WaterAid’s feedback on the World Bank’s gender policy (03/08/15)

Guiding Principle
The World Bank gender strategy should act as the principal guide to its poverty eradication agendas. It is women who disproportionately bear the impacts of poverty. An explicit gender focus at the forefront of the World Bank’s programmes will act as the most effective engine of the transformation required for all of the post-2015 poverty eradication aims. WaterAid therefore welcomes the commitment of the World Bank to renew and improve its gender strategy.

Introduction to WaterAid and WASH
WaterAid is an international development agency working in some 27 countries and is the world’s largest INGO focused exclusively on the provision of household water, sanitation and hygiene, and menstrual hygiene management services (“WASH”). While WaterAid’s research and programmatic work focuses on water, sanitation and hygiene, we bear witness to the multiple dimensions of poverty that the exclusion of WASH brings to the lives of women and girls.

While access to WASH is a basic human right and a necessary condition in achieving poverty eradication, it also has a particular bearing on the achievement of gender equality – on ensuring that women have access to all the basic services including health care coverage, enrolment and retention in primary and secondary education, an environment free from violence and sustainable livelihoods. And the externalities of WASH poverty also have a significant bearing on qualitative aspects of women and girls’ lives including on their social identity and dignity in both private and public domains.

Given the depth of the negative impacts of WASH poverty on women and girls, it follows that a robust set of interventions and programmes that deliver WASH services will inherently have a strong gender bias. In addition to the positive gender outcomes that WASH investments bring, there are also ways in which WASH services can strengthen the effectiveness of interventions in the full range of development interventions – in health, education equity, livelihoods, human security and economic opportunities.

Analytical approach and the World Bank’s gender policy proposals
Discerning the areas for targeting World Bank assistance on gender should be based on an identification and clear analysis of the areas of greatest gender inequality in both access to assets and services and in outcomes. The following clusters point to areas where the impacts of poverty fall disproportionately on women and where the WASH component is significant. It proposes the programmatic and policy interventions required to address those inequities.

1) **Universal access to WASH** – It is women and girls that bear the greatest burden in terms of water-fetching labour. It is not uncommon for women in rural areas to spend over 2 hours a day in collecting and storing water for daily household uses. Access to sanitation and hygiene is strongly correlated with reductions in child mortality – by about one third in many countries [see Beyond Scarcity HDR 2006] – and in increasing life expectancy by as much
as 15 years. Curative treatments for entirely preventable WASH related diseases take up a significant level of household income with greater negative impacts for poorer single women headed households. WaterAid argues that there is no single development intervention that brings greater returns in public health than access to water, sanitation and hygiene practice. Nearly one billion people practice open defecation on a daily basis (UN (nd.), End Open Defecation. Breaking the silence on open defecation). This practice can be especially degrading and dangerous for girls and women and presents a particular challenge for the global community in ending violence against women.

**Policy Action:** The World Bank should proactively engage with member states as they define their national indicators to monitor progress against the recently agreed Sustainable Development Goals. In particular, we would call attention to targets 6.1 (on access to drinking water) and 6.2 (on access to sanitation and hygiene). Member states will confirm the full list of global indicators to measure these targets in March 2016 and this presents an opportunity for the Bank to ensure that there are effective interlinkages between measurement of outcomes for the gender equality targets – in particular 5.2, 5.4 and 5.6 – and those for water and sanitation. In particular this could include investment in national statistical capacity and capability enhancement programmes.

2) **Maternal Health** – the greatest global inequality between the industrialised ‘north’ and the ‘global south’ is in the chances that women have in surviving childbirth. A 2014 paper from the London School of Hygiene and Tropical Health has identified WASH poverty as a critical determinant of high rates of maternal and new born mortality [figs and stats in the attached].

**Programme Action:** All World Bank efforts investments and interventions in basic Health Care systems and in Maternal Health need to ensure that all birthing centre facilities have access to supplies of clean water and basic sanitation and hygiene facilities. It is not realistic to think of any healthcare facility performing even the most basic functions without functioning WASH facilities.

3) **Universal Access to Health care and Health systems strengthening** – the task of caring for sick children and aged family members usually falls on women. The vulnerability of poorer countries and communities to health epidemics, such as the recent Ebola crisis, is exacerbated by the weakness of health coverage and investments in environmental health.

**Programme and Policy Action:** All health care programmes must ensure that there are proper and accessible WASH facilities in health clinics and hospitals. All public health care coverage programmes need to build stronger investments in environmental health services as well as in effective public hygiene programming. A good example of where the World Bank is already playing a proactive role on drawing together different sectors is the recent WHO/World Bank report on universal health coverage (UHC). WaterAid believes it is imperative that WASH is monitored as part of the tracer indicator set for UHC and in particular that this includes access to WASH in health care facilities. Ensuring access to WASH in health care settings, alongside WASH in schools, is a considered by the UNICEF/WHO joint monitoring programme
to be a good proxy indicator for understanding access to menstrual hygiene management facilities (which must be a key part of any efforts to improve gender equality).

4) Gender equality in education – there is a strong observed correlation between access to WASH and the achievement of gender equity in primary school enrolment. Girls spend hours fetching water for the household and are often excluded from school. And when they get to school, girls too frequently drop out because of inadequate menstrual hygiene management facilities in school. Girls with disabilities face additional barriers in terms of accessibility of facilities, stigma and discrimination and limited access to information that can be easily understood. This amounts to a particular barrier for retention rates in secondary school.

**Programme and Policy Action:** All coherent education programmes must include provisions for functioning and accessible WASH facilities and menstrual hygiene management facilities in school.

5) WASH in education curricular – All schools and education policy in general has an important part to play in educating children about collective the responsibilities and the common good associated WASH coverage and hygienic practices. Schools should convey messages on the importance of gender equity in the responsibilities associated with public hygienic practices and in water-fetching labour.

**Programme and Policy Action:** Technical Assistance programmes that develop schools’ curricular should include hygiene education, safe menstrual hygiene management.