

Submission to the UN Special Rapporteur on the human right to safe water and sanitation for the report on gender equality

This submission was prepared by WaterAid Australia and focuses on experience in water, sanitation and hygiene in Southeast Asia and the Pacific. WaterAid's vision is a world where everyone, everywhere has safe water, sanitation and hygiene.

For further information please contact: Equity, Inclusion and Rights Advisor at Chelsea.huggett@wateraid.org.au

Globally, the realisation of the right to water and sanitation will only be achieved if our efforts toward universal access address the underlying causes of gender inequality. WaterAid welcomes the opportunity to share positive examples of addressing gender equality through water, sanitation and hygiene (WASH) policy and programming. This submission is not comprehensive of *all* gender inequality issues, but presents WaterAid's critical learning on how to address:

- Women and girls denied participation in decision-making
- WASH-related social norms that reinforce gender inequality
- Female-specific WASH needs which are often overlooked or ignored by WASH efforts and;
- Individual-factors of gender, age and disability intersect and impact on WASH access

through water, sanitation and hygiene programs in Southeast Asia and the Pacific.

What are the <u>particular issues</u> to be addressed to achieve gender equality with respect to water, sanitation and hygiene, and what measures are being taken to address these?

1. Women's denied agency in decision-making in the household and public arena results in their exclusion from WASH policies, programs and processes

Inequitable division of power between women and men results in women's denied agency in decision-making processes in the household and public arena (local, national and sub-national). WASH approaches, programs and policies must



proactively and deliberately enable the meaningful participation of women and girls in all aspects of WASH, so as not to reinforce patriarchal and unequal gender dynamics. This requires women and girls to be at the centre of decision-making processes, and for WASH actors to create an enabling environment that facilitates greater voice and agency of women and girls. Such measures will better address female-specific WASH issues and position WASH as a mechanism to contribute to gender equality efforts.

Effective measures to enhance women and girls' agency in WASH decision-making processes include:

- Comprehensive capacity building of critical WASH actors (Government and Non-Government) on gender in WASH
- Facilitation of gender-dialogue activities within Community-Led Total Sanitation (CLTS) process to address power dynamics and unequal division of labour

In Timor-Leste, WaterAid has invested significant resources to develop a facilitator's manual: 'Exploring gender aspects of community water, sanitation and hygiene (WASH): A Manual for Facilitating Dialogue between Women and Men in Communities'. This moves away from simply focusing on women's participation in WASH, to opening up discussion between women and men about WASH needs. It aims to:

- deepen community understanding on the rights of women and men, boys and girls
- make visible and valued the activities of women and men in family and community and;
- support the community to imagine and to realise positive change towards gender equality.

The manual consists of five modules, which are each facilitated during different stages of the CLTS process. For example during CLTS pre-triggering, Module 1 introduces women and men in communities to thinking about who does the daily WASH-related work and who has decision-making power about WASH at the household and community levels. The facilitators encourage women and men to develop insight into the benefits the whole community can enjoy as a result of change that makes gender roles and relationships more equal.

The purpose of developing this manual was not only for the end product, but for the action learning process that went along with it. Developing the manual has strengthened awareness, skills and understanding of gender aspects of WASH. A key success has been in providing support at regular intervals, rather than as a one-off



training workshop. WaterAid established a strategic partnership with a gender expert¹ to develop and pilot a series of practical facilitation tools.

2. Social norms related to WASH reinforce gender inequality

While women are more likely to be responsible for the management of WASH-related household work, such as water collection, cooking and bathing children, women may lack control of these resources, or be unable to access them to address her needs. The disproportionate burden of WASH is an issue of power and culture, and thus gender inequality.

Effective measures to address gender-related social norms in WASH include:

- WASH programs undertake an analysis of gender to understand 'invisible' social norms and dimensions of power, through small-scale, participatory action research
- WASH programs must measure gender equality outcomes in terms of changing power dynamics in household and public arena

In 2012 WaterAid undertook qualitative research to explore how WASH led to positive changes in gender roles within community and household.² This research highlighted the importance of having context-specific gender analysis for WASH programs to be able to address invisible social norms. That is, social norms that are outside of the 'practical gender outcomes' that may seem most obvious. For example, this evaluation revealed that the most significant change that women experienced in their families as a result of the WASH program was an increased harmony in the home. Women reported that they were acutely affected by men's antisocial and risk-taking behaviours, and it was evident that the WASH program affected personal and intimate relationships.

The research was designed specifically to capture change relating to the gendered roles and relations as identified by women and men. Women and men identified key changes in gender following a WASH intervention, such as increased harmony in the home, an impact on gender-based violence, men helping women, and the women's ability to positively influence men's awareness about their own risk-taking and antisocial behaviours.

Undertaking this small action research has been critical in WaterAid's WASH program in Timor-Leste. Addressing gender in this way has supported teams to:

¹ Di Kilsby, independent Gender and Social Inclusion Consultant with 20 years' experience in development practice, research, advocacy and education focused on gender equality and women's rights.

²Kilsby, D. (2012). "Now we feel like respected adults": Positive change in gender roles in Timor-Leste WASH program. IWDA, WaterAid. ACFID.



- see and understand women's 'participation'
- learn that it was critical to encourage communities to give women due recognition for contribution to WASH;
- move beyond practical gender needs to strategic gender interests; and
- move beyond traditional WASH territory, i.e. into the 'private' realm of the household.

3. Women and girls have specific WASH-related needs, which are often overlooked or ignored by WASH policy and programs, including quality maternal and newborn health care and menstrual hygiene management

WASH efforts often fail to meet the specific needs of women and girls. One such specific WASH issue for women and girls is the safe and effective management of menstruation. While menstrual hygiene management (MHM) has gained increased recognition globally, there are still a number of challenges in ensuring prioritisation in strategies and in addressing culturally specific taboos and stigma. There is a lack of prioritisation of MHM at the policy level and the focus for MHM, if it does exist, is more likely to be on infrastructure or hygiene education rather than access to information.

Another example of where the WASH needs of women are inadequately addressed in practice, policy and research is in maternal and newborn health. High maternal and newborn mortality rates persist in low resource settings globally. Each year, nearly half a million newborn deaths within the first month of life are due to unhygienic birth conditions. In health care facilities in low- and middle-income countries WASH services are largely absent, compromising the ability to provide safe and quality care to women and their newborns. Achieving universal access to safe water, sanitation and hygiene in health care facilities to address this inequality faced by women, requires collaborative action from both the WASH and health sectors.

Effective measures to address female-specific WASH needs include:

- Collaboration with other sectors gives greater priority to female-specific WASH needs, than the WASH sector alone can achieve. Two examples are:
 - o integrating MHM into sexual reproductive health sector; and
 - the role of WASH in delivering quality maternal and newborn health care.

Access to safe water, sanitation and hygiene is critical to addressing MHM among adolescent girls, however MHM raises broader issues of access to sexual and reproductive health information, education and services. WaterAid recognises that



WASH programming can be ill-equipped to address such areas of taboo and high risk topics for women and girls and that these issues are more commonly addressed by adolescent sexual reproductive health actors and researchers. WaterAid is collaborating with sexual and reproductive health specialists to:

- Provide adolescent health research and programming with technical advice on girlfriendly WASH in schools;
- Pilot the integration of MHM into sexual and reproductive health research and programs;
- Provide SRHR training to school-focused MHM education facilitators to ensure they understand sexual and reproductive health and are not perpetuating myths or incorrect facts; and
- Learn from the SRHR sector how to deliver education and information on culturally taboo topics.

Maternal and newborn mortality are overwhelmingly problems of the developing world, with nearly 99% of newborn deaths occurring in low- or middle-income countries. The links between unhygienic environments, dirty water and newborn mortality have been well understood for over 150 years, so this is not an issue of finding an answer but rather an issue of effective joint action between the WASH and health sectors. WaterAid is collaborating with various health actors to:

- Strengthen partnerships between key actors in the WASH and health sectors to catalyse integrated action;
- Advocate globally for the prioritisation of WASH within the universal health care agenda to address quality of care for mothers and newborns in a facility setting;
- Pilot research on access to WASH in health care facilities to build the global evidence base for action;
- Provide technical advice to support the World Health Organization's development of a global action plan to address WASH in health care facilities.

What measures can be taken to combat stereotypes, change harmful practices and challenge socio-cultural norms and prescriptions that disadvantage women and girls with respect to access to sanitation and water?

4. <u>Facilitation of gender dialogue in communities can increase women's participation in community action planning processes at the start of a community-level WASH program</u>

Another example of an effective way to address gender through community-based dialogue comes from Papua New Guinea. WaterAid, in partnership with a gender expert, designed and tested a practical transect walk tool³ in which community

-

 $^{^{\}rm 3}$ The name of the tool is "Wokabaut Lukluk na Skelim" or "Walk, See, Discuss"



members gather information and have discussions together during WASH action planning processes. This practical activity is a way to practice equality, including in decision-making, by actively involving women and people with disabilities from the start of the WASH project, and provide women and people with disabilities with the opportunity to experience and develop confidence in participating in planning processes. Additional benefits of the approach are the increased knowledge and program effectiveness because it verifies and adds qualitative information to inform the WASH planning process and follow-up activities and approaches.

How can measures to ensure gender equality adequately reflect an intersectional analysis that acknowledges the heterogeneous backgrounds, living conditions and challenges women and girls face?

WaterAid undertook a situational analysis of disability in WASH in several communities in Papua New Guinea's East Sepik province in 2014. The analysis examined the individual factors of age, gender and disability and how they intersected and impacted access to WASH. The findings highlight the importance of research to understand inter-sectionality of inequalities. Key findings of the situational analysis included:

- Gender had a significant impact upon the degree to which a person's impairment (or disability) impacted on their ability to carry out their culturally prescribed WASH duties. For example, while women with disabilities had varied experiences of access to WASH, in general the adverse impact for women with disabilities was greater compared to men with disabilities.
- Social status (based on gender, traditional wealth, leadership, kinship ties) was a
 key variable that influenced the impact of disability on an individual's access to
 WASH. While social status is not tied solely to gender, it is a very important cultural
 factor in determining value, with males typically having more status than females.
- There was a marked difference in the WASH support provided to **elderly men and women**. Women were supported once they were experiencing significant functional limitations, such as near complete vision loss, or the inability to walk unassisted; whereas men were supported much earlier than women.

This analysis, which takes into account context-specific factors in a community, ensures that WASH programs can be designed as well-informed interventions that address the underlying contributing factors of gender inequality.