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**Challenges and achievements in the implementation of the Millennium
Development Goals for women and girls**

**ENSURING RIGHTS TO WATER AND SANITATION FOR
WOMEN AND GIRLS**

by

**LYLA MEHTA
Fellow, Institute of Development Studies, UK
Visiting Professor, Norwegian University of Life Sciences**

1. Introduction¹

Access to water and sanitation for all is central to achieving global justice for poor women and men. Even though water and sanitation have been the focus of international development at least since the 1970s,² the global aid architecture is straining to solve what appears on the surface a simple problem: how to provide water and sanitation to all. 780 million people still lack access to drinking water, and goals on sanitation remain seriously off track with 2.5 billion people lacking access to improved sanitation.³ In July 2010, the General Assembly declared the right to safe and clean drinking water and sanitation as a universal human right, which was further affirmed by the UN Human Rights Council. This paper outlines achievements and challenges in achieving the water and sanitation MDG and the gender implications. It discusses lessons learned and good practices, and addresses the measures that need to be taken in order to ensure that rights to water and sanitation are realised for women and girls.

2. Why do water, sanitation and hygiene matter?

Water is vital for ensuring human survival and wellbeing, and forms an integral part of a complex web of ecosystems and productive activities. Water and sanitation are also critical to the realisation of all the other MDGs.⁴ Access to safe and convenient water supplies and sanitation helps to reduce poverty in multiple ways: it frees up time to focus on livelihood and agricultural activities, and prevents people from losing critical days from work and livelihood activities due to ill-health. People suffering from water-borne diseases often cannot absorb nutrients in food, resulting in chronic hunger conditions. Excess water in the household can be used by women for their kitchen gardens and can provide additional nutrition to diets, especially for children. Women and girls gain privacy and dignity through proper sanitation and menstrual hygiene facilities. It is now well known that poor sanitation facilities in schools prevent girls from attending school, especially during menstruation. Girls are also overburdened by time-consuming water collection activities.

It is estimated that about 4,000 babies die everyday⁵ due to water-borne illnesses arising as a result of poor sanitation, polluted water and a lack of water. Thus, access to safe water and sanitation can contribute to improvements in children's health, and can increase the time children have to go to school and enjoy a normal childhood. Access to clean water, sanitation and hygiene during pregnancy and childbirth can help women minimise the occurrences of illnesses or death to the infant or themselves. Water, sanitation and hygiene (WASH) facilities in health centres also contribute to improving maternal health. Access to safe drinking water, basic sanitation and improved water management help prevent disease outbreaks such as diarrheal diseases, but also malaria and dengue. Additionally, WaterAid has shown that clean water and sanitation can help those living with HIV/AIDS to be less vulnerable to AIDS-related illnesses.⁶ Finally, sound water management practices help enhance economic activities, maintain the integrity of ecosystems and reduce contamination and pollution.

3. The water and sanitation targets: achievements and barriers

¹ Many thanks to Maria Teresa Armijos, Paola Velasco Herrejon and Katharina Welle for their fantastic help and comments.

² Mehta, L. (2000), 'Water for the 21st Century: Challenges and Misconceptions', *IDS Working Paper*. 111, Brighton: IDS

³ All information on current progress on water and sanitation is from the latest Joint Monitoring Progress (JMP) Report on water and sanitation *JMP Report Progress on Sanitation and Drinking Water* (2012 Update) <http://www.wssinfo.org/documents-links/documents/>, (accessed 1 March 2013)

⁴ http://www.wateraid.org/uk/what_we_do/the_need/3045.asp, accessed March 2, 2013.

⁵ DFID Media Room (2010) 'World Water Day' <http://webarchive.nationalarchives.gov.uk/+http://www.dfid.gov.uk/Media-Room/News-Stories/2010/World-Water-Day-2010/> (accessed 1 March 2013)

⁶ See http://www.wateraid.org/uk/what_we_do/the_need/3045.asp, accessed March 2013.

Even though the Millennium Declaration, adopted by 189 countries, was committed to issues based on social justice and human rights, in reality, the process that has unfolded as a result of the MDGs has been largely focused on tracking goals, targets and abstract numbers.⁷ This is also the case in regards to water and sanitation, where it is increasingly clear that global declarations and targets often do not match with the on-the-ground realities of poor women and girls. Numbers can also be politically manipulated by local politicians and leaders to suit local agendas.⁸

In fact, despite the global ‘high politics’ of water and sanitation, a politics of power and control often shape the outcomes for poor people at the local level, especially poor women and girls. Critical issues concerning equity, discrimination, sustainability, politics and local knowledge continue to be neglected.⁹ It is important to note that there is no gender-disaggregated data for WASH achievements so far, thus it has been difficult for policy makers and planners to analyse the gendered dimensions of WASH services.

Progress on Water:

- The water decade of the 1990s failed to achieve universal access to safe water by 2000.¹⁰ Falling far short of this goal, the goalpost was moved to 2015 with a lower target of halving the proportion of people without access to safe water. Sanitation was only added to this MDG in 2002 after intense lobbying. Long ignored in favour of water, sanitation is essential to healthcare provision. Access to drinking water and basic sanitation is measured by the proportion of the population using an improved drinking water source and an improved sanitation facility. However, what constitutes ‘improved’ is highly contested.
- In March 2012, the world had met the water MDG of halving the proportion of people without sustainable access to safe drinking water, well in advance of the MDG 2015 deadline. Between 1990 and 2010, over two billion people gained access to improved drinking water sources, such as piped supplies and protected wells, a reduction of 25% in absolute numbers.¹¹ However, 780 million people still use unimproved sources of drinking water and 37% of this population live in sub-Saharan Africa. Largely, rural dwellers and the poorest of the poor have been by-passed in the achievement of this goal.
- Cultural norms in many areas dictate that women and girls are responsible for water collection. Women and girls can spend between three minutes and three hours per day collecting water. In 25 countries, it is estimated that women spend a combined total of at least 16 million hours each day collecting drinking water.¹² Over 18% of people in sub-Saharan Africa rely on improved water sources more than 30 minutes away.
- In order to avoid the long walk for water, women and girls often compromise and may collect water from sources that are less clean, which can have knock on effects on their health and that of their family. Even sources classified as improved can be vulnerable to contamination. If water collection is not accompanied by hygiene practices, contamination can also take place at home. In fact, the unprecedented increase in access to “safe water” has not led to a

⁷ Antrobus, P. 2003. MDGs – Most Distracting Gimmick.

[/www.aidtransparency.org/at/images/obs_africain/omd/CONTEXTUALIZING%20MDGs.pdf](http://www.aidtransparency.org/at/images/obs_africain/omd/CONTEXTUALIZING%20MDGs.pdf), accessed March 2.

⁸ Welle, K. 2013. Performance Monitoring or Monitoring Performance? Access to rural water supply in Ethiopia. Unpublished PhD thesis. University of Sussex.

⁹ Nicol, A.; Mehta, L. and Allouche, J (2012) ‘Some for all rather than more for some?’ Contested pathways and politics since the 1990 New Delhi Statement’, *IDS Bulletin* 33.1

¹⁰ Ibid and Vandemorteele, J (2003) ‘Are the MDG’s feasible?’, *Development Policy Journal*, Volume 3:1-22.

¹¹ World Health Organisation (2012) ‘Millennium Development Goal drinking water target met’,

http://www.who.int/mediacentre/news/releases/2012/drinking_water_20120306/en/index.html (accessed 1 March 2013)

¹² UNICEF (2012) ‘On World Water Day, poor rural people missing out’ http://www.unicef.org/moldova/media_19599.html (accessed March 2013)

drop in diarrheal disease incidence worldwide. While cases of children under 5 with diarrheal disease resulting in death have decreased due to improvements in treatment, overall incidence has remained unchanged.¹³

Progress on Sanitation

- From 1990-2010 global access to sanitation increased from 49% to 63%. Although 1.3 billion people now have access to improved sanitation (since 1990), the MDG sanitation target will fail, missing over a billion people.
- There were 2.5 billion people without access to improved sanitation in 2010 of which 70% lived in Asia and 22% in sub-Saharan Africa.
- Worldwide, 1.1 billion people practise open defecation. The highest number of people defecating in the open is in India: over 625 million people in 2010 (41% of the total population). By contrast, in sub-Saharan Africa, people used shared facilities, but these facilities do not qualify as 'improved' sanitation sources according to the WHO/UNICEF Joint Monitoring Programme (JMP).
- The slowest improvement is in Africa, where the percentage of the population using toilets or latrines increased from 30% in 1990 to 34% in 2008.¹⁴
- Women's disproportionate responsibility for household water, sanitation and fuel supply means that they are more vulnerable to environmental risks, especially in slum areas often located near polluting industries, rubbish tips or in flood prone areas.¹⁵
- The lack of sanitation facilities exposes women and girls to violence and rape.

4. Gaps in the formulation of MDG 7

MDG progress is measured by averages, which say little about regional variations and variations between socio-economic groups or by gender. These may appear to be technical issues but they have considerable consequences in the way donor-driven policy priorities are defined. In Sierra Leone, for example, the richest quintile of the population enjoys almost universal access, compared to only 10% of the poorest quintile in rural areas. There are also high urban-rural disparities in terms of access to sanitation facilities at the global level: in 2010, 79% of urban populations used an improved sanitation facility as compared to 47% of populations in rural areas.¹⁶ Peri-urban and slum areas, which are some of the fastest growing areas in the world, are not included in these statistics. Issues concerning equity and discrimination have been overlooked as a result of focusing on the quasi 'low hanging fruit' and the areas in which it is easy to extend coverage. It is important to note that General Comment No. 15 on the human right to water by the Committee on Economic, Social and Cultural Rights was only produced in 2002, and thus had no influence on the original MDG formulation.

The WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation is the official UN mechanism to monitor progress towards MDG 7. JMP definitions of 'improved' water sources are contested and controversial and do not take into account cultural and local perceptions of what works and what doesn't work. Women in Kutch, India prefer water from their local tanks which they consider 'sweet' to state-sponsored piped water, but such sources would not be seen as 'improved' by the JMP.¹⁷ Water quality issues are ignored. In addition, many toilets built in the

¹³ MDG Water Target Met. But What About Sanitation and Diarrhea?. March 16, 2012

Annie Feighery . <http://www.undispatch.com/mdg-water-target-met-but-what-about-sanitation-and-diarrhea>, accessed March 2012.

¹⁴ WHO Factsheet (2012) 'Millennium Development Goals (MDGs)', <http://www.who.int/mediacentre/factsheets/fs290/en/index.html> (accessed 1 March 2013)

¹⁵ Chant, S (2007) *Gender, Cities and The MDGs in the Global South*. Gender Institute Working Paper 21, London: LSE

¹⁶ UNICEF (2012) 'On World Water Day—millions still lack access to safe drinking water',

<http://www.unicefusa.org/news/releases/on-world-water-day-the-rural.html#sthash.I7LXuCTP.dpuf> (accessed 1 March 2013)

¹⁷ Mehta, L. (2005) *The Politics and Poetics of Water: Naturalising Scarcity in Western India*. Delhi: Orient Longman

course of Community Led Total Sanitation (CLTS) interventions would not count as 'improved' because they may just be pits in the ground, and do not include slabs or pour flushes. Similarly, shared toilets/latrines do not count as 'improved' (although some governments decided to consider the installation of shared sanitation as an improvement). The MDG definition of 'improved' sources does nothing to address the naturalisation of women and girls' water collection activities – the acceptable distance is considered to be up to one kilometre, which begs the question: should rural women and girls be spending so much time collecting water in the 21st century? Official indicators also leave out a huge range of local initiatives and alternative ways of improving water and sanitation that fall outside the MDGs. Transition phases and low-tech alternative technologies, which are often used by women, are often disregarded, although this may be the area in which most investment and priorities are needed. The risk is that if these approaches are outside the scope of the indicators selected to measure improvement, then the donors and the international community will have no incentives to focus on them. Many of the gaps identified here are currently being addressed in the ongoing post-2015 consultation¹⁸ of the JMP, which is now proposing the notion of a service ladder to soften the boundaries between 'improved' and 'unimproved.'

Gender blindness means that women's interests and concerns are rarely represented at either the macro or micro levels. In 2008, UNICEF stated that the MDG on water and sanitation 'cannot be met without the full participation of women.'¹⁹ However, whilst gender considerations are globally recognized to be at the heart of providing, managing and conserving finite water resources and enhancing human wellbeing and health, there is a big gap between rhetoric and practice. The MDGs and their indicators ignore critical issues including reproductive and sexual rights. MDG 7 fails to make any mention of the importance of women's access to land or the time they spend collecting water. There is also little comparable international data on gender indicators in the WATSAN sectors.²⁰ UNICEF, WHO and JMP all lack proper sex-disaggregated data, making it impossible to monitor progress or devise gender sensitive policies. Sex-disaggregated data is essential if gender is to actually be considered and to 'count'.

Finally, there has been a tendency to ignore critical issues concerning the social, institutional and financial sustainability of water and sanitation services. In the case of sanitation, constructing toilets does not ensure that they will be used, given prevailing socio-cultural norms and values. Behaviour change is often notoriously difficult to tackle. It is well known that in some parts of Africa, cultural factors determine that daughters-in-law will not use the same toilets as elder men and thus may require a separate facility. The targets and rewards systems that accompany sanitation programmes can often end up being a number counting exercise without ensuring long-term sustainability.²¹ Thus, proper monitoring and verification systems are required to ensure issues of sustainability and equity. These systems also have the scope to address gender concerns since they are locally-grounded.

5. Constraints to realising the rights to water and sanitation for women and girls

Water and sanitation are basic human rights under the International Covenant on Economic, Social and Cultural Rights. Parties that have ratified the ICESCR therefore recognise the right to water which requires ensuring access to safe and affordable services. There is however a considerable gap in the ways in which local women and men interpret this right and how it is legally defined. In South Africa, for example, there have been passionate debates about whether the right to water should go

¹⁸ ¹⁸ http://www.wssinfo.org/fileadmin/user_upload/resources/Report_Measurability_final.pdf, accessed February 26, 2013

¹⁹ UNICEF (2013) 'Wash and Women', http://www.unicef.org/wash/index_womenandgirls.html (accessed 1 March 2013)

²⁰ Seager, J (2010) 'Gender and water: Good rhetoric, but it doesn't "count"' *Geoforum* 41:1

²¹ Mehta, L and Movik, S (eds) (2011). *Shit Matters. The Potential of Community-led Total Sanitation. Practical Action*. Rugby.

beyond mere domestic supplies to also cover livelihood issues, which are crucial for the family's survival, where women often play a significant role – e.g. in providing water for productive purposes in women's home gardens.²² There is also a considerable gap between rights talk and rights practice, and governments are usually constrained in their financial commitments to achieving universal access to water and sanitation and may not prioritise this access in their global commitments. Many countries have begun to involve the private sector²³ in service delivery or have devolved responsibilities to cash-strapped municipalities, as illustrated in global trends of introducing user fees for basic services. The result is often that water is hard to access for the marginalised who cannot afford to pay; and women – due to their lack of voice and restricted participation and access to resources – are affected the most. Ironically, it is the wealthy populations in urban areas who are most connected to municipal services, whereas the poor have to fend for themselves and end up paying a huge amount for water that is not necessarily safe or clean.

Furthermore, globally, women own only 2% of land.²⁴ This means that they will also find it difficult to gain access to productive water: land ownership is often a precondition for accessing water.²⁵ Ensuring equitable access to water for irrigation and productive use can help address gender inequality and poverty. However, it is largely men and engineers who dominate the irrigation sector, or indeed the implementation of water and sanitation projects.²⁶ The presence of women is often a requirement of a project's implementing agency, but this participation is often tokenistic, or women and girls are made to devote their voluntary labour rather than have any clear influence or have the opportunity to develop particular skills. For example, men are trained to manage wells, pumps and sanitation facilities and women are required to maintain and clean them, drawing on traditional imagery of women as the keepers of cleanliness and purity in their families and local communities.

Women's participation in decision-making is hampered by cultural barriers and traditional gender roles. They are often excluded from irrigation or water management committees. Nationally and internationally, precious few women are represented in relevant ministries, international agencies or international bodies. Also, women often have minimal control over household finances or spending. Water may be considered a public good and a basic right but women are often denied access because water is overpriced. Power relations within the household mean that women cannot always make their own decisions about whether to buy water, which may force them into a daily trudge (taking precious time) for cheaper or free untreated water, which is likely to result in health problems or increased poverty and destitution. Gender and other markers of identities also continue to mould water allocation and access among users. In India, lower caste women (Dalits) continue to be considered 'impure' and are excluded from participating in water programmes and indeed in using shared water sources.²⁷ Disabled women are often doubly disadvantaged. Accountability mechanisms for excluded women to demand access to water and sanitation are weak throughout the world.

Finally, water and sanitation remain highly siloed activities and need to be mainstreamed in wider development, public health and poverty reduction efforts. A village woman in Kenya does not

²² Mehta, L (2005) *Unpacking rights and wrongs: do human rights make a difference? The case of water rights in India and South Africa*, IDS Working Paper 260, Brighton: IDS

²³ Kumar A (2010) 'The Emergence of Water as a Human Right on the World Stage: Challenges and Opportunities', *International Journal of Water Resources Development*. 26:1

²⁴ Urban Institute (2011), 'Gender and Property Rights: A Critical Issue in Urban Economic Development' <http://intlhc.org/wp-content/uploads/2011/09/IHC-UI-Gender-and-Property-Rights.pdf> (accessed September 2010)

²⁵ Women's rights are often enshrined in customary arrangements, which means that they are often more vulnerable than men to land and water grabs and formalisation processes.

²⁶ Zwarteveen, M (2008): Men, Masculinities and Water Powers in Irrigation. *Water Alternatives* 1(1), p111-130

²⁷ Joshi, D (2011), 'Caste, Gender and the Rhetoric of Reform in India's Drinking Water Sector'. *Economic & Political Weekly*, xlvii: 18.

separate out health, water, sanitation and livelihoods concerns. She also knows that school sanitation and an accessible water source will help keep her teenage daughter in school. But policy makers still cling onto their sectors and remits, ignoring the multidimensional aspects of the MDGs and how joint up they need to be on-the-ground.

6. Good practices in securing women's rights to water and sanitation

- Working for Water in Southern Africa and some progressive watershed development schemes in India are examples of the ways in which women's access to water and land has increasingly led to greater empowerment.
- Multiple use water services, often known as "MUS", is a participatory, integrated and poverty-reduction focused approach in poor rural and peri-urban areas, which takes people's multiple water needs as a starting point for providing integrated services, moving beyond the conventional sectorial barriers of the domestic and productive sectors. Research guided by MUS can help generate better insights and action to create a more bottom-up and joined up approach to address the MDGs.²⁸
- If school sanitation is gender sensitive, girl's attendance increases radically, as demonstrated in the Rural Water Supply and Sanitation Project in Morocco, sponsored by the World Bank. In the six provinces in which it was implemented, school attendance increased by 20% in four years whilst dramatically reducing the time spent collecting water by women and young girls.²⁹
- Projects focusing on improving sanitation facilities with a gender sensitive approach can also have an empowering effect for women. Addressing gender imbalances amongst students and ensuring the participation of the entire community in the East-Mono region of Togo led to girls taking up a leadership role and increasing their self-esteem and the creation of gender balanced school health committees.³⁰
- Gender mainstreaming activities in Uganda's Ministry of Water and the Environment led to both an increase in the Ministry's capacity to mainstream gender, as well as an increase in the representation of women at management level. In Kenya, incentives and boundaries for gender mainstreaming activities were introduced by the Ministry of Water and Irrigation, which supported both individual and collective gender mainstreaming mandates.³¹
- In an urban informal settlement in Nairobi, a local NGO installed solar panels on the communal pay-and-use toilet. This resulted in increased visibility at night, improved access and increased toilet operating hours for women and children. A community-based organization (CBO) was given responsibility to manage the facility and both men and women were provided training to make major decisions. Monthly family cards provide for unlimited toilet visits in a day and local primary schools also use the facility.³²

7. Conclusions and ways forward

²⁸ Van Koppen, B.; Moriarty P. and Boelee, E. et al. (2006), *Multiple-Use Water Services to Advance the Millennium Development Goals*, International Water Management Institute, Research Report 98.

²⁹ World Bank (2003) Report No. 25917

³⁰ Alouka, S. (2006) 'Integrating Gender into the Promotion of Hygiene in Schools. In: Office of the Special Adviser', *Gender Issues and Advancement of Women, Gender, water and sanitation: case studies on best practices*. New York, United Nations

³¹ Water and Sanitation Program, WSP (2010): Gender in Water and Sanitation

<http://www.wsp.org/sites/wsp.org/files/publications/WSP-gender-water-sanitation.pdf> (accessed 1 March 2013)

³² Ibid.

Better access to water and sanitation facilities can provide immediate health benefits for women and girls, as well as privacy, dignity, reduced risk from sexual harassment and gender violence, as well as better educational and economic opportunities and life chances. Including women in water and sanitation management committees and providing them with the necessary training can improve women's self-esteem and leadership skills. It is vital for women to be actively involved in all stages of community projects. With their detailed knowledge of local water sources, and as the main users of future water points and sanitation facilities, women are well placed to contribute with their local knowledge. For policies to be effective, women need to participate in their formulation. To do that effectively, gender and cultural biases need to be tackled so that women can participate in a genuine and not tokenistic manner. Legal reform is one step in ensuring equal land and water rights for women. It must however be accompanied by awareness-raising and gender sensitization for both women and men in order to challenge dominant gender biases. Sex-disaggregated data are urgently needed, along with gender sensitive indicators, which will ensure deeper and more nuanced understandings of progress.

As discussed, current water and sanitation indicators to monitor progress are inadequate. They ignore gender dynamics, sustainability and equity concerns as well as regional variations. It is encouraging that the post-2015 development consultations and the different working groups on water, sanitation and hygiene are focusing on these issues. There are also discussions to address intra-household inequalities by disaggregating data by gender, age, health status, and disability; to address issues concerning menstrual hygiene management; and include extra-household monitoring of WASH facilities, i.e. schools and health care facilities in order to reduce maternal mortality.³³ In addition, normative issues such as non-discrimination, equity, quality and rights are on the agenda (whether they will stay on the agenda until the end is unclear).

At the moment, it is unclear whether drinking water, sanitation and hygiene issues will be integrated in one target or goal³⁴ in the post-2015 development agenda, or whether they will be integrated into other goals such as health, education, etc.³⁵ Whatever happens, integration efforts should draw on bottom up MUS-like insights outlined earlier in this paper, rather than remain overly abstract and ideal typical. The new water and sanitation regime must also avoid only focusing on the process of number counting, indicator definition and monitoring, for these don't capture the diversity of women's choices and constraints and tell us little of local dynamics. There also needs to be a conscious attempt to achieve universal access, which means tackling exclusion head-on rather than stopping at the low-hanging fruit. The strength of global action now needs to be measured in terms of social and institutional sustainability, rights, justice and inclusion, as well as political and cultural embeddedness in local contexts. This includes both local level action to higher-level 'political will' whilst drawing on and addressing the views, experiences and interests of the poorest and most marginalised women and men.

³³ http://www.wssinfo.org/fileadmin/user_upload/resources/Report_Measurability_final.pdf, accessed March 2013.

³⁴ See: http://www.wssinfo.org/fileadmin/user_upload/resources/A-proposal-for-consolidated-WASH-goal-targets-definitions-and-indicators_version7_Nov22_final.pdf (accessed February 27, 2013).

³⁵ Selim, J, UNDP, (2009) The MDGs beyond 2015. Issues for discussion.

http://www.eadi.org/fileadmin/MDG_2015_Publications/Selim_Jahan_MDGs_and_Beyond_2015_SJ_Brussels_01.pdf, accessed March 2013.