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Integration of Gender Approach in WASH Sector: Review of Current Situation and Perspective

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Water, Sanitation and Hygiene (WASH) Humanitarian

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DEDICATION

To the Almighty God

To my beloved family

To my sisters and brothers

*To my friends and
relatives*

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ABSTRACT

In human life being, need always access to sustainable water, sanitation and hygiene (WASH) practices which are essential for maintaining people's health and dignity for a better life and comfortable. In fact, have access to water sanitation and hygiene is a right to every one without any discrimination.

The main objective of this dissertation is meant to give a review of current situation and perspective of integration of gender approach in wash sector and was achieved through the following specific objectives:

- Outlines *why* should be integration of gender approach in WASH sector, illustrating by case studies from various countries as effective evidences.
- Details *which* WASH practices to integrate gender approach in WASH sector.
- Identifies *how* gender can be integrated in WASH programmes, provides concrete recommendations for country programmes, (NGOs) and those implementing them on how to integrate gender into WASH policies and programmes.

The method used in this study is based on literature review on related documents regarding the topic under review. The documents from NGOs and case studies carried out which were describing evidences of gender approach integration have been used in order to get more a great review about the topic which this study is based on.

In fact, all WASH projects to be sustainable it is more important that the needs of women, girls, boys and men as long as most vulnerable people have to be considered equally when designing the project and implementing programmes with a balanced approach to gender and diversity issues.

Key words:

1. Gender
2. Integration
3. Vulnerability
4. Water, sanitation & hygiene
5. Disability

RESUME

Dans la vie d'un être humain, il y'a toujours un besoin d'accès à l'eau durable, à l'assainissement et aux pratiques d'hygiène WASH qui sont essentiels pour assurer la santé et la dignité des personnes pour une meilleure et confortable existence. En effet, avoir un accès à l'eau, à l'assainissement et à l'hygiène est un droit pour tout un chacun sans discrimination.

Le principal objectif de ce document est de donner une revue de la situation actuelle et une perspective de l'intégration de l'approche du genre dans le secteur WASH et ceci a été réalisé à travers les objectifs spécifiques suivants :

- Projeter pourquoi il, devrait y avoir l'intégration de l'approche du genre dans le secteur du WASH, illustré par des études de cas de divers pays comme preuves efficaces.
- Détailler quelles pratiques WASH il faut pour intégrer l'approche du genre dans le secteur du WASH.
- Identifier comment le genre peut être intégré dans les programmes WASH, apporter des recommandations concrètes pour les programmes des pays, (ONGs) et pour ceux qui l'implémentent dans la façon d'intégrer le genre dans les politiques et les programmes WASH.

La méthode utilisée dans cette étude est basée sur une revue littéraire sur les documents se rapportant au thème de la présente étude. Des documents provenant des ONGs et des études de cas consultés et décrivant les preuves de l'intégration de l'approche du genre ont été utilisés afin d'obtenir une analyse approfondie par rapport au thème traité dans cette étude.

En définitif, pour que tous les projets WASH soient durables il est très important que les besoins des femmes, des filles, des garçons, et des hommes soient pris en compte aussi longtemps que les populations les plus vulnérables doivent également être considérés pendant la conception des projets et l'implémentation des programmes avec une approche équilibrée aux problèmes du genre et de la diversité

Mots clés:

- | | | |
|----------------|--------------------------------|---------------|
| 1. Gender | 4. Water, sanitation & hygiene | |
| 2. Integration | 3. Vulnerability | 5. Disability |

ABREVIATIONS

AIDS: acquired immunodeficiency syndrome

ART: Antiretroviral therapy

CBOs: Community Based Organisations

CHAST: Child Sanitation and Hygiene Transformation

LGBTI: lesbian, gay, bisexual, transgendered and intersex

MHM: menstrual hygiene management

O&M: Operation and Maintenance

OD: open defecation

PLHIV: people living with human immune deficiency virus HIV.

PLWHA: people living with HIV and AIDS

WHO: The World Health Organization

USAID: United States Agency for International Development

WASH: water, sanitation and hygiene

WATSAN: water sanitation

WSSCC: Water Supply and Sanitation Collaborative Council

CEDAW: Convention to Eliminate All Discrimination Against Women

GMSF: Gender Mainstreaming Strategy Framework

GWA: Gender and Water Alliance

MDG: Millennium Development Goals

RGA: Rapid Gender Assessments

UN: United Nations

WSSD: World Summit on Sustainable Development

TABLE OF CONTENTS

DEDICATION	i
ACKNOWLEDGEMENT	ii
ABSTRACT	iii
RESUME.....	iv
TABLE OF CONTENTS.....	vi
LIST OF TABLES.....	viii
LIST OF FIGURES.....	ix
CHAPTER I. GENERAL INTRODUCTION	1
1.1. BACKGROUND	2
1.1.1 What do we mean by gender and diversity	2
1.1.2 What are the key issues.....	3
1.1.3 The way in which violence can be linked to WASH	3
1.1.4 Reducing vulnerabilities to violence related to wash	5
1.2. OBJECTIVES.....	7
1.2.1. General objectives	7
1.2.2. Specific objectives	7
1.3. Methodology	7
1.4. Scope of the study.....	7
1.5. Structure of the dissertation	8
CHAPTER II. LITERATURE REVIEW	9
2.1 Links between WASH and gender equality	9
2.2 The importance of WASH in realising women's rights	10
2.4 The importance of WASH in empowering women economically.	10
2.5 The role of WASH in education for girls and young women	11
2.6 Gender Mainstreaming in Water and Sanitation.....	11
2.6.1 Issues of particular concern to women in water and sanitation.....	12
2.6.2 A Gender approach to water and sanitation management	12
2.6.3 A gender approach to water and sanitation focuses on	13
2.7 How HIV/AIDS programs integrated into WASH sector	14

2.7.1 Sanitation/faeces management in need for (PLWHA)	15
2.7.2 Quality and Quantity Water Access for PLHIV/ADS.....	15
2.7.3 Hygiene based on Hand washing.....	16
2.7.4 Menstruation management for PLHIV/ADS	17
2.7.5 Women and girls living with HIV	17
2.7.6 The importance of WASH into HIV/ADS programmers	17
2.7.7 Burden of unsafe Water and Sanitation for PLHIV/ADS	18
2.8 Disability Inclusion in WASH sector.....	18
2.8.1 Reasons for disability inclusion in WASH programs.....	18
2.8.2 How to include people with a disability in WASH programs.....	19
2.8.3 Approaches improve accessibility	21
CHAPTER III. DISCUSSIONS.....	25
3.1. Sanitation brings dignity, equality and safety.....	26
3.2. Advantages of involving children and youth in water committees	26
3.3. Balanced male and female representation in water committee -	27
3.4. Proposed solutions of exclusion of PLHIV in WASH sector	28
3.5. Inclusive of people with disability in WSH sector	28
3.6. Challenges facing the people with disability in lack of sustainable WASH services	29
3.7. WASH practices to be implemented as priority for the PLHIV	29
CHAPTER IV: CONCLUSION AND RECOMMENDATIONS	31
4.1 CONCLUSION	31
4.2 RECOMMENDATIONS.....	32
REFERENCES.....	33
APPENDIX.....	I

LIST OF TABLES

Table 1. Basic water needs of people living with HIV and AIDS..... 16

LIST OF FIGURES

Figure 1. Accessible toilet by wheel chair 19

Figure 2. Latrine accessible by people with Disability 20

Figure 3: WASH facilities to disabled people 21

Figure 4. Accessible Toilet for Disabled people 22

Figure 5: WASH facilities appropriate to People with disability 23

CHAPTER I. GENERAL INTRODUCTION

In generally, for a better health and well-being it is a basic human right need for every human being in the world. Having access to sufficient quantities of safe water, access to a private and clean place to defecate, living in an environment free from human excreta and other harmful waste, and being able to behave hygienically, are basic requirements essential for health and dignity for all being human.

These three broad areas are clearly inter-linked, for example, without effective sanitation water sources may be at risk of microbiological contamination; many sanitation systems rely on water for flushing, cleaning and transporting human waste; and without improved hygiene behaviours, such as hand-washing after defecation and before eating, the health benefits of access to sanitation will be neglected. The WASH sector comprises a diverse range of approaches, including (but not limited to) water supply, water treatment, household and community sanitation, school water and sanitation, solid waste management, sewerage, and hygiene promotion. Nowadays, the world is facing the problem of water sanitation and hygiene especial in the context of gender integration in sustainable water, sanitation and hygiene due to inequality aspect in WASH sector.

In fact, gender and diversity-sensitive water, sanitation and hygiene promotion initiatives lead to more equitable, effective and efficient programming for all members of vulnerable communities. This guidance note provides an overview of gender and diversity issues and practicalities to be kept in mind when designing water, sanitation and hygiene promotion programmes. This will lead stakeholder and NGOs staff in advocating for and implementing programmes with a balanced approach to gender and diversity issues for a better integration of gender approach in wash

The link between access to water and sanitation and achieving development goals for environmental sustainability, health, education, poverty reduction and gender approaches equality have been established , but Integrating a gender approaches in wash sector can only be empowering if all women , men and most vulnerable people have the possibility to influence the direction of, participate actively in the implementation of, and benefit from these approaches, although the burden of poor health, time spent fetching water, and lack of privacy for defecation and personal hygiene is disproportionately borne by women, girls and most vulnerable people they are often excluded from participating meaningfully in decision-making and management of WASH programmes.

1.1. BACKGROUND

1.1.1 What do we mean by gender and diversity

Gender is often misunderstood to refer to issues only related to women and girls. In fact, gender refers to the social differences between females and males throughout their life cycle and though deeply rooted in every culture, is changeable over time and has wide variations both within and between cultures. Being diversity-sensitive means accepting and respecting the needs of groups who may be vulnerable based on their age, class, ethnicity, sexual orientation (lesbian, gay, bisexual, transgendered and intersex [LGBTI]), people living with HIV (PLHIV), and disability. (IFRC and R C S, Geneva, 2012)

Keys word definitions:

- **Gender:** Gender in this research includes the vulnerable groups like **men, women, children, and people living with HIV/AIDS the people living with disability (PLHIV), pregnant women and the elderly.**
- **A gender approach** implies that attitudes, roles and responsibilities of men and women are taken into account, that it is recognized that both sexes do not necessarily have the same access to, or control over, resources, and that work, benefits and impacts may be different for both groups. The gender approach requires an open mindedness and aims at the fullest possible participation of both women and men.
- **A gender perspective** means generating strategies for changing the unequal relations of men and women to resources, decision-making and rights. It is not sufficient to have just a single.

WASH: The term ‘**WASH**’ is used to refer to:

Water – access to water, and consideration of issues of quantity and quality;

Sanitation – safe handling and disposal of human excreta (faeces, urine, menstrual blood, sputum and sweat), management of wastes (including trash, wastewater, storm water, sewage and hazardous wastes) and control of disease vectors (such as mosquitoes and flies);

Hygiene practices – in particular, effective hand washing.

1.1.2 What are the key issues

Women, girls, boys, men as well as other vulnerable groups (older persons, LGBTI, PLHIV and persons living with disabilities) all collectively need to be reached through water, sanitation and hygiene programmes. Each group needs, role and involvement must be identified to ensure that a culturally appropriate programme is designed and implemented accordingly.

In developing countries, women and girls often spend the majority of their day carrying out domestic chores and walking long distances to collect and transport water. Lack of access to water points and sanitation facilities has an impact on women and girls health and access to education. As primary water managers and caregivers their involvement in water, sanitation and hygiene activities is critical.

Experience has shown that giving all groups within the population equal opportunities to participate in designing, managing, operating and maintaining water and sanitation facilities contributes to building safe and resilient communities. It ensures impact and sustainability of water, sanitation and hygiene promotion programmes, regardless of whether they are in the disaster response, recovery or developmental contexts.

Access to safe drinking water, secure and clean sanitation facilities and improved hygiene is not a luxury but a human right and an issue of human dignity. **(Red Cross and Red Crescent Societies, Geneva, 2012)**

1.1.3 The way in which violence can be linked to WASH

1. Open defecation and walking long distances to collect water

Open defecation typically occurs in unsafe locations i.e. behind bushes or in open water bodies, so women and girls may have to wait until during the hours of darkness to go there to defecate, then they can face harassment, abuse and the threat of rape, as women or children have to walk long distances to collect water, this can also make them vulnerable to be blamed for lack of water in the household leading to domestic violence, so for that reason they can even be fighting in the water queue where water is scarce.

It has proved statistically that one person (woman) in 3 women do not have access to safe toilets, this lead also one person(woman) in 3 women worldwide risk shame, disease, harassment and even attack because they have nowhere to go the toilet.

Of these, 526 million women have no choice but to go to the toilet out in the Open, Women and girls living without any toilets spend 97 billion hours each year finding a place to go.

Every day, around 2000 mothers lose a child due to diarrhoea caused by a lack of access to safe toilets and clean water. (WaterAid 19November,2012)

2. Poor quality facilities and inadequate design

With inadequate location, design or sustainability of sanitation lead to lack of privacy in latrines which can lead to women and girls resorting to open defecation during the hours of darkness, Girls and sometimes boys may be frightened to use school latrines due to the risk of attack, is the same for inappropriate design of latrines for people with disabilities to have attitude to run away for open defecation , so without care in implementation of facilities , there is a risk that community pressure could lead to incidents of violence towards families or individuals who do not have appropriate sanitation facilities.

Statistically, **it has proved that with inadequate access facilities**, 663 million people do not have access to improved drinking water and 2.4 billion people do not have access to basic sanitation facilities with 80 % living in rural area.

Of them, 946 million defecate in the open. As a consequence every year around 4 million people, the majority of them are children, die due to diseases related to water, sanitation and hygiene. (ACF, 2005; WHO, 2015)

On any given day, more than 800 million women between the ages of 15 and 49 are menstruating. So, Adequate and appropriate sanitation and hygiene facilities can provide a comfortable space for women to manage their menstrual cycles with privacy and dignity.

One school study in Ethiopia reported over 50% of girls missing between one and four days of school per month due to menstruation.A factory case study in Bangladesh showed that 60% of female workers used rags from the factory floor as menstrual cloths. This resulted in infections that caused 73% of the women workforce missing work for an average of six days a month. (WaterAid 19November,2012)

As improvement, 6600 million people of the world have access to improved sources of drinking water and 2600 million people have gained access to improved drinking water source since 1900 and for 2100 million people have gained access to improved sanitation facility since 1900. (WHO, et al., 2015).

1.1.4 Reducing vulnerabilities to violence related to wash

A lack of access to a basic toilet in or near the home, inappropriate design or siting of facilities, or poor access to water supply can lead to women and children defecating in the open during the hours of darkness or having to walk long distances to collect water, so that these movement can increase the users vulnerabilities to violence, including harassment and sexual violence.

Apart from the women and girls, inappropriate design of toilet and water facilities to the people with disabilities and elder people can lead them defecating in the open during the hours of darkness which can bring to them the diarrheal and other diseases . The increase in construction of household latrines can contributes more to reducing vulnerabilities to violence related to sanitation by reducing the need for these people stated above to have to defecate in the dark, in the open and away from the home.

However, In addition to the risks linked directly to the practice of open defecation (OD), or due to poorly designed or located facilities, some vulnerability, also exist in relation to the gender or social grouping of Natural Leaders or water, sanitation and hygiene (WASH) staff. Women and people from minority groups working in the WASH sector may in their daily work face harassment, bullying or their contributions may be ignored or undermined.(**Sarah House and Sue Cavill, Issue 05, May 2015**)1.1.5. Privacy, safety and dignity through gender integration in WASH

1. Designing, Locating, Constructing and managing toilets

Ensure that women and adolescent girls including elder people and people with disabilities are involved in the siting and design of both household and public or shared toilets.

Design features which may make facilities feel safer to use so that in which should include all these: Facilities are appropriate to all users and sited near to the house, and wherever possible women and girls have access to torches or other forms of light.

In the case of toilets, they should have roof above and have the solid doors and also can be locked with any one is inside for more security to him, the facilities should be accessible for all family members with limited mobility (adequate space inside, large and easy grip door handles, seat option, handrails etc) for the people with disability.

Where public or shared facilities are necessary (such as in schools or high density urban areas) the following good practice also should be applied:

- Sex-segregated facilities are clearly labelled and women and girls have agreed on the distance between facilities.
- Providing screening for privacy in front of the doors where women and girls feel that this makes them safer and gives them more dignity.
- The latrine should allow for effective menstrual hygiene management (disposal of sanitary materials, privacy, near access to water supply).
- Paths and drains on the way to the facility are kept clear for easy access and long grass and trees on paths to the toilet are cut back regularly.

(Sarah House and Sue Cavill, Issue 05, May 2015)

2. Peer support and preventing harassment and abuse to the community

Particular care should be taken during facilitation to ensure that the most vulnerable or marginalised families (because of poverty level, social/ethnic group, sexual or gender identity, age or disability) are involved in designing processes and supported to build latrines. Ensure that these families are not pressurised, individually shamed or harassed as part of the processes.

Take care that those offering support to vulnerable households or individuals do not use their position of power to exploit or abuse the families or individuals (i.e. assisting them with the expectation of sexual or other favours in response).

1.2. OBJECTIVES

1.2.1. General objectives

The main objective of this dissertation is meant to give a review of current situation and perspective of integration of gender approach in wash sector.

Target Audience:

This dissertation is mainly aimed at those planners, managing and implementing WASH programmes, who can use this document to start integrating Gender approach considerations into water and sanitation programming as well as hygiene promotion.

It also targets those within nongovernmental organizations (NGOs) who manage or implement WASH programmes in different areas will read this book to start thinking how they can strengthen Gender approach integration into WASH sector to assist most vulnerable people.

1.2.2. Specific objectives

Outlines *why* should be integration of gender approach in WASH sector, illustrating by case studies from various countries as effective evidences.

Details *which* WASH practices to integrate gender approach in WASH sector

Identifies *how* gender can be integrated in WASH programmes, provides concrete recommendations for country programmes, (NGOs) and those implementing them on how to integrate gender into WASH policies and programmes

1.3. Methodology

The method used in this study is based on literature review on related documents regarding the topic under review. The documents from NGOs and case studies carried out which were describing evidences of gender approach integration have been used in order to get more a great review about the topic which this study is based on.

1.4. Scope of the study

The research will focus and be limited on the current review and perspective of gender approach integration in WASH sector in current situation. In fact, it will provide also both the importance and its possible integration in WASH sector, reviewing the challenge and impact can be face gender integration in WASH sector.

In fact, in this project research, a review of gender integration in WASH sector will focus on these vulnerable groups in lack of sustainable WASH services : Women, children, people living with HIV/AIDS ,the people living with disability (PLHIV), pregnant women and the elderly as currently are more recognised and taken into consideration during design and implementation of WASH activities more than before years ago, but also in this report ,a current situation and perspective will be reviewed in details.

1.5. Structure of the dissertation

The Dissertation is made of four chapters.

The **first chapter** provides an overview of the document and some background on the evidences of the importance of WASH, focuses also on the objectives, scope, target audiences and the structure of the dissertation.

The **Second chapter** Provides guidance on the WASH practices that NGO and national HIV/AIDS programmes should implement as a priority, Provide an overview on the burden of unsafe water and sanitation and outlines recommended effective WASH practices to integrate gender approach in WASH sector.

The **third chapter** Discusses on the WASH practices to be implemented as priority for Gender integration in WASH Sector and describing the effective reasons of gender approach integration.

The **fourth chapter** Describes Conclusion s and recommendations provided in the Dissertation.

The **Appendixes** provide practical tools that can be adapted to the local context, practical case studies to provide snapshots of the types of integrated HIV–WASH interventions that different programs are trying around the world and more detailed descriptions of the evidence and literature on WASH.

CHAPTER II. LITERATURE REVIEW

Access to safe water and sanitation is not only a human right but also a question of human dignity and equity. There should be no discrimination among women, girls, boys, men, older persons, PLHIV, persons living with disability to access and or benefit from water and sanitation facilities.

In the past, when integration of gender approach in WASH sector was not more effective, Women, children, people living with HIV/AIDS the people living with disability (PLHIV), pregnant women and the elderly were not taken into account in WASH programs during designing and implementation of WASH activities so that they were more vulnerable in lack of access to sustainable water, sanitation and hygiene services appropriate to them.

In this research, as said in the scope of this report, a review of gender integration in WASH sector will focus on these vulnerable groups : **Women, children, people living with HIV/AIDS the people living with disability (PLHIV), pregnant women and the elderly** as currently are more recognised and taken into consideration during design and implementation of WASH activities more than before, years ago but also in this report ,a current situation and perspective will be reviewed in details reviewing also case studies for more evidences to current situation.

In fact, Water supply, sanitation and hygiene promotion and education should be considered as an integrated unit if real progress is to be made in improving the health and well-being of the people not accessing to sustainable water, sanitation and hygiene. Thus, in many countries more people have access to water than to sanitation facilities because the social, health and environmental costs of ignoring the need to address sanitation

2.1 Links between WASH and gender equality

Based on the review reviewed in background, it has seen that WASH has a great impact to human welfare when its programmes have been accessed by all concerned without any discrimination or ignoring the most vulnerable people in lack of access to WASH activities.

Currently, in different areas WASH is aware of most vulnerable people in their all programs in order to promote more gender approach in WASH sector.

2.2 The importance of WASH in realising women's rights

Water, sanitation and hygiene are recognised as fundamental human rights, but Participation is key to claiming that rights. A lack of informed participation by women often results in WASH services that are inappropriate, inaccessible and unaffordable. Programmes that include women at all stages of planning, implementing and monitoring are more efficient, effective and sustainable than those that do not prioritise equitable participation and decision-making.

WASH programmes need to work in collaboration with other initiatives that address discrimination and women's rights violations. Programmes must strengthen the connections between the rights to water and sanitation and other rights, including to health, education, food, work, land, freedom from violence, and the right to information. Equipping people with knowledge of their rights and the skills to undertake advocacy for themselves, by themselves, really can shift the balance of power (**WaterAid and WSSCC (2013)**).

2.4 The importance of WASH in empowering women economically.

In the past until even nowadays, Women and girls used to perform most of the unpaid labour which are associated with WASH in households and communities. This reduces the time they have available for education, economic activities and leisure so that in lack of economic independence compromises their empowerment and perpetuates gender inequality. With improved access to WASH, women have more time to undertake income generating activities. WASH programmes also provide women with the water needed to carry out economic activities and can create opportunities for paid work. Easier access to water can, for example, enable a woman to water a kitchen garden, improving her family's food security and providing an opportunity to earn money by selling the surplus. Women's involvement in decision-making about water resources and in WASH programmes is critical to their empowerment, but it is important that they are not overburdened with additional unpaid work on top of their existing responsibilities (**WaterAid and WSSCC (2013)**)

2.5 The role of WASH in education for girls and young women

In lack of access to WASH at home and school has a negative impact on children's education, most of the time particularly for girls. it can lead them losing opportunities for learning when children have to spend time collecting water or finding a safe place to defecate or urinate in the open; this is especially a problem for girls due to their additional burden also of menstrual hygiene management (MHM).

Adolescent girls in particular are disinclined to use school toilets that are dirty or lack privacy, especially when they are menstruating, and this affects their attendance.

This is achieved by replacing the silence and shame of menstruation with pride and confidence; equipping women and girls with the knowledge and means to manage their menstruation hygienically and with dignity, and providing means for the safe disposal of menstrual waste (**WaterAid and WSSCC (2013)**)

2.6 Gender Mainstreaming in Water and Sanitation

Gender mainstreaming in water management for sustainable livelihoods can be defined as the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres, so that women and men benefit equally, and inequalities are not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality, but adequately recognizing and addressing gender divisions, roles and identities also contributes to the effectiveness, efficiency and sustainability of water management(**UN-HABITAT, 2006, Bothends/GWA, 2006**)

2.6.1 Issues of particular concern to women in water and sanitation

In particularly, for effective integration of gender approach in WASH, during the design until the implementation of wash project, all issues concern as particular to women should be taken into account in order to let them have the right to sustainable water sanitation and hygiene, the issues can women be concerned are related, to participation involvement and equity with access to the adequate infrastructures for security, privacy with dignity and safety to the Health and Hygiene, but for High social, economic and opportunity costs (Time spent collecting water - walking distance to the nearest source and the waiting time to get the actual service, time spent tending to the sick, money spent on treating WASH diseases, etc.) Reliability of services (UN-HABITAT, 2006 , Bothends/GWA, 2006)

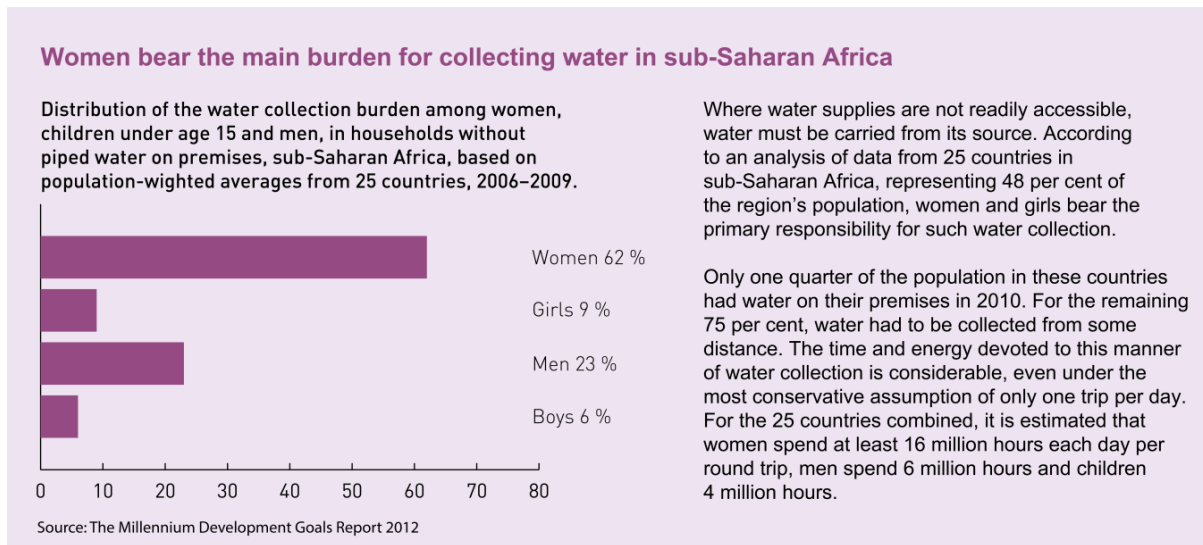
2.6.2 A Gender approach to water and sanitation management

A gender approach to water and sanitation management implies that the attitudes, roles and responsibilities of women and men are taken into account at all levels of project cycle. It also ensures that both women and men have equal access to, control over and benefit from WATSAN resources and services. The gender approach requires the fullest possible participation of both women and men.

The gender approach highlights the following;

- Differences between women and men's interests including those for water and sanitation even within the same household and how these (interests) interact and are expressed.
- The conventions and hierarchies which determine women and men's position in the family, community and society at large. For example, at the community level, water and sanitation committees have demonstrated how inaccessible positions of power are to women.
- The difference between women's and men's access to water and sanitation services and benefits based on age, economic status among others.
- The way gender roles and relations change, often quite rapidly, as a result of social, economic and technological trends (UNDP 3rd Edition, 2007)

Is women bear the main burden for collecting water in sub-Saharan Africa as shown by the chart below:



(Gender tool Box ,March 2015)

2.6.3 A gender approach to water and sanitation focuses on

- Women and men and not on women in isolation;
- Ensuring that women and men's different needs and interest are reflected in development, design and implementation of water and sanitation programmes;
- Enhancing equitable access and benefit derived from water and sanitation efforts;
- Enhancing equality, equity and justice;
- Addressing both practical and strategic gender needs of women

It is evident that a sound gender approach would ensure that the complementary nature of women's and men's roles and responsibility is encouraged to the best effect. It also ensures that creativity, experience and knowledge of both genders, contribute to making water and sanitation more accessible to the users. In addition, it highly contributes to the effectiveness and efficiency of water and sanitation projects (Including hygiene, wastewater collection and treatment) are far greater than the costs of incorporating sanitation and hygiene education into water supply programmes.

A focus on gender approach differences is of particular importance with regard to hygiene and sanitation initiatives, and gender-balanced approaches should be encouraged in plans and structures for implementation. Access to adequate and sanitary latrines is a matter of security, privacy, and human dignity, particularly for women and for people with disabilities to the comfortable latrines.

However, even in places with adequate latrine coverage, the availability of sanitation facilities does not necessarily translate into effective use, because of taboos, culture norms and beliefs. Hygiene promotion and education are often missing between the construction and long-term sustainable use of latrines especially in rural areas in order to let them know how to use and maintain sanitation facilities. . **(Bothends/GWA, 2006)**

2.7 How HIV/AIDS programs integrated into WASH sector

Water, sanitation and hygiene (WASH) practices are essential for maintaining people's health and dignity, and a growing body of literature has demonstrated that WASH practices are particularly important in programmes to reduce the impact of HIV and AIDS. Yet the knowledge and tools that make improved WASH practices possible are beyond the means of many people, especially people living with HIV (PLHIV).

(Magrath & Tesfu, 2006).

More people live with HIV and AIDS, comprehensive care, treatment, and preventative services are necessary to help them live longer and healthier lives. Recognizing the importance of safe water, sanitation, and hygiene promotion in protecting and caring for people living with HIV and AIDS (PLWHA), some organizations are integrating water, sanitation, and hygiene improvement into their HIV/AIDS programs.

Globally more than 33 million people now live with HIV/AIDS (UNAIDS 2007) People living with HIV/AIDS (PLHIV) are particularly vulnerable to and disproportionately suffer from adverse effects of inadequate water, sanitation, and hygiene (WASH), mainly due to their suppressed immune systems. Persistent diarrhea greatly reduces the effectiveness of antiretroviral therapy (ART) and other interventions. Insufficient WASH access is a serious burden that compounds the difficulty of living with HIV. **(WHO, 2014)**

2.7.1 Sanitation/faeces management in need for (PLWHA)

Safe faeces handling and disposal has been shown to reduce the risk of diarrheal disease by 30 per cent or more. Moreover, PLWHA are more susceptible to contracting diarrhoea when faecal matter is present in the environment. Therefore, all members of a household should handle and dispose of faeces safely. This means encouraging all family members over the age of five to defecate in a hygienic latrine, supporting young children (three to five years) to defecate in a hygienic latrine, potty, or fixed place, and training caregivers to dispose of very young children's faeces hygienically in a latrine. PLWHA who do not have indoor plumbing and are too sick or too weak to use a latrine may need special equipment or supports. For example, appropriate bedside potties may help those who are too sick to go to a latrine, and squatting poles or stools may support a weak person using a conventional latrine. (Fewtrell et al. 2005).

2.7.2 Quality and Quantity Water Access for PLHIV/ADS

Access to safe water is considered a basic human need and, in most countries, a basic human right. The negative effects of lack of access to sufficient quantities of water, water of reasonable quality, basic sanitation and hygiene are magnified for HIV-infected, immune compromised individuals. The added burden of unsafe water affects not only PLHIV, but the entire family, increasing the risk of diarrhoeal disease and lost productivity ((Kamminga & Wegelin-Schuringa, 2005)

Research has shown that PLWHA households with access to more water have cleaner environments and therefore fewer routes for transmitting diarrhoea-causing pathogens.

A long term goal would be for every household to have a water source close to home, however, in the short term, water collection and saving technologies should be developed.

National guidelines should include estimates for water consumption in HIV-affected households that are greater than the "basic access" of 20 liters per person per day. Evidence suggests that an additional 20 to 80 liters of water per day is required to support bedridden PLWHA (Ngwenya et al. 2006).

From World Health Organization (WHO) recommends a minimum of 20 litres of water per person per day, to cover consumption, food preparation, and cleaning, laundering and personal hygiene. For a person living with HIV,(WHO) recommend that the needs can increase significantly, to over 100 litres per day.

Table 1. Basic water needs of people living with HIV and AIDS

Water need	Water required
Basic water for drinking, food preparation, laundering and personal hygiene	20 l per day (recommended minimum)
Water for taking antiretroviral medications	Additional 1.5 l per day
Water for replacement feeding of infants under 6 months	Minimum 1 l per day (without water needed for cleaning)
Water for replacement feeding of infants over 6 months	2 l per day (without water needed for cleaning)
Cleaning PLHIV and laundering clothes and bedding(daily during bouts of diarrhoea)	20–80 l per day ^a

Total Approximately 100 l per day

(Source: Ngwenya & Kgathi, 2006; Molose, Potter & Mvula Trust, 2007; WSP, 2007)

2.7.3 Hygiene based on Hand washing

If done properly and at critical times, washing hands with soap or an abrasive substance such as ash is effective in preventing diarrhoea. A meta-analysis of hand-washing studies conducted in developing countries concluded that hand washing can reduce the risk of diarrhoea in the general population by 42–44%. (Curtis & Cairncross, 2003).

Similarly, a study in Uganda demonstrated that the presence of soap in the house was associated with fewer days with diarrhoea inferring that washing hands reduces diarrhoea.

(Lule et al, 2005)

2.7.4 Menstruation management for PLHIV/ADS

Hygiene, disease and menstrual blood in HIV-infected women are not discussed in the literature; only the grey (unpublished) literature and anecdotal conversations between scientists and programme managers have covered this topic. Before antiretroviral therapy (ART) became prevalent, women often stopped menstruating once HIV had advanced. However, now that ART is widely used even in resource-poor countries, women continue to menstruate, which poses a hygiene challenge and possible risk of HIV transmission to caregivers. Menstrual blood of HIV-positive women contains the virus, sometimes at a higher load than regular blood.

Thus, HIV-positive women and their caregivers must prevent HIV transmission from menstrual blood by practising universal precautions ((Reichelderfer et al., 2000).

2.7.5 Women and girls living with HIV

Lack of Water, sanitation and hygiene issues affect more women and girls differently to men and boys. As many countries, women and girls reportedly spend many hours each day fetching water and cleaning latrines. So, Women and girls are the primary caregivers for the chronically ill, and women nowadays compose the majority of PLHIV in many countries, this can lead to increase of vulnerable people in lack of sustainable wash facilities.

2.7.6 The importance of WASH into HIV/ADS programmers

Although the WASH needs of PLHIV are greater than those without HIV, PLHIV often have less access to water and sanitation facilities than their neighbours because of sickness or discrimination PLHIV and their families have been subjected to discrimination if a person's HIV status is known; for example, sometimes PLHIV are refused the right to use communal latrines because users fear that HIV can be transmitted through latrines. Therefore, many clients go to distant cities to get their medicines to avoid being recognized at a local health clinic (OSSA/Bahir Dar,2009).

Also, in many communities, a person with diarrhoea is considered to be infected with HIV, whether that person's HIV status is known or not

2.7.7 Burden of unsafe Water and Sanitation for PLHIV/ADS

Water and sanitation issues are important to everyone, in whatever context, to keep people safe from diarrhoeal diseases. Water and sanitation issues affect the health of infants and young children, and place a particular burden on women and girls, especially in an HIV context. The key issues are described below.

Although they may not be specifically related to HIV, these issues are particularly important in the context of HIV, where preventing diarrhoea in the whole family reduces burdens on caregivers and keeps PLHIV healthier.

Many common infections that cause diarrhoea can spread from one person to another when people defecate in the open air.

Intestinal worms, which are transmitted when people ingest faecal matter in unclean water or step in it with bare feet, divert around one third of the food a child consumes, and impair a child's health, nutrition and cognitive development. Malnutrition is a contributing factor to over 50% of childhood illness (UN-Water, 2008).

2.8 Disability Inclusion in WASH sector

Having access to safe drinking water and sanitation is central to living a life of dignity as well as the rights to water and sanitation further require an explicit focus on the most disadvantaged and marginalised people.

In the past, when integration of gender approach in WASH sector was not more effective, the people living with disability, pregnant women and the elderly were not included during designing and implementation of WASH services so that they were more vulnerable in lack of access to sustainable water, sanitation and hygiene services.

2.8.1 Reasons for disability inclusion in WASH programs

In applying universal design principles to WASH will create greater inclusion for all community members including people with a **disability, pregnant women and the elderly**. These focus on good design which is accessible to all at a low cost in comparison to the cost of exclusion. With the researchers, the additional expense for making school latrines accessible is less than 3% of the total cost.

Increasing accessible WASH facilities in community settings and schools will improve broader education and life outcomes for people with a disability. Disability-Inclusive WASH will also reduce work load of families in care-giving tasks.

Ensuring inclusion of people with a disability in community-awareness activities will reduce the rate of acquiring and spreading disease and with Disability-inclusive WASH, when WASH facilities are located in a safe and central area with good lighting, will enhance protection of all vulnerable people including community members with a disability, **pregnant women and the elderly**. (Gosling, Louisa. (2010).

2.8.2 How to include people with a disability in WASH programs

The WASH sector is comparatively well-resourced in terms of knowledge of disability inclusion and mainstreaming, particularly in terms of accessible infrastructure and facilities. WASH facilities globally are still, however, generally not built to universal design principles



Figure 1. Accessible toilet by wheel chair

A toilet built to be accessible by people with disability with ramp, large door, and handrail along with space inside to accommodate wheelchair. Ramps can also be made adding a small slope to the level of latrine's floor

Figure 2. *Latrine accessible by people with Disability*



Source: accessible toilets on a sports field in Bangladesh, nov 2009

The following principles, which adhere to a human-rights approach to disability, are used to demonstrate inclusion of people with a disability in all development programs and sectors.

- ❖ **Awareness** of disability and its implications
- ❖ **Participation** and active involvement of people with a disability
- ❖ **Comprehensive accessibility** through addressing physical, communication, policy and attitudinal barriers
- ❖ **Twin track** identifying disability specific actions combined with mainstream approaches

By using the media and promoting campaigns to present information about accessible and inclusive facilities and emphasise case studies that highlight people with a disability who have benefited from inclusive WASH activities will lead other community to emphasize inclusion of people living with disability, **pregnant women and the elderly**

2.8.3 Approaches improve accessibility

A) Individual approach

Provide aids & equipment to individuals, according to need

Figure 3: WASH facilities to disabled people

Water – transport, storage



- **Wheelchair trailer**



- **Internal water source – within easy reach**

Source: Photo WEDC, 2005

Even though in the past years gender was not effectively taken into consideration in many communities in the different countries, it is really important to take into account to the people more vulnerable to lack access on WASH services as access to water quality is nowadays a right to everyone.

People living with disability have always special needs for a sustainable water sanitation and hygiene, currently these people are more seen and considered in all activities related to WSH.

B) Adaptation of existing facilities

e.g. adding handrails, seats, ramps, etc. Can be expensive

Figure 4. Accessible Toilet for Disabled people

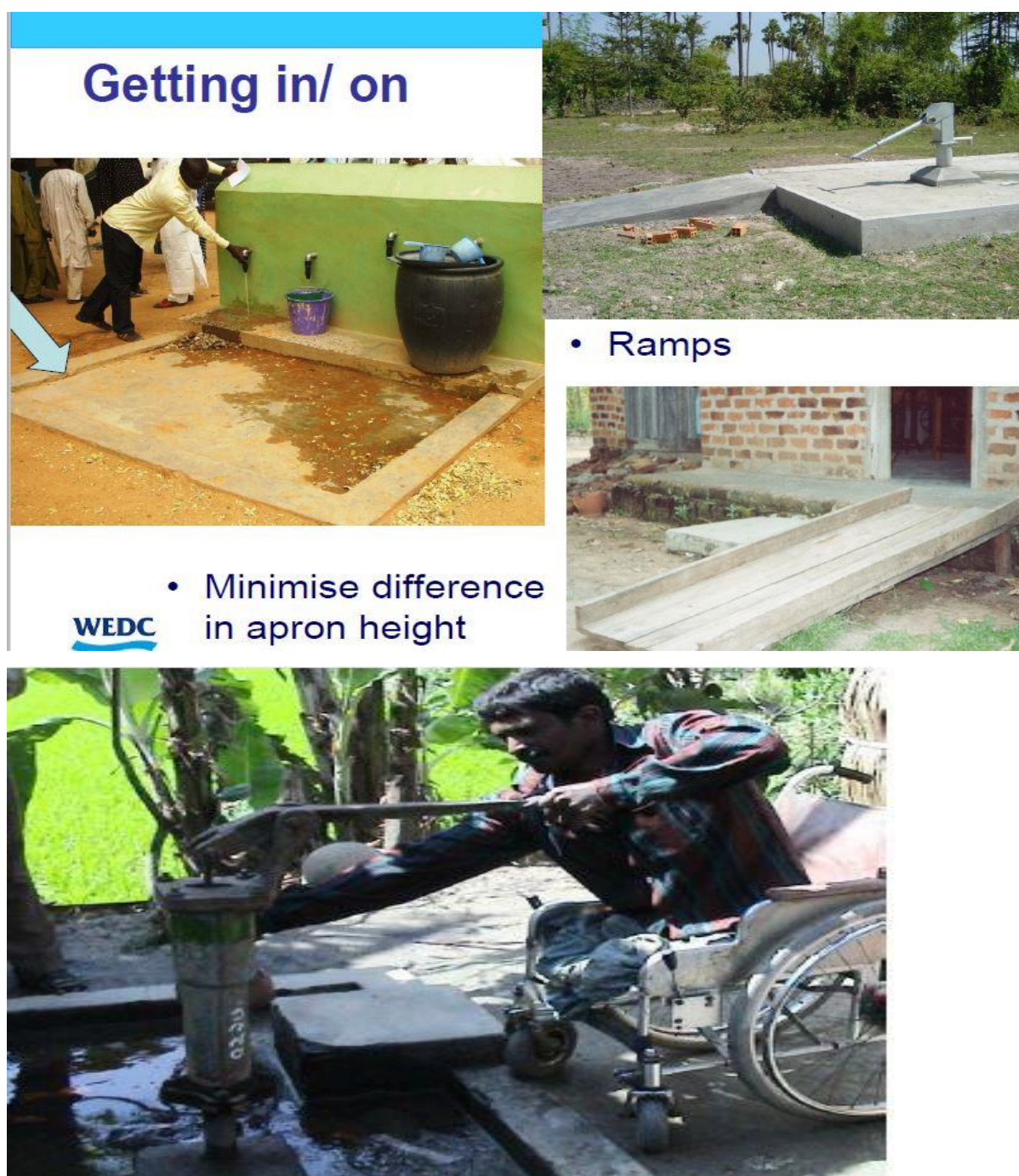


Source: Photo WEDC, 2005

C) Inclusive Design

Design & construct facilities that are accessible and easy for all to use (aka Universal Design, Barrier-free design, Design for All...)

Figure 5: WASH facilities appropriate to People with disability



In general, all WASH programmes and services, rural as well as urban, need to consider the safety of the users. While WASH is not the root cause of violence, WASH programmes and services which do not consider the gender approaches, can increase the vulnerabilities of women and girls and sometimes men and boys, people of other sexual and gender identities and also most vulnerable people to lack of sustainable water ,sanitation and hygiene as described in introduction.

CHAPTER III. DISCUSSIONS

Although , in many areas are nowadays aware of gender in all wash activities , still currently, as shown by evidences of case studies did in different countries in the world , the development goals in water and sanitation sector usually address issues of access to and the availability of adequate wash facilities and safe supply and services, poverty alleviation and health , it converge with gender issues because women play a great role in the provision, management and safeguarding of water-related resources and facilities, while men are often key investment decision-makers but still do not always take into account for inclusion of women's needs.

Thus, in the whole community, women, men and children experience the negative effects of inadequate sanitation, safe water supply and service through poor health, nutrition and the emotional and physical devastation of recurrent water and waste related disease.

However, participation or inclusion of gender approach in planning, design, maintenance and management has brought distinct benefits to the whole community in sustainable sanitation and hygiene effectively, functioning and use of water systems fitting with their needs and created more equal chances to all people women ,men and as long as most vulnerable groupe for training and functions of them.

In particular case , in many poorest countries ,it has seen that Women and young girls in particular encountered severe and detrimental problems of personal safety, hygiene, privacy and health in relation to the use of appropriate latrines, at home and school and traditional places for excreta disposal, for example defecation fields. Actually, a particular problem is related to the fact that women often have to wait until the night fall to defecate and pass urine.

But this has a number of detrimental effects including security in terms of fear of rape and harassment and health in terms of diet and the risks of infections that may affect future fertility. Equally invasive are issues of privacy and personal hygiene related to menstruation, washing and bathing. At school there are often no facilities for menstruating girls and where latrines exist they are often expected to share facilities with boys. Such problems are compounded where there is also a lack of water for hygiene and sanitation

3.1. Sanitation brings dignity, equality and safety

A gender approach to water and sanitation leads to achieving the goals of sustainable development. In regard to water and sanitation sector, the proven gains of a gender approach include efficiency, effectiveness, equity and affordability. This is because the approach concerns itself with the needs of all the users and seriously considers the implication of each action on each of the users.

The gender approach also contributes to the achievement of water justice and the human right to water. The right to water entitles every individual to adequate access to safe water. It is the state's obligation to do everything possible to realize this right for everybody, without discrimination

While having a toilet is important for everyone, access to safe, clean toilets brings particular benefits to women and girls. Free from the need to defecate in the open, they no longer have to suffer the indignity of physical and verbal abuse or humiliation when relieving themselves. Sexual harassment and rape are also a risk for many women who wait until nightfall and seek the privacy of darkness to relieve themselves. Women and girls don't need toilet facilities just for defecation; they also need privacy and dignity when menstruating. The symptoms of menstruation, pregnancy and the postnatal period become more problematic if women have nowhere to deal with them adequately. Separate toilets at school mean more girls are likely to attend in the first place, and more girls are likely to stay on after puberty to complete their education.

Women place a higher value on access to private sanitation facilities than men but often remain unheard. There is a real need for facilities which meet women's physical and psychological demands and preferences, and these can be readily achieved by including women in the design and placement of these facilities.

3.2. Advantages of involving children and youth in water committees

Basing on the evidence from the case study done in Somalia, it has seen that nowadays, a great effort has been made in order to integrate gender approach in wash activities and hygiene promotion especially, in fact, in many countries including Somalia as an example, their culture in the past they should not let young people from having a strong voice in making management decisions during design and implementation of wash facilities.

But currently, the great effort have been made to ensure a gender and age balance in forming water point committees so that they can intervene even in the design and implementation decision making.

3.3. Balanced male and female representation in water committee

Currently ,in many different countries they are nowadays understood the importance of gender approach integration in wash activities, as shown in the that case study, in the two water and sanitation projects were implemented simultaneously in the different communities, during implementation, they have taken into account women and girls in management, operation and maintenance of water point in committee, because of that integration of gender in WASH programmes , the project has achieved the target as planned , what mean that the gender approach in wash sector has a great impact, a part of that ,the women had the opportunities to improve their level in sustainable water ,sanitation and hygiene and earning also economically means for their development .

As shown in the case study , it have seen that for the project with exclusion of women and girls in that wash project implemented, management , operation and maintenance of the water point has been failed referring to the tarhet of the project .This comparison of where, exclusion of gender in wash activities and where it has included, it has seen that gender integration has more impact in wash sector.

At these both project implemented in communities, they conclude that all water point committees would have balanced male and female representation and that women, girls, boys and men would be encouraged to be a part of the management structure.

So, giving all groups within the population equal opportunities to participate in designing, managing, operating and maintaining water and sanitation facilities contributes to building safe and resilient communities in the water sanitation and hygiene.

It ensures impact and sustainability of water, sanitation and hygiene promotion programmes, regardless of whether they are in the disaster response, recovery or developmental contexts.

3.4. Proposed solutions of exclusion of PLHIV in WASH sector

People living with HIV (PLHIV) are the most vulnerable people in lack of access to sustainable WASH services, for a successful integration of gender in WASH sector, this group of people will be recognised as priority during implementation of WASH services.

Providing access to a safe, reliable and sufficient water supply and basic sanitation is essential for both PLHIV and their caretakers. Water and sanitation services located in close proximity to HIV-affected households can have important labor saving effects, which reduce the burden of caregiving and allow more time for other activities, including school and income generation.

In addition, research shows that increased WASH significantly reduces diarrheal episodes among PLHIV, thus enhancing their quality of life. A randomized controlled trial in Uganda using safe water systems found that PLHIV with the intervention had 25% fewer diarrheal episodes. The same study found that the presence of a latrine reduced diarrheal episodes by 31% and that the presence of soap reduced incidence by 42%. More recently, another study done in Zambia found that water filtration and safe storage among HIV positive households resulted a 54% decrease in diarrhoea. (*Elynn Walter, (202) 293-4048 ewalter@WASHadvocates.org*)

3.5. Inclusive of people with disability in WSH sector

With reference as evidence of gender integration in wash sector in current situation all over the world, we referred to the project which has been implemented by Water aid and of which aim was to include the needs of people with a disability in mainstream water, sanitation and hygiene (WASH) projects in rural areas. . (**Leprosy Mission, WaterAid 2011**)

During That project training in practical ways of meeting the WASH needs of people with a disability have been provided of which include building bamboo seats to be placed over squatting toilets for use by people who are not able to squat. That project exemplifies the positive outcomes that can be achieved through collaboration between NGOs and government agencies.

It has also demonstrated an approach to disability-inclusive WASH; in fact, Development programs should consider long-term design implications especially in use of WASH facilities by people with a disability, and during conducting any form of disability-inclusive development, it is important to train the staff of the agency in the needs of people with a disability in any community concerned

3.6. Challenges facing the people with disability in lack of sustainable WASH services

- The people who live in poverty in developing countries have a disability and all need safe access to water, sanitation and hygiene (WASH) facilities are about 20% of all people.
 - Social isolation and taboos around discussion of personal hygiene increase exclusion for people with a disability from promotion and education of WASH.
 - There are many people with a disability of which use of hands for support during defecation increases risk of acquiring and transferring disease.
 - In many countries the water sources are located in the inaccessible place to the people with disability or some sources located in long distant which can force people with a disability to depend on others for water collection.
 - People with mobility or vision impairments need accessible and safe latrines as open defecation is more difficult due to vulnerability to falls or animal attacks.
- (WaterAid 2006)

3.7. WASH practices to be implemented as priority for the PLHIV

Although WASH practices benefit everyone, currently it takes into account the vulnerability of people living with HIV as the most vulnerable group in lack of sustainable WASH services so that in its programmes provides additional opportunities and resources to improve the health of PLHIV with access to sustainable water supply, Sanitation and hygiene.

Drinking water to be treated: where a reliable source of safe water is available, it is often difficult to assure safe transport and storage practices; it is therefore good practice to

treat drinking water where it is used, using chlorination systems, solar disinfection, boiling or filtration.

hand washing Promotion: programmes should provide guidance and training on washing hands at critical times and with proper technique across all HIV programmes (e.g. home, community, school and facility- based programmes); and place hand-washing stations with needed supplies (soap or ash, and water) in programme sites

Treated drinking water to be Stored safely : ideally, treated water would be stored in a vessel or container with a narrow mouth and lid to prevent recontamination of treated water, and preferably a tap or spigot

Handle and dispose of faeces safely : programmes should support construction of simple, on-site waste disposal systems such as latrines and, for those clients without bowel control or with mobility problems, promote simple methods to handle and dispose of faeces safely in clinical settings and in households

Personal cleanliness of PLHIV and their environment to be promoted : simple steps can prevent the spread of infection, boost client morale and improve the health of HIV-affected communities; these steps include bathing daily with soap, washing clothing and bed linen regularly, and controlling animals.

Prepare, handle and store food safely : sanitary food preparation, handling and storage can prevent diarrhoea; special food hygiene behaviours should be practised when preparing food for infants and young children

During implementation of the priority WASH practices, the focus is based on measures considered feasible by the householder, taking into account the current practice, the available resources and the particular social context. (Ansari SA, Farrah SR, Chaudhry GR ,1992)

CHAPTER IV: CONCLUSION AND RECOMMENDATIONS

4.1 CONCLUSION

This document provided the information on integrating gender approach in WASH sector and gender approach has been systematically brought together to assist WASH level programming. With this Document many new activities that integrate gender into WASH should be evolved, and being documented and shared. This Dissertation was developed so that the information provided accelerate the process of gender integration in WASH sector and that WASH becoming a routine part of poverty, diseases and HIV prevention and care, and that gender approach integration considerations are automatically included in water and sanitation programmes around the world.

WASH is essential to living a dignified life. Yet the knowledge and tools that make improved WASH practices possible are beyond the means of many people, especially those are most vulnerable. In response to this reality, this document represents a call to action for all WASH programmes implementers and gender integration practitioners. It asks them to work diligently to integrate these important health considerations and to document, share and promote their experiences widely to improve people's lives.

4.2 RECOMMENDATIONS

Although this dissertation gave detailed interest in gender approach integration to all ,there still countries and NGOs don't consider the intervention of women as well as the people with disability and other most vulnerable people in lack of access to sanitation and hygiene , thus through this dissertation the most mechanism needed are expressed in this recommendation.

The decision makers should always be aware of women, most vulnerable people and men's involvement in the planning, development, operations, maintenance and management of domestic water supply, sanitation and hygiene promotion and environmental protection.

Sensitize to gender approach in the different communities, gender promotion should be strengthen so that all people be informed about gender (what is gender, why gender is necessary, what will gender improve in society, etc....).

NGOs have to take into account all categories of people before implementing any wash activities in order to satisfy needs of the people related to their daily life and believe.

Develop strategic partnerships with other sectors or stakeholders should Consider/ address to the most vulnerable people needs when developing water and sanitation policies, planning, regulation, service delivery and provision.

Develop guidelines and strategies to integrate gender awareness into all water and sanitation sectorial projects, creating an institutional framework that is gender-sensitive, to ensure that poorer communities that experience difficulty in paying for services have access to improved water sources.

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APPENDIX

Appendix 1: Case study: Pakistan Red Crescent society; Women and men committees – working together	II
Appendix 2: Case study: Mozambique Red Cross society Learning-by-doing – the need for balanced male and female representation in water committees.....	III
Appendix 3 Case study: Inclusive Water, Sanitation and Hygiene (WASH) in Timor Leste WaterAid.....	IV
Appendix 4: somali Red Crescent Society: Advantages of involving children and youth in water committees and hygiene promotion	V
Appendix 5: Barriers to access Facilities for disabled people	VI
Appendix 6: Appropriate facilities to people with disability	VII
Appendix 7: Access to water for people with disability	VIII

Appendix 1: Case study: Pakistan Red Crescent society; Women and men committees – working together

Case study: Pakistan Red Crescent society

Women and men committees – working together

In October 2005, a devastating earthquake hit South Asia (Afghanistan, India and Pakistan) killing 73,000 people, injuring 120,000 and leaving 3.5 million people homeless. Pakistan's North West Frontier Province and Pakistan Administered Kashmir were the most severely affected areas where a large proportion of population had their homes, water supply, sanitation and hygiene facilities damaged or destroyed. A number of initiatives including water, sanitation and hygiene promotion were undertaken to restore the health and well being of the affected communities.

Lack of community consultation at the beginning of the intervention resulted in the implementation of gender blind and culturally inappropriate programmes. For example, certain sanitation facilities were built which did not conform to cultural sensibilities. The cultural practices in North West Frontier Province require sanitation and bathing facilities for women to be as near to the households as possible, and males from other families are not allowed to use these facilities. Traditionally women do not leave their houses unaccompanied. They go to the toilet and/or bathe only at night. In pre-earthquake situation, the sanitation and bathing facilities were built in close proximity to the houses.

Post-earthquake some latrines were constructed in unacceptable locations. Furthermore, many latrines were not used since they were communal toilets and no one in the community was prepared to take responsibility for cleaning them. The beneficiaries were willing to take on responsibility for the operation and maintenance when family latrines were provided.

This situation radically changed when the community participation element was developed through three-step participatory hygiene and sanitation transformation. In the initial stages, teams visited selected villages to mobilize the communities and start the formation of village communities. In order to ensure that both men

(Australian Red Cross ,2010)

Appendix 2: Case study: Mozambique Red Cross society Learning-by-doing – the need for balanced male and female representation in water committees

Case study: Mozambique Red Cross society Learning-by-doing – the need for balanced male and female representation in water committees

Two water and sanitation projects were implemented simultaneously in north and south Mozambique. The targeted communities in northern Mozambique were patriarchal and the communities in the south were matriarchal.

It was observed that in the matriarchal communities, the water point committees were completely managed, operated and maintained by women. The records of funds collected and disbursed were in most cases well kept. Since women are traditionally responsible for water collection, they had a vested interest in ensuring the maintenance of the facilities they had been provided with.

In the north, the water point committee was almost exclusively men. Even though women are traditionally responsible for water collection, distribution and sanitation, there were excluded from the management process. There was a lack of transparency in fund collection and disbursement. The project in the north was less successful.

In consultation with the government two steps were taken to ensure sustainability of future projects. It was decided that all water point committees would have balanced male and female representation and that women, girls, boys and men would be encouraged to be a part of the management structure.

(Australian Red Cross ,2010)

Appendix 3 Case study: Inclusive Water, Sanitation and Hygiene (WASH) in Timor Leste WaterAid

Case study: Inclusive Water, Sanitation and Hygiene (WASH) in Timor Leste

WaterAid

Summary of program:

In 2011 a collaborative project occurred in Timor Leste with the Leprosy Mission, WaterAid, Plan International, DWASH, BESIK, disability consultant Huy Nguyen and Timor's DPO: Ra'es Hadomi Timor Oan (RHTO). The aim of the project was to include the needs of people with a disability in mainstream water, sanitation and hygiene (WASH) projects in rural districts. The project involved visiting villages in these rural districts and both participating in informal sessions with locals and providing training in practical ways of meeting the WASH needs of people with a disability (e.g. building bamboo seats to be placed over squatting toilets for use by people who are not able to squat). This project exemplifies the positive outcomes that can be achieved through collaboration between NGOs and government agencies. It also demonstrates an approach to disability-inclusive WASH.

How disability has been included

During this project, all individuals and organisations worked closely with the local DPO (RHTO). Working with RHTO contributed significantly to the project, not only in terms of providing invaluable links to the local community and building rapport with other locals, but also in helping to overcome cultural difficulties. The success of the project can be partly attributed to the meaningful inclusion of the DPO in all stages of the project's planning and implementation.

Outcomes from the project include recommendations for positive and practical approaches to improving disability-inclusive development within WASH projects and the development of training resources (including a guide to individual engagement with a person with a disability; an inclusive WASH checklist; minimum requirements for public toilets; and an example training timetable). (Gosling, Louisa. (2010))

Appendix 4: somali Red Crescent Society: Advantages of involving children and youth in water committees and hygiene promotion

Case study: somali Red Crescent society

Advantages of involving children and youth in water committees and hygiene promotion

In Somalia, traditions may prevent young people from having a strong voice in making management decisions. New efforts have been made to ensure a gender and age balance in forming water point committees. Part of the reason for this is that the majority of the population is 25 years old or less.

Furthermore, the Somalia project recognized that it is crucial to actively engage children both as beneficiaries and advocates in water and sanitation initiatives. In schools a hygiene promotion component was undertaken (Child Sanitation and Hygiene Transformation – CHAST) which can be delivered by trained school teachers.

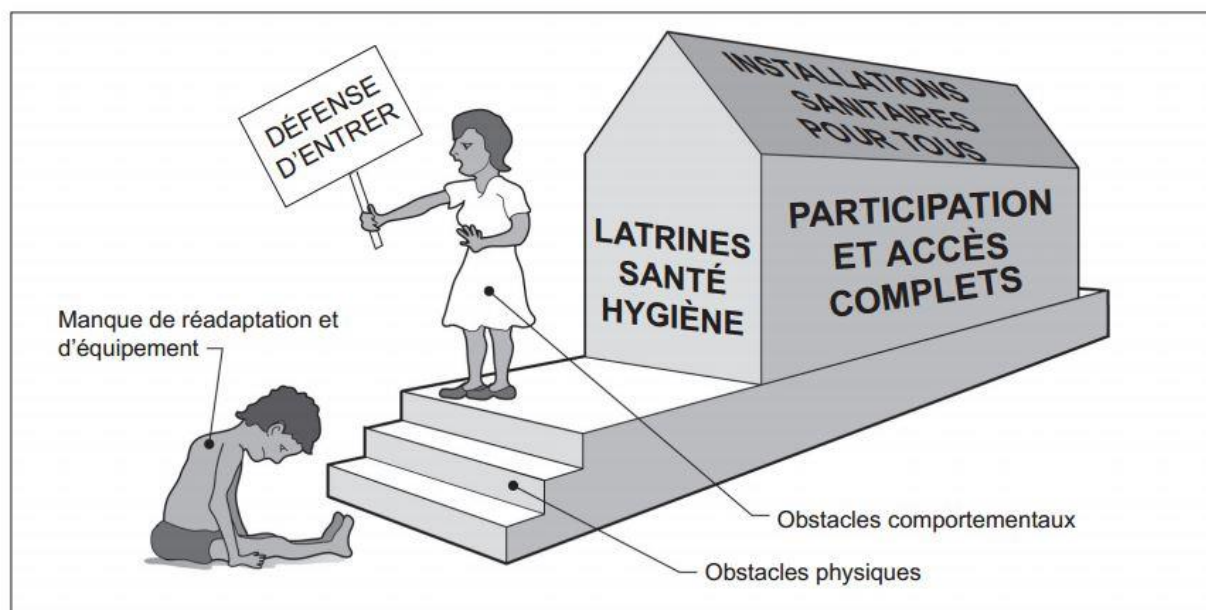
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Gender and age balanced consultations has improved the strength and capacity of the water point committees. School hygiene promotion activities have proved both popular and effective.

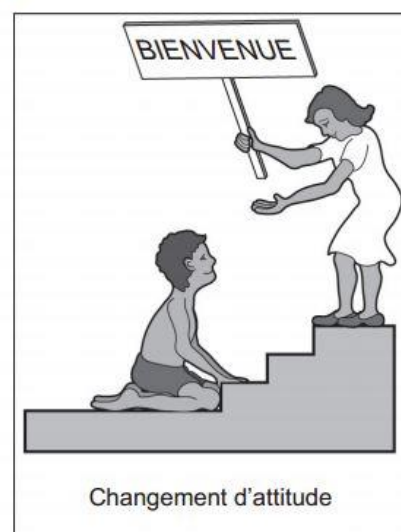
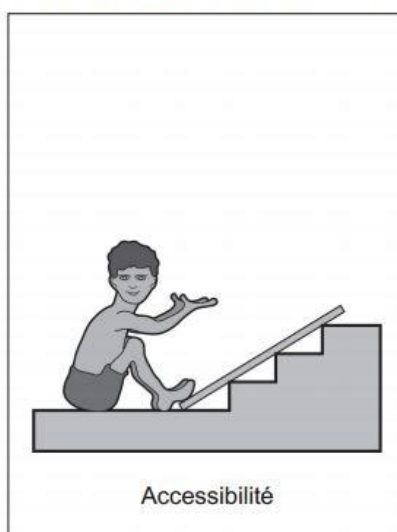
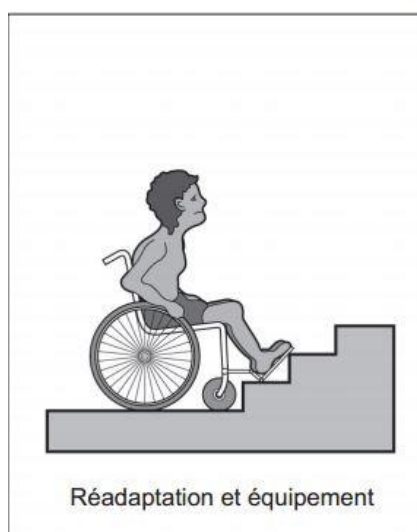
(Australian Red Cross)

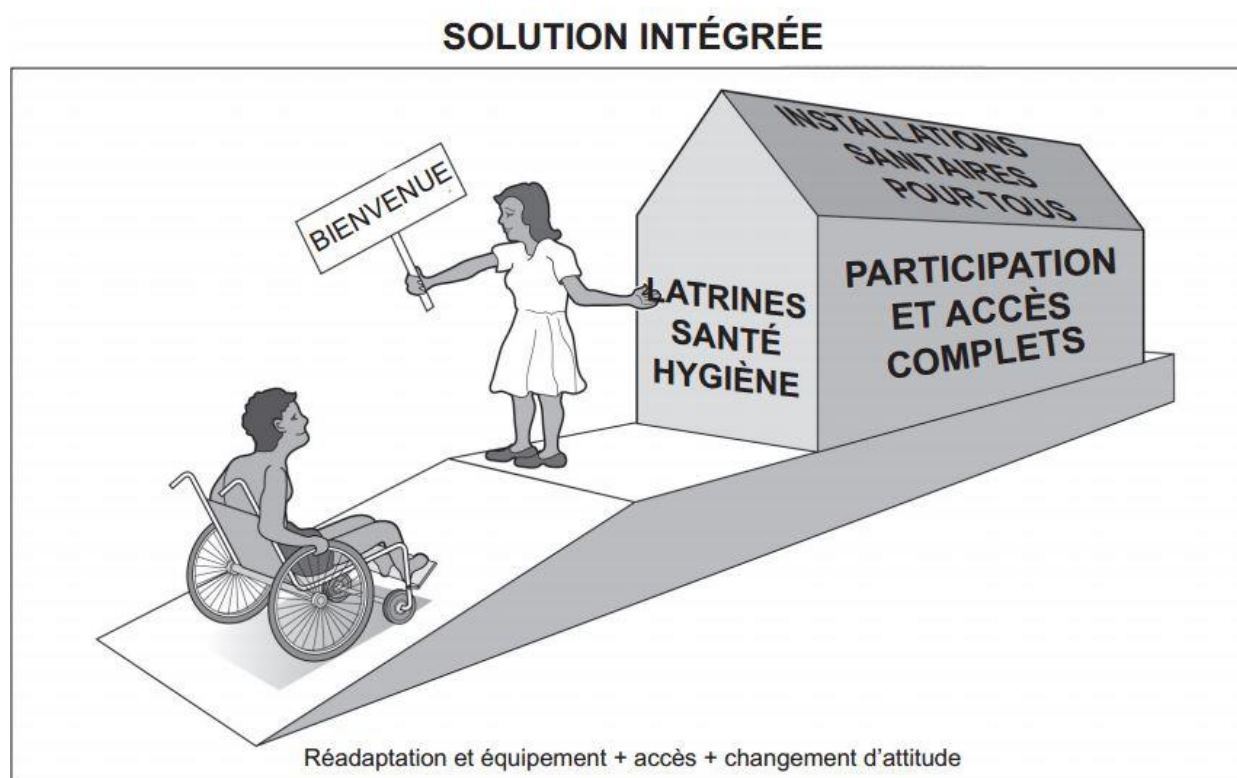
Appendix 5: Barriers to access Facilities for disabled people

OBSTACLES PRINCIPAUX



SOLUTIONS PARTIELLES





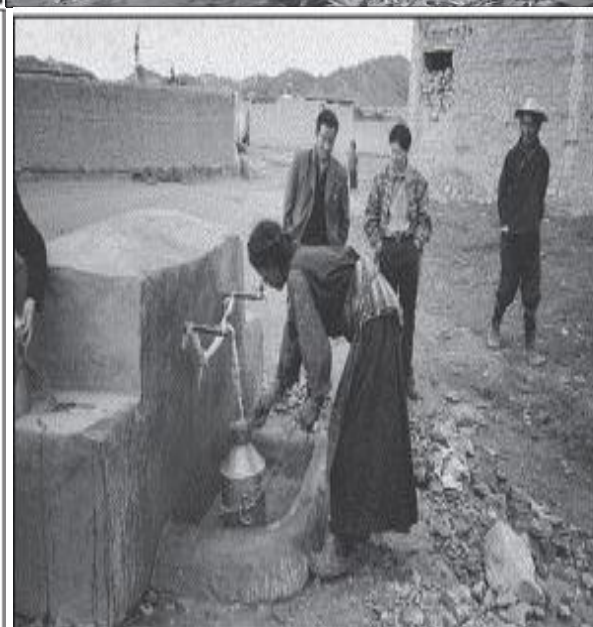
Source: Photo WEDC, 2005

Appendix 6: Appropriate facilities to people with disability



Source: Photo Mike Toole WEDC, 2005

Appendix 7: Access to water for people with disability



Facilities for eliderly Women

Source : photo WEDC,2005