

WE CAN'T WAIT

A REPORT ON
SANITATION AND
HYGIENE FOR
WOMEN AND GIRLS



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Photo: WSSCC/Saskia Castelein

 **WaterAid**



Unilever

FOREWORD

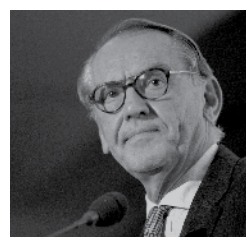
One person in three lacks access to adequate sanitation. The result is widespread death and disease – especially among children – and social marginalisation. Women are particularly vulnerable. Poor sanitation exposes females to the risk of assault, and when schools cannot provide clean, safe toilets girls' attendance drops.

The international community acknowledged the importance of sanitation by including targets in the Millennium Development Goals. Yet with the 2015 deadline fast approaching we are still far from addressing this global crisis.

United Nations Member States this year unanimously adopted a resolution to designate 19 November as World Toilet Day as a means to raise awareness about this very concrete and pressing issue. By highlighting the direct impact of poor sanitation on people throughout the world, World Toilet Day can help generate action to make sanitation for all a global development priority.

We call on governments, international and regional organisations, local communities, the private sector and civil society to examine what more can be done to rapidly expand access to sanitation. Population growth and urbanisation make this an even more urgent task.

We simply cannot wait. By acting decisively we can now make a positive impact on global health, education, women's safety, social equality and economic growth for generations to come.



Jan Eliasson, United Nations Deputy Secretary-General



Paul Polman, CEO, Unilever

PREFACE

Photo: WaterAid/Anna Kari



Gail Klintworth, Chief Sustainability Officer, Unilever

WE CAN'T WAIT

Poor sanitation is an issue that can affect everyone but women are often the most at risk. As a woman who grew up in a country with sanitation challenges, I was acutely aware of the issues faced by people growing up in rural and evolving urban environments where the infrastructure provided many challenges. I have great empathy with the far-reaching impact this can have on all aspects of a woman's life from childhood through to motherhood and beyond. A lack of access to a clean, safe toilet can impact girls' attendance at school, increase women's burden of work and leave females at risk of sanitation-borne diseases and even violent assault.

The sanitation crisis is an issue which I am passionate about addressing. Improving sanitation would make 1.25 billion women's lives both safer and healthier.¹ Improved sanitation could mean every girl being able to stay in school when she reaches puberty, and all women having a safe place to go so that they are free from fear of assault and the loss of dignity from going in the open. It could free women from the burden of helping their children and family members use a toilet which is far from home and difficult to use. It would help women to take on paid work and to stay at work during menstruation so that they can earn more and invest this back into a better life for themselves and their families. Every day around 2,000 mothers lose a child to diarrhoea caused by lack of access to safe toilets and clean water.² I want to see an end to the disease which sanitation brings to women and their families.

At a global level, we simply can't wait to address the sanitation crisis. Of all the Millennium Development Goals, the target to halve the proportion of the global population without sustainable access to safe sanitation is lagging the furthest behind. 2.5 billion people still lack access to toilets.³ That's more than one in every three people. It's worth stopping to think about that. And this number is likely

to increase rather than decrease due to rapid urbanisation unless we take urgent action now.

Following our 2012 Toilets for Health paper, this year we're proud to be working with international NGO WaterAid and with the UN hosted organisation the Water Supply & Sanitation Collaborative Council (WSSCC), two of the world's leading organisations working in the water, sanitation and hygiene sector. This paper is a joint contribution to raise awareness of the impacts of poor sanitation on women across the world and a call for a concerted effort on a different scale from all levels of government, business and civil society. The following paper looks at how poor sanitation affects women's health, education and livelihoods, and what the global community – from governments to NGOs to business – can do to make a difference.

We've called this paper We Can't Wait because action is needed now to tackle this crisis, and we must all work together to find a solution. I am championing this type of joined-up approach and I am eager to see the results we can deliver by taking economically and environmentally sustainable solutions to solve the sanitation crisis at scale.

¹ WaterAid: Briefing note – 1 in 3 women lack access to safe toilets (19 November 2012). ² Ibid. ³ WHO/UNICEF Joint Monitoring Programme: Progress on sanitation and drinking water (2013 Update)

EXECUTIVE SUMMARY

Co-authored by Unilever Domestos,
WaterAid and the Water Supply &
Sanitation Collaborative Council (WSSCC)

As we near the end of 2013 there are still 2.5 billion people, or over one third of the world's population, without access to adequate sanitation. Basic sanitation is now recognised as a fundamental human right, the deprivation of which affects the social, physical and economic well-being of societies world-wide.

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STILL 2.5
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The challenge of achieving target 7 of the Millennium Development Goals - to halve the proportion of people without sustainable access to safe drinking water and basic sanitation - and MDG 4 - to reduce the under-five mortality rate by two-thirds - could be met by sustained partnerships between governments, businesses, NGOs and communities.

Significant progress has been made towards achieving these targets. Since 1990, almost 1.9 billion more people now have access to improved sanitation. But this is not enough. If progress continues at the current rate the global community will not meet MDG 7C by 2015. There are still 45 countries in the world where less than half of the population has access to adequate sanitation facilities. Around 700,000 children die every year from diarrhoea caused by unsafe water and poor sanitation. That's almost 2,000 children a day.

Poor sanitation has significant impacts on the safety, well-being and educational prospects of women. Girls' lack of access to a clean, safe toilet, especially during menstruation, perpetuates risk, shame and fear. This has long-term impacts on women's health, education, livelihoods and safety but it also impacts the economy, as failing to provide for the sanitation needs of women ultimately risks excluding half of the potential workforce.

To extend the reach of sanitation programmes as we move towards 2015, the United Nations Secretary General's High Level Panel has recommended that global partnerships between the public and private sectors be considered of central importance. In his speech during the opening of Budapest Water Summit in October 2013, the UN Secretary General, Ban Ki-Moon, stated that sanitation is one of the three areas critical to sustainable development where more cooperation is needed. Pooling the resources and skills of governments, NGOs and businesses will help to ensure that programmes can be scaled up.

Improving sanitation is high on the agenda of the United Nations, civil society and many corporates and businesses. Where there is a strong business case for the private organisations involved, long-term commercial support can be relied upon to ensure that great numbers of people affected by poor sanitation can be reached.

Population growth will only make it more difficult to achieve targets on access to basic sanitation. The UN's recognition of World Toilet Day this year sends out a clear message: the international response to the sanitation crisis needs to be immediate, sustained and collaborative.

Working together, Unilever Domestos, WaterAid and WSSCC recommend that:

- Governments make strengthening the sanitation sector and bringing the MDG target back on track an immediate and urgent political priority.
- Governments (of both developing and donor countries) across the world keep their promises and implement the commitments made at national level, regional level (AfricaSan⁴, SACOSAN⁵) and global level (Sanitation and Water for All⁶). Furthermore, they must significantly increase financial resources to the sector, use these resources wisely and ensure that the most marginalised and vulnerable people are targeted.
- The post-2015 development framework must have a clear focus on eradicating extreme poverty by 2030, and UN Member States are urged to consider a dedicated goal on water and sanitation that sets ambitious targets to achieve universal access to water, sanitation and hygiene so that:
 - No-one practises open defecation.
 - Everyone has safe water, sanitation and hygiene at home.
 - All schools and health facilities have safe water, sanitation and hygiene.
 - Water, sanitation and hygiene are sustainable and inequalities in access have been progressively eliminated.
- Sanitation should be integrated into education policy supported by sufficient resources and concrete plans to ensure that:
 - All schools have adequate sanitation facilities including hand washing facilities and separate toilets for boys and girls with access for students with disabilities.
 - Specific provision is made at school for establishing proper menstrual hygiene management facilities.
 - Hygiene promotion is featured as an important part of the school curriculum from primary level.
- The role for public private partnerships in addressing the sanitation crisis has been formally recognised. More actors in the private sector must realise the social and business opportunities and invest in social development. More frequent and cross-sector collaboration is essential to achieving real progress.

And we must help break the taboo to get the world talking about this urgent and devastating issue, **#wecantwait**.

⁴ AfricaSan is a platform created to address the sanitation challenges in Africa. The 5th AfricaSan is scheduled to be held in September 2014. For more information, http://www.amcow-online.org/index.php?option=com_content&view=article&id=71&Itemid=87&lang=en. ⁵ South Asian Conference on Sanitation (SACOSAN) is a government-led biennial convention held on a rotational basis in each SAARC country and provides a platform for interaction on sanitation. The 5th SACOSAN is being held in Nepal from 22-24 October 2013. For more information, <http://www.sacosan.gov.np/>. ⁶ Sanitation and Water for All (SWA) is a partnership of governments, donors, civil society and multilateral organisations. Its aim is to ensure that all people have access to basic sanitation and safe drinking water. For more information, <http://www.sanitationandwaterforall.org/>

WE CAN'T WAIT

FOR IMPROVED SANITATION. WE MUST ACT NOW

#wecantwait

Global Challenge



1 in 3 women worldwide risk shame, disease, harassment and even attack because they have nowhere safe to go to the toilet.⁷



Of these, 526 million women have no choice but to go to the toilet out in the open.⁸



Sanitation would make 1.25 billion women's lives safer and healthier.⁹



Women and girls living without any toilets spend 97 billion hours each year finding a place to go.¹⁰

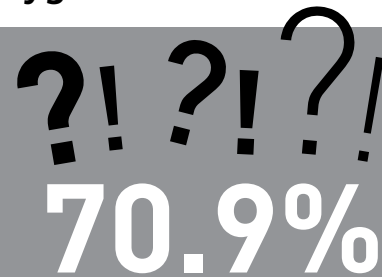


Every day, around 2000 mothers lose a child due to diarrhoea caused by a lack of access to safe toilets and clean water.¹¹

Menstrual Hygiene Issues



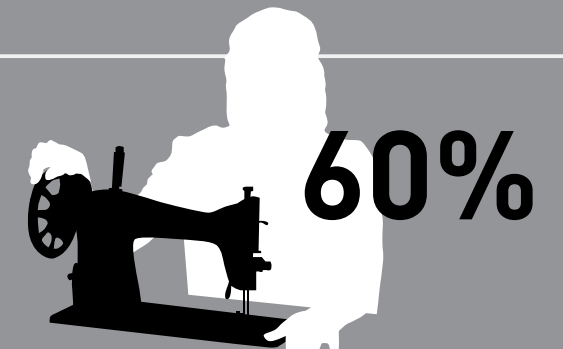
On any given day, more than 800 million women between the ages of 15 and 49 are menstruating.¹² Adequate and appropriate sanitation and hygiene facilities can provide a comfortable space for women to manage their menstrual cycles with privacy and dignity.



70.9% of girls in India had no idea what was happening to them when they started their period.¹³

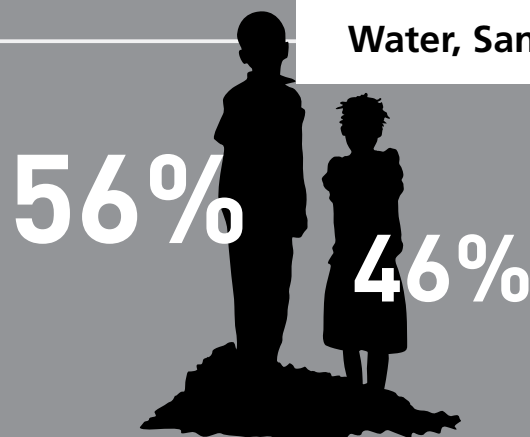


One school study in Ethiopia reported over 50% of girls missing between one and four days of school per month due to menstruation.¹⁴

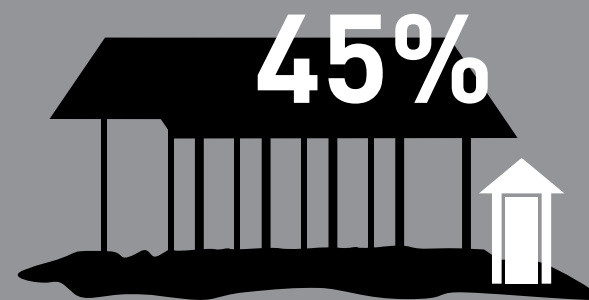


A factory case study in Bangladesh showed that 60% of female workers used rags from the factory floor as menstrual cloths. This resulted in infections that caused 73% of the women workforce missing work for an average of six days a month. An intervention to change this saw absenteeism drop to 3% resulting in significant economic gains for workers and factory owner.¹⁵

Water, Sanitation and Hygiene (WASH) and education



Average primary school completion rates for boys in sub-Saharan Africa stand at 56%, but only 46% for girls.¹⁶



Only 45% of schools in the least developed and low-income countries have adequate sanitation facilities.¹⁷



A school sanitation programme in Bangladesh was instrumental in increasing the number of girls enrolling by 11%.¹⁸



A comprehensive programme to improve water, sanitation and hygiene in schools in Kenya resulted in a nearly 50% reduction in diarrhoeal illness.¹⁹

⁷WaterAid: Briefing note – 1 in 3 women lack access to safe toilets (19 November 2012). ⁸Ibid. ⁹Ibid. ¹⁰Ibid. ¹¹Ibid. ¹²Needs and Trends in Menstrual Management: A Global Analysis; Ashwini Sebastian and Vivian Hoffmann, University of Maryland and Sarah Adelman, MountHolyoke College. ¹³In 2012, WSSCC designed and ran a Menstrual Hygiene Lab as part of the Great Wash Yatra that journeyed through five Indian states and 2,000km over 51 days. Twelve thousand girls and women took part in focus group discussions and 747 completed formal surveys. ¹⁴Menstrual hygiene matters, WaterAid 2012.

¹⁵Jennifer Schappert, HER project and BSR at the Celebrating Women meeting in Geneva, March 8th, 2013. ¹⁶Ibid. ¹⁷'Raising even more clean hands: Advancing health, learning and equity through WASH in schools.' UNICEF 2012. ¹⁸Redhouse, D. (2004). 'No water, no school'. In: Oasis, no. Spring/Summer 2004, p. 6-8. ¹⁹Freeman, Matthew C., et al., 'Assessing the Impact of a School-Based Water Treatment, Hygiene and Sanitation Programme on Pupil Absence in Nyanza Province, Kenya: A cluster-randomized trial', Tropical Medicine and International Health, vol. 17, no. 3, March 2012, pp. 380-391. (quoted in Raising Even More Clean Hands, UNICEF).

CHAPTER 1: THE GLOBAL SANITATION CRISIS AND WHY WE CAN'T WAIT



Ending the global sanitation crisis is one of the most urgent developmental challenges of the 21st century. By the end of 2011 there were 2.5 billion people, over one third of the world's population, living without safe, adequate sanitation and hygiene. The lack of access to this essential service holds back social and economic development through its negative impacts on health, education and livelihoods. It is the principal cause of diarrhoea, the second biggest killer of children worldwide, and it contributes significantly to malnutrition, stunting and the overall global burden of disease.

As the milestone year of 2015 approaches, it becomes increasingly clear that the international community is not doing enough to end the sanitation crisis. Although almost 1.9 billion people have gained access to improved sanitation since 1990, huge inequalities exist between countries and regions. The world remains off track for the Millennium Development Goal (MDG) target to halve the proportion of people living without sanitation. On current trends 2.4 billion people will still lack access to improved sanitation facilities in 2015 and the target will be missed by half a billion people.²⁰

Figure 1 opposite illustrates that while regions such as North Africa and Central Asia have 90% or more of the population with access to improved sanitation, and major progress has been made over the last two decades in Eastern Asia, there remain steep and continuing challenges for the regions of Oceania, Sub-Saharan Africa and Southern Asia. **Overall there are 45 countries in the world where less than half of the population has access to adequate sanitation and hygiene.**

There are not only major disparities in access between different regions and countries, disparities are also found within countries where there is major inequality. Figure 2 below considers the access to sanitation by wealth quintile in three countries in South Asia: India, Bangladesh and Nepal. Although all three countries have experienced improvements over recent years, this progress has been uneven across the population. The poorest 40% of people have barely benefited.

²⁰ WHO/UNICEF Progress on Sanitation and Drinking-Water, Joint note for media, May 2013

Figure 1: Proportion of the population using improved sanitation in 2011



Source: WHO/UNICEF Joint Monitoring Programme, 2013

On current trends this key commitment, made by 189 countries at the beginning of the Millennium, will be missed to the detriment of hundreds of millions of people in developing countries with the heaviest burden falling on women, children, the poor and marginalised

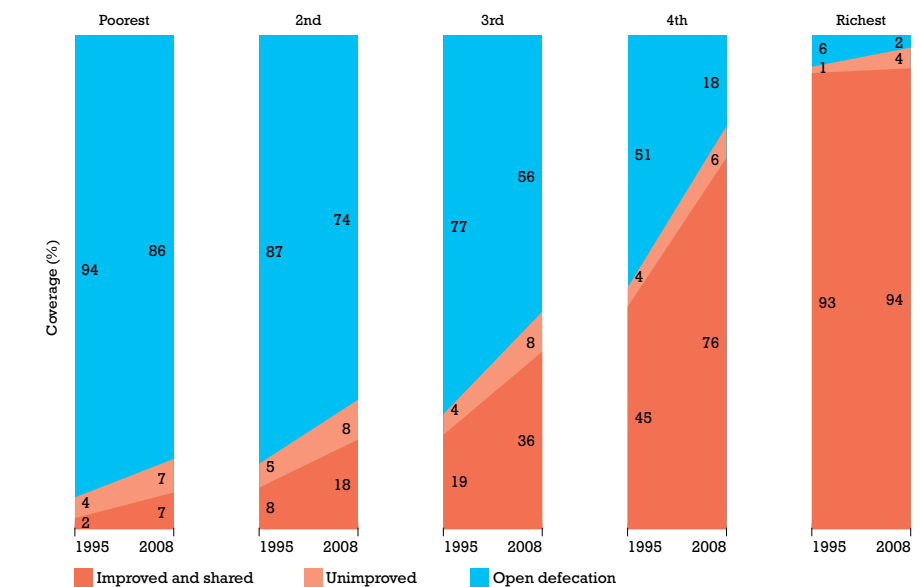
In order to achieve the MDG target, the proportion of people without access to sanitation must be reduced from 51% in 1990 to 25% by 2015 (see Figure 3 below).

The world cannot afford to ignore the sanitation crisis. Addressing it requires action from government at all levels, business, civil society as well as from households. It also requires a significant increase and better targeting of financial resources. The recognition of sanitation by the UN General Assembly in 2010 provides a strong impetus for more action. It is essential now that the international community keeps its promises on sanitation, and accelerates progress in the remaining time before the MDG 2015 deadline.

WHAT MORE CAN WE DO?

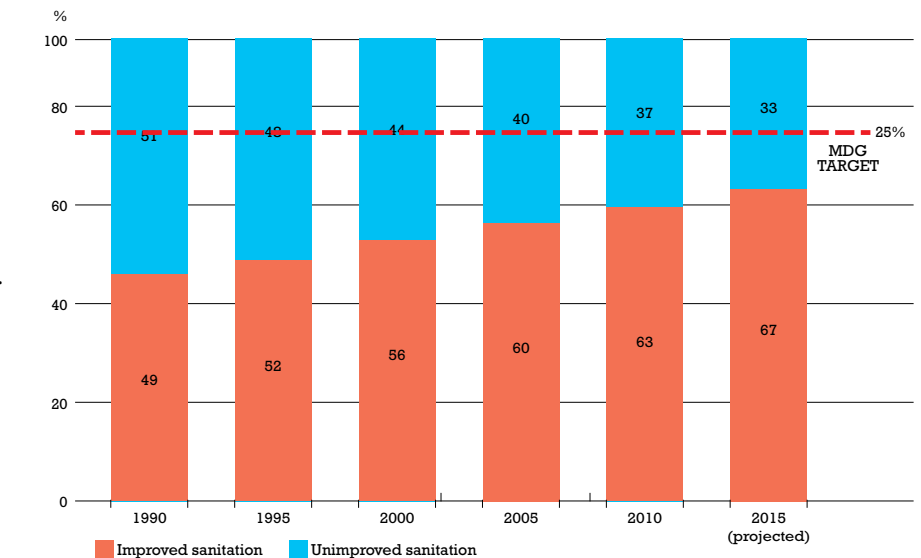
- **Make strengthening the sanitation sector and bringing the MDG target back on track an immediate and urgent political priority.**
- **Keep our promises to improve sanitation and implement commitments made at national, regional and global levels.**

Figure 2: Southern Asia coverage trends by wealth quintile, 1995-2008



Source: WHO/UNICEF Joint Monitoring Programme, 2012

Figure 3: Trends in global sanitation coverage, 1990-2010



Source: WHO/UNICEF Joint Monitoring Programme, 2012

“Your future becomes brilliant if you have a toilet”

Madeleine Miandrivazo, Madagascar
Photo: WaterAid / Anna Kari

Madeleine is a young mother. Her family recently had a toilet built next to their house.

“The place where we went before is about 6km from here. It was threatening and dirty. It was frightening too so most of the time we went with friends. There are men who are not really nice. When they see lonely women there they rape them or something like that. I know that something like that already happened. I don't want my daughter to go to that place because I'm afraid of her being raped. I'm teaching her to always use the toilet instead.”

“The other change in my life since I have the toilet here is that I can use the time I spent going to that place to do something else. I'm in charge of the household and have two children. Before, when my children needed the toilet I had to take them all the way to that place so I didn't have the time for example to cook and clean. Now I have the time to prepare food and my mind is at ease. Your future becomes brilliant if you have a toilet.”

CHAPTER 2:

Photo: WaterAid/Jon Spaul

WHY POOR SANITATION IS A WOMEN'S ISSUE

Access to basic sanitation and good hygiene is a human right.

Everyone deserves the privacy, health benefits and dignity of a safe toilet but this is especially true of women who are often the most vulnerable to the effects of poor sanitation.

There are many reasons why sanitation is largely a women's issue. Partly as a result of women's biology, particularly given that women menstruate for a large part of their lives, partly as a result of their frequently subordinate position in society, which can mean that they are at a higher risk of rape and violence, and partly due to the fact that, again and again, we see that the disadvantaged in society are the ones least likely to have access to good hygiene and sanitation, and often that means women.

WOMEN NEED ACCESS TO IMPROVED SANITATION AT EVERY STAGE OF LIFE

Improving birth survival rates with sanitation and good hygiene

From the first moments of birth, both babies and mothers are susceptible to infection. Improved sanitation should include hand washing facilities to give children the best start in life. Research shows that hand washing by birth attendants and mothers can increase new born survival rates by up to 44 per cent.²¹

Helping more children reach the age of 5

In 2012, 6.6 million children worldwide, tragically, didn't reach their fifth birthday. The highest rates of child mortality are still in Sub Saharan Africa – where 1 in 10 children die before age five, and among the most common causes of this are pneumonia (17% of all under five deaths) and diarrhoea (9%) – both substantially linked to hygiene and poor sanitation. A toilet and basic hygiene can help children – both boys and girls – survive these first five years and be healthy enough to attend school.²²

Keeping children in school

During school years, access to a toilet can help children succeed in education. Basic sanitation and hygiene will reduce the number of episodes of diarrhoea and worm infections making sure children don't miss class due to illness. It also contributes to better nutrition, which has a positive impact on attendance, cognitive ability and lifetime earnings. Research findings published on several Asian countries show that under-nutrition can cost the country up to three per cent of their national income.²³

Giving girls privacy when they start menstruating

When a girl reaches puberty access to a safe, private toilet can make a crucial difference. Girls need clean water to wash themselves or their menstrual cloths and a place to dispose of their menstrual pads if they are using them. Availability of these facilities in schools will make a big difference to whether or not girls come to school during their monthly periods. Irregular attendance can lead to lower grades and may, eventually, mean that the girl drops out of school altogether.

Keeping women safe from attack

When women don't have access to a toilet they are forced to go outside. This can mean travelling long distances and often at night in order to retain some privacy and dignity under the cover of darkness. This can increase the risk of harassment, sexual violence and even rape. Whilst the taboo nature of rape means that it is difficult to know the full extent of this tragic problem, programmes and studies show that this is a very real issue that must be addressed.

Keeping women in the work place

Poor sanitation has a domino effect. With the considerable impact of unhygienic sanitation facilities on health, a lack of facilities in the workplace can have an impact on absenteeism, affecting

livelihoods, productivity levels and ultimately the economy.

And as women go through different stages of life including pregnancy and old age – not to mention if someone has a temporary or permanent disability - the design and the proximity of the toilet becomes all the more important.

One of our challenges is that we don't always know whether women and girls have access to a toilet, or the soap and water needed to wash their hands, or the means to look after themselves during menstruation in privacy. Even if a toilet exists in a household, there may be a cultural taboo that blocks one family member, such as a daughter-in-law, from using it.

Access to sanitation is currently measured globally by the WHO /UNICEF Joint Monitoring Programme against the targets set when the Millennium Development Goals were set and using internationally agreed definitions for "improved sanitation". Currently this monitoring doesn't provide a breakdown of access for men and women, girls and boys or measure aspects of hygiene, including menstrual hygiene.

However, as the international community looks beyond 2015 to consider development priorities after the end date of the Millennium Development Goals, steps are being taken to improve these indicators. Measuring whether girls and women have access to the sanitation and hygiene they need is crucial. If we can't properly measure the size of the problem or measure our progress, there is a huge risk that the needs of women and girls will be neglected and this has been recognised by the WHO, UNICEF and many other agencies.

Putting the needs of women and girls on the monitoring map

Extensive technical consultations have been undertaken led by the WHO/ UNICEF Joint Monitoring Programme in order to create detailed recommendations about what the priorities should be for WASH – water, sanitation and hygiene and how progress should be measured.

New proposed targets and indicators will involve measuring differences between women and men to eliminate inequalities and ensure that women and girls are no longer at a disadvantage. These will include measurements of hygiene, including menstrual hygiene for the first time.

WHAT MORE CAN WE DO?

- **Effectively monitor whether the rights of women and girls to toilets are being met, for their sake and the good of society as a whole.**
- **Share data, evidence and learning to ensure programmes are effectively addressing the needs of girls and women.**
- **Significantly increase financial resources to the improvement of sanitation facilities, ensuring that women's needs are targeted.**

“It would be much better to have toilets here; children would suffer from diarrhoea a lot less”

Loveness, Namalyo and Kamunga villages, Zambia
Photo: WaterAid / Anna Kari

Loveness has nine children ranging from 22 years old to seven months. She lives in a community within the Lochinva National Park. There is diarrhoea here all year round.

“We don’t have toilets so we go to the bush, we go day and night. It would be much better to have toilets here. It would be a lot cleaner and the children would suffer from diarrhoea a lot less.”

“If a month passes without the children getting sick that is really unusual. If they are really, really sick they need to go to the hospital. We have to take the children to the clinic maybe once every two months. We hire scotch carts (ox drawn carts) to get to the gates of the park then when we get to the gates we look for more transport to Monze. It takes about nine hours in total, four to the gate and then five to Monze. When we get there the hospital admits the child and I stay beside the bed on the floor. An average stay is about a week.”



Sadia, young Pakistani woman with severe sight impairment, Hyderabad, Pakistan
WSSCC / Dr. Shaheen Khan, 2013

“I feel ashamed asking a friend to take me to the toilet but there is no other way”²⁴

Sadia is a young lady with severe sight impairment who, having graduated from a school for the visually impaired, now provides free teaching services to children from the same school she attended. She manages very well day-to-day in her own house and she has recently gained admission to a mainstream public college. However, using public toilets remains an obstacle.

“I feel ashamed asking a friend to take me to the toilet but there is no other way. The toilets are hazardous and unhygienic anyway but particularly for me as I have to use my hands to feel the floor and take the proper position.”

²¹Victor Rhee; Luke C. Mullany; Subarna K. Khatri; Joanne Katz; Steven C. LeClerq; Gary L. Darmstadt; James M. Tielsch: Maternal and Birth Attendant, Handwashing and Neonatal Mortality in Southern Nepal Arch Pediatr Adolesc Med.2008;162 (7): 603-608. ²² http://www.childinfo.org/files/Child_Mortality_Report_2013.pdf. ²³ Nutrition and Poverty, A Fondation for Development, from the UN System Publications <http://www.unsystem.org/scn/Publications/foundation4dev/08Poverty.pdf>. ²⁴ Dr. Shaheen Khan, WSSCC/ FANSA.

CHAPTER 3: GIRLS, SANITATION AND EDUCATION - TOILETS SPELL SUCCESS

Photo: WaterAid/Tom Van Cakenberghe

'It is now over 65 years since the right to education was first enshrined in international law. The time for warm words is over. The time for action is now.'

Graça Machel²⁵

'...In the summer I get sick. I can't come to school. I don't know the sole reason but my health book says that we get dysentery and diarrhoea from dirty water, open defecation and garbage.'

Ganga, 14, Sindhuli district, Nepal

Significant progress has been made worldwide in education in recent years, with more children enrolling and completing primary school. Parity between girls' and boys' education has also been improving; girls now constitute 53% of those children out of school, as opposed to 60% at the start of the Millennium.²⁶

However the challenge to get girls to school and to stay in school is far from over. In 47 out of 54 African countries, girls have a less than 50% chance of going to secondary school.²⁷ Progress in recent years masks huge challenges for girls in particular in completing education; average primary school completion rates for boys in sub-Saharan Africa stand at 56%, but only 46% for girls²⁸. Improving the quality of teaching and the overall learning environment is now a focus of efforts to help children, particularly girls, stay in school and achieve good educational outcomes.

When we consider keeping children in school, improvements in sanitation and hygiene within schools is a vital part of the effort. These simple things can significantly reduce hygiene-related disease, increase school attendance and learning achievement, and contribute to children's dignity, inclusion and equity. In turn the girls that graduate from school can contribute even more significantly to a country's development and economic growth.

“When teachers are first assigned to this school they cry as if they are buried.”

Head of primary school, Ethiopia

“In the school, there is no piped water (...) I will miss the education but there is no option”

Taemwa, Ethiopia
WaterAid

“My name is Taemwa. I am 13 years old and a third grade student. I am learning in Alem Asegeda elementary school. In the school there is no piped water. Because of that we don't wash our hands most of the time. We eat without washing our hands. Most of my friends in the class get sick of stomach ache. When I had stomach problems, it urged me to go to the toilet now and then. If I am in the class room I will ask permission to go out and defecate. But that is not always easy. Especially If I need to go out more than once, I get shy to do that. Since I also travel to a distant place to go to the field, it takes some time. I will miss the education, but there is no option. If I'm sick I will either have to remain at home or ask permission again and again.”



Despite all this, recent data shows that, in 2011, only 45% of schools in least developed and low-income countries had adequate sanitation facilities.²⁹ Having a toilet at school is something most children in high or middle income countries take for granted. However, for the majority of children in the least developed and low-income countries, toilets at school are either non-existent or they are unhygienic and unsafe, not suitable for small children or children with disabilities, or not separated for boys and girls. Not only is the toilet provision inadequate, lack of handwashing facilities adds to the hygiene challenges.

Not having a toilet or a place to wash hands at school has huge impacts on the health of children. Diarrhoea is the third biggest killer of children under five in Sub-Saharan Africa³⁰ and a leading cause of child deaths globally. Nearly nine out of ten cases of diarrhoea can be prevented by safe water, sanitation and hygiene.³¹ When children spend a lot of time at school, they learn about good sanitation and hygiene practices such as handwashing, and this can start a positive cycle of behaviour that extends in to the home and family. For example, a comprehensive programme to improve water, sanitation and hygiene in schools in Kenya resulted in a nearly 50% reduction in diarrhoeal illness.³²

Intestinal worm infections (hookworm, whipworm and roundworm) also have a significant impact on children's health. School age children have the highest infection prevalence of any group and in Africa and Asia, between 55 and 65% of children age five to nine years are infected with intestinal worms.³³ Soil transmitted helminth infections are among the most common infections worldwide and affect the poorest and most deprived communities. Their elimination and eradication will not be achieved until affected populations have access to effective sanitation, and sewage treatment and disposal.³⁴

Children's learning is affected when they have illnesses

²⁵ Graça Machel, President and Founder, FDC and the Graça Machel Trust, in 'Make it Right: Ending the Crisis in Girls' Education', Global Campaign for Education and RESULTS Educational Fund, August 2011. ²⁶ Gender discrimination in education: the violation of rights of women and girls, Global Campaign for Education, February 2012. ²⁷ 'Make it Right: Ending the Crisis in Girls' Education', Global Campaign for Education and RESULTS Educational Fund, August 2011. ²⁸ Ibid. ²⁹ 'Raising even more clean hands: Advancing health, learning and equity through WASH in schools.' UNICEF 2012. ³⁰ Child Health Epidemiology Reference Group (CHERG) 2012. ³¹ Jamison D T et al (eds) (2006, 2nd ed) *Disease control priorities in developing countries*, Chapter 41. OUP and the World Bank. ³² Freeman, Matthew C., et al., 'Assessing the Impact of a School-Based Water Treatment, Hygiene and Sanitation Programme on Pupil Absence in Nyanza Province, Kenya: A cluster-randomized trial', *Tropical Medicine and International Health*, vol. 17, no. 3, March 2012, pp. 380–391. (quoted in Raising Even More Clean Hands, UNICEF). ³³ Andrew Hall, Gillian Hewitt, Veronica Tuffrey, Nilanthi de Silva (2008). A review and meta - analysis of the impact of intestinal worms on child growth and nutrition. *Maternal & Child Nutrition* 4 (s1), 118–236 doi:10.1111/j.1740 - 8709.2007.00127.x. ³⁴ Sustaining the drive to overcome the global impact of neglected tropical diseases, Second WHO report on neglected tropical diseases, 2013. ³⁵ Environmental enteropathy – a syndrome causing changes in the small intestine of individuals lacking basic sanitary facilities and chronically exposed to faecal contamination. ³⁶ Raising Even More Clean Hands, UNICEF. ³⁷ Growing up without WASH, WaterAid, http://old.wateraid.org/documents/growing_up_without_wash_study_report_final_for_circulation_2.pdf. ³⁸ Jasper C, Le T and Bartram J (2012) Water and Sanitation in schools: a systematic review of the health and educational outcomes, *International Journal of Environmental research and public health*, no 8, Vol 9. ³⁹ Growing up without WASH, WaterAid, http://old.wateraid.org/documents/growing_up_without_wash_study_report_final_for_circulation_2.pdf. ⁴⁰ Urmila Chanam, IWP/ WSSCC MHM Lab 2011

caused by poor sanitation and hygiene. Many children in developing regions suffer stunted growth caused by chronic nutritional deficiencies, and environmental enteropathy.³⁵ Worm infections that cause stunting present a significant risk of anaemia, which can lead to developmental and behavioural disturbances that diminish a child's ability to learn.³⁶ WaterAid's experience working with communities in Ethiopia has shown that when children are forced to wait to go to the toilet until they go home, they cannot concentrate on their lessons.³⁷

Evidence shows that children attend school more often when they are healthy, and when there are adequate sanitation facilities at school.³⁸ Attendance is a particular issue for adolescent girls. WaterAid's experience shows that absence of toilets or of separate toilets in schools stops menstruating girls from attending school or only attending sporadically.³⁹ Not attending school for several days a month or more over a year can have a huge impact on the quality of education a girl receives and on whether she completes her education at all. Equally, teachers are less likely to want to teach in a school without sanitation or hygiene facilities, in turn affecting the quality of teaching and attendance of children.

WHAT MORE CAN WE DO?

All government education policies, and all schools, should include funding and plans to:

1. Provide adequate sanitation in all school facilities, including in teachers' accommodation. All schools should have handwashing facilities, including separate toilets for boys and girls that are child-friendly, and accessible for disabled students and facilities for menstrual hygiene management.
2. Include hygiene promotion training in the teacher training curriculum for all teachers and in the national curricula for teaching to all children.

“We don't talk about it at all!”⁴⁰

Rhada, Maharashtra, India
WSSCC / Urmila Chanam, 2011

Rhada is a chirpy thirteen year old studying in a government village school. When asked about menstruation she blushes and says “We don't talk about it at all!”

“I started my period a few months ago and until then, I knew nothing about a menstrual cycle. Starting my period has turned my life upside down,” Rhada says.

“My mother told me not to tell anyone that I had begun having periods and she was very clear that keeping it secret was for my own good. Other people in the village mustn't know that I am now of a marriageable age.”

Rhada lives a life of complete isolation for her days of menstruation. She is made to eat separately after other members of the household have eaten; she is not allowed into the kitchen; she sits separately during the day and she sleeps alone at night. She is also barred from worshipping. “I don't like these restrictions on me. I was better off before,” Rhada says.



CHAPTER 4:

Photo: WaterAid/Jon Spaul

MENSTRUAL HYGIENE ISSUES

“If men could menstruate...menstruation would be an enviable, boast-worthy, masculine event: Men would brag about how long and how much. Boys would mark the onset of menses, that longed-for proof of manhood, with religious ritual and stag parties. Congress would fund a National Institute of Dysmenorrhea to help stamp out monthly discomforts. Sanitary supplies would be federally funded and free.” *Gloria Steinem*

Imagine having a menstrual cycle and having no private place to allow you to manage it, no one to talk to and no clean materials to use.

On any given day, more than 800 million women between the ages of 15 and 49 are menstruating.⁴¹ Yet across the world menstruation remains deep inside the female closet, shrouded in silence, secrecy, embarrassment, shame and indignity. Worse still, in many cultures systemic discrimination decrees that girls and women must not talk about their menstrual cycles openly, must not complain, must bear the pain and discomfort in stoic silence and must somehow cope on their own. In 2012, WSSCC designed and ran a Menstrual Hygiene Lab as part of the Great Wash Yatra⁴² that journeyed through five Indian states and 2,000km over 51 days. Twelve thousand girls and women took part in focus group discussions and 747 completed formal surveys. Our results showed 70.9% of the girls had no idea what was happening to them when they began to bleed. Many young women thought that they were injured, or had cancer or some other serious disease. Even after they began menstruating, most girls felt unable to talk to their mothers and almost all reported being scared of menstruation.⁴³ Despite the fact that they make up half of the world's population - a huge consumer base by any measure - women and girls' needs around managing menstruation are largely ignored.

Managing menstruation with safety and dignity is a human right, embedded within the right to human dignity, the right to equality, bodily integrity, health and well-being.

The neglect of menstruation also violates the Convention on the Rights of the Child (CRC), the Convention to Eliminate All Forms of Discrimination against Women and the International Covenant on Economic, Social and Cultural Rights that mentions reproductive and sexual rights. Additionally, the stigma surrounding menstruation is an extreme and acute

form of discrimination which normalises exclusion, ostracism, and often confinement and incarceration. This in turn violates several human rights including the right to non-discrimination, privacy and the right to freedom from inhumane and degrading treatment, from abuse and violence.⁴⁴

The central practical dimension of menstruation is the need to manage it hygienically, safely and with dignity. This challenge is present across women and girls' daily lives. Hygienic, convenient and affordable materials for absorbing menstrual flows that are appropriate in a localised socio-cultural context are needed. There are also challenges around privacy, water, soap and available spaces for changing, washing and drying reusable materials and underwear, and the dignified and environmentally safe disposal of used sanitary materials.

But breaking the taboo remains the biggest challenge. Breaking the taboo starts with the right to information and knowledge and the ability of women and girls to talk freely about menstruation without fear or shame, but with confidence and pride. Alternative spaces for women and girls to discuss menstruation and to learn how to manage it better are needed, boys and men must be informed and aware in order to support and empower the females around them. The onset of the first period should become something that young girls anticipate with full preparation and confidence rather than ignorance, fear and shame as is currently the case across much of the world.

We must break the silence shrouding the monthly occurrence that affects half the world's population and listen and respond. Better menstrual hygiene management will facilitate wider health and development benefits for women and girls and a range of win-win business opportunities including retention and achievement, health and productivity, environmental gains and more.



Photo: WaterAid/Jon Spaul



Reaching puberty alone- the case of Neelam

by Urmila Chanam, Menstrual Hygiene Management (MHM) Lab volunteer⁵⁰

Neelam is 14 and comes from a village in Gwalior in Madhya Pradesh. She lost her mother when she was just 5. She was single-handedly brought up by her father, her two elder sisters and brother. Her elder sisters took care of the cooking and washing for the entire household while she was growing up. “I had no idea about menstruation till I bled the first time,” she exclaims.

She goes on to explain that there was no one at home to look after her or give her personal care and information on not just menstruation but on anything else like safety, how to deal with friends, school etc. “My sisters were kids themselves so that explains my situation”, she says. One night Neelam woke up with abdominal pain and she was worried, thinking she has some bowel disease. Then in some time, she saw blood on her underwear. “I was devastated. I thought I had some big ailment and would now die!”

When her elder brother got married a few months later, her sister-in-law aged 20 was fortunately there for her, sharing information, giving her cotton cloth for the menstrual flow and tending to her when she suffered from cramps.

Neelam suffers from cramps and her menstrual period lasts 8 days. She uses cotton cloth for absorption of menstrual fluid but often faces a shortage of cloth. She throws the used cloth out in the open field and does not wash it or reuse the same cloth. Neelam confesses she has boils and rashes occasionally in her private parts and discomfort from the wetness of the cloth she wears. But she had no idea it was related to menstruation and bad hygiene. She said that due to shame she has not shared her problems even with her sister-in-law. Neelam says she has never considered going and getting herself a sanitary pad from the market. I feel shy to ask for it.”

Neelam is not allowed to talk to boys in her village by elders of the family and is barred from much human contact while she has her periods.

Education Outcomes

Large numbers of girls worldwide stay away from school due to fear of staining, menstrual cramps and the problems of managing menstruation with only poor sanitation facilities available at their schools. For school girls, this can lead to missing between four and six days of schooling every month. There is less research on the impact of poor conditions on girls who do come to school while menstruating – suffering pain, discomfort, embarrassment and anxiety trying to keep dry and clean, and manage any pain while trying to concentrate on learning. **Reports from Africa estimate that within four years of high school, each girl loses 156 learning days equivalent to almost 24 weeks out of 144 weeks of learning.**⁴⁵ A range of academics and researchers have tried to understand the indirect effects of menstrual onset on academic success, along with the importance of the overall pubertal experience to sexual health and educational outcomes.⁴⁶ Their work shows girls across the world report shame, fear and embarrassment. They often express a desire to stay at home during menstruation all of which has far reaching impacts on their own well-being, their future families and the economy.

Work Outcomes

80% of the factory workers in Bangladesh are young women and a study by Business for Social Responsibility (BSR) concluded that 60% of the women workers were using rags from the factory floor as menstrual cloths. Since these were chemically charged and often freshly dyed, infections were common resulting in 73% of women missing work for an average of six days a month. Women had no safe place to purchase cloth or pads or to change or dispose of them. When women are paid by the piece, these six days lost present a

huge economic challenge to them and also to the business supply chain. An intervention to change this reportedly saw absenteeism drop to 3% resulting in significant economic gains for worker and factory owner.⁴⁷ This scenario can be reproduced in farms and factories, homes and offices across the world. By addressing women workers’ menstrual needs, workplace practices and human resource manuals worldwide could achieve measurable productivity gains.

Environmental outcomes

Girls and women dispose of their sanitary products and cloths wherever they can do so secretly and easily. In practice, this means a pit latrine, garbage dump or water body.⁴⁸ This applies to both commercial and home-made sanitary materials, such as cloth, which are disposed of when no longer re-usable. Commercial pads contain super-absorbent polymers designed to soak up blood, but this also means that they absorb water in the wastewater treatment infrastructure. These waste blockages can block a city sewer system for a whole day and the problem is worse still in water-stressed cities.⁴⁹ Adequate sanitation facilities can provide a comfortable space for women to dispose of waste without shame and prevent the problems associated with pads and cloths entering the sewer system and environment.

WHAT MORE CAN WE DO?

1. Break the silence
2. Recognize menstruation as central to womanhood and humanity
3. Respond with appropriate services for women when they are menstruating so that they can live their lives with dignity

⁴¹ Needs and Trends in Menstrual Management: A Global Analysis; Ashwini Sebastian and Vivian Hoffmann, University of Maryland and Sarah Adelman, MountHolyoke College; http://faculty.arec.umd.edu/vhoffmann/Files/Global_Review_Demand_Final_0226.pdf. ⁴² Nirmal Bharat Yatra, a travelling carnival to raise awareness on hand washing, stopping open defecation and managing menstruation hygienically, developed and managed by Wash United and Quicksand in cooperation with the Government of India. <http://www.nirmalbharatyatra.org/>. ⁴³ Archana Patkar in Celebrating Womanhood : How better menstrual hygiene management is the path to better health, dignity and business. http://www.wsscc.org/sites/default/files/content/Research_article_files/mhm_-_celebrating_womanhood_final_report.pdf. ⁴⁴ Jyoti Sanghera, Office of the High Commissioner for Human Rights (OHCHR) Geneva, in Celebrating Women, ⁴⁵ Masimba Biriwasha, In Africa, Menstruation Can Be a Curse, RH Reality Check, Africa & Asia, March 25, 2008 <http://rhrealitycheck.org/article/2008/03/25/in-africa-menstruation-can-be-a-curse/>. ⁴⁶ Marni Sommer, The Social & Health Impact of Girls’ Experiences of Menstruation & Schooling in Tanzania Columbia University Mailman School of Public Health http://www.jhsph.edu/research/centers-and-institutes/bill-and-melinda-gates-institute-for-population-and-reproductive-health/_pdf/policy_practice/adolhealth/presentations/; UNICEF <http://www.washinschoolsmapping.com/projects/pdf/sierramhm.pdf>, etc. ⁴⁷ Jennifer Schappert, HER project and BSR at the Celebrating Women meeting in Geneva, March 8th, 2013. ⁴⁸ Conversations with girls in five states held in the Menstrual Hygiene Lab, during the Nirmal Bharat Yatra in, Celebrating Womanhood : How better menstrual hygiene management is the path to better health, dignity and business http://www.wsscc.org/sites/default/files/content/Research_article_files/mhm_-_celebrating_womanhood_final_report.pdf. ⁵⁰ Urmila Chaman, MHM Lab Volunteer, Nirmal Bharat Yatra, Gwalior Madhya Pradesh, India, 2012



Author: Jean Laurent Ingles, Global SVP Household Care, Domestos, Unilever

A CRISIS FAR TOO BIG TO SOLVE ALONE

In 2000 all 189 United Nations member states agreed to set Millennium Development Goals (MDGs), eight international development targets for 2015. These targets set a route map for tackling global poverty and inequality. Over the last few years governments, international and regional organisations, local communities, the private sector and civil society have been engaged in a consultative process on what should follow the MDGs. The aspiration is that a set of Post2015 Development Goals will provide a framework for ending global poverty once and for all. Sanitation has a vital role to play in this.

“We have every day, in our business, about two billion consumers that use our brands, and so [there is] a tremendous opportunity to touch many consumers. And if we do the right thing, leveraging that tremendous skill, we can actually make major progress in society.”⁵³

Paul Polman, CEO of Unilever

Photo: WaterAid/Benedicte Desrus

Roles the private sector can play

“Harnessing global business as a force for sustainable development represents one of the biggest opportunities in the post-2015 area – and is a necessity for a new set of development goals to be implemented”⁵¹

United Nations Global Compact Report to UN Secretary General on Post-2015 Development Agenda

The private sector has been working with government and NGOs to help tackle the world’s biggest public health issues, including sanitation, for some time. However, the nature of these partnerships has evolved. In the past, public-private partnerships mainly consisted of governments contracting the private sector to deliver services, in many cases involving NGOs. Today, public-private partnerships involve a far more holistic collaboration with each organisation in the partnership bringing complementary skill sets to the table, resulting in greater impact.

This new breed of public-private partnerships can help tackle the global sanitation crisis. By bringing together different skill sets and resources, partners can create and deliver innovative, scalable solutions. With around one third of the world’s population not having access to a clean safe toilet⁵², partnerships that combine the experience, knowledge and resources of the private sector can help deliver truly impactful solutions that could bring safe sanitation to hundreds of millions of households.

Key areas where the private sector can help tackle sanitation include:

Behaviour change education

Changing behaviour is one of the main areas where public-private partnerships can make real impact. Businesses’ consumer understanding and marketing knowledge can be applied to improving public health and with women often the primary consumers, businesses, especially fast moving consumer goods companies, have an especially deep understanding of how to meet the needs of this demographic.

Scaling up programmes

There are many promising pilot sanitation projects across the globe that are doing great things but only helping a small number of people. How can the models honed in these projects reach the billions of people lacking improved sanitation without partnerships? The private sector can help provide the capital, resources, influence, political leverage, and networks necessary for projects to be scaled up and reach hundreds of millions of people.

Co-funding

With today’s uncertain economic times resulting in decreased aid flows and reduced fundraising opportunities for many NGOs, public-private partnerships can offer opportunities for innovative co-financing models with donor governments, institutional donors and national governments in developing countries.

If a business sees the commercial opportunity and a compelling business case, they will make a commitment to a partnership and the business case for embracing these sanitation partnerships is clear.

As an enabler of the local domestic private sector

Public-private partnerships stimulate business innovation and growth; by addressing the needs of poor consumers at the bottom of the pyramid, new opportunities for sanitation market development are opened. By supporting local SME enterprises involved in the operation and maintenance of sanitation services (e.g. faecal sludge management guplers, pump repair mechanics), the supply chain for maintenance equipment (e.g. pumps, spare parts) and the supply chain for infrastructure development (e.g. latrines, pipes), large multi-national and domestic companies can stimulate entrepreneurship and wealth creation whilst ensuring the sustainability of locally managed sanitation services.

As a direct provider of services

In many developing countries the private sector are the contracted provider of water and sanitation infrastructure and services through municipal contracts. Local utility companies and leading multi-national companies are developing learning and capacity so that service providers are able to provide universal coverage, reaching communities who are often excluded for spatial or social reasons.

Increasingly water-using companies that are not traditionally involved in service provision (fast moving consumer goods, apparel, beverage, mining companies etc.), are taking direct action on water and sanitation provision to poor communities. Often this is through self-funded service delivery programmes managed as part of corporate responsibility and business risk mitigation efforts relative to their local operations and supply chains.

As advocates for improved governance

National governments are the duty bearers in respect of the Human Right to Water and Sanitation. Governments have the responsibility to ensure the delivery of these services. In practice poor water and sanitation provision in developing countries is often the result of poor governance, limited investment and low sector capacity.

As vehicles of inward investment the private sector has a powerful voice. By working with international agencies, governments, NGOs and civil society the world’s leading companies can increase the political and financial priority given to sanitation issues. By advocating for improved governance, financing and capacity building the private sector can support national governments to deliver effective national plans and strategies for achieving and sustaining universal access.

Examples of successful partnerships

The Creating Sanitation Markets (CSM) initiative is a partnership led by the World Bank Water and Sanitation Programme. In 2007, the CSM set out to increase access to household sanitation in Peru, using a market-based system for sanitation at the bottom of the pyramid and encouraging sustainable development through private enterprise. The model relies on public-private partnerships at local to national levels. After 24 months, the results of the initiative were clear. Household investment reached \$1.2 million with the private sector contributing about \$570,000 for training, promotion, and lending. Across the four pilot areas, households without access to sanitation decreased from 32 per cent in 2007 to 21 per cent in 2010 and approximately 9,000 households invested in new or improved sanitation facilities.⁵⁴

Unilever Domestos works with a number of public organisations to form partnerships. One example is the partnership with UNICEF on the CATS (Community Approaches to Total Sanitation) programme which helps promote behaviour change through mass media and messaging in schools and health centres. Through the support provided during the first year of our partnership, an estimated 600,000 people are living in open defecation free communities in Gambia, Ghana, Nicaragua, Nigeria, Pakistan, Philippines, South Sudan, Sudan and Vietnam. Other Domestos partnership activities employ different solutions for different localised needs. Domestos Toilet Academies take a business led approach to improving sanitation by training local people in Vietnam in sanitation marketing while the Clean Team rents households a portable toilet at a low-cost, suiting the needs of urban consumers in Ghana.

The opportunity for businesses in improving sanitation

The UN High Level Panel report, published in May 2013, outlined a vision for the post-2015 development agenda. The UN Global Compact – the world’s largest corporate citizenship initiative – fed into this report through a series of 43 consultations incorporating the views of over 1,700 of the world’s leading companies. One of the report’s recommendations was that global public-private partnerships must form a central part of the post-2015 development agenda.

Partnership programmes, such as those undertaken by the World Bank Water and Sanitation Programme and by Domestos and Unicef (highlighted in the boxes below), can help foster improved conditions for water and sanitation provision for some of the world’s poorest communities. For Unilever there is a strong business case for supporting sanitation access for previously underserved peoples; this business imperative means that we can be relied upon to ensure that ever greater numbers of people affected by poor sanitation can be reached. We believe that public-private partnerships such as these can be an essential vehicle to take us beyond 2015 into a new era of improved sanitation.

WHAT MORE CAN WE DO?

More than one third of the world’s population lacks access to sanitation⁵⁵ and with population growth snowballing the sanitation crisis will only deepen. The recognition of World Toilet Day by the UN this year sends an important message that sanitation should firmly be on all our agendas.

- **But in order to help improve the lives of the 2.5 billion people without access to sanitation⁵⁶, stronger partnerships will need to be built. The success of these depends on greater support from across the private sector, governments and civil society, the strong leadership of all parties involved, a clear purpose, shared goals and a willingness to pool resource.**
- **For businesses, a commitment to working with others to help solve the sanitation crisis can come from looking at their core business. As we have done at Domestos, businesses should look at how improving access to sanitation can help in the development of new markets and new consumers. What is the business opportunity, and how can individual companies use core business strengths to help deliver both strategic and social development?**

Many businesses today are already looking at this but in order to tackle one of the most pressing issues facing the world today, more players from the private sector must realise the opportunity from a social good and business perspective. The global sanitation crisis is too big to solve alone. It is only by working together that we can make a real impact.

As UN Deputy Secretary General Jan Eliasson and Unilever CEO Paul Polman said at the introduction of this report,

“We simply cannot wait. By acting decisively we can now make a positive impact on global health, education, women’s safety, social equality and economic growth for generations to come.”



Photo: WaterAid/GMB Akash/Panos

⁵¹ Report to the United Nations Secretary General, “Corporate Sustainability and the United Nations Post-2015 Development Agenda” (2013). ⁵² WHO/UNICEF Joint Monitoring Programme: Progress on drinking water and sanitation (2012 Update). ⁵³ McKinsey conversations with global leaders http://www.mckinsey.com/insights/strategy/mckinsey_conversations_with_global_leaders_paul_polman_of_unilever. ⁵⁴ World Bank/WSP/International Finance Corporation: Bringing Water to Where It is Needed Most, Innovative Private Sector Participation in Water & Sanitation (July 2011). ⁵⁵ WHO/UNICEF Joint Monitoring Programme: Progress on drinking water and sanitation (2012 Update). ⁵⁶ WHO/UNICEF Joint Monitoring Programme: Progress on drinking water and sanitation (2012 Update).



CONCLUSION AND RECOMMENDATIONS

Co-authored by Unilever Domestos, WaterAid and WSSCC



Photo: WaterAid/GMB Akash/Panos

A lack of sanitation is an issue that disproportionately affects women. The global sanitation crisis means that 2.5 billion people lack access to a toilet and this disproportionately affects women. They need the privacy of a toilet during menstruation; they are at increased risk of violence if they don't have one and have to go outside, often late at night.

On top of this, women are often left caring for children and families who are ill as a result of unclean environments. Sanitation is both a cause of ongoing inequality between men and women and also a symptom of discrimination against women, and should be addressed to stop the cycle of poverty for both genders.

The MDG target of halving the proportion of people without access to sanitation by 2015 is unacceptably off-track. According to WHO/UNICEF, on current trends 2.4 billion people will still lack access to improved sanitation facilities in 2015 and the target will not be met until 2025.

Lack of access to this most basic service has huge negative impacts on wider human development including child and maternal health, education, gender equality and livelihoods. It is a crisis that needs to be tackled with immediate urgency.

The international community must come together and act with renewed urgency. It is clear that business as usual is not going to solve this crisis. A concerted effort on a different scale is required from all levels of government, business and civil society if we are to end this crisis. We recommend that:

- Governments make strengthening the sanitation sector and bringing the MDG target back on track an immediate and utmost political priority.
- Governments (of both developing and donor countries) across the world keep their promises and implement the commitments made at national level, regional level (AfricaSan, SACOSAN) and global level (Sanitation and Water for All). Furthermore, they must significantly increase financial resources to the sector, use these resources wisely and ensure that the most marginalised and vulnerable people are targeted.
- The post-2015 development framework must have a clear focus on eradicating extreme poverty by 2030, and UN Member States are urged to consider a dedicated goal on water and sanitation that sets ambitious targets to achieve universal access to water, sanitation and hygiene so that:

- No-one practises open defecation.

- Everyone has safe water, sanitation and hygiene at home.

- All schools and health facilities have safe water, sanitation and hygiene.

- Water, sanitation and hygiene are sustainable and inequalities in access have been progressively eliminated.

- All governments must have sanitation integrated into education policy supported by sufficient resources and concrete plans to ensure that:

- All schools have adequate sanitation facilities including handwashing facilities and separate toilets for boys and girls with access for students with disabilities.

- Specific provision is made at school for establishing proper menstrual hygiene management facilities.

- Hygiene promotion is featured as an important part of the school curriculum from primary level.

- The role for public-private partnerships in addressing the sanitation crisis has been formally recognised. More actors in the private sector must realise the social and business opportunities and invest in social development. More frequent and cross-sector collaboration is essential to achieving real progress.

And we must help break the taboo to get the world talking about this urgent and devastating issue, **#wecantwait**

The global community must act now. We cannot wait as poor sanitation leads to the suffering and degradation of billions of people across the world every day.

Join our shared mission to help everyone have access to improved sanitation.

For more information:
www.worldtoiletday.org

APPENDIX



The Water Supply and Sanitation Collaborative Council

Who we are: The Water Supply and Sanitation Collaborative Council (WSSCC) is a global multi-stakeholder partnership and membership organization that works to save lives and improve livelihoods. It does so by enhancing collaboration among those who are working to improve access for the 2.5 billion people without safe sanitation and the 768 million people without clean drinking water.

Our mandate: WSSCC was formally recognized in 1990 through a United Nations General Assembly resolution (A/RES/45/181), to complete work left unfinished at the close of the International Drinking Water Supply and Sanitation Decade (1981-1990). Since then, it has served as an international coordinating body to enhance collaboration in the water supply, sanitation and hygiene sectors, specifically in order to attain universal coverage for poor people around the world. WSSCC's Geneva-based secretariat is part of the United Nations.

How we work: WSSCC supports water supply, sanitation and hygiene coalitions in some 20 of the world's poorest countries. It has 3,500 members in more than 160 countries as well as a large network of international, regional and national partner organizations. The organization also provides guidance and technical support to Governments upon request, and supports intergovernmental processes of relevance for the WASH sector, ensuring that the voices of the poorest are heard. Through its work, WSSCC contributes to the broader goals of poverty eradication, health and environmental improvement, gender equality and long-term social and economic development.

Our impact: Through its Global Sanitation Fund, the organization helps millions get access to sanitation through a behaviour change and a human rights approach. WSSCC advocates at the global and at the national level to keep sanitation high on the priority of decision makers and strengthens capacities of practitioners. WSSCC supports the UN DSG's Call to Action on sanitation and is actively involved in advocacy around the post 2015 WASH targets and indicators that were developed through a JMP led technical consultation.



WaterAid

Who we are: WaterAid is an international non-governmental organisation focused exclusively on improving poor people's access to safe water, improved hygiene and sanitation. We work in 27 countries across Africa, Asia, the Pacific region and Central America and campaign globally with our partners to realise our vision of a world where everyone has access to these basic human needs. To date, we have reached over 19 million people with safe water and over 15 million with sanitation.

Our approach: We work with local partners, who understand local issues, and provide them with the skills and support to help communities set up and manage practical and sustainable projects that meet their real needs. We also work locally and internationally to change policy and practice and ensure that water, hygiene and sanitation's vital role in reducing poverty is recognised. Globally we are an active member of Sanitation and Water for All, a partnership of governments, donors, civil society and multilateral organisations working together to address the water and sanitation crisis.

Our impact: Clean water and safe sanitation underpin health, education and livelihoods. Our work transforms millions of people's lives every year. Without safe water or sanitation, people are trapped in a cycle of poverty and disease. Across the developing world, millions of women are wasting precious time collecting dirty water, children are dying from preventable diarrhoeal diseases, and communities have open sewers running through them. Diseases caused by dirty water and poor sanitation kill more children every year than AIDS, malaria and measles combined.

Women and sanitation: The sanitation crisis has a disproportionate effect on women and girls. WaterAid promotes participation by women as key to providing water, sanitation and hygiene services that are appropriate, accessible and affordable. Programmes that include women in planning, implementing and monitoring are more likely to be efficient, effective and sustainable than those that do not. We also work in collaboration with other initiatives that address discrimination and women's rights violations.



Domestos

Who we are: Domestos is Unilever's leading hygiene brand. Our aim is to provide safe, germ-free toilets for all through our advocacy, awareness activities, sanitation programmes and by working with partners such as non-governmental organisations (NGOs) and governments.

Domestos partnerships: Through working with partners, Domestos social mission activities have been implemented in 12 countries. We have already improved sanitation for one million people across the world. We deliver programmes via our Domestos brand in schools across South Africa, Indonesia and Vietnam.

World Toilet Organization partnership: We have been in partnership with the World Toilet Organization (WTO) since 2009 to help raise awareness of the importance of sanitation. Domestos has played a key role in raising awareness of the sanitation crisis through active participation in and advertising around World Toilet Day and the World Toilet Summit over the past four years. In 2013, we activated World Toilet Day events across 11 countries, reaching 600 opinion formers to raise awareness of the sanitation crisis. We also work with the WTO on the joint Domestos Toilet Academy programme, which opened last year in Vietnam. As part of a global roll-out, the Academies will train people who want to start their own sanitation business to sell and maintain new toilets, as well as educate the community about why sanitation is so important. The Academies aim to provide a sustainable and long-term solution to sanitation that benefits the local society and helps stimulate the local economy.

Domestos, the Unilever Foundation and UNICEF partnership: Last year, Domestos, the Unilever Foundation and UNICEF announced a partnership aiming to reduce the number of people who do not have access to basic sanitation and create open defecation free communities, where families use their own toilets. Community Approaches to Total Sanitation (CATS) helps people live in open defecation free communities in Gambia, Ghana, Nicaragua, Nigeria, Pakistan, Philippines, South Sudan, Sudan and Vietnam. Following the first year of this partnership, 600,000 people are now living in open defecation free communities.



World Toilet Day was founded by the World Toilet Organization in 2001 to mobilise a global movement to raise awareness of the sanitation crisis. Since then, the day has been celebrated by international and civil society organisations all over the world. This official recognition by the United Nations, following a proposal by Singapore, shows that the sanitation taboo is now being broken.

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