

CHAPTER 16

Leave no one behind: equality and non-discrimination in sanitation and hygiene

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Abstract

Sustainable Development Goal Target 6.2 aims, by 2030, to achieve access to adequate and equitable sanitation and hygiene for all and end open defecation (OD), paying special attention to the needs of women and girls and those in vulnerable situations. If we are serious about leaving no one behind, we will need to put human beings first, and infrastructure designed to serve them second. Many individuals and groups cannot use sanitation and hygiene facilities due to physical or societal restrictions placed on them by their gender, disability, age, caste, religion, gender, or poverty. Non-discrimination should be embedded into policy and practice, so that people's realities, needs, and demands are clearly articulated and matched with budgets, adapted public facilities on the ground, more equitable sharing of water, sanitation, and hygiene (WASH) burdens, and systematic, meaningful participation in decision-making and monitoring. This chapter summarizes the testimonies and aspirations of individuals across a number of Asian countries who were never asked what they need and who are excluded from services. They remind us that in order to leave no one behind we will need to listen to them, involve them fully at all key stages, and forge true partnerships to achieve shared goals.

Keywords: Equity, Inclusion, Lifecycle, Sustainable Development Goals (SDGs), Non-discrimination, Menstrual hygiene, the elderly, Disability, Gender

Introduction

Open defecation (OD) is the single biggest indignity for billions of people worldwide. It also endangers the safety, normal growth, health, and wellbeing of all communities within which it continues to be practised. To eliminate this forever, all people must be able to have access to convenient, affordable, and comfortable sanitation and hygiene inside and outside the home, from childhood to old age, through good and ill-health, including permanent or temporary impairments.

On 17 December 2015, the United Nations General Assembly adopted, by consensus, Resolution 70/169, presented by Spain and Germany and supported by 95 nations, to differentiate, for the first time, the human rights to water and to sanitation. The separate recognition of the rights to water and to sanitation

responds to the need to highlight their individual features, as well as to step up the right to sanitation.¹ It also finally elevates sanitation and its corollary, hygiene, to the list of human obligations along with dignity, safety, non-discrimination, education and health, water, and decent conditions of shelter and work (UN Water, 2013). The right to sanitation was implicit in most other rights that preceded it, but much remains to be done so that every human being is able to defecate safely and without discrimination, wash oneself and one's hands after defecation, bathe, and manage one's menstruation with safety, dignity, and privacy.

For universal realization of this right we must systematically address the universal patterns and factors for discrimination that deny people sanitation and hygiene access and use. For simplicity let us divide these factors into those that are universal, age, gender, and physical ability including temporary or long-term mental, intellectual, and sensory impairment; and more context-specific discriminators such as occupation, location, economic condition, sexual preference, ethnicity, or geopolitical situation. These factors are pervasive and deeply embedded. We just have to visualize the male and female human lifecycle and superimpose specific discriminators at various stages of the life course to see these play out. A poor, blind adolescent girl faces many more challenges at menarche than her poor girlfriend across the street without a visual impairment. A young pregnant waste picker endangers her own health and that of her baby because of her work and life conditions, while also being stigmatized for the work she does. An older man with cataracts is doubly challenged, negotiating the slopes to go out and defecate and wash himself every day. He will very often be unable and unwilling to make the extra effort to also wash his hands. Age, context, and gender heavily shape and influence sanitation and hygiene access and the user experience itself, with direct impacts on sustainability.

This chapter will focus on:

- Listening to users: transforming sanitation and hygiene services in partnership with them.
- Putting non-discrimination into policy and practice: West and Central Africa and India.

Listening to users: transforming services with them

When we think of food, healthcare, or learning for children, we design these services with some physical and cognitive life stage attributes in mind. On reaching puberty, children are perceived to have crossed over to the world of adults. Adulthood is then seldom differentiated to reflect differing physical ability, changed access to and control of resources that once again diminish with menopause and older age for women and men. Adolescence is a particular point of real vulnerability, when hormonal changes affect boys and girls so that semenarche² and menarche³ are in different but equally

important ways, traumatic experiences shrouded in silence and stigma. If all people, everywhere, all of the time are to use and maintain sanitation and hygiene facilities, we must take account of the natural human life course across which all human beings embark, with differing impairments and needs at different stages of their life. How much more complex and nuanced is this journey across the female life course which includes menarche, menstruation, pregnancy, childbirth, and menopause (see Figure 16.1)!

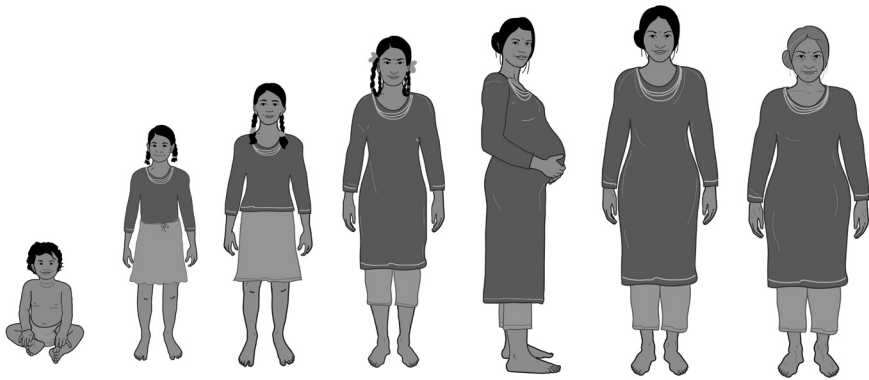


Figure 16.1. The female lifecycle

Source: © WSSCC, 2015. Design by ACW, London

The global quest to rid the planet of faeces in the environment will only succeed if services are available for a dynamic and diverse clientele. But this remains a distant dream for almost half the world's people. The Water Supply and Sanitation Collaborative Council (WSSCC), in collaboration with the Fresh Water Action Network-South Asia (FANSA), conducted consultations across eight countries⁴ in the run up to SACOSAN VI⁵ and asked a few questions of communities and their local governments interested in achieving open defecation free (ODF) environments (WSSCC and FANSA, 2016). This is what we heard:

- **Not systematically asked or included:** Adolescent girls and boys, older men (ill, disabled), women (young, pregnant, disabled, ill, older), lesbian, gay, bisexual, and transgender groups (ill, disabled, young, and older) are not separately consulted or asked about their daily sanitation and hygiene experience, how they cope and what solutions they can offer. Asking them what they need and want and resourcing them to partner in the design and development of inclusive services is a prerequisite for sustainable behaviour change.
- **Discriminated against:** Transgender community members in South India⁶ reported discrimination at all levels from other family members and society in general. Everyone, without exception, treats them with

disdain and suspicion. They are seen as unclean and polluting and are ridiculed and denied access to public toilets. Worse still, it is assumed that they want to access public facilities only to engage in paid sex. In addition to the post castration or sex reassignment surgery complications which lead to difficulties in urinating, incontinence, and kidney problems, they are denied all basic services including safe shelter. In fact they are barely considered human, and therefore the question of responding to basic sanitation and hygiene needs is absent from the water, sanitation, and hygiene (WASH) discourse.

- **Stigmatized and shunned:** Sanitation workers and waste pickers who clean drains, empty pits, and segregate and sort garbage, remain the most invisible and unheard in discussions on WASH (see Figure 16.2). Their own needs, safety, and dignity are ignored. Doubly discriminated, because of the work they do and the poor unsanitary conditions of their habitat, they are often denied use of the very services they maintain. This is particularly serious in South Asia where caste and class complexities make it unacceptable for a sweeper or cleaner to use the same toilet as others in the community, or worse where it is seen as demeaning to clean one's own toilet. In violation of basic human respect, dignity, and safety, these workers try to eke out a living in precarious conditions, without any protection. They are deeply stigmatized and their kin after them for the work they do. There will be no universal access or sustainability without their voice, full participation, and access to the very services they help maintain.



Figure 16.2 Waste picker on Delhi landfill

Source: WSSCC, Javier Acebal, 2015

- Vulnerable and violated:** Women and girls defecating in the open, talk with pain about the daily stress of trying to ensure that no one sees them while also trying to avoid sexual harassment. Users of public toilets are no happier, reporting unsafe locations, peeping, touching, revealing, together with dirty, smelly conditions (Kulkarni and O’Reilly, 2015). Women of all ages try to complete their bathing, washing, and defecation tasks quickly for fear of being seen, watched, or interrupted by men. So how does this affect their daily routine? Since most women lacked the ability and/or agency to modify their sanitation environments, they were forced to adapt their behaviour in response to stressors. Figure 16.3 shows that the methods employed to minimize sanitation-related psychosocial stress included seeking social support, changing the timing of sanitation activities to minimize confrontation and exposure, and employing physiological regulation such as withholding food or withholding urination or defecation (Sahoo et al., 2015). Adolescents and newly married women are particularly vulnerable and resorted to defecating in plastic bags in their backyard when faced with insufficient social support.

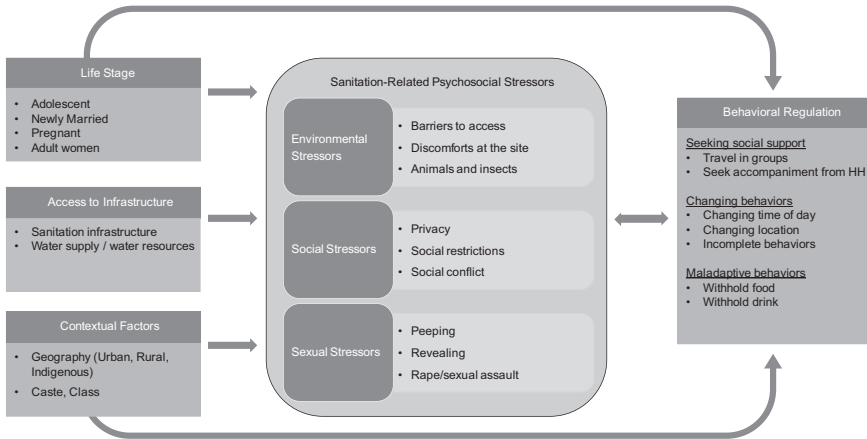


Figure 16.3 Sanitation-related psychosocial stress (SRPS): a conceptual framework
 Source: Sahoo et al., 2015

- Invisible, embarrassed and ashamed:** In South Asia, the sanctity of food, prayer, and celebrations are all considered at risk when a girl or woman is menstruating. At other times too, she must make every effort to hide this fact from the world lest she endanger the purity of the family and community. What does this mean for those five days a month without enough water, privacy, and affordable access

to convenient sanitary protection while menstruating? Twelve thousand women and girls consulted in the Nirmal Bharat Yatra across five states in northern India in 2012 welcomed the rare opportunity to discuss menstruation, its safe and hygienic management, and the destruction of taboos and superstitions among family, friends, and society. They pledged to break the silence at home, at school, and at work (Patkar, 2014). Three years later, across South Asia, girls and women echoed the same relief at being asked, shed tears at the pain and stigma, and resolved to speak up and act when provided the space to do so (WSSCC and FANSA, 2016).

The taboos and perceptions may vary by geography, from menstruating blood spoiling pickles in South Asia, to curdling milk in West Africa (WSSCC and UN Women, 2015a). But the fact remains that decades of taps and toilets have neglected this most basic biological phenomenon affecting half of humanity. This is a violation of women's rights on multiple fronts (Winkler and Roaf, 2015). As a girl progresses from puberty to womanhood, reproductive tract infections potentially triggered by poor Menstrual Hygiene Management (MHM) could affect her reproductive health (Das et al., 2015). Women and girls must be able to demand with confidence what services and support they need to manage menstruation, post-partum bleeding, fibroids, or other abnormal uterine bleeding at home, school, and work. This includes but is not limited to safe spaces for changing, washing, use of the right materials in the right quantity, safe disposal, pain medication, and counselling (WSSCC, 2013).

- **Forgotten and isolated:** Consultations with elderly people (aged 70 years or over) across South Asia revealed that this is a completely invisible, neglected group for whom defecation, washing, and bathing are the biggest daily challenge surrounded with risks, fear, discomfort, and indignity. Men whose wives had passed away said that their biggest problem was collecting, storing, and carrying water. Older women reported struggling with water collection and carrying. Falls and spills were common including serious injuries. After defecation, older men and women often walk home first and then wash properly as they are unable to do all this while holding onto a stick (see Figure 16.4).

Nobody speaks to us or asks us what we need. We do not exist for the 'community' – our children do not visit us, they are just waiting for us to die. We defecate in the open half standing as we cannot squat. We use a stick for support all through. It is difficult to defecate, wash, bathe with poor eye sight, hearing, weak limbs, long distances and no water.⁷



Figure 16.4 We defecate in the open as we cannot squat: consultations with elderly men and women, Nepal, 2015

Source: Javier Acebal

Putting non-discrimination into policy and practice: West and Central Africa and India

The WSSCC UN Women Joint Programme in Senegal, Niger, and Cameroon⁸ and WSSCC's policy and learning partnerships with the Government of India both illustrate the power of breaking the silence with visionary and practical government counterparts for the twin goals of inclusion and sustainability.

The Joint Programme on Gender, Hygiene and Sanitation was launched on 8 March 2014 by WSSCC and UN Women with the aim of establishing a framework nationally and regionally by which all women and girls in West and Central Africa will benefit in a sustained manner from appropriate WASH services. The strategic ambition of the programme is to transform policies in Senegal, Cameroon, and Niger so that women and girls' realities, needs, and demands are clearly articulated and to match these with budgets, adapted public facilities on the ground, more equitable sharing of WASH burdens, and women and girls' systematic participation in decision-making and monitoring. MHM is the programme's entry point for breaking the silence and opening the door to the realization of a host of women's rights in participation, WASH, health, education, work, and shelter.

Building the evidence

Existing national policies including Senegal's development plan, sectoral strategies on health, education, WASH, budgets and monitoring frameworks,

hygiene code, and gender strategies were analysed while formative research documented people's perceptions of actual conditions in Louga and Kedougou Senegal (WSSCC and UN Women, 2015c), Kye-ossi and Bafoussam in Cameroon (WSSCC and UN Women, 2015b). The studies confirm the complete exclusion of women and girls from design, planning, and decision-making in WASH, the absence of adequate and appropriate sanitation facilities in private dwellings, workplaces and markets (where women are present in large numbers), health centres, prisons, and educational establishments.

Menstruation itself is a taboo shrouded in silence and surrounded by religious restrictions (no fasting, praying, visiting holy sites), forbidden foods (ice cream, peanuts, lemon, sugar in Senegal; pistachio, mackerel and sugarcane in Cameroon), forbidden tasks (doing laundry, fishing, picking ripe fruit or vegetables (WSSCC and UN Women, 2015b), or braiding hair) or sexual restrictions (sharing the conjugal bed) (WSSCC and UN Women, 2015c) during this period. Girls are poorly prepared for their periods; over 70 per cent in Kye-ossi and Bamoungoum (WSSCC and UN Women, 2015b) did not know what was happening to them at the onset of menarche. Girls and women stayed away from school and work during their periods due to poorly maintained facilities. These findings completely corroborate WSSCC's findings during focus group discussions and surveys in schools with 12,000 women and girls during the 51 day journey with the Menstrual Hygiene Lab across five states in 2011.⁹

Building demand and capacity

WSSCC's MHM tools¹⁰ were first developed in 2011 through an elaborate process of formative research that reviewed existing tools and their acceptability in local contexts, adapted through wide consultations in the 2012 Yatra and published in partnership with the Government of India as a simple toolbox for WASH, health, and education practitioners across the country. These have been subsequently adapted in West Africa through research and training for use in the MHM lab,¹¹ training of trainers events, and national and regional training for policy-makers.

Policy change

As a result of sustained, evidence-based advocacy reinforced by training of government practitioners across the country, the Ministry of Water and Sanitation amended the national policy to include menstrual hygiene management in December 2013.¹² With a change of government and the launch of the Swachh Bharat Mission on 2 October 2014, MHM was maintained as a key focus together with priority to children, adolescents, older people, and persons with disabilities (Swachh Bharat Mission guidelines, 5.9: 17).¹³ In Senegal, the national strategies and policies are being amended to integrate these aspects.

Advocacy and partnership at the highest levels of government

At the 59th Commission on the Status of Women in New York, the permanent missions of Singapore and Senegal co-hosted an event in partnership with WSSCC and UN Women on 'Unlocking multiple benefits for women and girls through sanitation and hygiene in the post 2015 era'. The Minister of Drinking Water and Sanitation spoke eloquently about Senegal's commitment to integrating the needs of women and girls, disabled people, and HIV positive users into WASH services. This was repeated at AfricaSan IV in Dakar when the Ministers from Senegal and Niger reiterated commitments and practical steps to put this into action.¹⁴ Today, Senegal boasts an inter-ministerial committee of the Ministries of Environment, Education, Health, and Gender chaired by the Ministry of Water and Sanitation to address MHM across sectors.

Changing how services look and feel on the ground

The high level advocacy above has led to systematic integration of MHM into all government coordinated project financing of WASH infrastructure in Senegal. To meet the growing demand for practical solutions on safe MHM, WSSCC has deployed an engineer in the Ministry of Water and Sanitation tasked with listening to women and girls to pilot and test practical solutions on the ground.¹⁵ WSSCC is also facilitating learning exchanges between India and Kenya (December 2015) Senegal, Togo, and Madagascar (February 2016) so that these practical experiences can be shared with policy-makers and practitioners to accelerate change.

Measuring what we treasure

Integrating simple indicators into the national monitoring system to reflect the needs of women and girls in WASH inside and outside the home is key to ensuring that we redefine achievement. In April 2015, WSSCC in partnership with the Government of India held the first verification workshop on what constitutes ODF and how will it be measured in the long term. The outcomes of the workshop which consulted with local government at all levels from across India, divided the process of ODF achievement and consolidation into two or three phases. It was agreed that the first phase would include a basic definition¹⁶ that ensures everyone is living in a safe environment as announced in the official government circular issued following the workshop:

ODF is the termination of faecal-oral transmission. This is defined by: a) no visible faeces found in the environment/village; and b) every household as well as public/community institutions is using a safe technology option for disposal of faeces. Since ODF is not a one-time process, at least two verifications may be carried out. The first verification may be carried out within three months of the declaration to verify the ODF status. Thereafter, in order to ensure sustainability of ODF, one

more verification may be carried out after around six months of first verification (Government of India, 2015).

However, communities reproduce societal inequalities, and the planned second phase of ODF verification will discuss how states and local governments can integrate age, gender, and varying physical impairments across public toilets and WASH facilities in health centres, educational establishments, government buildings, marketplaces, transport hubs, and other public spaces.

Conclusion: redefining how and what we measure – treasuring the ‘one’ in everyone

Water, sanitation, and hygiene are more than services – they are human rights. It is our collective and individual duty and obligation to make them universally accessible. Staying clean, smelling good, relieving yourself every day in decent surroundings, and not suffering from thirst or the risk of drinking dirty water is about being human. Every human being has a right to live a full and productive life with safety and dignity, no matter what they look like or where they come from and regardless of their gender or sexual identity. Lack of access to basic WASH is a denial of these rights and an invisible form of discrimination. The following actions, perspectives, and attitudes will help ensure we really do leave no one behind in our efforts to achieve sanitation for all.

- 1. Sustainability and equity/equal access and use** are two sides of the same coin: Ensuring that WASH services, their use, and maintenance are guaranteed for generations to come is impossible without a recognition of the diversity and needs of the clientele who will use and maintain these services. Human beings change across their life course. Services that ignore this will *not* be sustainable.
- 2. Universal access and use is about the ‘one in everyone’:** The billions of people with poor WASH are made up of myriad individuals, from infants and their caregivers to grandparents with impairments. Each one has specific needs depending on age, gender identity, physical strength, health, and ability.
- 3. Situate, contextualize and localize:** Everywhere is specific, particular, different – based on ethnicity, homelessness, occupation, culture, tradition, climate, conflict, and natural disasters.
- 4. Salute the feminine and give it true voice, space, and power in WASH:** Long suffering, silent managers of WASH services on the ground – women, adolescent girls and boys, need to be accorded their due voice, resources, and defining roles. There is no better formula for sustainability with empowerment.
- 5. Seek out and vanquish taboos:** Menstruation, menopause, incontinence, sexual preference, occupation, location, and status of dwelling –

sanitation is a human right – its denial is a violation of many rights but also a threat to universal sustainability of services. The first step is to break the silence at home, with those who are near and dear and empowering them in turn to spread the word. This will require spaces and platforms for users traditionally not asked and listened to followed by mechanisms for their continued involvement in design, maintenance, and upgrading. Focusing on toilets and handwashing stations without these essential steps to break the silence and eliminate stigma will result in continued exclusion and non-use.

- 6. Keep services relevant, attractive, and user-friendly:** Maintenance, cleaning, upgradation, and sludge management are the bedrock of sustainability. Slipping back into old, bad habits is so much easier when facilities are blocked, smelly, unclean, locked, too far away, or too difficult to use safely. Recognizing sanitation workers of all types with good working conditions and remuneration is a first step to removing the stigma around this valuable work and achieving universal sanitation and hygiene for everyone, everywhere, all of the time.

About the author

Archana Patkar is a Programme Manager for the Water Supply and Sanitation Collaborative Council (WSSCC). Archana has been working on MHM, disability, and age-related inequalities in WASH in India, Senegal, and Niger since 2011.

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