Water, Sanitation and Hygiene (WASH) & Gender targets for the post 2015 development agenda

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Introduction

The Millennium Development Goals (MDGs) aim at halving the number of peoples without access to water and sanitation. The water MDG has been achieved - although questions remain about the quality and affordability of the water. Another question is that of how to reach the other more than 780 million people still being without access to water, as "low-hanging fruits" are no longer to be expected making this a harder challenge than the original goal.

In addition, the sanitation MDG is far from being on track, – two and a half billion people are without access to sanitation. Mortality and morbidity related to unsafe water and inadequate sanitation remain unacceptably high; and water resources are often used in an inefficient manner. Women and girls are more affected by this than men, as described below.

In the discussions on possible focus areas for the Sustainable Development Goals (SDGs) during the lead up to the Rio+20 summit, water and sanitation were mentioned by some governments as possible focus areas. In the post-2015 (post-MDG) process 'water' is also one of the 11 thematic focus areas. The preliminary discussions range from targets on transboundary water management (over-consumption, pollution of rivers, lakes, aquifers) to providing safe drinking water, safe sanitation and hygiene for everyone. The area related to drinking water, sanitation and hygiene is referred to as WASH (WAter , Sanitation, Hygiene).

It is important to identify specific gender dimensions of water and sanitation, which could lead to prioritizing actions in the SDGs and post-2015 agenda to reduce the great gender divide which is still found in this sector in many countries.

Inequalities in the drinking water sector

Those who have not benefitted from the MDGs, and who do not have access to drinking water are those who are the most deprived – and the majority of them are women. The number of people in rural areas using an unimproved water source in 2010 was still five times greater than in urban areas (UNICEF/WHO, 2012). In these rural areas, women are disproportionately affected, inter alia due to existing traditional gender roles. Women are in majority responsible for collecting water (62% on average). Even girls have a share in fetching water (9%)[1]. The average distance that women in Africa and Asia walk to collect water is six kilometers.[2] In areas where men or boys are responsible for water collection, they are more likely to have a means of transportation (donkeys, motorcycle), whereas women mostly carry the water by hand.

[1] UN GA A/67/270, August 2012, paras. 27, 32, 67.

[2] http://www.un.org/waterforlifedecade/human_right_to_water.shtml

The focus for the SDG/post-2015 water agenda should therefore be on safe water for women in rural areas. However, the majority (66%) of the Official Development Assistance (ODA) is targeted to the development of large water supply systems, and not on smaller systems in particular not for rural areas (UNICEF/WHO, 2011).

Sanitation and hygiene – the great gender divide

Lack of safe sanitation and hygiene discriminates against women

One of the most significant divides between women and men, especially in developing countries, is found in the sanitation and hygiene sector.

Access to safe and sustainable sanitation is essential to ensuring health and well-being. It reduces the burden of treating preventable illnesses and is a prerequisite for ensuring education for all and the promotion of economic growth in the poorest parts of the world. Access to adequate sanitation is a matter of security, privacy and human dignity.

Women suffer more than men when there is a lack of appropriate sanitation facilities (toilets/bathrooms).

Increased violence

Women suffer more risks of abuse and more difficulty when defecating and urinating in the open is their only option (COHRE et al., 2008). In the absence of sanitary facilities or due to cultural reasons, women in many countries often have to wait until dark to go to the toilet or the bush.

In rural areas, men often avoid using pit latrines when they are badly maintained (stench, dirt) and relieve themselves outside whilst women remain dependent on the pit latrines. Often in urban areas, women and girls face innumerable security risks when they use public facilities which are open to both men and women. Research in East Africa indicates that safety and privacy are women's main concerns when it comes to sanitation facilities (Hannan and Andersson, 2002). Without safe sanitation, women's dignity, safety and health are at stake.

Bad health

WHO statistics show that young children and immune-weak people (including the elderly, and those with HIV-Aids) are at the greatest risk of becoming ill from diarrheal and parasitic waterborne illnesses. The transmission of intestinal worms, for example, leads to insomnia, vomiting and weakness. Insufficient water to wash with also leads to diseases such as trachoma and scabies.[3] These increase cases of disease, also increase women's workload, as in most cases women are the main care takers of sick family members.

Increased infections

Even where sanitation facilities exist, the lack of privacy (e.g. no doors, no locks) in the facilities is a greater burden for women. As a result of all the above, women in many countries try to drink as little as possible during the day and often suffer from associated health problems such as urinary tract infections, chronic constipation and other gastric disorders (GWA, 2006; Milhailova and Diaz, 2007).

[3] http://www.wateraid.org/uk/what_we_do/the_need/disease/686.asp

In many countries where women rely on public toilets hygiene conditions in public toilets are poor and lead to the spread of infectious diseases.

Neglect of menstrual hygiene

Menstruation hygiene management (MHM) is a challenge when adequate WASH conditions are absent, e.g. a lack of sufficient and safe water for washing[4]. Many women are also subject to health risks. Urinary tract infections, dermatitis, abdominal pains, vaginal scabies and complications during pregnancy can all be caused by poor menstrual hygiene management. In rural areas of developing countries, it is often difficult (or unaffordable) to purchase hygienic material to manage menstruation in a hygienic way, particularly in public spaces, in school and at the work place. An issue is also the embarrassment that prevents young girls and women sharing their questions about MHM, the shame often associated with menstruation, and the cruelty of others laughing at young girls and women when they find out they are menstruating.

Reduced educational, economic and political participation

Research shows that children are hampered in physical and intellectual development due to WASH related diseases such as helminth infections. In addition, absenteeism increases when there are no toilets in school. Teenage girls need privacy and washing facilities for menstrual hygiene. Women have less opportunity to be active in public life, to travel, to work, when there is no access to sanitation.

Lack of access to funds and equity

A combination of unequal and uneven power and legal structures based on discrimination and a lack of political commitment often leads to the neglect of women's needs and hinders their involvement in sanitation development and planning. The majority of the world's 1 billion people living in poverty are women and the feminisation of poverty, particularly among women-headed households continues to increase in a number of regions. Land tenure is a particularly significant stumbling block. It is generally estimated that men's landholdings average three time those of women. Women represent fewer than 5% of agricultural landholders in North Africa and Western Asia and an average of 15% in sub-Saharan Africa (IFAD, 2011). As a result women often lack access to related assets and resources for toilet construction (COHRE et al., 2008).

Human right to water and sanitation and specific women's rights

In 2010 the UN General Assembly recognised the human right to water and sanitation[5]. The right was affirmed by a resolution of the Human Rights Council in October 2010[6] and reconfirmed in the Rio+20 outcome document[7]. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), also stipulates specific rights of rural women to benefit equally from rural development, including sanitation and water supply (Article 14 (2)(h)[8].

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[4] See also UN GA A/67/270, August 2012, para. 73.

[5] http://www.un.org/waterforlifedecade/human_right_to_water.shtml

[6] http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=10403&LangID=E

[7] http://www.un.org/waterforlifedecade/water_at_rio.shtml#a06

[8] See also specific reference in the General Recommendation No. 24 (1999).

The UN Special Rapporteur on the human right to water and sanitation, Ms Catherina Albequerque, has postulated ten criteria – five normative and five crosscutting – that can be used to measure whether or not this human right is being respected[9].

- Criteria 1-5: Normative criteria: availability, accessibility, quality/safety, affordability, acceptability. All these criteria have to be met for the full realization of the human right to sanitation and water.
- Criteria 6-10: Cross-cutting criteria: non-discrimination, participation, accountability, impact, sustainability. In order to be a good practice from a human rights perspective, all of these five criteria have to be met to some degree, and at the very least, the practice must not undermine or contradict these criteria.

Implementation of these rights, and integrating the 10 criteria into the design of national and international water and sanitation programmes, with a specific focus on women in rural areas, should therefore be a key priority for the SDG and post-2015 agenda.

Universal WASH priority areas

Starting from the overarching aim of the human right to water and sanitation, the following three priority/goals should be defined, that is what all programmes should aim to achieve:

1. **Drinking Water for All**
   - Indicator - 100% of the population have access to drinking water according to the 5 normative criteria (water of safe quality, affordable, accessible, available, acceptable) and 5 crosscutting criteria.
2. **Sanitation for All**
   - Indicator – 100% of the population use adequate sanitation systems according to the 10 criteria
3. **Zero mortality due to lack of hygiene**
   - Indicator – 0% of the population die from WASH related diseases

Increasing access to sanitation in one area can jeopardize the access to safe drinking water and increase mortality in a neighbouring area, as human excreta spread pathogens and if toilet waste is not safely treated, it can be a hazard. On the other hand, urine, - which is relatively free of pathogens – and faeces contain valuable nutrients for fertiliser and soil improvement. Therefore, a 4th overarching priority/goal is required:

4. **All human excreta and wastewater are safely managed**
   - Indicator – 100% of human excreta & wastewater are safely stored, transported and adequately treated before being used or being disposed in the environment in a safe and acceptable manner.

[9] See Compilation of Good Practices, UN GA A/HRC/18/33/Add.1, June 2011, para.2.

GENDER-WASH priority areas

In addition to the overarching priority areas, the following gender specific priority areas should require policy focus and dedicated implementation and financing programs:

1. Priority for women living in poverty in rural and slum areas

- Indicator: at least 2/3 of funding (state budget, ODA) for rural and slum areas with specific windows for women

2. Safe Menstrual Hygiene

- Indicator – 100% of women and girls should have access to safe sanitary facilities and be enabled to manage their **menstrual hygiene** (MHM) in a dignified fashion

All women and girls have access to menstrual sanitary material, including privacy in sanitary facilities (doors), waste-bins for sanitary materials and their safe disposal, e.g. washing facilities – to clean their own pads, and hands

3. WASH in all Schools

- Indicator – 100% of educational institutions - schools, kindergartens and universities - have safe water, safe sanitary facilities, hand washing and soap and criteria how on safety for girls
    i. Including hygiene education in all schools

4. Women Leadership in WASH sector

- Women's leadership in the WASH sector

50% women in (local) WASH management at all levels (from decision-making, planning, implementation, monitoring)

5. Zero taboo on toilets and menstruation

- All countries have awareness raising campaigns on WASH issues: toilets, human faecal matter and MHM

6. Zero gender violence

- All countries have awareness raising campaigns on elimination of (WASH related) gender violence and policies to eliminate this by e.g. 2020

Integrated policies and programmes

An integrated approach to gender, water, sanitation and hygiene is necessary and needs to be focussed on affordable, local solutions. The large private sector corporations are not able to provide these solutions, investments need to be made in local drinking water committees, communal enterprises and women's cooperatives. Also sustainable, innovative technologies which are available – such as urine diverting dry toilets – need to be up-scaled. Local capacity of women and men needs to be built on the safe treatment and use of sanitation products as fertilisers and soil improvers. Food security can be increased with such fertilisers which are readily available at very little cost, regardless of infrastructure and economic resources. Providing effective management for wastewater and toilet products can create many jobs in

the context of a green economy. For example, wastewater collected and treated to reduce its harmful impacts, can be re-used to reduce the operational costs of industrial processes and agricultural production. In addition, the recovery of energy can contribute to reducing emission of greenhouse gasses. Women should be included equally at all stages to ensure a long-term sustainability of the approach and the technologies.