaviour change as envisaged in the SBM policy.
4. Solid and Liquid waste management.

9 http://www.sacosanvi.gov.bd/data/frontImages/India_Country_Paper.pdf

10 http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Update-report-2015_English.pdf

WOMEN AND ADOLESCENT GIRLS

Current WASH Practices

The women and adolescent girls participating in the consultation meetings came mostly from urban slums, rural and peri-urban areas and belonged to a poor socio-economic background. Most of them reported that they did not have access to WASH facilities and practiced open defecation, as it was the only option they had.[11]

◇ The participants shared that they go – usually in a group - to a pond, stream or river or fields some distance away from their homes to defecate. The group gives them a sense of security. They prefer to go before sunrise and after sunset to ensure privacy and to avoid unwanted attention and sexual harassment.[12,13]

◇ According to the participants community toilets are unsafe, dirty, poorly maintained and do not offer any privacy. In fact, men often loiter specifically near the toilets and harass women when they come to use the toilets. Many women depend on an escort (usually an older person) to accompany them to the toilet, to reduce the risks involved.[14,15] Water is also in short supply in these toilets.

◇ A similar situation exists with regard to bathing. The majority of the women reported bathing at a river or stream or in an open space behind their homes. They also wash their clothes in the same source of water. They shared that they usually have to wait for the men to leave before they can bathe, which is not only embarrassing, but also a waste of their time.

◇ Menstrual hygiene continues to be a taboo subject. Even during the meetings, some of the participants were reluctant to share openly. The most common practice during menstruation is using old cloth, washing it in a water body during a bath and reusing it. Sanitary napkins are either not known or are considered too expensive. In Angul, Odisha, participants shared that they cannot afford sanitary napkins available in the market, so they use old cloth as napkins and dispose them in the garbage. Adolescent girls also said that they were too embarrassed to ask a male shopkeeper for sanitary napkins and hence refrained from buying them in a shop. In public toilets and school toilets, there are no proper disposal mechanisms. Handwashing with soap is rare and people mostly use ash or mud in lieu of soap.

11 All Consultation Meetings with Women and Adolescent Girl Groups across India.

12 Consultation Meetings with women and adolescents, Dahod, Gujarat on 4/11, Jamshedpur, Jharkhand on 7/11/2015

13 Consultation Meetings with women and adolescents, Angul, Odisha on 1/11/2015

14 Consultation Meeting with Women and Adolescent Girls, Jamshedpur, Jharkhand, India on 7/11/2015

15 Consultation Meeting with Women and Adolescent Girls, Davangere, Karnataka, India on 19/10/2015

"We tell girls about menstruation but we do not give them sanitary pads. They also avoid buying pads in shops as they are too embarrassed to ask a male shopkeeper."

An ASHA worker, Angul, Odisha

WOMEN AND ADOLESCENT GIRLS

"We are a total of six members in the family, living in a thatched house, which gets damaged every monsoon. In such conditions, how can we think of building a toilet? We also have a water shortage in my village as the tube-well does not work any more. We go in a group of three or four to a very far off pond for bathing and cleaning clothes. When one person is busy bathing, others keep watch. If we see someone approaching, we stop and wait for the person to pass. The path is strewn with stones and pebbles and it is very difficult to walk on it."
- *Mandakini Bhoi, a 16 year old student from Angul, Odisha*

Challenges

◇ Lack of privacy when they go out to defecate is the biggest challenge women and adolescent girls face. They shared how the lack of a toilet exposes them to physical and emotional danger. While going out in the dark before sunrise or after sunset offers them a modicum of privacy, they also **fear going to the toilet in the dark** because of the associated risks, such as falling and injuring oneself, theft/robbery, rape, assault or insect/snake bites.[16] Bathing in open ponds and rivers also exposes them to risks, such as sexual harassment.[17]

◇ **Special situations like pregnancy and illnesses** exacerbate the problem. Pregnant women shared that the long distance and uneven paths they have to cover to find a public toilet or a place for open defecation exposes them to the risk of falling and having a miscarriage. Toilets are also not designed for pregnant women as they find it difficult to squat and get up after defecation.[12,18]

◇ **Women are usually not consulted or involved in financial decisions in the household**. Men and other family members do not prioritize toilets in the home.[13] Although women and adolescent girls feel the need and suffer due to the lack of toilets, they find it hard to express their priorities and influence decisions for the construction of toilets.

◇ **Public toilets** are particularly difficult to use as they are not maintained and tend to be **unclean and unsafe**[13,14] Irregular water supply adds to the problem. Public institutions, such as schools, colleges, offices, market places, railway stations, etc. do not have separate toilets for men and women. The infrastructure is poorly maintained with no proper hand washing facilities.[13] Given the lack of adequate toilet facilities in public places, women are reluctant to travel and participate in social events, especially when they are menstruating. When compelled to travel, the participants restrict the intake of food and water so as to avoid the need to defecate or urinate till they return home.[13]

16 Consultation Meetings with women and adolescents, Palanpur, Gujarat on 3/11/2015

17 Consultation Meeting with Women and Adolescent Girls, Davangere, Karnataka, India on 19/10/2015

18 Consultation Meeting with Women and Adolescent Girls, Jamshedpur, Jharkhand, India on 7/11/2015

◇ **Financial challenges** further impact accessibility. Participants shared that the fees levied for using public toilets were too high when calculated for the entire family on a monthly basis, and many of them cannot afford to pay it.[13]

◇ **Proper Menstrual Hygiene Management is very difficult in all** locations - at home, school, and other public places due to the lack of toilets, water and a proper space for changing and the safe disposal of used sanitary materials. Participants also shared that the use of sanitary napkins is limited because of the lack of information, non-availability of sanitary napkins, the high costs of sanitary napkins and the problem of safe disposal.[13, 19]

Coping Practices

Panchayats or local government institutions have taken steps towards eliminating open defecation through construction of toilets at household level. They are also imposing a fine on households with toilets, whose members are still practicing open defecation. Community members are more aware of the harmful effects of open defecation through the door-to-door campaigns and other communication strategies being employed by the frontline workers.

SHGs have also played a critical role in motivating its members to build and use toilets. They give loans to members to fund the construction of toilets since in some states, such as Andhra Pradesh, Karnataka, Odisha and Telangana, the financial incentive for eligible applicants is received only post – construction.

19 Consultation Meetings with women and adolescents, Angul, Odisha on 1/11/2015

"Earlier, we didn't have a toilet or a bathroom, so I faced many difficulties during my pregnancies. We used to go out in groups after dark to relieve ourselves. If we could not find an escort, we would go to sleep without relieving ourselves. It used to be so painful, holding on for so long. I never wanted my daughter to face the same difficulties. So, when she turned 18, I got a toilet constructed for her without any government support. I now use phenyl (disinfectant) to make sure that the toilet and the bathroom are clean. The whole family is happy and feels safe now that we have a toilet at home."

- Neelaben, Palanpur, Gujarat

ELDERLY AND DISABLED

"I fetch water from the courtyard to the bathroom for washing and bathing. I do it every day for my husband but some days I do not bathe because I do not want to carry a heavy bucket."
- *Yaadamma, from Elderly and Disabled group, Warangal*

"We generally go out very early to the forest to defecate. The women carry me in a wheel cart. Sometimes we encounter elephants. Nowadays there is risk of being attacked by hooligans. A normal person can run, but what about me?"
- *Suman Khalko, Woman with motor disability, Ranchi*

"I don't use a toilet when I go out. I hold it until I reach back home. Toilets in public places are dirty and small. Most of the time there is no water to wash. And getting inside with a wheel chair is almost impossible."
- *Ishika, Student of Umang special school, Bhopal, M.P.*

Current WASH Practices

◇ The majority of participants came from urban, peri-urban, slum and rural areas. Most of them shared that they do not have toilets in their homes. They defecate in the open, with many of the older people defecating in a half-standing, half-squatting position with the support of a walking stick.[20]

◇ Most of the participants admitted that they wash their hands with soap only after returning home, as it is difficult for them to carry water for both anal and handwashing. Moreover, there is no running water in most households and people store water in a tank in the courtyard. The task of carrying water to the toilet/bathing area falls on women. Sometimes, if there is a shortage of water, the women do not bathe. Some women also said that on certain days when they are very tired, they avoid bathing so that they do not have to carry a heavy bucket of water.

◇ The participants, some of whom were from Old Age Homes and Special Schools for disabled children, shared that the existing toilets are not designed to meet their needs and hence they find it difficult to use these toilets.[21] Even the few, who have household toilets, cannot use them. Hence, the elderly and disabled from rural areas stick to the age-old practice of going to the field for defecation, even though it means walking a distance and squatting in the open.[16]

◇ Despite statutory requirements, disabled-friendly sanitation facilities are simply not available in most of the public spaces, including market places, bus-stands, hospitals and offices.[22]

20 Consultation Meeting with Elderly and PwD, Warangal, Telangana, India on 30/10/2015

21 Consultation Meeting with Elderly and PwD, Bhopal, M.P. India on 04/11/2015

22 Consultation Meeting with Elderly and PwD, Mysore, Karnataka, India on 31/10/2015

Challenges

◇ The majority of the participants do not have toilets, even though they have a disability. The key hurdles included: **lack of funds and family support, space constraints, inappropriate infrastructure that does not meet their special needs, and lack of awareness regarding subsidy procedures.**[23]

◇ Even the few people, who have household toilets, face problems because these toilets are not designed to meet their needs (e.g. the door may not be wide enough for a wheel chair user or the seat may not be high enough for a senior citizen.[18,24]) Elderly people and the disabled also need slip-resistant floors, handle bars to support themselves and space for a walker. The standard toilet design does not cater to different types of disabilities.[18,20] Moreover, in rural areas especially there is no piped water. Instead water is stored outside in the courtyard and having to carry water in buckets to the toilet is a challenge for the elderly and persons with disabilities.

◇ Even in urban areas, the WASH facilities in public areas are inappropriate for persons with disabilities. The designs are also inconsistent and the position of the door, light switch and water points will differ in each toilet. This **lack of standardization** makes it very difficult for persons with disabilities to use the facility.[18]

◇ There are **poor hygiene conditions due to improper and inaccessible WASH facilities.** Participants cited a number of reasons for not using public toilets, including the shortage of water and poor maintenance, the lack of display boards and instructions for use, insensitive staff and tap / flush arrangement.[18]

◇ Most of the **schools and colleges lack disabled-friendly sanitation facilities.** Although there are ramps in some institutions to give students with disabilities access to the classroom, going to the toilet continues to be difficult due to its location and uneven access paths. Girls who are menstruating have little choice other than to stay at home or stain their clothes.

◇ Disabled women face challenges especially during **menstruation, pregnancy and childbirth** because of the lack of clean, hygienic and accessible WASH facilities.[25]

◇ The inadequate **number of toilets and inappropriately designed toilets** in old age homes also cause several difficulties.[26]

23 Consultation Meeting with Elderly and PwD, Warangal, Telangana, India on 30/10/2015

24 Consultation Meeting with Elderly and PwD, Bhopal, M.P. India on 04/11/2015

25 Consultation Meeting with Elderly and PwD, Mysore, Karnataka, India on 31/10/2015

26 Consultation Meeting with Elderly and PwD, Bhopal, Madhya Pradesh, India on 4/11/2015

"I got a toilet constructed at home, seeing it as the only solution to my disability. After realising what a difference a toilet can bring to the life of a disabled person, like me, I started helping others design disabled-friendly toilets. My work demands a lot of travel and it is a challenge – not because of my disability - but because toilets in the Indian railways are inaccessible for wheelchair users. This problem demands an immediate solution."

- Mukesh Kanchan, Orthopedically challenged, Captain of the Indian Cricket Team for the Physically Challenged

"When my husband fractured his leg and had to be carried by the neighbours every time he needed to defecate in the open, I sold my jewellery and got a toilet constructed in our house. At least now he does not have to worry about morning routines."

- Ellamma, Yerragollapahad, Warangal, India

ELDERLY AND DISABLED

"I constructed a toilet for my wife Mallamma's safety. For the past 25 years, she has been mentally ill and had started relieving herself anywhere in the open, unmindful of her surroundings. So to protect her from injury and societal ridicule and also to reduce my own suffering, I took a loan of Rs. 12,000 from a MARI watershed committee and got a toilet constructed."
- Konda Siddahiah, an 80 year old man, Yerragollapahad Village, Warangal

◇ Participants across all consultations felt that community and responsible authorities do not understand the **challenges faced by persons with disabilities.**[21] Caregivers – who also participated in the consultations – shared that they face huge challenges in ensuring the personal hygiene of their wards. Even simple acts that one normally takes for granted – eating, drinking, urinating and defecating – need to be customized to the specific abilities and disabilities of the person, placing a huge demand on the time, patience and resources of the caregivers. The insensitive and dismissive attitude of the community towards persons with disabilities is also reflected in the provision of water and sanitation facilities, with hardly any consideration being given to their special needs.[21]

◇ Participants said they were often unable to take advantage of the financial incentive offered as it is usually given after construction and most of them do not have the financial reserves to invest in a toilet.[27]

◇ According to the participants the contractors and agents selected for construction of toilets are appointed without people's participation, and as a result the quality of their work is sub-standard and their designs flawed. For this reason, SBM is not expected to fare any better than previous sanitation schemes.[28]

27 Consultation Meeting with Elderly and PwD, Warangal, Telangana, India on 30/10/2015
28 Consultation Meeting with Elderly and PwD, Puri, Odisha, India on 28/10/2015

Coping practices

◇ Almost all the women with disabilities in the Mysore consultation said they restrict their water and food intake when they travel and avoid public functions because of the lack of disabled-friendly toilets.

◇ Some students with disabilities said they only use toilets at home for the same reason. If they have to use public toilets, they prefer toilets at malls, which are spacious and allow wheelchair access. These toilets also have handles for support as well as being clean and safe.

◇ A wheelchair user shared a design that serves as a convenient commode. It is a special ply board with a hole cut in the center, which can be placed on the wheelchair and used as a toilet seat.

◇ Participants in the Mysore consultation appreciated efforts to develop disabled- friendly WASH infrastructure in schools and colleges. Ramps have been constructed so that wheelchair users can access toilets. Participants also felt that the role of the senior management team in schools is critical in bringing about this change.

◇ Awareness and sensitization programs are being undertaken in the villages under SBM, including handwashing day, world toilet day, environment day, and other events. There is a growing realization that people's participation and contribution is an important component for achieving open defecation free villages.[29]

29 Consultation Meeting with Elderly and PwD, Puri, Odisha, India on 28/10/2015

SANITATION WORKERS AND WASTE/RAG PICKERS

"As part of work we sweep, pick up garbage, clean drains and pick up dead animals. The dead animals smell real bad, we don't get a mask, gloves or shoes to cover ourselves and we don't have a uniform. If people just can't bear the dirty smell, imagine what we have to bear while picking up a dead dog."
- *Shankar Mukhi, Jharkhand*

Current WASH Practices

◇ Although sanitation workers and rag pickers are key stakeholders and responsible for keeping the environment clean, they themselves do not have access to WASH facilities and work in extremely unhygienic conditions.

◇ Most of them live in slums where, if there are any toilets at all, they are community ones with poor drainage systems, insufficient water and no proper maintenance.

◇ Waste pickers, living at the Bhalasva landfill in Delhi and in Gandhinagar, Gujarat, shared that they have no proper bathing facilities. Women use poles and a sari or bed sheet to create a make-shift tent where they can bathe in privacy.[30]

◇ There are no WASH facilities at the work place in spite of the long working hours. Waste pickers, especially women, typically start their workday very early in the morning and spend all day at the landfill or waste segregation centers, or collecting waste from homes. Sanitation workers also spend the day cleaning roads and public spaces, including drains. They do not have access to toilets and practice open defecation.

◇ Due to lack of water at the landfill or other places, workers carry a bottle of water that they use for drinking, handwashing and anal cleansing. As there is no soap, they use mud/ash for handwashing.[31]

◇ Women and adolescent girls use old, recycled cloth when they are menstruating. This cloth is washed, dried and then reused. Younger girls use sanitary napkins that are left in the community toilet or throw in the drains.[32]

30 Consultation Meeting with Sanitation workers and waste pickers, Gandhinagar, Gujarat, India on 4/11/2015

31 All consultation Meetings with sanitation Workers and waste pickers across India

32 Consultation Meeting with Sanitation workers and waste pickers, Delhi, India on 3/11/2015

Challenges

◇ **Unhygienic work conditions:** Rag pickers, especially, are extremely vulnerable to injuries and infections because they have to sort garbage manually with their bare hands. This garbage is mixed with potentially harmful waste materials, including hospital waste, shards of broken glass and soiled sanitary napkins and diapers. They do not have any protective gear – no gloves, mask or boots. The improper disposal of sanitary material and other garbage leads to clogging of drains, which the sanitation workers have to clean manually. The toxic gases and foul odor from these drains are suffocating and have often led to sanitation workers suffering from respiratory diseases and in extreme circumstances, even dying. Collection of waste in the rainy season is especially problematic as the wet and moist environment provides fertile ground for maggots and other worms to flourish on the waste, making it extremely difficult for sanitation workers and waste collectors to do their jobs. The stench can be so overwhelming that the men often take refuge in alcohol.

◇ **Lack of enforcement of waste management policy and practice:** India has rapidly growing cities that produce tonnes of garbage. Although there are waste management rules in place for the disposal of plastic, e-waste and biomedical waste[33] these rules are not enforced in practice. Waste segregation at source would reduce the pressure on landfills and make this occupation less hazardous.

◇ **Lack of proper equipment for cleaning the drains and removing garbage**. Without any protective suit or shoes, the workers must get into the drain and remove the silt with their bare hands. Very few garbage collection vehicles have a mechanized system to remove the garbage. Instead sanitation workers pick up bins with their hands and dump it into the trucks. The condition of these vehicles tends to be poor.[34]

◇ **Vulnerability to ill-health and high medical costs:** Almost all the participants said that they regularly fall sick due to unhygienic work conditions. They complained of illnesses, such as back aches, skin infections, asthma, bronchitis, diarrhea and tuberculosis. During the summer and monsoon seasons, they suffer from frequent bouts of malaria and dengue fever. As a result, families spend an average of Rs. 500-1000 on medical costs every month.[35]

◇ **Lack of financial security** is a major concern. At the time of the consultation, the sanitation workers in Delhi had gone on strike because they had not been paid by the Municipal Corporation for several months. While these workers are better off since they have a regular job, most of the sanitation workers are employed on temporary or contract basis and have no job security. They earn an income only when there is work available and are usually not paid on time. Women participants reported receiving lower wages than men. They also complained of supervisors forcing them to carry heavy loads.[36] Unhealthy and unhygienic living conditions, the lack of safety equipment and out of pocket medical expenses all combine to push them further into poverty.

◇ **Discrimination issues and non-cooperation from the community** were universally considered to lead to stress, lack of self-esteem and demotivation.[37]

◇ **Entry of private companies and privatization of garbage management** is also a threat to the livelihoods of waste pickers. The waste collected at household level is often taken over by the private company and the income from recycling the segregated waste goes to them and not the waste picker.

33 Waste Management Rules. http://www.moef.gov.in/sites/default/files/Waste%20Management%20Rules,%202016%20up1.pdf

34 Consultation Meeting with Sanitation workers and waste pickers, Erode, Tamilnadu, India on 17/10/2015

35 Consultation Meeting with Sanitation workers and waste pickers, Delhi, India on 3/11/2015

36 Consultation Meeting with Sanitation workers and waste pickers, Gandhinagar, Gujarat, India on 4/11/2015

37 All Consultation Meetings with Sanitation workers and waste pickers across India

"Because we do a dirty job and belong to the Harijan caste (low caste), we are looked down upon as untouchables. People don't take anything given from our hands."
- *Shankar Mukhi, Jharkhand*

"Earlier we used to work with bare hands and ran the risk of getting injured by sharp objects like syringe, broken glass pieces etc. but now we wear mask, gloves and other protective gear".
- *Jaya Prakash Chaudhary, Secretary of Safai Sena, Delhi*

"Hospital waste should be disposed separately so that sanitation workers are not at risk of getting pricked by a syringe while picking up the waste. They must have safety gear, such as gloves, shoes and a mask, a water tank to clean themselves after work, a bathroom, restroom and facilities to have lunch after work."
- *Asma Khatoon, Kabadi Union, Delhi*

Coping Practices

◇ In the absence of safety materials, the workers are compelled to fashion some kind of protective gear from the waste materials which offer very poor protection. In Delhi and Tamil Nadu, participants shared that they use a dupatta, the corner of their sari or a piece of cloth in lieu of a mask to cover their nose and mouth.

◇ Recently, the response of local authorities has improved, with some regions providing basic personal protection materials, including masks, following the advocacy of safai karamchari unions and local organisations working with waste pickers.

◇ Sanitation workers sometimes even make their own equipment, such as brooms, as often there is a shortage of cleaning supplies.

◇ In Nai Seemapuri, New Delhi, the residents who are mostly sanitation workers and ragpickers, took up the maintenance of their toilet complex. They appointed a person from the community who charged all male users a fee of one rupee. Women and children were allowed free use. In exchange, this person was responsible for cleaning the toilets and acted as a watchman for the complex. Community members reported a decrease in the incidents of sexual harassment at this toilet complex.[30]

TRANSGENDER GROUP

Current WASH Practices[38]

◇ The WASH practices of the transgender community in India vary depending on whether they are living with a Guru (head of the group), with their own family or independently.

◇ Due to social prejudices, it is difficult for the transgender community to find rental housing and they regularly end up living in highly congested areas with few toilets. Those who find shelter with a guru share a toilet with over 30 people and therefore often have no option but to defecate in the open.

◇ Transgender people living with their families usually have access to a toilet, but in rural areas some of them continue to practice open defecation.

Challenges

◇ **Daily harassment, discrimination, prejudice and violence** from their own family members, community members, the police and their clients, since transgender people are mostly engaged in sex work or beg for a living.

◇ **Denial of accommodation** forcing them to live in remote, slum areas, where access to water and sanitation facilities is poor. Since their work is considered illegal, it usually takes place in deserted places - graveyards and dump yards - where there are no toilets. They are therefore forced to defecate under trees or behind bushes and parked vehicles.

◇ Transgender people face a dilemma every time they have to use a public toilet. Public toilets are either for men or women and transgender people are not welcome in either, since it is widely believed that they are seeking sex work when they visit public toilets. When they use the men's toilet, they are subjected to sexual harassment and sexual violence. Therefore most transgender women prefer to use the ladies' toilet; however, they report that women get scared when they see a transgender person in the toilet and start abusing them.[39]

◇ Due to lack of adequate water and sanitation, they f**requently contract various infections**, such as skin and urinary tract infections (UTIs). UTIs are common in transgender people who have undergone castration or sex reassignment surgery, especially if the surgery has been performed by unskilled practitioners.

"I used to live with friends near Karimnagar town. About 15 of us were living in one room without any toilet facility. In order to relieve ourselves in the mornings, we used to go to the toilets in the Apsara theater next door. However, after a while the security guard realized we were using the theater toilets and brought this to the notice of the owner. The owner had the toilets locked during the morning hours. When we confronted him, he replied that he did not want the public to think the theatre was a 'transgender adda' and told us to stop coming. Often we are mistaken for seeking sex work when we visit public toilets,"

- Sheila, Telangana

38 Consultation meeting with Transgender Group, Hyderabad, India on 12/10/2015

39 As stated by one of the transgender participants in Hyderabad, India on 12/10/ 2015

TRANSGENDER GROUP

"The moment my landlod came to know about my sexual identity, he cut off the water supply and drainage of my flat and forced me to vacate the house. It is almost impossible for us to rent a house in an area with good water and sanitation facilities. Now I live with 13 other transgender people in a slum."
- *Baby, Hyderabad*

◇ Due to social prejudices of health care providers and financial constraints, they are **unable to afford proper medical care** and therefore forced to rely on unregistered medical practitioners or fall back on traditional medicine for treatment. Sometimes this only serves to exacerbate their condition, particularly in cases of post-castration complications and sex reassignment surgery.

Coping Practices

◇ Participants shared that open defecation under trees, behind bushes or parked vehicles is the only resort given the multitude of problems they face.

◇ Most members of the transgender community prefer to use the women's public toilet. To avoid harassment, they cover their faces with a dupatta (scarf worn over the head and shoulders) when they enter a women's toilet or they delay going to the toilet till they can find a more private place.

The government of Tamil Nadu has made provision for separate toilets for the transgender community in public places. Participants welcomed this step and are optimistic that this will reduce the harassment they regularly face.

KEY ASKS

Key asks from different groups consulted include:

1. Safe, clean, affordable, accessible and acceptable WASH facilities, not only in households but also in schools, anganwadis, and public places such as hospitals, bus stands, railway stations and market spaces which will enable everyone to live a life of dignity.

2. Facilities for women and adolescent girls for menstrual hygiene management, including the availability of water, soap, and a private and clean space for changing and disposing soiled sanitary materials.

3. Disabled-friendly WASH facilities that are accessible and designed to cater to the special needs of the elderly and persons with disabilities (e.g. ramps, wide door for wheelchair access, handle bars for support, commode, adequate lighting and non-slippery floors).

4. Inclusion and participation of marginalised communities in the construction and maintenance of WASH facilities to ensure that their needs are addressed.

5. Awareness and health education for women and adolescent girls on personal and menstrual hygiene management.

6. Training for persons with disabilities on the use of toilets so they can avoid soiling their clothes and the floor.

7. Special assistance for the elderly and disabled to help them find a mason, procure materials, select a design and build a toilet that suits their needs and their budget and enables them to claim the incentives.

8. Training of masons on the construction of different types of toilets to meet different needs and budgets.

9. Job and financial security for sanitation workers.

10. Provision of a dedicated space for waste segregation with WASH facilities and a clean resting area.

11. Rights of waste collectors to sell the waste they have collected at a fair, minimum guaranteed price.

12. Recognition of sanitation workers and waste collectors by the government and municipality and the provision of identity cards for them.

13. At least two sets of uniform, safety and protective gear and a regular supply of equipment for each worker.

14. Public acknowledgement of the work sanitary workers and waste collectors perform and their contribution in keeping the environment clean.

15. The use of technology for cleaning manholes and drains to protect the dignity and lives of sanitation workers.

16. Education on MHM and the availability of soap, water, sanitary napkins and safe disposal options in schools.

RECOMMENDATIONS

Ensuring access to safe, clean and affordable sanitation facilities to every individual cannot be the job of the government alone. Community members, CSOs and the media need to work in coordination with the government to bring about this change. The following recommendations are thus put forward.

1. Inclusion of women and adolescent girls, the elderly and disabled in the planning and decision-making on WASH so they may voice their concerns and explain their particular needs. Users, after all, are experts of their own experiences. They know their needs best and can provide valuable inputs to ensure better design and delivery and to improve services that are currently too often unsuitable for so many. To facilitate this, firstly, platforms need to be designed to enable dialogue between policy makers and socially-excluded communities. Secondly, existing village water and sanitation committees should be strengthened and include representatives from marginalised groups. These committees, supported by CSOs, can create a platform where members of these groups can voice their concerns and participate in the planning of sanitation schemes. This will help Swachh Bharat Mission (SBM) to understand existing barriers and ensure that everyone's needs are addressed.

2. To ensure marginalised and vulnerable groups have access to safe and adequate WASH facilities, awareness and capacity building at all levels needs to be taken up:

i. Specifically targeted awareness sessions on the right to sanitation and health education for women and adolescent girls, elderly and disabled with a focus on behavioural change, instead of the traditional focus on toilet construction.

ii. Training and sensitization of officers at all levels to respond to the needs of persons with disabilities. Masons should also be provided with technical knowledge on construction of different designs of facilities that are suitable for persons with disabilities.

iii. Media campaigns to sensitize the implementers of sanitation programmes to the specific needs of vulnerable groups and to highlight the violation of their sanitation rights.

iv. Sensitization of the public on the issues of sanitation workers and the transgender community to reduce stigma and discrimination against these communities and to enable them to have better quality of life.

3. Develop a communication strategy for collective behaviour change which includes identifying and building capacities of motivators and WASH champions at the village level to create awareness on the harmful effects of open defecation, motivate people to stop open defecation and adopt hygienic sanitation practices. The messaging should focus on men's sanitation needs and practices, instead of targeting only women, as it is men who continue to defecate in the open, even when they have a toilet at home.

4. Since the incentive under SBM is paid after construction, financial assistance, in the form

of loans or advance payments should be given to poor households to initiate construction. Self help groups and microfinance institutions can be alternative sources for financing individual household toilets.

5. Allocate dedicated funds for operation and maintenance of community toilets at the time of planning the facilities. Communities can play a critical role in monitoring the maintenance of these facilities. Initiatives using mobile technology for community monitoring of WASH facilities, show promise and could become excellent ways to get real time feedback from a large number of users, whose voices are normally unheard.

6. WASH policies and guidelines for schools and colleges must be implemented and norms and standards enforced to ensure separate toilets for girls with adequate lighting, water and space for washing and changing, and bins for safe disposal of used menstrual materials. CSOs should build capacities of school management committees to understand the guidelines and effectively monitor the implementation.

7. The Government has already developed Guidelines on MHM as well as a Handbook on toilet designs for the disabled. These need to be disseminated, implemented and monitored to ensure that public toilets can be used by persons with disabilities, as well as menstruating women and adolescent girls.

Box 2: Recycling and Reuse of Waste

It is possible to minimize waste dumped at landfills and save resources, as demonstrated by Chintan, an organisation working with waste collectors in New Delhi. Chintan has taken up solid waste collection and management projects with the Northern Railways, hotels, such as the Taj Group and the Oberoi, and malls like Select City Walk in New Delhi. It works in partnership with Safai Sena, a registered group of waste collectors, itinerant buyers, junk dealers and other recyclers based in New Delhi and its surroundings, and collects solid waste from these institutions and sends it to the material recovery facility (MRF) in different locations in the city. The waste at these centres is segregated and then sent to authorized recyclers

8. The Solid Waste Management Rules 2015[40], including segregation of waste at household level need to be enforced. These rules aim at reducing waste at the household level and ensuring medical waste or other biohazardous waste is not mixed with general waste. This should be complemented with a public campaign by the municipalities and CSOs to advise people on safe disposal of potentially harmful waste. Decentralized waste management systems as piloted by Chintan (Box 2) should be institutionalised.

9. The working conditions of sanitation workers must be improved through the provision of better remuneration, job security, accident and life insurance, and safety equipment. Instead of recruiting them as contract labour, their work should be acknowledged and regularised through legislation. They should be provided with identity cards, uniforms, washing and bathing facilities, including soap and disinfectants. Manual cleaning of drains must be prohibited and replaced by the use of technology.

10. The Government needs to recognize the critical role waste pickers play in sanitation. It should recognize them as entrepreneurs and create an enabling environment that supports the work they do. The Municipal Corporation can, for example, allocate a clean space for waste pickers to segregate and sell recycled waste. They should be provided with identity cards and uniforms to protect them from police harassment. Washing and bathing facilities, including soap and disinfectants, must be made available to them.

11. The government must ensure that the privatization of garbage removal does not threaten the livelihood of waste pickers and further marginalize them. Private companies should only be involved in garbage collection and transportation from community garbage dumps while the door- to- door collection should be left to the waste pickers. Waste pickers should have the right to sell the waste they collect. There should be fixed, fair rates for the sale of waste to avoid exploitation. Community-level initiatives for turning organic waste into manure should be taken up.

40 Solid Waste management Rules 2015, released by the Ministry of Environment, Forest and Climate Change, GOI and accessed at http://www.moef.nic.in/sites/default/files/SWM%20Rules%202015%20-Vetted%201%20-%20final.pdf

12. Transgender people must be recognized as equal citizens in the eyes of the law. Policies that safeguard their human rights, including the right to safe and adequate WASH facilities, should be developed and enforced. Legal action should be taken against people that discriminate against trangender people.

13. The WASH sector also needs to broaden its ambit and reach out to non-WASH players working with marginalised groups on other issues so that these organisations can widen their scope of work and include the WASH agenda.

The Way Forward:

The L*eave No One Behind* consultation process and subsequent participation of marginalised groups at SACOSAN VI is an important, first step towards addressing equity and inclusion in sanitation and hygiene. It is, however, critical to continue and deepen this process by systematically creating platforms for constructive dialogue so that policy makers and duty bearers can listen to the needs and aspirations of marginalised groups. The challenge will be to institutionalize such processes so that the perspectives of those, who are traditionally left behind, routinely inform policy and practice.

As the key findings of the consultation process have shown, we need to look beyond the provision of taps and toilets and bring about collective behavior change so that people begin to adopt hygienic practices. We also need to address stigma and discrimination, that act as barriers and prevent the marginalized from accessing and using safe sanitation facilities. Above all, we need to put the last mile first and listen, to ensure that no one is left behind.

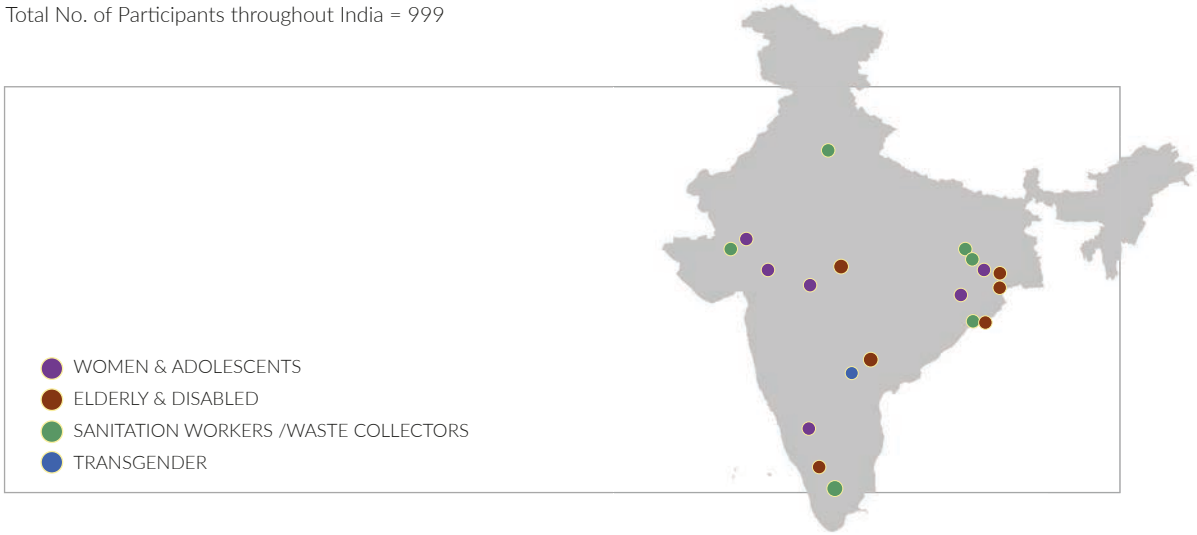
ANNEXURES

Annexure 1: Consultations in India

CONSULTATIONS IN INDIA

Women and adolescents	19th Oct, 2015 Devanagere, Karnataka	29th Oct, 2015 Barwani, M.P.	1stst Nov, 2015 Angul, Odisha	3rd Nov, 2015 Palanpur, Gujarat	4th th Nov, 2015 Dahod, Gujarat	7th Nov, 2015 Jamshedpur, Jharkhand
Elderly and disabled	26th Oct, 2015 Bhadrak, Odisha	28th Oct, 2015 Puri, Odisha	30th Oct, 2015 Warangal, Telangana	3rd Nov, 2015 Mysore, Karnataka	4th Nov, 2015 Bhopal, M.P.	5th Nov, 2015 Ranchi, Jharkhand
Sanitation workers and waste collectors	17th Oct, 2015 Erode, Tamil Nadu	31st Oct, 2015 Khurda, Odisha	3rd Nov, 2015 New Delhi	3rd Nov, 2015 Saraikela, Jharkhand	4th Nov, 2015 Gandhinagarm Gandhinagar, Gujarat	
Transgender	12th Oct, 2015 Hyderabad, Telangana					

Total No. of Participants throughout India = 999



Annexure 2: List of Partner Organisations

All India Kabaddi Mazdoor Mahasangh (AIKMM)

Angul Swechhasevi Sangathan Samukshya (ASSS)

Association of Persons With Disability

Avagahana

Center for holistic development

Chintan Environmental Research and Action Group, Delhi

Delhi Jal Board Majdoor Karamchari Sangathan

Delhi Municipal Employee Unity Center

Ekal Nari Sashakti Sangathan, Jharkhand

Energy, Environment and Development Society (EEDS), Bhopal, Madhya Pradesh

Grassroots Research and Advocacy Movement (GRAAM)

India HIV AIDS Alliance, Hyderabad

Indian Institute of Youth and Development (IIYD), Odisha

Jharkhand Viklang Jan Forum, Jharkhand

Lok Shakti Vikash Kendra

MADAIT, Jharkhand

Modern Architects for Rural India (MARI), Warangal – Lead Partner in India

Naisargik Trust

Prakruti, Gujarat

Pravah ,Gujarat

SADHANA

Safai Karamchari Andolan

Seva Mandir, Bhadrak, Orissa

Shramjivi Mahila Samity, Jharkhand

Support for Network and Extension Help Agency (SNEHA), Tamil Nadu

Swami Vivekananda Youth Movement (SVYM), Karnataka

Swacchta Karamchari Union

Udgam Trust, Gujarat

Viswa Yuva Kendra, Bhubaneshwar, Orissa

WaterAid India

LEAVE NO ONE BEHIND

About FANSA

The Freshwater Action Network South Asia (FANSA) aims to improve governance in WASH sector by strengthening the role of civil society in decision-making. It considers both environmental and developmental aspects as crucial for the realization of the right to water and sanitation for present and future generations. FANSA was established in 2008 based on the felt need of the civil societies to ensure that their local experiences and voices are represented at the policy-making discussion and fora. The South Asian network is a member of Freshwater Action Network (FAN), a global consortium of civil society networks engaged in implementing and influencing water and sanitation policy and practice.

fansouthasia

About WSSCC

WSSCC is at the heart of the global movement to improve sanitation and hygiene, so that all people can enjoy healthy and productive lives. Established in 1990, WSSCC is the only United Nations body devoted solely to the sanitation needs of the most vulnerable and marginalized people. In collaboration with our members in 150 countries, WSSCC advocates for the billions of people worldwide who lack access to good sanitation, shares solutions that empower communities, and operates the GSF, which since 2008 has committed close to US$ 109 million to transform lives in developing countries.

Learn more at www.wsscc.org

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