

CENDEP
Working Paper Series No 02-2022

Understanding impacts of Sanitation on Women and links to Gender Based Violence: Focus on East Africa

Aparna Maladkar

Centre for Development and Emergency Practice
Oxford Brookes University



OXFORD
BROOKES
UNIVERSITY

The CENDEP working paper series intends to present work in progress, preliminary research findings of research, reviews of literature and theoretical and methodological reflections relevant to the fields of development and emergency practice.

The views expressed in the paper are only those of the independent author who retains the copyright. Comments on the papers are welcome and should be directed to the author.

Author: Aparna Maladkar

Institutional address (of the Author): CENDEP, Oxford Brookes University

Author's email address: amaladkar@brookes.ac.uk

Doi: <https://doi.org/10.24384/cendep.WP-02-2022>

Date of publication: April 2022

Centre for Development and Emergency Practice (CENDEP)

School of Architecture

Oxford Brookes University

Oxford

cendep@brookes.ac.uk

© 2021 The Author(s). This open access article is distributed under a Creative Commons Attribution-NonCommercial-No Derivative Works (CC BY-NC-ND) 4.0 License.

Table of Contents

1. Introduction	7
<i>Background</i>	8
<i>Women and Sanitation: Different Needs</i>	9
<i>Methodology</i>	10
2. Women, Sanitation and Health Statistics	11
<i>The Global Case for Equitable Sanitation</i>	12
<i>2006 Baseline Statistics and Targets</i>	13
<i>Milestones in the Decade</i>	14
3. Understanding Women, Sanitation and Sexual Violence Nexus	17
<i>Global Initiatives</i>	18
<i>Safety and Access to WASH</i>	19
<i>Case Studies</i>	23
4. Women’s Needs and Impacts on their Well-Being	26
<i>Physical Health</i>	27
<i>Psychological Health</i>	28
<i>Maternal Health</i>	28
<i>Hygiene</i>	29
<i>Dignity</i>	29
<i>Environmental Factors</i>	30
<i>Other Factors</i>	30
<i>Impacts during conflict situations</i>	31
<i>Short- and Long-term Health Impacts</i>	31
5. Furthering Gender Equality in Sanitation	32
<i>Tools and Guidelines</i>	33
<i>Examples from Asia</i>	35
6. Recommendations	37
References	41
Appendix A Further Resources	47

Tables

Table 1: 2015 WASH Statistics for East African countries

Table 2: Tools and Guidelines on WASH and SGBV

Boxes

Box 1: Fact Sheet on Women, Sanitation and Sexual Violence Incidents in Africa

Figures

1: Sanitation crisis in East African countries (2015)

2: Linking global and Africa-specific sanitation commitments and goals to women's health, gender-equality and safety

3: Toilets in Sri Lanka (photo credit: Cathrine Brun)

4: Impact of Lack of Sanitation on Women's Well-Being

5: Impact on women's health of using sanitation facilities at certain times only

6: WeCan Campaign poster, Sri Lanka (photo credit: WeCan Campaign)

7: Considerations for Effective Sanitation Interventions for Women and Girls

Acronyms

AMCOW	African Ministers' Council on Water
CLTS	Community-led Total Sanitation
DFID	Department for International Development
IASC	Inter-Agency Standing Committee (IASC)
IDS	The Institute of Development Studies
JMP	Joint Monitoring Programme for Water Supply and Sanitation
MDGs	Millennium Development Goals
OD	Open Defecation
ODF	Open-Defecation Free
SDGs	Sustainable Development Goals
SGBV	Sexual and gender-based violence
SHARE	The Sanitation and Hygiene Applied Research for Equity Consortium
The Decade	UN Water for Life Decade 2005-2015
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNHCR	United Nations High Commissioner for Refugees
VAW	Violence against Women
WASH	Water, Sanitation and Hygiene
WfWP	Women for Water Partnership
WHO	World Health Organisation
WSSCC	Water Supply & Sanitation Collaborative Council
WTO	World Toilet Organisation

Abstract

The desktop study has been undertaken to understand the impact of sanitation on women and girls, their health, and mainly impact on violence against women (VAW). The study identifies and highlights the different and specific needs and challenges that women and girls face regarding sanitation, and in the process aims to understand the link between sanitation and sexual and gender-based violence (SGBV) to highlight limitations and gaps in furthering gender quality in sanitation. The study demonstrates that though there is growing literature on this subject, there is, at present, limited documentation, statistics and case studies to fully appreciate and understand the scope of this problem. Some guidance and tools are available; however, the success of these tools is not yet clear. Some key recommendations include gender mainstreaming and participatory Water, Sanitation and Hygiene (WASH) programmes; engagement and consultation with girls and women of all ages and backgrounds from the outset; improving understanding of physical, psychological and maternal health, hygiene requirements and habits of women and girls, especially from different backgrounds; gender sensitive design and construction of WASH facilities; well-established, effective and transparent monitoring, evaluation and reporting system; robust training and awareness programmes for WASH Practitioners; access to training for women and girls to be employed as WASH leaders, practitioners and champions; and training, advocacy and awareness for everyone.

1. Introduction

The desktop study has been undertaken to understand the impact of sanitation services on women and girls and their health, and mainly impact on sexual violence with a focus on determining the magnitude of this problem, current statistics, on-going research and existing interventions specifically in East Africa.

Various external factors contribute towards the possibility of women and girls being at the risk of sexual assaults. This report will examine the importance and impact of sanitation, to understand whether access, location and quality of sanitation facilities and infrastructure has an influence on sexual assault incidences against women and girls. The study aims 1) to identify and better understand the different and specific needs and challenges for women and girls regarding sanitation; 2) to understand commitments and initiatives undertaken globally, within Africa and for Eastern African countries in relation to sanitation and its impact on women's health 3) to understand the link between sanitation and sexual and gender-based violence (SGBV) and highlight limitations and gaps in literature and case studies; 4) to better understand information, guidance and tools available in furthering gender equality in sanitation; and 5) highlight recommendations. In doing so, the study will aim to holistically bring together historic and current statistics, commitments and interventions regarding sanitation and its impact of on women and girls, and will enhance understanding by consolidating existing and current research to highlight gaps.

The United Nations defines violence against women (VAW) as "*any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.*" Gender based violence (GBV) refers to '*harmful acts directed at an individual based on their gender*', and '*is rooted in gender inequality, the abuse of power and harmful norms*'. UNHCR categories GBV into sexual

(SGBV), physical, mental and economic harm that can be inflicted in public or in private (UNHCR, n.d.)

The study comprises five thematic sections; Background introduction that considers the need for understanding women's needs for sanitation; Women, Sanitation and Health which considers global and African goals and commitments for sanitation, and the impact it has on women's and girls' health; Women, Sanitation and Sexual Violence that looks at literature and case studies available that demonstrate the link between sanitation and VAW/SGBV and highlights potential limitations and gaps; Furthering gender equality in sanitation that provides guidelines and tools available to improve sanitation activities and facilities; and Recommendations as a way forward to promote gender equality in sanitation.

Background

It is widely acknowledged that violence against women is one of the most widespread human rights violations that knows no social, economic or national boundaries. It has been proven that SGBV undermines health, dignity, security and independence of its victims leading to detrimental physical and emotional consequences (Human Rights Council, 2016). UNHCR states that SGBV denies dignity to life to an individual and harms human development. UN Women (Facts and figures: Ending violence against women: What we do, 2020) estimate that approximately 35 per cent of women experience either physical and/or sexual intimate partner violence or sexual violence by a non-partner, while in some studies this figure is alarmingly high at 70 per cent of women that experience physical and/or sexual violence from an intimate partner. Additionally, victims are far more likely to face other consequential traumas and health issues including abortions, depression, HIV, and extreme psychological and physical traumas. It is essential that the rights of all women and girls to live a life free of violence, trauma and abuse, and with dignity and safety should be made a priority in all sectors.

Access to equitable, culturally appropriate, good quality, safe and secure sanitation facilities is a basic necessity of life. In 2010, through Resolution 64/292, the UN General Assembly declared that access to water and sanitation are basic human rights. In 2019, WHO estimated (Fact Sheet Sanitation, 2019) that approximately 2 billion people do not have access to basic sanitation facilities such as toilets or latrines, and 673 million practice defecation in the open (like gutters, bushes, water-bodies).

Limited access and poor-quality sanitation facilities have detrimental impacts on individuals' health and well-being. Cronin et al. (2008) in their first global overview of basic water and sanitation indicators in refugee camps highlighted that insufficient sanitation services lead to a vicious cycle of increased malnutrition, morbidity and mortality. This report also found that in spite of advocacy, guidelines and standards on water and sanitation service provision, it is still an uphill struggle to adequately meet the minimum emergency standards for water and sanitation provision for displaced people.

Women and Sanitation: Different Needs

It is universally accepted that improving sanitation and access to sanitation for women and girls is crucial to lifting their status, wellbeing, and opportunities as these challenges become disproportionately difficult and a significant hurdle as they struggle to keep themselves clean, healthy and safe. The recent Summary Report (UN-Water, 2021) highlights that achieving the SDG global target 6.2 (that specifically considers paying special attention to the needs of women and girls and those in vulnerable situations) by 2030 will require a four-fold increase considering its current rate of progress, that no SDG region is currently on track to meet the goals, and fewer than 50 countries have laws or policies that specifically mention women's participation for sanitation or water resources management.

Men and women have different needs with respect to water and sanitation. Due to biological differences, women have the need to use sanitation facilities more frequently and for longer amounts of time. Women and adolescent girls need greater privacy than

men when using toilets and washing themselves. It is important to understand that men and women have different customs and habits for sanitation and hygiene needs (House, Mahon and Cavill, 2012). Limiting oneself to use toilets and bathrooms to certain times during the day to avoid being assaulted can have adverse effect on the health and wellbeing of women and girls, especially if this need is during menstruation. International Decade for Action 'Water for Life' 2005-2015 (UN, 2017) noted that sanitation facilities are usually designed and built by male masons, and therefore, not constructed to meet sensitive needs of women and girls.

Water and sanitation are essential components of rural and urban infrastructure. Women are intrinsically linked to Water, Sanitation and Hygiene (WASH) considering their biological needs and social position in the families and societies. As well as risk of sexual assault, lack of sanitation can have an profound impact on other aspects of women's lives. Furthermore, since women are key in families to pass on safe and healthy hygiene practices, especially as first teachers to young children, it is important that the development actors and WASH practitioners understand all related impacts of WASH on women and girls.

Methodology

This desktop literature review is based on secondary data collated from reliable global and regional sources and scholars including research projects, academic literature, humanitarian and media reports, data and case studies published by academics and non-profit organisations. In the first instance, data and reports published by UN and other reputable humanitarian organisations in this field were reviewed, especially reports and statistics published during and post the various UN Water Decades (2005-2015). Additionally, sanitation and gender specific literature published by various organisations active within this field have also been reviewed. These sources analysed explored the challenges and experiences around gender-specific sanitation and SGBV, and have contributed and continue to contribute to this emerging field of research. This ensures

unfolding of the bigger global picture, giving broader view of various relationships, and highlighting any gaps.

The study is limited to existing and current interventions and research in the African continent and briefly reflects on some programmes undertaken in Asia. The majority of statistics quoted in this study is limited to the six countries of interest in Africa, with the most recent data being from late 2018, pre-Covid19 times. The study also considers impacts of sanitation mainly in low income and vulnerable groups and countries. It should be noted that given the sensitivity and confidentiality characteristically surrounding this problem, there is a possibility that there is limited published and useable data available for the review of this study.

The paper is based on an unpublished literature review prepared for an international non-profit organisation with operating offices in eastern parts of Africa, which would allow the organisation to better understand sanitation related challenges, interventions and projects appropriately designed to help women and girls.

2. Women, Sanitation and Health Statistics

The First UN Water Decade from 1981-1990 was committed to bring global attention and support for clean water and This initiative was followed by the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs). Each initiative had specific targets and commitments for different regions. In 2002, the African Ministers' Council on Water (AMCOW) established the First African Conference on Sanitation and Hygiene (AfricaSan), which was a path-breaking initiative to discuss and address sanitation challenges within the continent and help agencies and governments take action. AfricaSan provided a forum for sanitation technical experts to exchange and identify approaches and technologies that could be appropriately considered for and across different countries.

The Global Case for Equitable Sanitation

As part of the MDG 7 Ensure Environmental Sustainability, Goal 7C “*Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation*” became one of the first international commitments towards access to safe drinking water and basic sanitation. In response to the water-related MDGs, the UN Water for Life Decade 2005-2015 (the Decade, hereafter) was established to fulfil international commitments towards water and sanitation. The MDG 3 Promote Gender Equality and Empower Women largely focused on the issue of education, employment and political representation for women, and had limited influence on water and sanitation issues. The Interagency Gender and Water Task Force was established in 2003 to take responsibility for the gender component of the Decade, and Women for Water Partnership¹ was established in 2004, which partnered women networks and organisations to address challenges faced by women due to water and sanitation.

The World Toilet Organisation² (WTO) believes that today, worldwide, more people have mobile phones than toilets. The WTO was established in 2001, committed to improving sanitation conditions and empowering individuals. The WTO launched the World Toilet Day³ with the objective of highlighting attention to the sanitation crisis worldwide, and to raise awareness that this issue disproportionately affects women and girls.

In 2015, the SDGs highlighted major concerns and future targets for water and sanitation facilities within its Goal 6 Clean Water and Sanitation and its impact on women, with one of its specific targets being 6.2 is ‘*By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, **paying special attention to the needs of women and girls and those in vulnerable situations***’. Many believe that for equitable access to WASH, Goal 6 should be intrinsically linked with Goal 5 Gender Equality, which could support further in meeting its specific target 5.2 to ‘**Eliminate all**

¹ Women for Water Partnership at <http://www.womenforwater.org/>

² World Toilet Organisation at: <http://worldtoilet.org/>

³ World Toilet Day is on 19 November, an international day of action that aims to break the taboo around toilets and draw attention to the global sanitation challenge.

forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation¹.

2006 Baseline Statistics and Targets

In response to the water-related MDGs and the Decade, WHO and UNICEF JMP for Water Supply and Sanitation published a report (WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 2008) at the Second AfricaSAN to highlight critical sanitation and hygiene baseline statistics recorded for the year 2006 for African countries, and also to appreciate the effort required to achieve specific water and sanitation related MDG targets:

- Sanitation coverage was less than 25 per cent in 16 of 54 African countries;
- Africa was not on track for meeting the 2015 MDG sanitation target with only five North African countries (Egypt, Libya, Algeria, Morocco and Tunisia) thought to be on track;
- Only 38 per cent in Africa were using an improved sanitation facility;⁴
- One in four practised open defecation in Africa;
- Efforts needed to be increased five-fold to meet the MDG sanitation target in Africa; overall progress to achieve this target was considered to be slow, with stagnated progress in urban areas.

Specifically, for East African countries, the baseline statistics for the year 2006 were as follows:

- Only 3 out of 10 people were using an improved sanitation facility;
- 33 per cent people in Eastern Africa did not use any type of sanitation facility, which was also the highest percentage in all of Africa;
- Eastern Africa being predominantly rural, approximately 93 million people were thought to be practising open defecation;

⁴ *'An improved sanitation facility is defined as one that hygienically separates human excreta from human contact'* (as defined in the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 2008)

- Eastern Africa was not on track to meet the MDG sanitation target, and efforts to meet the target needed to increase at least seven-fold in this area;
- To achieve the MDG target, 63% of the population in Eastern Africa was expected to use improved sanitation by 2015 (the target was 61% overall for Africa).

Separate baseline data for quality of and access to sanitation for women and girls was not available.

Milestones in the Decade

A report based on the results of the Decade stated that though there was much progress, the MDG target for sanitation was missed by 9 percentage points (International Decade for Action 'Water for Life' 2005-2015, UN 2017). Some key milestones of the Decade included increased and active engagement, participation and involvement of women in water and sanitation issues, with an acknowledgement that “***universal access is unlikely to be reached unless gender perspectives are integrated into planning and implementation activities.***” The Decade acknowledged that ‘Women for Water Partnership’ was an effective and powerful platform, which supports mechanism for women’s empowerment and participation in water issues that also aimed to raise the profile of women in the WASH and development sector. The final report stressed a need for improved transparency and accountability, and active promotion of best practices. The report duly noted that globally it now had better understanding and knowledge of water and sanitation issues, and therefore was thought to be better equipped to meet the new SDGs targets (A 10 Year Story – The Water for Life Decade 2005-2015 and Beyond, 2005).

WHO/UNICEF JMP, custodians of global data on water and sanitation, regularly publish up-to-date on WASH statistics throughout the world (Data: JMP, 2019). Table 1 focuses on Eastern African countries that are of particular interest to this study; post the Decade, WASHWatch (WASHwatch.org - Home, 2017) published 2015 water and sanitation statistics per country. The countries are listed in the decreasing order of number of

people lacking access to 'at least basic' sanitation. 'At least basic' sanitation refers to 'basic' sanitation that is the use of improved facilities that are not shared with other households. It also includes 'safety managed' sanitation where data is available which refers to sanitation facilities that are improved facilities not shared with other households and where excreta are safely disposed of in situ or transported and treated off site.

Country	Total number of people lacking access to 'at least basic' water ⁵ , 2015	Total number of people lacking access to 'at least basic' sanitation, 2015	Percentage with access to 'at least basic' sanitation, 2015	Percentage of people practising open defecation, 2015 ⁶
Ethiopia	60.5 million	92.4 million	7.08%	27.16%
Tanzania	26.7 million	40.9 million	23.5%	11.26%
Kenya	19.1 million	32.3 million	29.8%	12.03%
Uganda	23.8 million	31.6 million	19.2%	6.20%
Zambia	6.29 million	11.2 million	31.1%	15.14%
Malawi	5.65 million	9.72 million	43.5%	6.46%

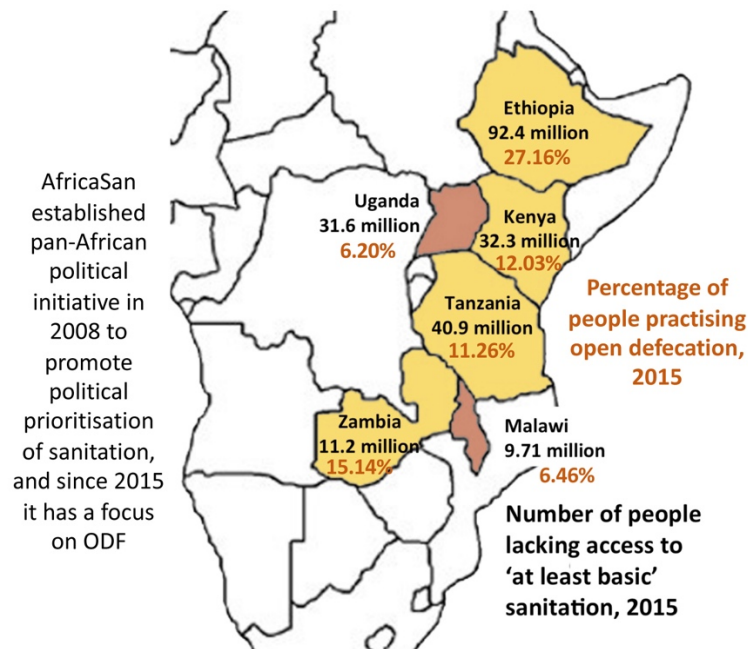
Table 1: 2015 WASH Statistics for East African countries
(data sourced from WashWatch, JMP and World Bank data)

Figure 1 illustrates that in East Africa, Malawi was the only country to meet its MDG target. In 2006, Malawi had sanitation coverage that was 5 per cent to 10 per cent below the rate needed to be for the country to reach its MDG target; a decade later it is the country which has managed to provide access to 'at least basic' sanitation to 43.5% of its population; in spite of this, a staggering 9.72 million in Malawi still lack access to 'at least basic' sanitation and 6.46% practice open defecation. Considering the baseline statistics did not include separate statistics for women and girls, the Decade results did not specifically discuss impacts on women and girls.

⁵ 'At least basic' water refers to 'basic' drinking water that is from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing. It also includes 'safety managed' water where data is available which refers to drinking water from an improved water source that is located on premises, available when needed and free from faecal and priority chemical contamination.

⁶ The World Bank. (2017). *People practicing open defecation (% of population): Data*. [online] Available at: https://data.worldbank.org/indicator/SH.STA.ODFC.ZS?locations=MW&name_desc=true [Accessed 20 Oct. 2017].

Figure 1: Sanitation crisis in East African countries (2015)



Malawi was the only country to meet its MDG target

'At least basic' sanitation is 'basic' sanitation that is the use of improved facilities that are not shared with other households.

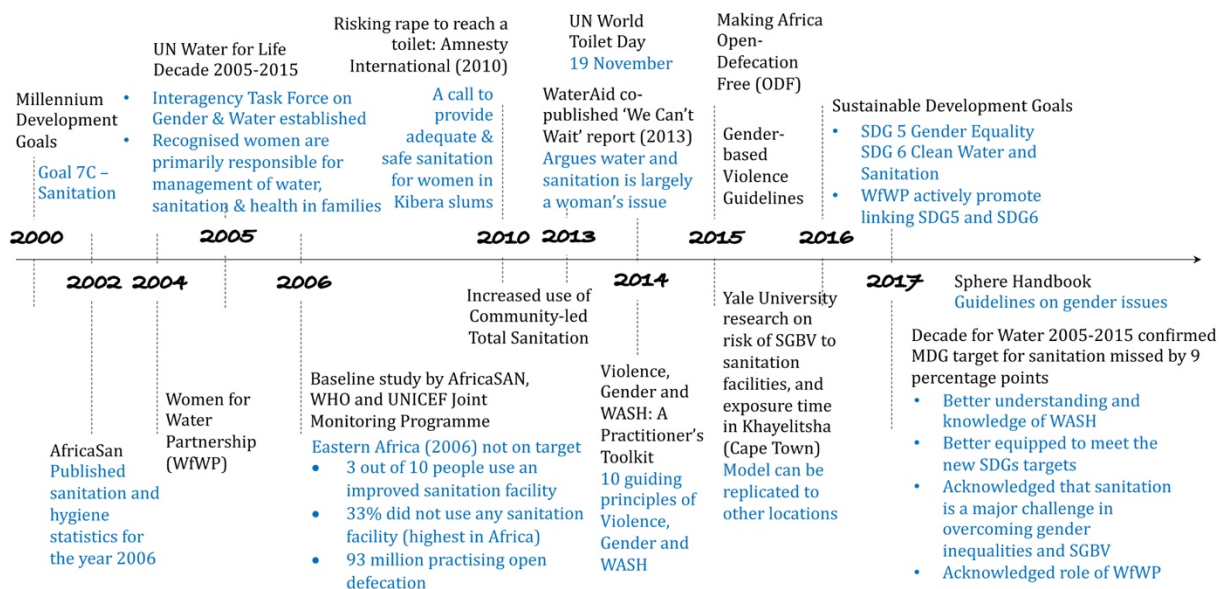
Given the enormity of the targets to be achieved, AfricaSan⁷ established a path-breaking pan-African political initiative (2008) that aimed to promote political prioritisation of sanitation and hygiene, as poor hygiene and lack of access to safe sanitation continues to exacerbate health issues, economic development, pollution impacts, gender dynamics, education and poverty in Africa. Since 2015, it has been focused on making Africa Open-Defecation Free (ODF), which is also attributed to leading to VAW.

Based on the discussions in this chapter, Figure 2 sets the scene that demonstrates how sanitation has been intrinsically linked with women's health over the years, and the progress made to understand its impact on women through new tools, research and initiatives. The timeline illustrates global and Africa region-specific WASH related initiatives, developments and goals, and demonstrates how in the recent years,

⁷ AfricaSan at: <http://www.africasan.com/>

sanitation activities have been linked with gender equality and safety aspects of women and girls.

Figure 2: Linking global and Africa-specific sanitation commitments and goals to women’s health, gender-equality and safety



3. Understanding Women, Sanitation and Sexual Violence Nexus

During the Decade, the UN acknowledged that sanitation is a major challenge faced in overcoming gender inequalities and sexual assaults due to inadequate access to safe, hygienic and private sanitation facilities. This issue further becomes a source of shame, physical discomfort and insecurity for women and girls (Gender and water, 2017). It is widely accepted today that lack of adequate sanitation affects in particular women and girls as they have different needs to men, greater need for privacy, and are more vulnerable to incidences of sexual violence.

Global Initiatives

The Interagency Task Force on Gender and Water ensured gender mainstreaming in the implementation of MDGs water and sanitation goals. The Decade universally recognised that women are primarily responsible for management of water, sanitation and health at the household levels. It was agreed that women, therefore, had considerable knowledge on this subject and should have a pivotal role in WASH activities. It was noted that ‘better WASH leads to greater self-esteem, less harassment of women and better school attendance for girls.’ A report undertaken by the Task Force highlighted numerous stories of women making positive changes due to their involvement in key decision-making process for WASH and emphasised that access to safe drinking water and sanitation is a basic human right, and key for gender equality and poverty alleviation. Lack of sanitation and poor hygiene is responsible for cholera, diarrhoea, typhoid, and other infections that have a tremendous negative impact on health and nutrition. Moreover, thoughtful design and the location of latrines inside or close to homes can help reduce VAW. Lack of latrines in schools can limit girls from attending schools, particularly after they reach puberty (Interagency Task Force on Gender and Water, 2005).

The Women for Water Partnership have made it their priority to advocate linking sanitation and gender equality, and since 2015, have linked SDG 5 Gender Equality and SDG 6 Clean Water and Sanitation in a future bid for water security and equitable world, and making water and sanitation a key entry point for women’s empowerment. Since the UN’s Millennium Summit 2000, there is a growing expanse of literature linking WASH and SGBV along with persistent efforts to highlight the importance and understanding of WASH and women’s safety and wellbeing. By gaining this understanding, it will enable development actors to provide better and targeted WASH projects for implementing safe and secure environment for women and girls that will maintain their privacy and dignity.

The World Toilet Day further hoped to raise awareness about pressing and urgent need of providing appropriate sanitation facilities for women and girls. WASH services may

not be solely responsible for sexual assaults on women and girls, but there certainly is a credible link that inadequate WASH services may lead to increased risk of exposure to assault.

AfricaSan 4 (in 2015) launched a pan-African, ministerial endorsed commitment to eliminate open defecation across Africa. However, studies have noted that the scale and approaches of open defecation vastly differ in countries across Africa; are still in early development phases; the magnitude of this issue varies across urban and rural areas; and there is limited literature on this issue both at global and regional levels to launch effective and universal strategies appropriate to all African countries (Galan, Kim and Graham, 2013). The most recent fifth AfricaSan took place in 2019, which considered monitoring and building capacities of the existing initiatives, and improving policies and regulation to ensure enhanced approach towards SDGs central theme of ‘Leave no one behind’. Though, AfricaSan5 themes considered reaching the poorest, the vulnerable and most marginalised; gender, roles and relationship; and impacts on women and girls, a direct link between sanitation, and women’s health and gender based violence was not necessarily established.

Safety and Access to WASH

“I didn’t report it to the police. Even if I did, what good would it do?” Karen was raped by her ex-husband in 2010

(Amnesty International, 2010)

In 2010, Amnesty International published ‘Risking Rape to Reach a Toilet’ report (Amnesty International, 2010) establishes important connections between SGBV, WASH, poverty, and the authorities, while providing harrowing accounts of women’s experiences and constant threat of SGBV in the slums of Nairobi (Kenya) due to inadequate sanitation facilities, lighting and security. It made a call for the government to provide adequate and safe access to toilets, bathrooms and policing in line with MDG commitments. The inadequate sanitation facilities became a constant and daily threat for women of being at risk of assault. At night, women and girls do not dare to go to the toilets by themselves due to poor lighting, loitering gangs of men and youths, and limited protection services,

which are typically prevalent around sanitation facilities, and which further exacerbate this risk of assault. Moreover, little or no police presence made it very unlikely that a victim may get any justice at all. The assault simultaneously becomes physical, sexual and psychological trauma for the victim, and in most cases women and girls prefer to suffer in silence than seek justice. The hesitation to report a crime increases if there is fear of reprisal of the attack. The situation and risk of assault further increases when there is additional eruption of violence, chaos and conflict. Being considered subordinates, justice systems can become inaccessible to women, and in absence of this association the fear of the authorities grows. And this fear stands firm when the authorities themselves become perpetrators.

The report also found out that sometimes male family members may accompany women

Sadia is a young Pakistani woman with severe sight impairment living in Hyderabad, Pakistan “I feel ashamed asking a friend to take me to the toilet but there is no other way”.

(Unilever Domestos, WaterAid and the Water Supply & Sanitation Collaborative Council, 2013).

to toilets, or women and girls will go together in groups. However, this does not limit the threat of attacks especially if there are gangs of men involved. Similarly, single women may not have male family members to help them. Women using toilets during daytime is a difficult matter, but at

night the option is simply not available to them if they want their safety. Community toilets though considered safe can sometimes charge fees, which can often be unaffordable to poorer women, limiting the number of times they can visit the toilets. This essentially has a negative impact on their health and hygiene, and particularly tough during menstruation. Poor sanitation leads to poor health, which in turn leads to increasing health care bills that they are unable to afford. The victims also face the threat of HIV/AIDS infection and are further discriminated and ostracised by the society (Amnesty International, 2010).

Amnesty International estimates that millions of women and girls walk more than 300 metres to use latrines, and ‘flying toilets’ sometimes become an alternative where human waste is disposed of in plastic bags thrown into the open as a result of the inaccessibility

of toilet facilities. This phenomenon, especially prevalent in Kibera slum in Nairobi, has worsened due to rural to urban migration on a large scale. Open defecation and flying toilets are also a pollution threat to the environment (Women and girls and their right to sanitation, 2011).

WaterAid co-published a report (Unilever Domestos, WaterAid and the Water Supply & Sanitation Collaborative Council, 2013) that emphasised extreme vulnerability of women to the risk of assault due to poor sanitation facilities. Sanitation has far reaching impacts on various aspects of woman's life from childhood to motherhood and beyond. The report hoped to raise awareness of the

A young mother from Madagascar said, "Your future becomes brilliant if you have a toilet", whose family recently built a toilet built next to their house. "The place where we went before was 6km away. It was threatening and dirty. There are men who are not really nice. When they see lonely women there they rape them. I know that something like that already happened. I don't want my daughter to go to that place because I'm afraid of her being raped."

(Unilever Domestos, WaterAid and the Water Supply & Sanitation Collaborative Council, 2013)

impacts of poor sanitation on women with a call for resolute efforts from government, business and civil society, especially following the increase in migration numbers. The report argues that water and sanitation is largely a woman's issue because of three main reasons: 1) their biology, as women menstruate for large part of their lives and need greater privacy; 2) their subordinate position in communities, putting them at higher risk of violence; and 3) their position as disadvantaged and vulnerable group in the society, as they are typically the last ones likely to get access to good services and facilities.

Additionally, linkages between scarcity of water leading to armed conflicts has been well documented (Editor's Pick: 10 Violent Water Conflicts - World, 2017), which further leads to inadequate sanitation conditions. During conflicts when the situation worsens, women and girls are put in increased danger of being assaulted if they have to walk miles for water and sanitation. Feminists, too, have been at the forefront in expressing opinions on sanitation facilities, gender and sexual assault. Amongst other issues, it is believed that 'politics' of the toilet has led to sex segregation, which is a result of 19th century modernism (Jeffreys, 2014).

The WASH practitioners are first to acknowledge that there is a lack of knowledge about this issue, and their roles and responsibilities in such cases (House et al. 2014). They are also unaware of practical steps they can potentially consider, and of ethical handling of the information. Gender balance is not yet achieved in the WASH sector, therefore, with limited women as WASH professionals, it is possible that male dominated or male only programmes may not be able to appreciate women's perspectives, concerns and priorities. Male dominated programme teams are therefore of much concern where GBV and WASH is concerned. Limited monitoring and documentation limits potential of successful, appropriate and targeted WASH programmes. Collaborations between WASH, gender and protection sectors are therefore, crucial to ensure equal, safe and secure sanitation facilities are designed. Muentner and Achermann (n.d.) have also highlighted that it is essential to appreciate that there will always be limitations in prioritising SGBV for WASH over food, water, and shelter sectors, and therefore, it's likely there are logistical and financial limitations in increasing SGBV expertise and support for WASH programmes. Furthermore, addressing gender norms in various cultural and religious backgrounds can be extremely challenging and time consuming.

Box 1 provides some universal statistics on background to sanitation and women in Africa and incidents/reports of sexual violence.

Box 1: Fact Sheet on Women, Sanitation and Sexual Violence Incidents in Africa

A: Background on Women and Sanitation

1. In 2012, it was estimated that 1 in 3 women lacked access to safe toilets.
2. 526 million women have no choice but to defecate in the open.
3. Women and girls spend 97 billion hours each year finding a place to go to toilet.

(Unilever Domestos, WaterAid and the Water Supply & Sanitation Collaborative Council, 2013)

1. 68% in Kibera slums (Nairobi, Kenya) rely on shared toilets, of which half are women.
2. 6% of people in Kibera slums have no toilet facilities at all.

(Amnesty International, 2010)

1. At current rates of progress, it will be over 165 years before Sub-Saharan Africa meets its sanitation MDG target, and another 350 years to get to universal access.
2. Since 1990, around 900 million women and girls have gained access to safe sanitation facilities, while over a billion have gained access to clean drinking water.

(WaterAid 2012)

B. Incidents / Reports of Sexual Violence

1. MSF health clinics in West Darfur treated rape victims of which 99% were women. 82% women said they were raped while pursuing ordinary daily activities, including fetching water and using sanitation facilities or during open defecation.
2. Cases have been documented in the DRC of girls being raped when going to practice open defecation or collecting water, including cases resulting in fistula.

(House et al. 2014)

1. In a participatory mapping exercise for focus group discussions held in Delhi slums to understand links between WASH and SGBV, women indicated that defecating in the open was frequently associated with sexual violence against women.

(Lennon, 2011)

1. In a poll conducted by WaterAid in Lagos, Nigeria, results indicate that 67% of women feel unsafe using a shared or community toilet; 68% agree that the cost of using public toilets is unaffordable; 56% avoid using toilets at certain times to avoid putting themselves at risk.

(WaterAid 2012)

Case Studies

In 2015, a study was conducted at the Yale University (Women Deliver, 2016) as it was thought that the link between access to sanitation and increased risk to sexual violence was a neglected risk that needed to be examined in detail. The study developed a mathematical model to link the risk of sexual assault to the number of available sanitation facilities, and the exposure time for women during walks to and from a toilet. The model

was applied to Khayelitsha (an urban township in Cape Town). It showed that the exposure time could be reduced by reducing round trip distances to toilets and by providing more toilet facilities. The authors of the study have said, *“What is critical about the study is that when we did our sensitivity analysis – running the simulation many times with different parameter estimates with broad ranges of numbers – we got the same answer most of the time”*.

In the context of Khayelitsha, the study reported that approximately 30% of assaults take place outside, of which 50% can be considered en route to sanitation facilities, and only 15% of total assaults are reported. The parameters included average walking distance to toilets as 210m, at 6 trips a day (2-5 minutes per trip), which meant that the assault risk exposure time was calculated at 15 minutes per women per day. The study acknowledged that detailed empirical data was largely missing due to lack of attention given to this risk. Furthermore, in real world, routes to toilets may be longer and running through alleyways and lonely places, which can further lengthen the time taken to reach the toilets, thereby further increasing women’s exposure time. Though the analysis was undertaken for a particular location, it was considered likely that this model can be effectively applied to other locations around the world. The model illustrated improved access to sanitation facilities can simultaneously reduce both number of sexual assaults and costs of upkeep (Gonsalves, Kaplan and Paltiel, 2015).

Another study by Fraser, Viswanath and MacLean (2017), supported by DFID, highlighted that over two thirds of women in African countries routinely feel insecure to use unsafe toilet facilities, and fear verbal and physical violence and harassment when they are queuing for facilities over long times. During the latter, the women in turn may face further violence and punishment from family members for returning late at home. Women also feel insecure that children become vulnerable targets when left alone at home while visiting sanitation facilities. The report also highlighted that women working in the WASH sector are extremely vulnerable to violence due to traditional and cultural

adverse attitudes towards women, and especially working women in male dominated sectors.

Plan International who is at the forefront in Community-led Total Sanitation (CLTS)⁸ led toilets building in Africa, has highlighted that in case of Zimbabwe CLTS approaches sometimes lack clear responsibilities and support at high levels thereby limiting its overall success and impact (Rukuni, 2010). Though the approach is considered engaging and empowering, it should be noted that CLTS does not promote latrine designs, and this could essentially be a limiting factor for safe and secure sanitation facilities as attitudes and behaviour towards SGBV and WASH could take longer time to change.

Figure 3: Toilets in Sri Lanka (photo credit: Cathrine Brun)



Figure 3 is critical example of toilets in Sri Lanka that demonstrate lack of consideration towards impact of sanitation on women. The remote location, weak construction and the doors that are either falling apart or non-existent mean that these facilities lack complete privacy and protection for women and girls. The only way the

facilities could be accessed by women would be if they are accompanied by male members of the family or visit in large numbers. This is likely to limit the times that women can visit the sanitation facilities safely.

SHARE alongside WaterAid undertook a project funded by DFID to understand how lack of access to water and sanitation leads to sexual violence against women in urban slums in India. The study (Lennon, 2011) highlighted that the main fear was sexual assault against women and other female family members, with imminent risk of assault both day

⁸ Community Led Total Sanitation Foundation at: <http://www.cltsfoundation.org/>

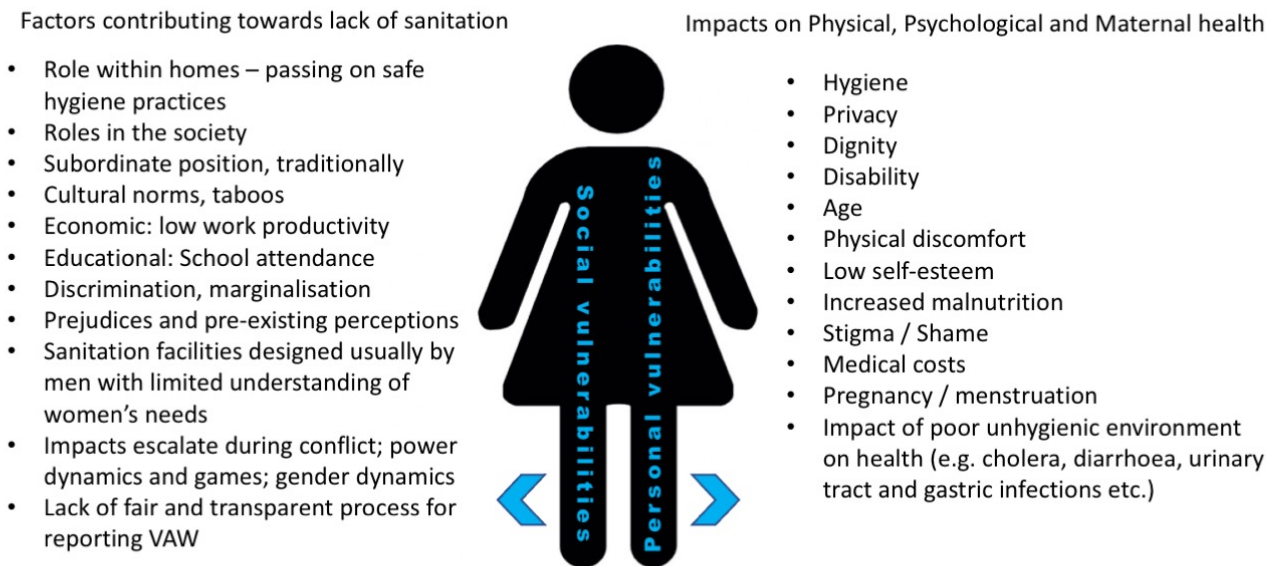
and night times. Simultaneously there was considerable anger within the women since they lacked control to deal with this issue, and the fact they did not get adequate protection from the government and police, and lack of legislative and judicial support.

In 2010, Amnesty International highlighted (Amnesty International, 2010) a major concern that there is limited documentation, global and regional statistics, lack of available case studies, lack of data and lessons learnt, lack of clarity, understanding and knowledge sharing in identifying gaps in the field on WASH, SGBV and security issues. Since then, there have been attempts to improve literature and collate case studies that establish the link between WASH services and SGBV to reduce vulnerabilities for women and girls. However, the statistics is limited, which means that there is limited scope to fully appreciate and understand the scope of this problem, and identify gaps in the current literature to provide appropriate and improved WASH services. Furthermore, all SGBV cases and corresponding information has to be treated with utmost sensitivity and confidentiality, which means that in spite of anonymity the information may not always be used as data for further analysis of the problem.

4. Women's Needs and Impacts on their Well-Being

The following are some of the important factors that link women's health and wellbeing to WASH. These factors are collectively linked to women's physical, mental, biological and social needs, and lack of adequate and appropriate sanitation can have a pronounced impact on the quality of their personal and social lives. Figure 4 illustrates that certain factors that contribute towards lack of sanitation, have an impact on both their well-being and development.

Figure 4: Impact of Lack of Sanitation on Women’s Well-Being



Physical Health

A study (WaterAid, n.d.) undertaken by WaterAid highlighted that women, being considered subordinates in societies, often face discriminatory practices and lack access to welfare facilities. This means that they are often expected to go hungry and thirsty while providing for men, elders and children of the family. This has considerable negative effects on women’s physical health and their digestive systems, causing gastric disorders. The study also noted that unhygienic WASH conditions are responsible for many illness, diseases and deaths. In unhygienic WASH environment, women become even more susceptible to diseases and illnesses. Long distance WASH facilities increase physical discomfort and pain, and long walks can be strenuous, which in case of malnourished women, can be harmful to their health as they lose precious calories. Furthermore, since women dare not use unsafe toilets or practice open defecation at night, they limit their intake of food and liquids. Already malnourished, this will most definitely have an adverse effect on their physical health, including urinary tract infections, making them more vulnerable to illness. Furthermore, it has been documented that marginalisation, exclusion and discrimination towards women and girls during menstruation, or when HIV positive, or during certain other illnesses, may form barriers for access to WASH facilities (WaterAid, n.d.).

Other individual vulnerabilities such as age and disability can further create greater disadvantages and limit women and girls' use of WASH facilities. Given different needs for average women and girls, it may become necessary to adopt additional sensitive designs for sanitation facilities for disabled and elderly women. It has been documented that as women get older, conditions such as fistula, menopause and urinary incontinence may require frequent and regular use of toilets. However, simultaneously, their reduced mobility could pose an additional barrier to effective use of sanitation facilities and protecting themselves in case they are attacked (WaterAid, n.d.).

Psychological Health

Not able to use sanitation facilities when required has a massive emotional impact on humans, and creates general discomfort and pain. Good quality and free access to water and sanitation is important to improve general of quality of life and health standard of humans. The mental distress caused by not being able to use toilets due to fear can affect their entire lives. Water Supply & Sanitation Collaborative Council (WSSCC) evidence illustrates that there is strong link between psychological stress when people are denied this right. The studies also highlighted that primary victims of this stress are women and girls, and the main stress points cumulatively are lack of information on sanitation issues, shame, stigma, taboo, lack of privacy and safety, and potential of violence (Water Supply & Sanitation Collaborative Council, 2017). And in conditions of physical ill health and malnourishment, deterioration of mental health will further intensify. Use of CLTS (community led has demonstrated that victim's psychological trauma, limited support system to the victims, and victim blaming and discrimination further dissuade victims from reporting crimes and seeking justice.

Maternal Health

It has been established that maternal and reproductive health, birth survival rates, and infant health and mortality issues are linked to WASH. There is a noticeable decline in infant mortality rates when women have access to good and safe sanitation facilities.

Mother's health in turn has a direct effect on newborn and young children's health. Documented case studies in Tanzania show that only a third of all births occurred in a WASH-safe environment (WHO, UNICEF, 2014). Pregnant women need to use toilets more frequently, so it is essential that toilets are readily accessible. It is also important to understand that pregnant and breast-feeding women are already vulnerable to deficiencies and illness, and it is likely that this vulnerability will increase in unsafe and unhygienic WASH environments. Moreover, many of these women already live in dire situations and do not have resources for good and safe WASH facilities, and medical costs arising from frequent illnesses.

Hygiene

Hygiene practices differ from individual to individual, in different communities, societies, further more culturally and traditionally. It is essential to note that good hygiene leads to healthy communities. And since women are key in transferring lessons on hygiene to their families and children, their input is extremely essential in understanding this issue. Predominantly male designed and built, latrines are typically not sensitive to hygiene practices of women and girls. It is difficult to manage hygiene, especially during menstruation, in unhygienic conditions and especially if the sanitation facilities are not sufficiently lit. Well-lit safe and secure facilities could potentially also contribute in reducing risk of assaults during night times.

Dignity

Social conditions, tradition and culture play an important role in maintaining dignity and self-esteem of women and girls. Social status alone can become a decisive barrier in the use of toilets. These customs also become barriers to the extent of women's participation in decision-making and behaviour changing attitudes. Some cultural norms (for example in Odhisa, India) make it unacceptable for women to be seen defecating. Men are sometimes more comfortable relieving themselves in public or open space, while women and girls are unable to do so, and have to, therefore, seek the darkness or early mornings to relieve themselves. This increases the risk of assault on women and

girls. The stigma and taboos in relation to women's bodily functions further may become a barrier from using WASH facilities during certain days. Cultural restriction during menstruation (not being able to leave the house, separation from the rest of family, etc.) has an impact on their hygiene and therefore their dignity. Culturally insensitive sanitation facilities are known to have been built but rarely used by beneficiaries. Simply building a latrine is not adequate; ethnic, cultural and traditional aspects and attitudes of going to the toilets to ensure that the toilets will be used need to be understood. Some other reasons for resistance to using toilets include beliefs that '*one might be possessed by demons, lose magical powers or live a shorter life*'. Some also believe that toilets are only meant for wealthy people (During, 2011).

Environmental Factors

Last but not the least, poor sanitation and open defecation invariably leads to environment pollution. This further affects women, girls and children's health and wellbeing if the poor WASH environments are close to their homes and activities such as cooking and drinking where there is possibility of contamination to food and water. The unhygienic conditions may further threaten their livelihoods, especially agriculture and livestock activities (WaterAid, n.d.). Today, if we hope to have more women leaders and champions for the environment, it is essential we aim to build environment and WASH awareness and knowledge at grassroots level that will also promote better health and wellbeing for women and girls.

Other Factors

WaterAid study noted that paid sanitation facilities are not always affordable to women, and they are known to therefore restrict the number of times they visit the sanitation facilities. This increase susceptibility to illnesses. Poor hygiene, lack of safe water and insufficient sanitation result in sickness and sometimes death, and at the same time incur higher medical costs, which in most cases the deprived population is unable to pay. Frequent sicknesses and health problems also mean lower worker productivity, and when women are not able to work this can lead to further economic vulnerabilities.

Desperate economic situations can be a source of power to perpetrators that can be abused for sexual exploitation. Insensitive design and inadequate sanitation have also been a factor that lowers school attendance, thereby limiting educational prospects and future opportunities for better working and economic conditions and lifestyles for women (WaterAid, n.d.).

Impacts during conflict situations

There are many reasons for conflict, and inadequate and inequitable distribution of water is one of the factors that can create and escalate conflicts. Water scarcity and insufficient sanitation may frequently escalate armed conflicts. Having control of water, an essential element for living, can become a source of power to the victor. It is also well acknowledged that women and girls as vulnerable groups are often the first to bear the consequences of conflict. They can also be the ones that collect water for household activities. With control of water sources and WASH facilities, it becomes a source of power that can be abused for sexual exploitation. Good layout and design of WASH is important to minimise conflicts and thereby, potential risk of SGBV (Cronin et al. 2008).

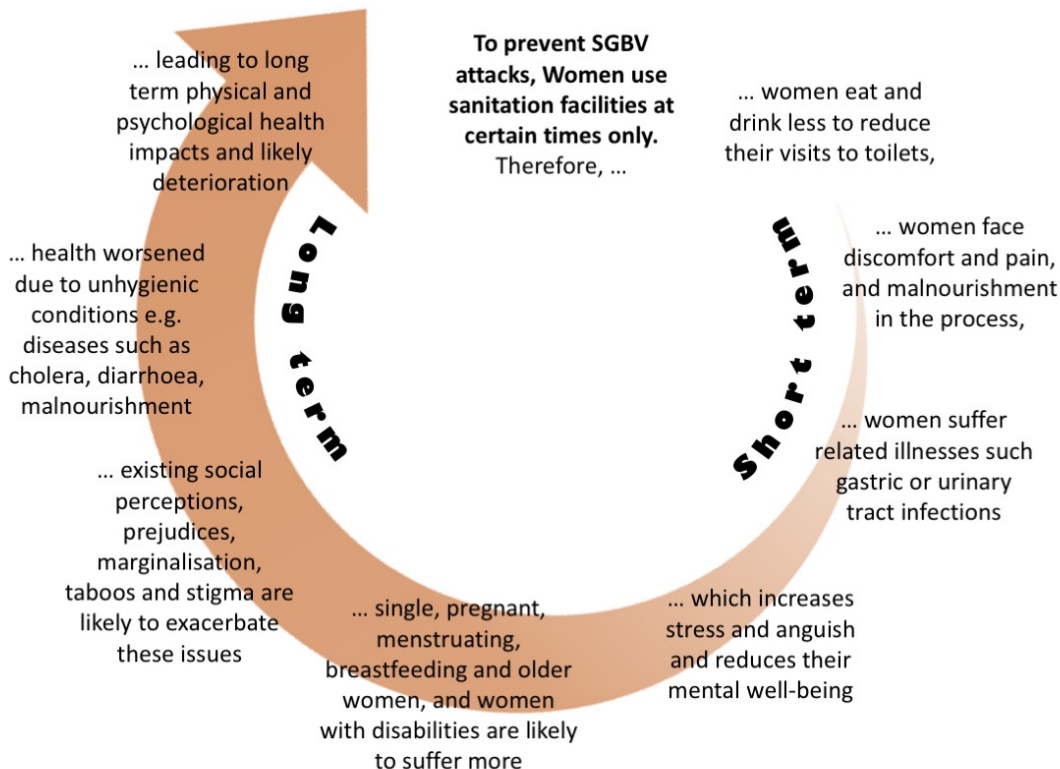
Women that seek participation on WASH issues, which are traditionally considered male roles, face various types of psychological abuse such as being excluded from meetings, scorned, bullied, victimised, and sometimes it can also escalate to physical abuse (House et al. 2014). Gender power clashes put vulnerable women, hopeful of becoming WASH leaders, at the risk of physical and sexual assault. The female WASH professionals and trainers are unaware of how to deal with the situation appropriately as they are not protection, GBV or gender specialists and are, therefore, unable to appreciate power dynamics.

Short- and Long-term Health Impacts

Figure 5 illustrates how women's short- and long-term physical and psychological health is worsened if they have no choice but to use the sanitation facilities at certain times of the days to avoid being assaulted. Lack of sanitation, safe water and poor hygiene

unfortunately becomes a cyclic, domino effect for women and girls, which leads to ill health, deprivation and hardship, which in turn significantly limits opportunities for improving quality of life. The risk of sexual assault in such situations further intensifies suffering and fear.

Figure 5: Impacts on women’s health of using sanitation facilities at certain times



This cycle has to be broken, and substantial efforts should be undertaken for women and girls to be released from restrictive social, cultural and traditional norms and barriers of WASH to make it safe, secure, accessible and hygienic WASH environment (WaterAid, n.d.).

5. Furthering Gender Equality in Sanitation

The WASH practitioners, who helped developed the practitioners’ Violence, Gender and WASH Toolkit (House et al. 2014), first of its kind, have stated that the WASH practitioners are often not able to appreciate the scale of this problem, and in some

cases, instead of limiting vulnerabilities, the situation could exacerbate. A study by Fraser, Viswanath and MacLean (2017), particularly recommends undertaking WASH programmes using Community Led Total Sanitation (CLTS) methodology to reduce SGBV, and to mobilise communities by conducting their own appraisals focused on behavioural change.

Some feminist activists believe that ‘de-gendering’ toilets would be safer for women as good men will help protect women from aggressors. However, this issue of gender-neutral toilets and its impact is highly contested at all levels, and there is a considerable amount of concern about this view. Therefore, for now its effectiveness and implementation is ambiguous (Jeffreys, 2014). Women and girls have little influence due to the lack of political will for ending SGBV, and therefore it becomes crucial that women are given a platform to participate in WASH discussions and decisions.

Tools and Guidelines

Certain guidelines and tools have been developed in the last decade, discussed in Table 2, for mainstreaming gender issues in all sectors, and some relevant to the WASH sector also consider SGBV issues to a certain degree.

Toolkits	Positives	Limitations
<p>Violence, Gender and WASH Toolkit co-published with WaterAid (House et al. 2017)</p>	<ul style="list-style-type: none"> - Critically appraises WASH impacts on SGBV. - Acknowledges that inadequate WASH may not be the root cause of violence, but can certainly lead to increased vulnerabilities to violence. - Provides an overview of the different types of violence related to WASH. - Based on ten guiding principles for different stages of a WASH programme. - Aims to consider GBV issues along with gender, protection, health, education and WASH sectors simultaneously. 	<ul style="list-style-type: none"> - Limited information about the tool’s reach and impact. - Its success and limitations, if any, at this stage is not yet fully published and / or understood.

Toolkits	Positives	Limitations
	<ul style="list-style-type: none"> - Provides examples of good practice, checklists, case studies, videos, training scenarios, and briefing notes. - Case studies collated from different countries. - Only available toolkit that includes guidance documents, participatory tools, methodologies and case studies. - Includes awareness and training events. 	
<p>Gender-based Violence (GBV) Guidelines⁹ developed by the 2015 Inter-Agency Standing Committee</p>	<ul style="list-style-type: none"> - One of its thematic sections is based on WASH and its impacts on gender. - Actions to reduce risk through assessment, analysis and planning, during resources mobilisation and implementation process, coordination, and during monitoring and evaluation. 	<ul style="list-style-type: none"> - Limited evidence of the impacts on WASH and SBGV.
<p>Sustainable Sanitation and Water Management Toolbox (Muenther and Achermann, n.d.)</p>	<ul style="list-style-type: none"> - Provides recommendations for WASH programmes to prevent and respond to SGBV. - Training to WASH practitioners on gender issues, and on SGBV and WASH. - Gender mainstreaming and GBV programming in WASH programmes. - Includes SGBV response plans. - Some guidance on location and design of WASH facilities. - Engagement and consultation to understand power dynamics and cultural sensitivities. - Ensure fair and equitable distribution of WASH supplies. - Ensure effective monitoring and evaluation at regular intervals. 	<ul style="list-style-type: none"> - Limited evidence of the impacts on WASH and SBGV.
<p>Community Led Total Sanitation</p>	<ul style="list-style-type: none"> - Mobilises communities to completely eliminate open defecation (OD) through engagement and consultation. 	<ul style="list-style-type: none"> - Largely focused on making regions ODF, though can work

⁹ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action – Reducing risk, promoting resilience and aiding recovery at: <http://gbvguidelines.org/en/home/>

Toolkits	Positives	Limitations
pioneered by Kamal Kar, VERC and WaterAid Bangladesh	<ul style="list-style-type: none"> - Communities conduct their own appraisal and analysis. - Aims for collective change, propels people into action, encourages innovation, mutual support and appropriate local solutions. - Focuses on the behavioural change. 	towards promoting gender equality in sanitation.
The Sphere Handbook 2018	<ul style="list-style-type: none"> - Calls for cross-sectoral coordination across all levels and sectors including gender-based violence (GBV). - One of the Protection Principles considers impact on GBV. - Provides guidelines for international tools that recognise sexual violence, and all forms of GBV and their impacts on health. - Emphasis on including all genders equally to understand impact and delivery of humanitarian responses 	- Limited information or case studies into the process, design and construction to integrate WASH and shelter with GBV issues, and understand the effectiveness of the cross-sectoral approach for limiting SGBV.

Table 2: Tools and Guidelines on WASH and SGBV

The tools and guidelines may prove useful in designing culturally appropriate, safe and secure WASH facilities. There are positive cases of incorporating women in WASH related decisions; however, due to limited evidence, there is limited acknowledgment of the success and effectiveness of SGBV/WASH guidance documents and toolkits, which itself is a barrier for designing and providing location- and cultural-appropriate WASH programmes.

Examples from Asia

It is important to mention the context of Asia in this report, as there have been many focused and targeted interventions in some Asian countries to combat SGBV, especially in low income and vulnerable groups. It is essential that lessons learnt from these interventions are thoroughly considered and analysed, and though the impacts and mitigations may not be immediately replicable to the African context, they may be of use

to avoid duplication of work and to understand the universal context of violence and harassment against women and girls, and WASH.

In refugee camps in Burkina Faso and Mauritania, Oxfam-Intermon found that the domestic servants were prevented from using household toilets and taking part in hygiene promotion activities. A protection specialist was brought in to adapt the programme to ensure safe and equal access to WASH services, set up a referral system and develop an advocacy strategy at local, national and international levels to ensure that assistance was provided to this particularly vulnerable group.

(House et al. 2014)

The SHARE Research Consortium (SHARE) and the WSSCC have undertaken extensive research in India and Bangladesh. The key findings highlight multitude of psychosocial stresses that women undergo due to unsafe sanitation facilities, and the possibility that

there is a danger of normalisation of harassment if further appropriate interventions are not undertaken. The results illustrate that along with adequate sanitation, programmes simultaneously need to address other social gendered relations to address this issue effectively. It also strongly recommends that practitioners should follow advocacy and awareness agenda, and sharing of findings and lessons learnt across stakeholders for maximum positive impact. Alongside these issues, it is also imperative that all women and girls should get appropriate medical support for their physical and mental wellbeing (Kulkarni, O'Reilly, 2014).

The joint SHARE and WaterAid programme undertook intensive reviews, focus group discussions, participatory mapping exercises, and interviews with government and non-government bodies to understand the context and issue. The NGOs were made aware of the problems and recommended advocacy, lobbying and awareness raising for policy changes and gender equality, and stricter punishment for perpetrators, and involvement of media for effective advocacy and awareness raising.

Two CLTS based case studies (Prabhakaran et al. 2016, Fraser, Viswanath and MacLean, 2017) reinforce that the role of women was crucial in WASH and they can become powerful agents of change. It stresses that the concept of sanitation needs

collective behaviour change at all levels for it to be effective, and advocating evidence-based policy work in the process to understand impacts on women's health.

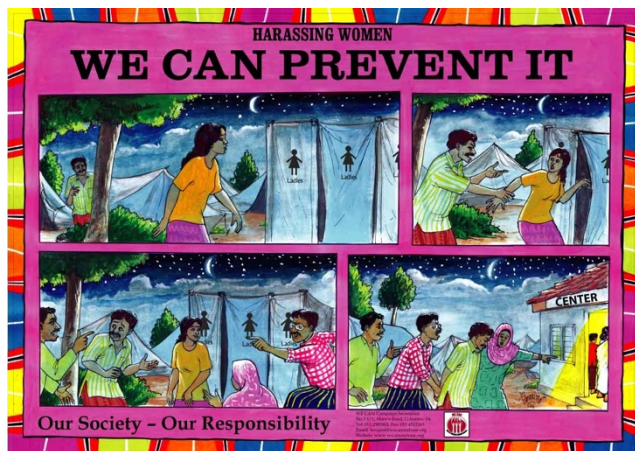


Figure 6: WeCan Campaign poster in Sri Lanka (photo credit: WeCan Campaign)¹⁰

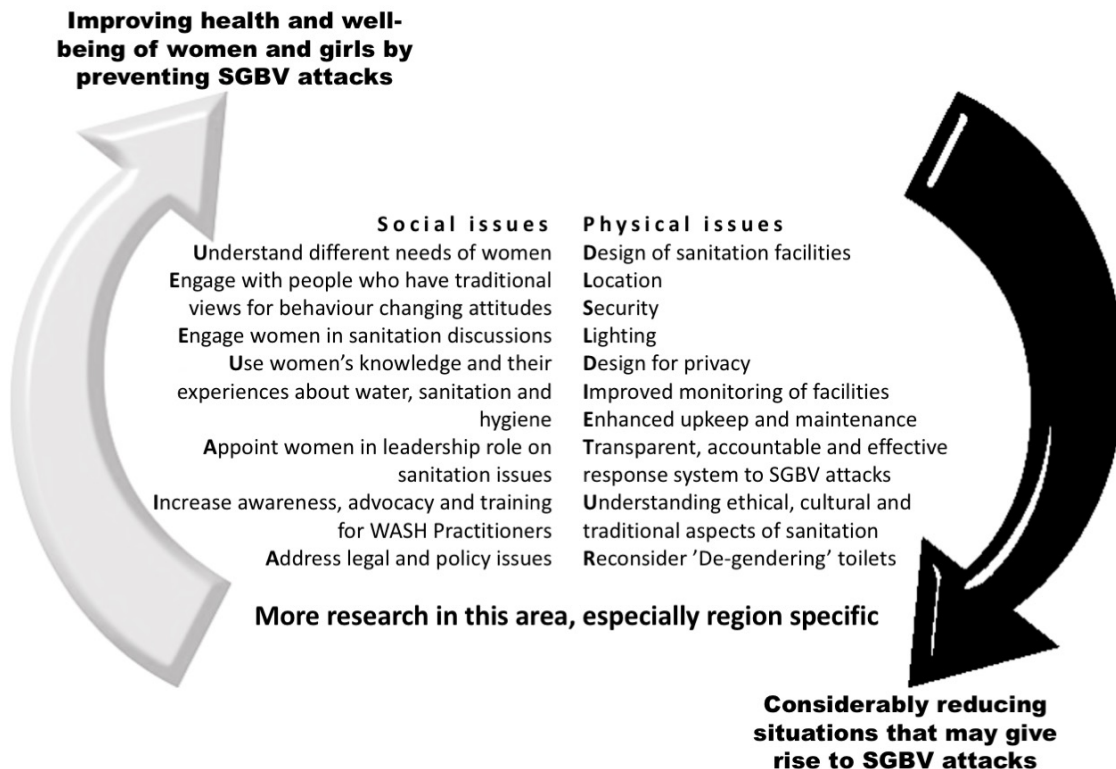
Oxfam's WeCan Campaign launched in 2004 (Oxfam, 2017) aims to end all violence against women and girls in six South Asian countries. WASH is one of the sectors that is being considered under this campaign, and how to limit its negative impacts on women and girls. The campaign (Rabb, 2011) hopes to trigger a person-to-person chain reaction of change in attitudes and behaviour to end violence against women that included visuals as in Figure 6 (billboards, posters, murals, rickshaw decoration and the "well paintings") in Sri Lanka WASH programmes. The campaign was found to be relevant, effective and efficient by external evaluators, and recommendations were made for limitations including lack of documentation and difficulties in monitoring and evaluation.

6. Recommendations

There is adequate and growing evidence that shows there is global sanitation crisis, and that it is intrinsically linked to women and girls' health and safety. Figure 7 illustrates various considerations to ensure effective sanitation interventions categorised into social and physical issues that can be designed and installed with the aim to reduce situations that may give rise to SGBV attacks.

¹⁰ Source: <http://odihpn.org/magazine/violence-gender-and-wash-a-practitioners%C2%92-toolkit-making-water-sanitation-and-hygiene-safer-through-improved-programming/>

Figure 7: Considerations for Effective Sanitation Interventions for Women and Girls



Gender mainstreaming and participatory WASH programmes that are culturally sensitive and regionally appropriate should be prioritised, along with cross-sectoral approaches such as health, protection, CCCM.

All water and sanitation issues and programmes must include engagement and consultation with girls and women of all ages and backgrounds from the outset.

Use of tools and guidelines may prove useful in design and implementation of WASH programmes. However, any limitations to the tools should be considered and appropriate measures incorporated.

WASH programmes should be community driven and with involvement of all relevant stakeholders.

It is imperative that the needs of women and girls related to physical, psychological and maternal health, hygiene requirements and habits are understood to limit their vulnerabilities.

Inputs from women and girls are crucial during designing, programming and implementing water and sanitation issues, especially when discussing social, traditional, cultural and religious customs.

The design and construction of the WASH facilities must be sensitive to the needs and safety of women and girls, and must be gender appropriate sanitation infrastructure.

A well-established and transparent monitoring and reporting system should be in place to report crimes against women and girls, and which must consider including women as part of the implementation teams.

WASH Practitioners should have access to robust training and awareness programmes on impact of WASH on women and girls, and they should be made aware of their roles and responsibilities in these cases.

Women and girls should have access to training to work as WASH leaders, practitioners and champions, which is likely to enhance consideration towards women's perspectives, concerns and priorities.

Effective and transparent monitoring and evaluation systems must be in place.

Training, advocacy and awareness should be made available for everyone around these issues.

The relationship between sanitation, sexual violence, and women and girls should be documented, where feasible and further researched.

It is imperative that lessons learnt are imparted to the WASH sectors, general humanitarian and development community, and relevant other sectors and clusters (e.g. protection, CCCM, health, etc.).

Political will and grassroots activism are absolutely crucial for fair, safe, secure and gender and culturally appropriate sanitation facilities.

Acknowledgements:

I would like to extend my sincere thanks to Cathrine Brun and Supriya Akerkar for their advice and guidance in supporting me in this journey.

References

Water Decade Programme on Advocacy and Communication (2015). *A 10 Year Story – The Water for Life Decade 2005-2015 and Beyond*. United Nations Office for UNW-DPAC.

Interagency Task Force on Gender and Water (2005). *A Gender Perspective on Water Resources and Sanitation*. United Nations

Amnesty International (2010). *Risking Rape to Reach a Toilet: Women's Experiences in the Slums of Nairobi, Kenya*. [online] Amnesty International. Available at: <<https://www.amnesty.org/download/Documents/36000/afr320062010en.pdf>> [Accessed 20 May 2021].

Cronin, A., Shrestha, D., Cornier, N., Abdalla, F., Ezard, N. and Aramburu, C. (2008). *A review of water and sanitation provision in refugee camps*. 06.1. [online] Journal of Water and Health. Available at: <http://www.unhcr.org/4add71179.pdf> [Accessed 7 Oct. 2017].

Data.worldbank.org. (2017). *People practicing open defecation (% of population) | Data*. [online] Available at: https://data.worldbank.org/indicator/SH.STA.ODFC.ZS?locations=MW&name_desc=true [Accessed 20 Oct. 2017].

During, J. (2011). *Just building a million latrines won't solve Africa's sanitation crisis*. [online] the Guardian. Available at: <<https://www.theguardian.com/global-development/poverty-matters/2011/jan/21/nigeria-sanitation-local-solutions>> [Accessed 20 Oct 2019].

Fraser, D., Viswanath, D. and MacLean, L. (2017). *Violence against Women and Girls, Infrastructure and Cities*. Infrastructure and Cities for Economic Development (ICED).

Galan, D., Kim, S. and Graham, J. (2013). Exploring changes in open defecation prevalence in sub-Saharan Africa based on national level indices. *BMC Public Health*, 13(1).

Gonsalves, G., Kaplan, E. and Paltiel, A. (2015). Reducing Sexual Violence by Increasing the Supply of Toilets in Khayelitsha, South Africa: A Mathematical Model. *PLOS ONE*, 10(4).

House, S., Ferron, S., Sommer, M. and Cavill, S. (2014). Violence, Gender and WASH: A Practitioners' Toolkit: Making water, sanitation and hygiene safer through improved programming. *Humanitarian Exchange*, 60, pp.27-30.

House, S., Mahon, T. and Cavill, S. (2012). *Menstrual hygiene matters*. 1st ed. WaterAid, pp.171-179.

Human Rights Council (2015). *Report of the Working Group on the Universal Periodic Review*. Universal Periodic Review, Twenty-ninth session, Agenda item 6. Kenya: United Nations

Jeffreys, S. (2014). The politics of the toilet: A feminist response to the campaign to 'degender' a women's space. *Women's Studies International Forum*, 45, pp.42-51.

Lennon, S. (2011). *Fear and anger: Perceptions of risks related to sexual violence against women linked to water and sanitation in Delhi, India*. WaterAid and SHARE (Sanitation and Hygiene Applied Research for Equity) consortium.

WHO, UNICEF (2014). *Meeting the Fundamental Need for Water, Sanitation and Hygiene Services in Health Care Facilities*. [online] Madrid, Spain: WHO, UNICEF.

Available at: <https://www.who.int/water_sanitation_health/facilities/wash-in-hcf-madrid.pdf?ua=1> [Accessed 20 May 2020].

Oxfam. (2017). *We CAN: Policy & Practice*. [online] Available at: <http://policy-practice.oxfam.org.uk/our-work/gender-justice/ending-violence-against-women/we-can> [Accessed 15 Oct. 2017].

Prabhakaran, P., Kar, K., Mehta, L. and Chowdhury, S. (2016). *Impact of Community-led Total Sanitation on Women's Health in Urban Slums: A Case Study from Kalyani Municipality*. Empowerment of Women and Girls, Evidence Report No 194. [online] Institute of Development Studies. Available at: https://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/11637/ER194_ImpactofCommunityledTotalSanitationonWomensHealthinUrbanSlumsACaseStudyfromKalyaniMunicipality.pdf;jsessionid=DB14BC23216B4019E170AA218986C58B?sequence=1 [Accessed 27 Sep. 2017].

The World Bank. (2017). *Projects: IN Swachh Bharat Mission Support Operation | The World Bank*. [online] Available at: <http://projects.worldbank.org/P153251/?lang=en&tab=ratings> [Accessed 16 Oct. 2017].

Rabb, M. (2011). *The "We Can" Campaign in South Asia, 2004-2011: External Evaluation Report*.

ReliefWeb. (2017). *Editor's Pick: 10 Violent Water Conflicts - World*. [online] Available at: <<https://reliefweb.int/report/world/editor-s-pick-10-violent-water-conflicts>> [Accessed 20 May 2020].

Rukuni, S. (2010). Challenging mindsets: CLTS and government policy in Zimbabwe. *IIED Participatory Learning and Action*, [online] PLA 61. Available at: <<https://pubs.iied.org/g02805>> [Accessed 20 May 2021].

Saha, D. (2017). *3 years of Swachh Bharat: 2.5 lakh villages declared open defecation free, but 1.5 lakh claims not verified*. [online] <http://www.hindustantimes.com/>. Available at: <http://www.hindustantimes.com/india-news/3-years-of-swachh-bharat-2-5-lakh-villages-declared-open-defecation-free-but-1-5-lakh-claims-not-verified/story-brpTlcdloZ9YhpkgXGfg4l.html> [Accessed 16 Oct. 2017].

2018. *The Sphere Handbook*. 4th ed. Sphere Association.

Muenter, L. and Achermann, S., n.d. *Preventing Gender-Based Violence (Camps and Prolonged Encampments) | SSWM - Find tools for sustainable sanitation and water management!*. [online] Sswm.info. Available at: [https://sswm.info/humanitarian-crises/camps/hygiene-promotion-community-mobilisation/hygiene-promotion-community/preventing-gender-based-violence-\(camps-and-prolonged-encampments\)>](https://sswm.info/humanitarian-crises/camps/hygiene-promotion-community-mobilisation/hygiene-promotion-community/preventing-gender-based-violence-(camps-and-prolonged-encampments)>) [Accessed 20 May 2019].

Kulkarni, S., O'Reilly, K. (2014). Sanitation Vulnerability: Women's Stress and Struggles for Violence-free Sanitation. pp.5 [online] Available at: https://assets.publishing.service.gov.uk/media/57a089e9e5274a31e000030e/Sanitation_Vulnerability_English_summary_folder.pdf [Accessed 15 Oct. 2019].

House, S., Ferron, S., Sommer, M. and Cavill, S. (2017). Violence, Gender and WASH: A Practitioner's Toolkit – Making water, sanitation and hygiene safer through improved programming and services. *Violence, Gender & Wash*. [online] Available at: <http://violence-wash.lboro.ac.uk/> [Accessed 12 Oct. 2017].

UN.org. (2017). *Gender and water*. [online] Available at: <http://www.un.org/waterforlifedecade/gender.shtml> [Accessed 8 Oct. 2017].

UN (2017). *International Decade for Action 'Water for Life' 2005-2015*. [online] Available at: <http://www.un.org/waterforlifedecade/> [Accessed 8 Oct. 2019].

UNHCR, n.d. *Gender-based Violence*. [online] UNHCR. Available at: <https://www.unhcr.org/uk/gender-based-violence.html> [Accessed 18 March 2022].

UN-Water, 2021. *Summary Progress Update 2021: SDG 6 – water and sanitation for all*. [online] Geneva: UN-Water. Available at: http://file:///Users/aparnamaladkar/Downloads/SDG-6-Summary-Progress-Update-2021_Version-2021-03-03.pdf [Accessed 15 June 2021].

UN Women. (2020). *Facts and figures: Ending violence against women: What we do*. [online] Available at: <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures> [Accessed 7 Oct. 2017].

Unilever Domestos, WaterAid and the Water Supply & Sanitation Collaborative Council, (2013). *We Can't Wait: A report on sanitation and hygiene for women and girls*. [online] Unilever Domestos, WaterAid and the Water Supply & Sanitation Collaborative Council (WSSCC). Available at: <https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/we%20cant%20wait.pdf> [Accessed 20 May 2020].

Washdata.org. (2019). *Data: JMP*. [online] Available at: <https://washdata.org/data> [Accessed 8 Oct. 2019].

Washwatch.org. (2017). *WASHwatch.org - Home*. [online] Available at: <https://www.washwatch.org/en/> [Accessed 8 Oct. 2017].

WaterAid (2012). *1 in 3 women lack access to safe toilets*.

World Health Organization. (2017). *Sanitation*. [online] Available at: <http://www.who.int/mediacentre/factsheets/fs392/en/> [Accessed 7 Oct. 2017].

WaterAid (n.d.) *Gender equality and water, sanitation and hygiene (WASH)*. EU Toolkit – Insert 2. [online] WaterAid. Available at: <https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/Gender%20equality%20and%20water%20sanitation%20and%20hygiene%20WASH.pdf> [Accessed 20 May 2021].

Water Supply & Sanitation Collaborative Council (2017). *Linking WASH with Mental Health: Evidence from the WSSCC Library*. [online] Water Supply & Sanitation Collaborative Council. Available at: <http://wsscc.org/2017/04/10/linking-wash-mental-health-evidence-wsscc-library/> [Accessed 20 Oct. 2018].

WHO.int. (2019). *Fact Sheet Sanitation*. [online] Available at: <https://www.who.int/en/news-room/fact-sheets/detail/sanitation> [Accessed 20 May 2021].

Women Deliver. (2016). *Yale Study Examines the Link Between Sexual Violence and Access to Sanitation – Women Deliver*. [online] Available at: <http://womendeliver.org/2016/yale-study-examines-link-sexual-violence-access-sanitation/> [Accessed 20 May 2019].

WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (2008). A Snapshot of Sanitation in Africa. In: *AfricaSan: Second African Conference on Sanitation and Hygiene*. [online] Durban. Available at: https://www.who.int/water_sanitation_health/monitoring/africasan.pdf [Accessed 20 May 2019].

Appendix A Further Resources

Free Resources

Published research papers

Gonsalves, G., Kaplan, E. and Paltiel, A., 2015. Reducing Sexual Violence by Increasing the Supply of Toilets in Khayelitsha, South Africa: A Mathematical Model. *PLOS ONE*, 10(4).

Prabhakaran, P., Kar, K., Mehta, L. and Chowdhury, S. (2016). *Impact of Community-led Total Sanitation on Women's Health in Urban Slums: A Case Study from Kalyani Municipality*. Empowerment of Women and Girls, Evidence Report No 194. [online] Institute of Development Studies. Available at: https://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/11637/ER194_ImpactofCommunityledTotalSanitationonWomensHealthinUrbanSlumsACaseStudyfromKalyaniMunicipality.pdf;jsessionid=DB14BC23216B4019E170AA218986C58B?sequence=1 [Accessed 27 Sep. 2017].

Online articles and blogs

'Ending Open Defecation: Doing It Properly' by Shyama V. Ramani; UN University website, 2015

<https://unu.edu/publications/articles/ending-open-defecation.html>

'Ending sexual violence: A safe toilet is only one, small piece of the jigsaw' by Daniel Spencer; CARE website, 2014

<http://insights.careinternational.org.uk/development-blog/humanitarian-emergencies/ending-sexual-violence-safe-toilet-only-one-piece-of-jigsaw>

'Gender based violence and sanitation, hygiene and water'; CLTS Knowledge Hub website, n.d.

The authors of this blog are interested in collaborating further on this issue; however the date of this article is not known.

<http://www.communityledtotalsanitation.org/blog/gender-based-violence-and-sanitation-hygiene-and-water>

'Ha Khupiso: The first Open Defecation Free village in Lesotho' by Preetha Prabhakaran; CLTS Foundation website, 2016

<http://www.cltsfoundation.org/ha-khupiso-open-defecation-free-sanitation-village-lesotho-africa-sdg-goal6/>

'Hope out of conflict – How sanitation plays a vital role in protecting women and children from sexual violence in DRC'; Programme de Promotion des Soins de Santé Primaires, n.d.

<http://violence-wash.lboro.ac.uk/vgw/Supporting-documents/VGW-2-Good-practice-Violence-Gender-and-WASH/PPSSP-Tearfund-briefing-WASH-protection-DRC.pdf>

'How this African country is rewriting its sanitation story in the SDG era' by Preetha Prabhakaran; CLTS Foundation website, 2016

<http://www.cltsfoundation.org/lesotho-rewriting-sanitation-story-un-sdg-goal6-africa/>

'KENYA Sanitation: 'Flying-Toilets' insulate women from rape'; Women News Network website, n.d.

<https://womennewsnetwork.net/2010/12/27/kenya-flying-toilets-women/>

'Lack of toilets contributing to rise of rape in India – study'; RT website, 2016

<https://www.rt.com/news/370425-india-toilets-women-rape/>

'Lack of toilets puts India's health and rural women's safety at risk' by Anu Anand; The Guardian website, 2014

<https://www.theguardian.com/global-development/2014/aug/28/toilets-india-health-rural-women-safety>

'On World Toilet Day UN Women calls to increase access to basic sanitation' on UN Women website; 2013

<http://www.unwomen.org/en/news/stories/2013/11/world-toilet-day>

'Open Defecation in India Leads to Rape and Disease. Now, Women Are Demanding Toilets' by Rose George; The Huffington Post, n.d.

http://www.huffingtonpost.com/rose-george/open-defecation-india_b_7898834.html

'Orange Day' UNiTE website; it seeks to end violence against women campaign. Orange Day 2016 focuses on SDGs 5 and 6.

'Preventing violence linked to WASH: practitioners' toolkit'; Sanitation Updates website (maintained by IRC and USAID), 2014

<https://sanitationupdates.wordpress.com/tag/sexual-violence/>

'Risking Rape to Reach a Toilet in India's Slums' by Louisa Gosling (Programme Manager, WaterAid); The Huffington Post, 2014

http://www.huffingtonpost.co.uk/louisa-gosling/india-rape-crime_b_4553816.html

‘The beginning to an end of open defecation’ by Rina Mukherji; The Hindu Business Online, 2016
<http://www.thehindubusinessline.com/blink/know/the-beginning-of-an-end-to-open-defecation/article8365941.ece>

‘The Fastest Way to Safe Water for All: Women’ by Arnold Marseille; The Solutions Journal website, 2016
<https://www.thesolutionsjournal.com/article/fastest-way-safe-water-women/>

Women With No Access To Toilets Prone To Rape: Study’; Swachh India NDTV website, 2016
<http://swachhindia.ndtv.com/women-with-no-access-to-toilets-prone-to-rape-study-4347/>

‘Yale Study Examines the Link Between Sexual Violence and Access to Sanitation’; Women Deliver website, 2016
<http://womendeliver.org/2016/yale-study-examines-link-sexual-violence-access-sanitation/>

Research-based

A research undertaken on impact of sanitation on women's health outcomes within the context of rapid urbanising spaces, specifically looking at Kalyani, a municipal town, 65 km north of Kolkata in West Bengal; Interactions website, n.d.

<http://interactions.eldis.org/urbanisation-and-health/research-process>
<http://interactions.eldis.org/urbanisation-and-health/country-profiles/india/case-study-sanitation-and-womens-health-outcomes>

Real Time Monitoring System for Community Led Total Sanitation (CLTS) in Kenya
<http://wash.health.go.ke/clts/index.jsp>

WfWP publications

<http://www.womenforwater.org/publications-wfwp.html>

Websites

African Ministers Council on Water (AMCOW)
<http://www.amcow-online.org/index.php?lang=en>

Interactions website, a platform for research and analysis on women's economic empowerment, gender-based violence, urban health and unpaid care work.

<http://interactions.eldis.org/urbanisation-and-health/research-process>

Oxfam's WeCan Campaign in six South Asian countries

<http://policy-practice.oxfam.org.uk/our-work/gender-justice/ending-violence-against-women/we-can>

The Water Supply and Sanitation Collaborative Council (WSSCC) website. It is a global, multi-stakeholder membership and partnership organisation that works with poor people, organisations, governments and local entrepreneurs to improve sanitation and hygiene.

<http://wsscc.org/>

The Sanitation and Hygiene Applied Research for Equity (SHARE) Consortium website. SAHRE seeks to contribute to achieving universal access to effective, sustainable and equitable sanitation and hygiene by generating, synthesising and translating evidence to improve policy and practice worldwide.

UN's World Toilet Day website (observed on 19 November)

<http://worldtoilet.org/>

Paid Resources

O'Reilly, K. (2015). From toilet insecurity to toilet security: creating safe sanitation for women and girls. *Wiley Interdisciplinary Reviews: Water*, 3(1), pp.19-24.

<http://onlinelibrary.wiley.com/wol1/doi/10.1002/wat2.1122/full>

WANG, C. (2009). Photovoice: A Participatory Action Research Strategy Applied to Women's Health. *Journal of Women's Health*, 8(2), pp.185-192.

<https://doi.org/10.1089/jwh.1999.8.185>



Centre for Development and Emergency Practice

School of Architecture

Oxford Brookes University

Headington Campus

Gipsy Lane

Oxford UK

OX3 0BP

Tel: +44 (0) 1865 483200

Fax: +44 (0) 1865 483298

cendep@brookes.ac.uk