

TURNING PROMISES INTO ACTION:

GENDER EQUALITY
IN THE 2030 AGENDA
FOR SUSTAINABLE
DEVELOPMENT

6 CLEAN WATER AND SANITATION



Currently, 2.1 billion people lack access to safely managed drinking water and almost twice as many lack access to safe sanitation.¹ Although sex-disaggregated data is scarce, we know that women and girls are particularly affected when water and sanitation are not available on premises. To deliver on the promise of safe water and sanitation for all by 2030, a human-rights based and gender-responsive approach to the implementation and monitoring of SDG 6 is needed.

At a glance

- In 2015, safely managed water and sanitation were available to only 71% and 39% of the global population²
- Women and girls are responsible for water collection in 80% of households without access to water on premises³
- In low and middle-income countries, 38% of health facilities lack access even to rudimentary levels of WASH compromising women's health and survival during childbirth⁴
- More than 50 per cent of urban women live in conditions where at least one of the following is missing: access to clean water, improved sanitation facilities, durable housing or sufficient living area⁵
- Menstrual hygiene requires access to water and sanitation; the average woman menstruates for about 3,500 days during her lifetime – this equals an entire decade.⁶

Key messages

- 1) Provision of safe drinking water, that is, continuous piped water at the household level, has the greatest health benefits and lowest drudgery costs. Extending the reach of water grids to underserved communities is hence an important priority.**

When safe drinking water is not available on premises, the burden of water collection and treatment largely falls on women and girls who are responsible for water collection in 80% of households without access to water. This work is arduous and will only become harder given increasing water scarcity. It exacts a toll on women's health, can compromise their safety and takes up time that could otherwise be spent on paid work, education or leisure. Conversely, enhanced access to water has been associated with increases in women's productive activities as well as children's school attendance. Given its far-reaching implications for gender equality and sustainable development, it is critical that that we track progress on this dimension at the indicator level. Indicator 6.1.1, for example, on safe drinking water for all is not disaggregated by sex; and we do not currently track the time that it takes to collect water or the person doing the fetching.

2) The absence of adequate sanitation facilities exposes women and girls to illness, risks to their safety and violence—hampering their ability to learn, earn an income and move around freely.

Inadequate sanitation facilities in schools, for example, can contribute to absenteeism among girls.⁷ The SDG 4 indicator that tracks the availability of single-sex basic sanitation facilities in schools is therefore an important step forward. Target 6.2 does explicitly recognize that women and girls have specific sanitation and hygiene needs. However, indicator 6.2.1 does not currently track whether efforts to expand access to safely managed sanitation respond to those needs by disaggregating by sex. Without tracking whether the use of safely managed sanitation services by women and girls is increasing on par with that of men and boys, it will be difficult to assess if sanitation policy and programming efforts are making a difference for all.

3) Women and girls have specific sanitation needs that must be considered in both private and public sanitation initiatives.

Efforts to eliminate open defecation have focused largely on the provision and generation of demand for private latrines. This is important for women who generally place higher priority than men on having a toilet in the home and require greater privacy to attend to their needs.⁸ But the availability of adequate sanitation facilities in public spaces is just as critical—without it the ability of women and girls to realize their rights and opportunities can be severely curtailed.⁹ Making safe and gender-responsive sanitation services available in schools, healthcare facilities, transportation hubs and work places—including streets and markets where women often work as traders—must become a cornerstone of sustainable development planning. Sanitation systems should be designed, and adequately funded, such that access in public spaces is guaranteed for all.

4) Menstrual Hygiene Management (MHM) must be acknowledged as an integral component of sanitation policies and programming.

For too long, menstrual hygiene has been so “taboo” that it has routinely been overlooked by national and international sanitation policies and programming. This is changing, as key actors have started to acknowledge its critical importance for closing the sanitation gap.¹⁰ Translating this acknowledgement into actual progress for women and girls requires age-appropriate education, removing taboos and combating shame, and access to affordable and acceptable MHM products.

Access to adequate sanitation facilities alone cannot resolve all of these issues, but it can provide critical relief by making provisions for the washing and disposal of menstrual hygiene products.

References

¹ WHO and UNICEF. 2017. *Progress on drinking water, sanitation and hygiene: 2017 update and Sustainable Development Goal baselines*. Geneva: WHO and UNICEF.

² Ibid.

³ UN Women 2018. *Turning promises into action: Gender equality in the 2030 Agenda for Sustainable Development*. New York.

⁴ WHO and UNICEF (United Nations Children’s Fund). 2015. *Water, sanitation and hygiene in health care facilities: Status in low- and middle-income countries and way forward*. Geneva: WHO and UNICEF.

⁵ UN Women. 2018, op cit.

⁶ WSSCC. 2013. *Celebrating Womanhood: How better menstrual hygiene management is the path to better health, dignity and business*. London: WSSCC.

⁷ UNICEF et al. 2010. *Raising Clean Hands: Advancing Learning, Health and Participation through WASH in Schools*. New York: UNICEF.

⁸ UN Women. 2015. *Progress of the World’s Women 2015-2016: Transforming economies, realizing rights*. New York: UN Women.

⁹ Burt, Z., K. Nelson and I. Ray. 2016. “Towards gender equality through sanitation access.” UN Women Discussion Paper Series No. 12. New York: UN Women.

¹⁰ For example, WSSCC. 2015. “Menstrual Hygiene Management – WSSCC/ UN Women Studies on Behaviour and Practices in Senegal and Cameroon.” WSSCC; Das, B., et al. (2015) “Social and Psychological Impact of Limited Access to Sanitation.” WSSCC; LSHTM.