ISSUE BRIEF

GENDER EQUALITY IN THE 2030 AGENDA:

GENDER-RESPONSIVE WATER AND SANITATION SYSTEMS

Currently, 2.1 billion people lack safely managed drinking water and 4.5 billion lack safely managed sanitation services.[1] When safe drinking water is not available on household premises, the burden of water collection and treatment falls largely on the shoulders of women and girls. The lack of safe sanitation and hygiene facilities at home may expose them to illness, harassment and violence—hampering their ability to learn, earn an income and move around freely. Where household members fall sick due to water-borne illnesses, it is mainly women and girls who provide the much-needed care.

The disproportionate responsibility women and girls bear as primary users, providers and managers of water, sanitation and hygiene (WASH) at the household level is yet to be matched by a commensurate representation in WASH-related decision-making. While women's participation in water governance and the promotion of safe sanitation has long been encouraged, this engagement has not always translated into better services for themselves; and decisions on 'big water' issues—such as large-scale infrastructure investments, water allocations or water trading—remain largely gender-blind. What is needed to make water and sanitation systems truly gender-responsive? This issue brief shows how the promotion of gender-responsive water, sanitation and hygiene can be a catalyst for change across the 2030 Agenda, as a whole. It equally provides insights into how the synergies between WASH and gender equality can be harnessed more effectively.

Universal access to safe water, sanitation and hygiene: a catalyst for change

The 2030 Agenda for Sustainable Development stresses the indivisibility of the 17 Sustainable Development Goals (SDGs) and the need for an integrated approach to implementation. To harness synergies and avoid tensions, each goal must hence be seen in relation to all others. For SDG 6 on safe water and sanitation, the multiple linkages to other goals of the 2030 Agenda have been widely recognized and several of these links have important gender dimensions.[2] For example:

- Safe water, sanitation and hygiene is an essential ingredient for progress on several health-related targets (**SDG 3**), including reducing child mortality and deaths from WASH-related diseases. Provision of WASH in health care and childbirth settings is critical for maternal and neo-natal health[3] and survival. Improving access to piped water on household premises can also contribute to preventing non-communicable diseases and mental health conditions by reducing the need to walk long distances carrying heavy loads of water. In most countries, this task is shouldered disproportionately by women and girls and has been associated with significant musculo-skeletal damage[4] as well as chronic stress.[5]

- Reducing the time spent on water collection and improving school sanitation is also important for achieving quality education and effective learning outcomes among girls (**SDG 4**). In Tanzania and Yemen, for example, a one-hour reduction in water collection time increases girls' school enrolment by about 19% and 9% respectively.[6] Where gender-responsive sanitation facilities are unavailable, girls may miss school or suffer psychosocial stress.[7]
- Among adult women, investments in water and sanitation can free up time and facilitate access to a wider range of employment opportunities, including in non-traditional sectors[8], potentially contributing to the achievement of decent work and poverty eradication (**SDGs 1** and **8**).
- WASH is also an essential part of inclusive urbanization and slum up-grading (**SDG 11**) and women's participation in the design and implementation of WASH services and infrastructure can provide opportunities for empowerment, with their skills recognized by the wider community.[9]

Gender and WASH at a glance

- In 2015, safely managed water and sanitation services were used by 71% and 39%, respectively, of the global population.[10]
- Women and girls are primarily responsible for water collection in 80% of households without access to water on premises.[11]
- In low and middle-income countries, 38% of health facilities lack access even to rudimentary levels of WASH compromising women's health and survival during childbirth.[12]
- In two thirds of countries with available data, more than 50 per cent of urban women live in conditions where they lack at least one of the following: access to an improved water source, improved sanitation facilities, durable housing or sufficient living area.[13]
- The average woman menstruates for about 3,500 days during her lifetime – this equates to a decade of the lives of half of the world's population.[14]

Towards gender-responsive WASH: linking SDGs 5 and 6

Making safe water, sanitation and hygiene available to all is hence a critical ingredient of progress for women and girls across the 2030 Agenda. To play this transformative role and create synergies WASH interventions must be based on a robust understanding of gender-specific needs and of the barriers that women and girls face when striving to realize their rights to safe water and sanitation. The targets under **SDG5** provide important guidance in this regard:

- *Ending all forms of discrimination against women and girls* (5.1) requires water and sanitation efforts to deliberately address gender power imbalances, including through affirmative action in water governance institutions.[15] It also means addressing indirect discrimination that results from WASH facilities being inaccessible or inadequately equipped to meet the needs of women and girls.
- *Eliminating violence against women and girls* (5.2) needs to become a central consideration in all WASH interventions and facilities must be designed in ways that protect their safety. This is particularly important in conflict zones, where the lack of appropriate and well-located WASH facilities has been shown to exacerbate the vulnerability of women and girls to violence and harassment.[16]
- *Recognizing unpaid care and domestic work* (5.4) means that WASH interventions need to acknowledge the contribution and account for the opportunity costs associated with the time women and girls spend on water collection, treatment and disposal as well as on caring for family
- *Full and effective participation and equal opportunities for leadership* (5.5) calls for strengthening women's participation in WASH management and decision-making.
- *Access to sexual and reproductive health* (5.6) includes the management of menstrual and perimenopausal hygiene as well as sanitary childbirth—areas where safely managed WASH is required.
- *Equal rights to economic resources* (5.A) includes equal access to water as an economic good.[17] It also requires water governance decisions to account for gender inequalities in access to other resources to prevent indirect discrimination, for example, in pricing policies.[18]

In **80%** of water-deprived households, women and girls carry the burden of water collection

*Based on data from 61 countries

From principle to practice

Decades of experience show that WASH interventions cannot be successful if women's and girls' needs are neglected. Across a wide range of organizations, there is consensus that gender equality is an important high-level principle that should guide WASH policies and interventions. However, the ways in which this principle is translated into practice are still evolving. Three areas will be critical for accelerating progress towards gender-responsive WASH: strengthening meaningful participation; transforming infrastructure and service delivery for gender equality; and improving data on gender and WASH for effective monitoring.

Strengthening meaningful participation

Making WASH gender-responsive requires new forms of public engagement in infrastructure decision-making, especially with women and girls from socially excluded groups in peri-urban areas or isolated rural settlements. Early interventions focused on women and water did indeed center on participation, with efforts ranging from promoting women's (token) presence on water committees to expectations for them to take on all community management roles. This process-oriented involvement, however, did not always make WASH facilities more accessible or affordable to women and girls, while often increasing their workloads.[19]

Women have also often been at the forefront of outreach and promotion activities for safe sanitation at the community level, including in the struggle against open defecation, for example in the context of Community-Led Total Sanitation campaigns.[20] Yet, sanitation interventions have rarely considered women's voices or concerns when it comes to the design of latrines or their maintenance systems. Incorporating the unique needs of women and girls into sanitary systems will require more than engaging women's groups for health promotion activities during the implementation stage.[21]

More recent interventions have combined social consultation and physical adaptation of WASH facilities. Work on WASH for people with disabilities, for example, engages users to ensure that facilities are adapted to serve those with mobility or visual impairments.[22] While the gender elements of these approaches are less well defined, previous research and practice points to important considerations to make WASH infrastructure and services work for women and girls.

Transforming infrastructure and service delivery for gender equality

In terms of water service modalities, continuous piped water at the household level has the greatest health benefits and lowest drudgery costs.[23] Extending the reach of water grids to underserved communities is hence an important priority.[24] Continuous piped water access may not be technologically and financially viable in disperse rural communities, however. Here, modest quantities of water are needed not just for domestic consumption but for livelihoods, including agricultural production by an increasing number of female-headed small farm households. Rural systems that are "multiple use"—meaning that they provide water for drinking, small plots and a few cattle or goats—are more likely to respond to the range of basic needs that rural women must meet.[25]

In the area of sanitation, efforts to eliminate open defecation have focused largely on the provision and generation of demand for private latrines. This is important for women who generally place higher priority than men on having a toilet in the home and require greater privacy to attend to their needs.[26] But the availability of safely managed sanitation facilities in public spaces is just as critical.[27] Without it, freedom of movement and access to opportunities for women and girls will remain limited. Extra-household access is most often noted as being needed in schools, but it is also needed in transportation hubs, publicly accessible government offices, health clinics, markets and workplaces. When defining the location of public latrines, the need for privacy must be carefully balanced against potentially dangerous isolation that may increase the risk of violence and harassment.[28]

Menstrual hygiene management (MHM) must become an integral and cross-cutting component of all sanitation interventions.[29] For too long, menstrual hygiene has been so "taboo" that it has routinely fallen through the cracks of sanitation policies and programming, further curtailing the participation of women and girls in public life. For employed women, the very nature and settings of their work often make MHM difficult. Employers in the informal economy, for example, may have no legal obligation to provide them with a workplace environment that is suitable for their sanitation-related needs. This is changing, as key actors have started to acknowledge its critical importance for closing the sanitation gap.[30] Translating this acknowledgement into actual progress for women and girls requires age-appropriate education, breaking the silence around menstruation to eliminate taboos and social stigma, and increasing access to affordable and acceptable MHM products. Safely managed sanitation facilities alone cannot resolve all of these issues, but they can provide critical relief by making provisions for the washing and disposal of menstrual hygiene products in dignified ways.

A much-ignored aspect of safe and dignified sanitation is the protection of workers, particularly at the "back-end" part of the sanitation system which tends to employ the most marginalized, disempowered groups. Sanitation initiatives that increase the coverage of pit latrines, but do not account for the

increased health risks and violence that is sometimes visited on those who empty those pits, will fail at meeting the 2030 Agenda's principles of dignity, equality and non-discrimination. Manual scavenging, for example, is an extreme form of marginalization of the lowest castes, or Dalits, in South Asia. The vast majority of manual scavengers are women, servicing dry latrines by sweeping fresh feces onto baskets that are then carried on the head and disposed of outside of town.[31] Ending this practice is central to the creation of dignified sanitation systems and a vital step towards gender equality.[32]

Improving data on gender and WASH

The lack of gender-specific indicators and disaggregated WASH data is an important concern for monitoring progress on the SDGs.[33] Access to safely managed drinking water under Target 6.1, for example, is monitored at the population level only, although the custodian agencies—WHO and UNICEF through their Joint Monitoring Programme (JMP)—already provided disaggregation by geographical location and household wealth under the Millennium Development Goals. For the SDGs, the JMP has added disaggregation at the subnational level, and highlighted the need for distinction between slums and formal urban settlements as well as between 'disadvantaged groups' and the general population.[34] National surveys that routinely collect such disaggregated data remain scarce, however.

Another important innovation is that indicator 6.1.1 explicitly refers to 'safely managed water services', defined as those located on household premises. This is a more ambitious indicator than during the MDG era, when the indicator monitored access to 'improved sources', such as public stand posts and various non-piped sources such as boreholes, protected wells and springs and rainwater, which may not necessarily reduce the water collection burden on women and girls. While this means that SDG 6 is more ambitious in terms of the level of service provision required, it does not directly monitor shifts in the water collection burden among household members (women and men, boys and girls).

Similarly, Target 6.2, while recognizing the specific sanitation needs of women and girls, lacks an indicator that tracks progress on how policies respond to those needs and provides no requirement to disaggregate indicator 6.2.1 on the use of safely managed sanitation services by sex. If progress towards safe water and sanitation is to be monitored for all, more and better gender statistics and disaggregated data are needed (see Box 1).

BOX 1

Towards better data on gender and WASH

Although there is an increasing amount of data on the use of safely managed drinking water services, gaps still exist and geographical disaggregation is not carried out consistently. Improving administrative records on water quality and availability, for instance, is essential for monitoring whether water services are safely managed, but regulatory data typically only cover piped water systems in urban areas. To assess the safety of a wider range of sources, a growing number of household surveys are beginning to integrate direct testing on-premises. The consistent inclusion of questions pertaining to time spent on water collection, along with information on the household member who usually performs the task, could help improve the global picture of gender roles in water collection and treatment.[36] Similarly, the difficulties faced by women and girls in accessing gender-responsive sanitation facilities, including proper menstrual hygiene management, in public settings (e.g. educational institutions, health care facilities, workplaces and public spaces) should be considered