GENDER & DEVELOPMENT NETWORK
Briefings
APRIL 2016

Achieving gender equality through WASH

1. Introduction

The Sustainable Development Goals recognise water and sanitation as human rights and have set targets on 'universal' and 'equitable' access to water, sanitation and hygiene by 2030. This briefing shows that equitable and universal access cannot be achieved without specific gender equality measures in water, sanitation and hygiene (WASH) policy and programming to ensure that the rights of girls and women to water and sanitation are met.

The aim of the briefing is to set out the multiple links between gender equality and WASH to encourage dialogue, mutual understanding and consensus between gender equality and WASH policymakers and practitioners. Ideally a more detailed examination of the linkages through new research and innovative programme development will be carried out as a result.

Water, sanitation and hygiene issues, much like any other development issue, are highly gendered by nature. Access to WASH is mediated not only by poverty and lack of infrastructure, but by power and inequality. Women and girls are disproportionally affected by a lack of access to adequate WASH.[1] Gender-related power dynamics and discrimination underlie the multiple impacts of living without adequate WASH, and women's and girls' ability to access basic WASH services. Achieving and sustaining universal and equitable access will require tackling issues of power, participation and inclusion in household and social gender relations, but also with regard to disability, age and other aspects of exclusion.

With inadequate access to safe water, safe sanitation and hygiene, people's living standards are impacted in various different but mutually reinforcing parts of their lives: education, health, nutrition, reproductive health, privacy and dignity, economic opportunities, safety and security, and personal development.[2] WASH improvements can therefore create significant changes in people's lives, which will be experienced differently by women and men because of their gendered roles, responsibilities and social status.[3] It is inevitable that gender roles and relations in families and communities will be altered by WASH programming, whether or not gender dimensions are consciously addressed, and it is a core responsibility of WASH practitioners to ensure that they understand gender dimensions, that active and meaningful

participation is encouraged, and that these changes are positive for both women and men.[4]

WASH policy and programming present opportunities to go beyond the consideration of the practical needs of women and girls to more transformative WASH interventions, which can positively impact on gender power relations. This is not only positive for gender equality but also critical for an equitable, inclusive and rights-based approach to WASH that contributes to the achievement of global gender equality and water and sanitation goals.

WASH definitions

These definitions draw on language from the Sustainable Development Goals and the WHO/UNICEF Joint Monitoring Programme.[5]

Safe and affordable drinking water is used for drinking, cooking, food preparation and personal hygiene. It is free from pathogens and elevated levels of toxic chemicals at all times and is suitable for use by women, men, girls and boys including people living with disabilities.

Adequate and equitable sanitation is the provision of facilities and services for safe management and disposal of human urine and faeces. Facilities are close to home so that they can be easily reached and used when needed. They are suitable for use by men, women, girls and boys of all ages including people living with disabilities. This term implies a system that hygienically separates excreta from human contact as well as safe reuse/treatment of excreta in situ, or safe transport and treatment off-site.

Hygiene refers to behaviours that encourage the widespread adoption of safe hygiene practices in order to keep people and their environment clean, enhance dignity, prevent spread of diseases, reduce under-nutrition and maintain health.[6] Key hygiene behaviours includes i) handwashing with soap at critical moments, ii) safe and hygienic management of human excreta and cleanliness of sanitation facilities, iii) safe domestic water management from source to the point of consumption, iv) food hygiene, and v) menstrual hygiene and its management.[7]

These definitions include the progressive reduction and elimination of inequalities between population sub-groups. They also imply reducing the burden of water collection and enabling women and girls to manage sanitation and hygiene needs with dignity. Special attention should be given to the needs of women and girls in high use settings such as schools and workplaces, and high-risk settings such as health care facilities and detention centres. This attention should also include the specific WASH needs found in special cases including refugee camps, detention centres, mass gatherings and pilgrimages.

2. Meeting the WASH needs of women and girls: a rights issue

The human rights to water and sanitation are indispensable for leading a life in human dignity and health. They are a prerequisite for the realization of other human rights and particularly the rights to achieve the highest attainable standard of living and health.[8] WASH has long been regarded as a technical issue requiring a technical fix, but evaluations of WASH interventions demonstrate that access to WASH is mediated through social factors, including gender identity and social status.

Lack of access to WASH disproportionately affects women and girls due to biological and social factors.[9] Meeting women and girls' WASH needs requires recognising the gendered barriers to WASH access, as well as addressing women's and girls' specific WASH needs, namely sexual and reproductive health needs like menstrual hygiene and maternal and newborn health, which are often overlooked or ignored by WASH policy and programmes.[10] Reaching all women and girls also requires understanding how different individual inequality factors such as age, disability and social status intersect to limit women and girls' access to WASH.

A rights-based approach to WASH policy and programming must therefore make gender considerations integral to WASH provision to ensure it is equitable – recognising that women and girls need different support and resources that compensate for gender discrimination and disadvantage to ensure their rights are realised.[11]

WASH policy and programmes that fail to recognise gender dimensions lead to ineffective interventions that fail to reach women and girls because they do not address the barriers they face to accessing WASH. They can also reinforce gender inequality by, for example, continuing to rely on the unpaid role of women and girls in the provision of WASH or failing to adequately consult with women on the location and design of WASH facilities.[12]

2.1 Gender dimensions of WASH access

Gendered division of labour

Gendered discrimination and social norms concerning women's and girls' bodies, roles and responsibilities underlie women's and girls' ability to access basic WASH services. Norms governing household level responsibility for water collection often portray men as consumers of water, or responsible for collection of water for their own personal hygiene needs, whereas women and girls are responsible for the collection of water for cooking, cleaning the house, children's hygiene and the maintenance and cleanliness of sanitation facilities. Surveys in 45 developing countries revealed that 72 per cent of

day-to-day responsibility for collecting and managing water in the household falls to women and girls.[13]

This gendered division of labour leaves little time or water for women and girls' own personal hygiene needs, particularly when water sources are not easily accessible.[14] Inadequate WASH provision in a community not only impacts on women and girls own access, but puts a greater burden on women and girls in their roles in care and unpaid domestic duties, which impacts on their physical health and time for economic, social and leisure activities.[15] This burden may be exacerbated in times of stress such as conflict, humanitarian emergencies or natural disasters.[16] It also creates greater disadvantage for girls and women if they are facing multiple vulnerabilities, such as living with a disability or in poor urban slums.[17]

By contrast with the role that women and girls play in the household's WASH needs, at a community level "societal barriers continually restrict women's involvement in decisions regarding sanitation improvement programmes."[18] The result can be poor planning decisions, sub-optimal outcomes, failed projects and further marginalisation of women from decision-making over issues that profoundly affect women themselves, their families and their communities.[19]

Violence against women and girls

Violence against women and girls, rooted in women and girls' unequal status, can limit their access to water and toilets. Research carried out in an urban township in Cape Town revealed that 635 sexual assaults on women travelling to and from toilets were reported between 2003 and 2012.[20] The study estimated that providing sanitation in South Africa's townships could reduce sexual violence by up to 30 per cent. A 2011 study in peri-urban slums around Delhi found that women reported high levels of fear around urination and defecation, whether using public toilets or an open field. Some women specifically identified the route to public toilet blocks as a particular source of fear and insecurity.[21] Similarly, a 2004 assessment undertaken by USAID for its Safe Schools Program highlighted the difference between the experience of girls and boys and identified girls' fear, loss of dignity, and bullying or violence as the result of a lack of toilets in schools.[22]

As well as risking exposure to violence, women and girls who fear violence, shame or stigma may use facilities less often, especially if water sources and toilets are located a long distance from home or in isolated locations, or if unsafe, unclean or absent facilities necessitate open defecation. Coping mechanisms used by many women and girls include limiting the consumption of food and drink to reduce the need to relieve themselves, which brings additional health implications[23].

Violence tends to increase in conflict or emergency contexts where normal social networks are disrupted and risk is heightened by widespread violence and the collapse

of rule of law.[24] This is often combined with resource scarcity or large-scale displacement of populations, increasing the risks incurred when accessing WASH.

Menstrual hygiene

Norms of taboo and silence around menstrual hygiene, which frame menstruation and menstruating adolescent girls and women as contaminated or impure, have severe impacts that include (but also go far beyond) access to WASH. Such norms dictate that menstruating women and girls have to be isolated from contact with all other members of the household and community and cannot go to the general water source to bathe or be openly seen to be travelling to the toilet. This results in women and girls being heavily dependent on other women to collect and bring water to them for drinking and bathing.[25] In some communities menstruating women and adolescent girls are subject to traditions, such as chaupadi[i] in Nepal, that amount to harmful practices[ii] and have resulted in disease and death.[26]

2.2 Biological WASH needs of women and girls

WASH efforts often fail to meet the specific needs of women and girls. High quality WASH provision is critical for women and girls' health, and can support achieving sexual and reproductive health and rights.

Menstrual hygiene management, adolescence and perimenopause

One such specific WASH issue for women and girls is the safe and effective management of menstruation. Menstrual hygiene is a fundamental part of reproductive health, and the lack of adequate facilities for the management of menstrual hygiene raises issues for an individual's right to privacy, human dignity and gender equality, and for non-discrimination and equality more broadly.[27]

Menstrual hygiene continues to receive limited attention in policies, research priorities, programmes, and resource allocation. Most sanitation programmes do not consider women's need to manage menstruation, latrine design usually does not address the specific needs of women and girls, and where hygiene promotion programmes exist, many exclude the issue of menstrual hygiene, focusing instead largely on hand washing practices. Social stigma and norms around menstruation, and often male-dominated WASH decision making, mean that the social and physical needs of women and girls in relation to menstrual hygiene often go unmet. Although it is an integral part of WASH requirements, menstrual hygiene is still largely absent from the discourse, policy and practice on WASH.[28]

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[i] The practice of excluding menstruating women and girls from the family home and placing restrictions on their movement, consumption and contact with family and community members.

[ii] Harmful practices are persistent practices and behaviors that are based in discrimination on the basis of sex, gender, age and other grounds, as well as multiple and/or intersecting forms of discrimination, that often involve violence and cause physical and/or psychological harm or suffering.

The impacts of poor menstrual hygiene on reproductive health are not well understood due to the limited attention that has been given to the issue. One study found a higher incidence of reproductive tract infections in cases of inadequate menstrual hygiene management, in particular for socio-economically deprived women.[29] Moreover, many women and girls experience pain during their periods, and access to and affordability of health services – even those as simple as pain relief – can be difficult. More research is needed to verify the health impacts of poor menstrual hygiene.[30]

Research on the impact of inadequate or absent menstrual hygiene management on girls' education has shown that girls may skip a week of school or drop out altogether if there are no private latrines and hygiene supplies in their place of education. One of the critical challenges girls face at school in relation to menstruation is the fear of being teased by boys, which impacts on their self-esteem and ability to concentrate. Physical and verbal bullying was one of the main grievances of girls interviewed in Malawi.[31] In Ethiopia 50 per cent of girls in one school missed between one and four days of school per month due to menstruation.[32] In 2011, only 45 per cent of schools in least developed and low-income countries had adequate sanitation facilities.[33] In India, inadequate menstrual hygiene services lead adolescent girls to miss five days of school per month; approximately 23 per cent of these girls ultimately drop out of school.[34] Missing school limits girls' opportunity for education, income generation and societal participation, all of which hamper self-worth and confidence.

Lack of access to private, safe and hygienic facilities for managing their menstruation in the workplace can also lead to loss of earnings and present barriers to economic participation. A study in Bangladesh showed that women tend to miss up to six days of work per month.[35]

Similarly, women experiencing perimenopause[iii] have particular WASH needs, particularly in terms of menstrual hygiene management, access to safe drinking water, washing and bathing. During perimenopause hormonal changes can result in irregular and/or heavy bleeding and sweating. Keeping hydrated is important, as is access to facilities to manage menstruation.[36] Consideration of and provision for these needs is a rights issue. There is emerging research focusing on the WASH needs of perimenopausal women in low-income countries.[37]

Maternal and newborn health

Another example of women's WASH needs that are inadequately addressed in practice, policy and research is maternal and newborn health. High maternal and newborn mortality rates persist in low-resource settings globally. Each year, nearly half a million newborn deaths within the first month of life are due to unhygienic birth conditions.[38]

[iii] Perimenopause is the time before the menopause during which the declining function of the ovaries gives rise to a range of symptoms, including heavy uterine bleeding, hot flushes and night sweats.

In health care facilities in low- and middle-income countries WASH services are largely absent, compromising the ability to provide safe and quality care to women and their newborns. A recent study by the London School of Hygiene and Tropical Medicine showed that 43 per cent of births in Tanzania take place at home, and only 1.5 per cent of home births take place in homes that have safe drinking water and adequate sanitation. Only 44 per cent of births at healthcare facilities and 24 per cent of those in delivery rooms have safe drinking water and adequate sanitation.[39] Sepsis, which causes 11 per cent of maternal deaths, can be mostly prevented if women give birth in a location with sufficient water and soap for washing and a trained assistant is available to provide quality care.[40]

Access to safe water, sanitation and hygiene services can also prevent a range of related illnesses, some of which have particular impacts when they occur during pregnancy. For example, hookworm infestation, which arises from exposure to contaminated soil in part due to open defecation and poor hygiene, is linked to low birth weight, slow child growth and hepatitis[41]. Since hookworm also has negative impacts on the host, it is a matter both of women's health rights and of safe motherhood and newborn well-being.

Collecting and carrying heavy loads such as water can have severe negative impacts on women's and girls' health; doing so while pregnant can cause complications during pregnancy, and serious reproductive health consequences such as uterine prolapse experienced by women who have to carry excessive water loads.[42] This, in turn, can lead to chronic pain, disability and social stigma.

Incontinence can also be experienced by women and adolescent girls who have recently given birth, or who have obstetric fistula[iv] from prolonged or obstructed childbirth, creating specific WASH needs.[43] Women and girls who have experienced sexual violence can also suffer from incontinence as a result of traumatic fistulae.[44] More research is needed to understand additional hygiene needs such as protection items and incontinence aids.

2.3 Multiple inequalities faced by women and girls

Meeting women and girls' WASH needs is crucial to achieving universal and equitable access to WASH, but unless gender is well understood in the design of WASH programming and policy alongside other inequality factors including age, disability, chronic illness and social status, interventions will not succeed in addressing the barriers to WASH facing the most marginalised women and girls.

[iv] An obstetric fistula is a hole between the vagina and rectum or bladder that is usually caused by prolonged obstructed labour, but can also be the result of sexual violence or other trauma, leaving a woman incontinent of urine, faeces or both.

HIV is recognised as disproportionately affecting women and girls, particularly those who are marginalised or excluded.[45] For women and girls living with HIV, gender inequality and discrimination on account of their HIV status can intersect, forming new barriers to WASH access. People living with HIV have increased WASH needs, including safe water to take anti-retroviral drugs (ARVs) and an increased need for good water, sanitation and hygiene practices to prevent opportunistic infections and diarrhoea, to which they are more susceptible and which in turn weaken the effectiveness of ARVs. In addition, access to safe water is essential for mothers living with HIV if they decide to use formula or replacement feeding rather than breast milk to prevent mother-to-child transmission, to ensure it is safe for consumption.[46]

A situational analysis of disability in WASH in several communities in Papua New Guinea's East Sepik province in 2014 found that age, disability, gender and social status intersected to increase the barriers to WASH access.[47] In the communities studied, the impact of disability on access to WASH was greater for women than for men, notably in terms of the physical burden of water collection, including for older women and adolescent girls, and increased risk of violence when performing WASH related chores or accessing water and sanitation for their own personal use. There was a marked difference in the WASH support provided to older men and women, where women were supported only once they were experiencing significant functional limitations, such as near complete vision loss or the inability to walk unassisted, but men were supported much earlier. The results of the analysis showed that social factors including disability, gender, age and social status interact to impact on WASH access and cannot be treated in isolation.

2.4 Recommendations

Building the capacity of all WASH actors, both governmental and non-governmental, on gender equality is critical to ensure the social dimensions of WASH, and biological WASH needs of women and girls, are understood within the context of equal rights to water, sanitation and hygiene.

I. The WASH sector should build the capacity of intervention staff and policy makers to understand and analyse gender inequalities in WASH, to design interventions and policies that address inequalities, allowing for active and meaningful participation of women and girls, and to monitor and report on changes.

II. WASH activities should build in the active involvement of national and district governments (including traditional leaders) in analysis of gendered barriers to WASH access, and the specific WASH needs of women and girls, including through training and follow up.

Well-designed programmes which take local-level analysis as their starting point can help reduce women's and girls' burden of WASH-related work, with potential for positive impact on gender relations (see part 2). Respondents from research in Uganda and Zambia explained that if time was freed up from WASH-related care responsibilities by improving independent access to WASH for their family members, they would instead spend time in other pursuits like farming, attend social events, care for children and attend school.[48]

III. Analysis of community-level inequalities in WASH access is essential to addressing barriers to equitable access and reducing the burden of WASH responsibilities for women and girls. In particular women and girls with enhanced WASH needs, and those marginalised by intersecting inequalities, should be included in assessment, planning, implementation and evaluation of WASH activities.

The active and meaningful participation of women, girls, and people who may be vulnerable is critical in planning, implementing and monitoring sanitation programmes. In both development and humanitarian interventions it strengthens the likelihood of building facilities that are appropriate, safe and used. Despite the urgency of decision-making in emergencies it is critical to involve women and girls in the design of WASH programmes, and to ensure safety is a key consideration.[49] Participation can also prevent unintended negative consequences for gender equality, such as curtailing women's and girls' movement outside the home and opportunities for social interaction as a result of more accessible WASH provision.

WASH professionals working with communities should be aware of the possibility of WASH-related violence, monitor violence and safety concerns, and be prepared to respond if incidents arise. This includes making closer links with protection actors and existing support groups and networks for those who have experienced violence.[50]

There are a number of practical ways to reduce vulnerabilities to WASH-related violence. Privacy, safety and dignity can be increased through toilet design: facilities should be well lit, or women and girls should have access to torches or other forms of light; the facility should have a solid door and a lock on the inside of the door; toilets should have roofs; and facilities should be accessible for family members with limited mobility.[51] Tools such as Community Led Total Sanitation[v] combined with safety mapping allow women and girls to show the areas in their communities where they feel safe or unsafe.[52] Suitable toilets in school settings – allowing privacy and safety, avoiding embarrassment and loss of dignity, and reducing exposure to violence – can have a positive impact on girls' attendance and attainment.

WASH programmes can also be a vehicle for awareness-raising on violence against women and girls through, for example, poster campaigns that increase understanding

[v] Community Led Total Sanitation (CLTS) is methodology that facilitates communities in eliminating open defecation through locally-led appraisal, analysis and action.

of the issues and knowledge of support services available, while decreasing the social acceptability of violence.[53]

IV. Safety and security should be paramount in design of public sanitation facilities and water sources, including in schools, communities and humanitarian emergencies. Measures include consideration of distance and isolation when locating facilities, lighting of facilities and routes to them, locks on doors and gender-segregated toilets.

Programmes that have actively engaged men and boys in efforts to improve menstrual hygiene management in schools and communities have shown reductions in shame and stigma around menstruation with positive impacts on inclusion, increased household budgeting for sanitary napkins with positive impacts on women's mobility, and growing infrastructural support to menstrual hygiene management in households and schools.[54]

In Mulanje, Malawi, Plan International has been encouraging school-based mothers groups to engage village leaders to organize community-level discussions (involving men, women, boys and girls) on menstrual hygiene to break down existing taboos and myths. Encouraging existing school sanitation clubs to promote messages on menstrual hygiene has also shown success.[55]

In Uganda, Plan International has used a range of approaches to engage school children as peer educators in menstrual hygiene, sharing poems and change stories with other girls. Village health teams and other community members have performed drama sessions on the myths and taboos of menstruation, demonstrated effective use of sanitary pads and included menstrual hygiene management in the hygiene awareness-raising sessions.[56]

Further research is needed to understand the health impacts of poor menstrual hygiene and the WASH needs of perimenopausal women and those with incontinence.

V. WASH activities should seek to break the silence on menstruation and to educate and engage girls, women, boys and men to abandon harmful practices and support effective menstrual hygiene management.

VI. Facilities for menstrual hygiene and management are needed wherever there are sanitation facilities, including in sanitation provision in humanitarian emergencies. They should ensure privacy and dignity, and include facilities for the washing and drying the body and the menstrual cloth, as well as adequate mechanisms for disposing of materials if they cannot be reused like bins with lids that are safely managed or incinerators.

VII. Large-scale hygiene promotion campaigns (that usually focus on handwashing with soap) should include messages aimed at improving menstrual hygiene and removing the taboos around menstruation.

VIII. Menstrual hygiene management should be integrated into education systems, including as part of resources, plans, budgets, services and performance monitoring, and as part of delivering an inclusive educational service to all children and adolescents, including girls with disabilities.[57]

Universal access to WASH can help make pregnancy safer, mothers healthier and mothers' and children's long-term well-being more likely. WASH access in health-care settings is also related to the number of women choosing to giving birth in delivery facilities and so is of particular importance when addressing maternal mortality.[58]

IX. WASH and health sectors must collaborate to achieve universal access to safe water, sanitation and hygiene in health care facilities and eliminate preventable maternal and newborn mortality and morbidity.

With an explicit focus on inclusion, Community Led Total Sanitation can support equitable access to WASH across gender and other intersecting dimensions of inequality. To do so requires that people who are marginalized and vulnerable be actively and meaningfully included, consulted and considered in all aspects of WASH programming.

X. Include the perspectives of all users of WASH facilities in design and construction, and monitor whether there has been a resulting increase in access for those facing discrimination on account of multiple inequalities.

XI. WASH interventions should aim to empower those who are marginalised or excluded within communities by ensuring their voices, views and needs are heard; providing appropriate support to enable them to actively and meaningfully participate; and guarding against unintentionally putting additional economic and domestic burdens on them or reinforcing existing inequalities.

XII. All WASH facilities for public access – including school sanitation and provision in humanitarian emergencies – should be accessible to people with disabilities and older people, and have separate facilities for men and women.[59]

3. Transforming gender relations through WASH

WASH issues are critical to the lives of women and girls, and women and girls are critical to the success and sustainability of WASH investments. Consequently WASH has enormous potential for positive impact on the lives of women and their families going *beyond* women's and girls' practical needs to address strategic gender interests and change the status of women and girls.

3.1 Voice, participation and leadership

Unequal power between women and men means that women and girls often have no voice in decision-making processes in the household or the public arena. WASH can be a strategic entry point for working towards women's empowerment, as women already have traditional roles in water, sanitation and hygiene, and there is thus potential for community acceptance of and support for women's leadership in this area.[60] WASH programmes and policies can promote more equitable roles in decision-making and control over resources, and support women to take on leadership roles at all levels.

A WaterAid programme in Bangladesh deliberately went beyond having at least 50 per cent of WASH management committee roles filled by women, and facilitated space so women on WASH management committees could make decisions and have a high level of ownership and control in the committees. Findings from a qualitative review of the programme showed increases in women's skills, confidence in leadership roles and capacity to advocate on their own behalf with decision-makers.[61]

XIII. Create the space for women's decision-making, ownership and leadership, including through women only spaces and by building women and girls' capacity in leadership roles.

3.2 Challenging gender roles and responsibilities

WASH programmes have the potential to increase awareness of and challenge unequal gender power dynamics within the household and the public arena through community dialogue around the gendered roles and responsibilities in relation to WASH.

Research linked to a WaterAid programme in Timor-Leste was designed specifically to capture change relating to the gendered roles and relations.[62] Women and men identified key changes in gender dynamics following a WASH intervention such as increased harmony in the home, an impact on gender-based violence, men helping women with unpaid labour, and the women's ability to positively influence men's awareness about their own risk-taking and antisocial behaviours.

As a result, a facilitator's manual was developed: *Exploring gender aspects of community water, sanitation and hygiene (WASH): a manual for facilitating dialogue between women and men in communities*. The manual moves beyond simply focusing on women's participation in WASH to opening up discussion between women and men about WASH needs. It aims to deepen community understanding on the rights of women, men, boys and girls; make visible and valued the activities of women and men in family and community; and support the community to imagine and realise positive change towards gender equality.[63]

Integrating gender strategies into WASH programs and monitoring their progress towards change can be a challenge. To assist this process, Plan International piloted its Gender WASH and Monitoring Tool in Vietnam to enable practitioners to explore and monitor gender relations in WASH projects. It was found that the effectiveness and sustainability of WASH programmes is enhanced when there is an explicit focus on gender equality.[64]

XIV. Facilitate gender-dialogue activities within WASH to promote greater understanding of women's and girls' rights, and to address power dynamics and the unequal division of labour in the household.

A rights framework for policy and practice

This framework draws on guidelines offered by the UN Special Rapporteur on the Human Rights to Water and Sanitation.[65]

- **Availability:** The human right to water entitles everyone to sufficient and continuous water for personal and domestic use. Likewise, a sufficient number of sanitation facilities must be available.
- **Quality:** Water has to be safe for consumption and other personal uses, so that it presents no threat to human health. Sanitation facilities must be hygienically and technically safe to use. To ensure hygiene, access to water for cleansing and hand washing at critical times is essential.
- **Acceptability:** Sanitation facilities, in particular, have to be culturally acceptable. This will often require gender-specific facilities, constructed in a way that ensures privacy and dignity.
- **Accessibility:** Water and sanitation services must be accessible to everyone within, or in the immediate vicinity of, a household, health or educational institution, public institution or workplace. Physical security must not be threatened when accessing facilities.
- **Affordability:** The price of sanitation and water services must be affordable for all without compromising the ability to pay for other necessities guaranteed by human rights such as food, housing and healthcare.

3.3 Expanding opportunities

Reducing women and girls' time burden on WASH-related domestic work can meet their practical WASH needs. It can also create an enabling environment for broader empowerment, freeing up time to pursue economic, educational or social activities. This can be transformational for women's and girls' status when coupled with initiatives to expand their opportunities.

WASH interventions that have deliberately included and trained women as masons to build sanitation facilities, or as pump mechanics, have contributed to women's economic empowerment through increased earning, with knock-on impacts on their confidence and voice in decision-making.[66]

XV. Reduce the time women and girls spend on unpaid WASH-related work like water collection from sources far away, or helping elder, disabled or chronically ill relatives to use inaccessible sanitation facilities, thus freeing their time for other activity.

XVI. Create opportunities and train women to take on economic roles in WASH infrastructure, with ongoing support to mitigate backlash and negotiate new gender roles.

4. Conclusion

Achieving universal and equitable access to WASH will not come about without explicit attention to the specific gendered ways in which women and girls experience and access WASH. Understanding how social factors, including but not limited to gender, act as barriers to WASH and designing policies and programmes to overcome those barriers is essential to effective interventions grounded in human rights. In addition WASH practitioners have a responsibility to ensure that changes in gender roles and relations that inevitably result from external interventions such as WASH activities do not reinforce but rather challenge inequalities.

There is even greater potential for achieving equitable access to WASH through interventions that explicitly aim to promote gender equality, empower women and girls and challenge the gendered roles and responsibilities around WASH that underpin unequal access and the gendered division of labour. Programmes that have done this, ensuring that women and girls have equitable roles in decision-making, ownership and leadership throughout the programme cycle, have seen sustainable improvements in women and girls' access to WASH.[67] Moreover such programmes can have a much broader impact on gender equality beyond equitable access to WASH.

Reducing the time women and girls spend on WASH-related work can have a major impact on the time they have available to pursue economic, political and social activities, thus creating an enabling environment for women's economic empowerment and social and political participation. Challenging underlying gender roles through WASH programmes and supporting women's voice, leadership and employment within those programmes can change women's and girls' status in the family and the community, and thus contribute to real progress towards gender equality.

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Acknowledgements
This briefing was commissioned by WaterAid and written by Kate Bishop with detailed input from Jane Wilbur and Louisa Gosling (WaterAid), Cathy Stephen (Plan UK) and Abimbola Odumosu (Save the Children). It also draws on a previous paper worked on by the GADN WASH project group, with valuable contributions from Ross Bailey, Ines Smyth, Aytor Naranjo, Katie Spooner, Rocco Blume, Sylvie Cordier, Seema Kulkarni, Foyeke Tolani, Jola Miziniak and Tess Dico-Young.

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