

18 May 2020



## WaterAid submission to the federal inquiry to review key initiatives in the Pacific that enhance opportunities for women and girls

As the Australian Government reviews how Australia can better engage with our Pacific neighbours to enhance opportunities for women and girls, WaterAid would like to highlight that fulfilling Pacific women and girls (and all peoples) human right to water, sanitation and hygiene is essential because:

- Strengthening water, sanitation and hygiene (WASH) services and systems across the Pacific is an opportunity to further realise gender equality outcomes, if those essential services are developed, delivered and monitored with a central focus on women's and girls' empowerment and gender transformation.
- Poor WASH access and gender-blind WASH systems across the Pacific exacerbate gender inequality and prevent Pacific women and girls from realising their full potential. It leads to: increased domestic labour, exclusion from decision-making and leadership, poor maternal and menstrual health outcomes, and increased risks of violence.
- The COVID-19 pandemic coupled with poor WASH reinforces gender inequality throughout the Pacific because: Majority of frontline health workers are women; and increased community and household hygiene needs to protect against COVID-19 (such as handwashing with soap) increases women and girls daily unpaid labour (e.g. water collection).

WaterAid makes **four recommendations towards gender-transformative WASH drawn from our regional and global programming experience and impact**. This submission presents the view that Australia will not successfully enhance opportunities for women and girls in the Pacific without a strong policy commitment to gender-transformative water, sanitation and hygiene (WASH).

### **Water, sanitation and hygiene in the Pacific region**

Characterised by remoteness and dispersed populations, the Pacific region has some of the poorest rates of water, sanitation and hygiene coverage in the world. Only 55% of the population have access to basic water supply, while only 33% of the population have access to basic sanitation. Lacking reliable data, there is not an accurate estimate for household hygiene. In Papua New Guinea for example, just 41% of all people have access to basic drinking water supply<sup>1</sup>, only 13% of the population have access to a basic level of sanitation.<sup>1</sup> The 2018 Demographic and Health Survey highlights that only 28% of households have basic hygiene, with handwashing stations with soap and water present.<sup>1</sup>

18 May 2020



## **1. Pacific water, sanitation and hygiene systems and services must be gender-transformative**

The Issue: The Pacific region's low WASH coverage and weak WASH systems are being subsidised by women and girls unpaid labour, a burden which prevents them from achieving their full potential.

Women and girls bear the greatest burden of WASH-work such as water collection for households and communities.<sup>1</sup> Women do four times more unpaid care work than men, across Asia and the Pacific as a whole.<sup>2</sup> In Fiji a study in informal settlements found 82% of women regularly do unpaid WASH-related household work compared to 11% of men. In a study in rural settlements in Fiji, women reported travelled up to 90 minutes a day to access water.<sup>3</sup> This socially prescribed role also increases risks of violence, as women and girls may walk long distances to access water, exposing them to risks of violence.<sup>4</sup> Prevalence of violence in the Pacific is generally higher than the global average of 35%<sup>5</sup> compared to Fiji (64%) and the Solomon Islands (64%).

WaterAid led a gender and power analysis of WASH in 2019 in collaboration with the National Research Institute in Papua New Guinea's East Sepik Province, and interviewed 149 people across four communities.<sup>6</sup> Women interviewed felt they were excluded from decision-making about WASH services, it documented many reports that women and children were primarily responsible for collecting water and spent labour and time on this task each day and often were subjected to harassment and other forms of violence while completing this task. It captured experiences of people with disabilities, particularly women, having difficulties accessing WASH services compared to their peers due to physical infrastructure or discriminatory attitudes at community water points.

In response to this data, WaterAid is collaborating with the East Sepik Council of Women and the East Sepik Disabled People's Organisation to improve access to, and control over WASH for women and people with disabilities. However, given the size of the issue, scaling up of this type of programming is urgently needed.

In Timor-Leste, WaterAid tested a gender transformative approach to motivate households towards redistribution of women's domestic work burden, and to support women into community-level leadership and technical roles. In collaboration with the Institute for Sustainable Futures, University of Technology Sydney (ISF-UTS), WaterAid led a primarily qualitative study in 2018-19. Engagement of 172 people across nine communities found that the approach had led to positive changes such as men and women being more willing to share household tasks and work better together; women having more status and being more involved in household level decision-making; and men doing more water collection and household hygiene work. WaterAid, is applying the study findings across Timor-Leste and Papua New Guinea to strengthen monitoring systems; improve facilitators skills and to support government and non-government rural WASH actors to also addresses women's unfair work.

Recommendation 1: The Australian government must invest in gender-transformative WASH as a critical pathway to transform gender relations and support women and girls as agents of change in the Pacific region.

18 May 2020



## **2. Prevention and response to the COVID-19 pandemic in the Pacific must be incorporate gender-transformative hygiene and WASH efforts**

The issue: Women and girls experience greater vulnerability and work burden in relation to essential water, sanitation and hygiene services to protect against Covid-19.

Together with social distancing, hygiene is the first line of defence to protect individuals and communities against COVID-19 and is at the core of the World Health Organisation’s public health advice.<sup>7</sup> 70% of the global health and social care workforce are women,<sup>8</sup> this includes frontline health workers, such as nurses and midwives, community health volunteers and carers. They face increased risk of infection in conditions with limited WASH; as well as increased pressure to manage lack of WASH; increased exposure to the virus; and increased risk of violence and retaliation in times of crisis.

Ensuring that COVID-19 responses promote equitable access to WASH is essential to realising human rights and can be a critical step in tackling these persistent inequalities.

In Papua New Guinea, Provincial Health Authorities at the subnational level have limited resources and capacity to respond to the COVID-19 pandemic prevention and response plans in a gender-transformative way. WaterAid has leveraged our existing partnership with the Wewak District Development Authority (DDA) and East Sepik Provincial Health Authority (ESPHA) to undertake a joint COVID-19 awareness and preparedness campaign which is gender empowering. WaterAid developed messaging packs and provided briefings to government teams on delivery. The messaging focused on hand hygiene and inclusive set of COVID-19 prevention behaviours (handwashing with soap, respiratory hygiene, maintaining social distancing, cleanliness, food hygiene, and referral), as well as awareness on equal sharing of household water collection and gender based violence. WaterAid collaborated with the East Sepik Council of Women and the Disabled People’s Organisation to undertake a rapid analysis for women and people with disabilities to inform this approach. Based on this analysis, key approaches were developed around gender based violence, minimising stigma against marginalised groups and increased workload on women. Information on government domestic violence referral pathways was distributed and collectively the COVID-19 outreach teams have reached 147 rural communities, or 45,248 people.

This programming example is evidence of how COVID-19, WASH and gender can be mutually addressed to maximise development outcomes. Responding to the COVID-19 pandemic through community hygiene mechanisms is a critical opportunity to address gender equality, violence and women’s unpaid work burden.

Recommendation 2: The Australian government’s support to mitigate Covid-19 risks throughout the Pacific region must prioritise WASH solutions and be gender transformative and inclusive.

## **3. Develop evidence-based assessments and stronger systems to address gender and water, sanitation and hygiene in healthcare facilities**

18 May 2020



The issue: Throughout the Pacific quality maternal and newborn care is compromised by poor WASH services in healthcare facilities. In low and middle-income countries (LMICs) two out of every five healthcare facilities lacks handwashing facilities at points of care, one in four have no clean water on site and one in five have no decent toilets.<sup>9</sup>

In 2019 members at the 72<sup>nd</sup> World Health Assembly passed a resolution to improve WASH in healthcare facilities. The resolution guides national and sub-national action, calling for multi-sectoral coordination and integration of WASH in health initiatives and national health policies, strategies and plans to promote WASH. It is critical that Pacific island countries are supported to action the resolution.

Each day, 830 women die from pregnancy and childbirth related complications, with 99% of these deaths occurring in developing countries.<sup>10</sup> Almost all cases of maternal mortality are preventable with access to basic and safe health interventions, which require WASH.<sup>11</sup> Quality of care during time of delivery is impacted by the availability of adequate WASH, which is alarmingly poor in LMICs.<sup>12</sup>

There is very little evidence and data from the Pacific region on the situation of water, sanitation and hygiene in healthcare facilities. While the WHO/UNICEF Joint Monitoring Programme (JMP) for SDG 6 estimates that 70% of health care facilities have access to basic water supply (based on micro-data) in the Pacific, the lack of reliable data means there are no estimates for sanitation, hygiene, waste management or environmental cleaning. Data from WaterAid's work with the Provincial Health Authority and district government in the East Sepik Province of Papua New Guinea show a dire situation. In a survey of 27 health facilities, only half of the facilities had a safe water supply on site (52.18%), none of the facilities had decent sanitation and over half (62.9%) did not have soap and water at places where care is provided to patients for health care workers to WASH their hands.

If healthcare facilities do not have: a safe and reliable water supply; safe and accessible toilets for patients and staff of all genders, ages and abilities; good hand hygiene infrastructure and practices; effective cleaning; and safe waste management systems, the health and safety of patients, carers and staff is severely compromised.

Yet global evidence shows that simple hygiene practices during the time of delivery in HCFs can reduce the risk of infections, sepsis, and death for infants and mothers by up to 25%,<sup>13</sup> can reduce neonatal death by up to 40%<sup>14</sup> and there is emerging evidence that deeply entrenched gender inequalities and power dynamics also influence and negatively impact women's health outcomes in LMICs.<sup>15</sup> In 2019, 1.2 million women from across 114 countries were surveyed on what they was for safe maternal health care. The number two request, only behind respectful carers was WASH.<sup>16</sup>

Despite the evidence that gender inequality is a challenge to achieving women's health in HCFs, there still remains the need to understand and address these inequalities through health systems strengthening such as WASH improvements. Gender inequalities which exist in HCFs among staff, patients and carers, not only undermine quality of maternal and newborn health, but may also be intrinsically linked to WASH. Women have WASH needs which are different to men around childbirth and menstruation and carry the traditional role as stewards of water and caring for family members due to socially prescribed gender norms. They also face the negative impacts

18 May 2020



of cultural taboos around menstruation and postpartum care when WASH needs are not met. For these reasons, it is likely that poor WASH in HCF's will disproportionately impact women more than men. WASH can therefore serve as a strategic pathway to improve women's interests by supporting their leadership and participation around WASH in HCFs.

WaterAid has programming experience towards solutions of improving WASH and broader environmental health conditions lies in a system-wide, holistic approach. For example, in Cambodia, WaterAid and partners have adopted such an approach over the past four years. Following a situation analysis of the status of WASH in HCFs, WaterAid has collaborate with UNICEF and the MoH to identify the gaps in WASH infrastructure and resources; securing WASH facility improvements; integrating WASH into new and existing guidelines, standards and strategies; and training health centre staff on WASH as it relates to IPC.

WaterAid sees the critical and urgent for this issue to be prioritised throughout the Pacific region to improve women's access to safe and hygienic maternal and newborn health services.

Recommendation 3: The Australian government needs to invest in generating country-specific data on the status of WASH conditions in healthcare facilities, using globally and nationally recognised standards and support the implementation of the WHA 72.7 Resolution on WASH in health care facilities, which Australia formally co-sponsored, across the Pacific region.

#### **4. Menstrual health rights are a significant gap in gender equality efforts in the Pacific**

The issue: Menstrual health practices and beliefs result in women and girls in the Pacific experiencing a range of social, physical and institutional barriers to managing menstruation effectively, confidently and hygienically.

Menstruation, while a normal bodily function which is experienced by approximately 26% of the global population (women and girls of reproductive age), can become a challenge in a woman or girl's life if she does not have access to resources, infrastructure and social support needed to manage it comfortably, hygienically and efficiently.<sup>17</sup> Water, sanitation and hygiene is essential to managing menstrual periods.<sup>18</sup>

A study across the Solomon Islands, Fiji and Papua New Guinea (PNG) in 2016-17 which explored the barriers to women's and girls' effective menstrual hygiene management,<sup>19</sup> found there were adverse impacts on women and girls' participation in education and income generation and identified opportunities to improve women's and girls' ability to manage their menstruation safely and with dignity. Through a series of design workshops, participants of the study and stakeholders provided ideas for improvements, two of which included:

- building a multi-sectoral community of practice on MHM in the Pacific to share learning across countries and sectors, as well as to spearhead advocacy efforts; and
- Improve access to high quality information about menstruation and MHM through cross-sectorial education programs to draw on the mutual expertise of sexual reproductive health and WASH practitioners.

18 May 2020



Holistic and sustainable menstrual health and hygiene solutions require both sexual and reproductive health and rights (SRHR) and water, sanitation and hygiene (WASH) expertise. Contextualised and integrated school-based initiatives are needed which also have a broader a systems-strengthening approach. The types of programming interventions needed are, and that we have seen as effective include: Quality of social support for girls was addressed through teacher training and delivering gender dialogue sessions within communities. SRH and WASH service delivery was aligned through mobile outreach clinics, school-based WASH facility upgrades, and anemia testing and promotion. A suite of education materials were piloted to tackle social norms and menstrual health knowledge, including comprehensive sexuality curriculum. The reusable menstrual pad market was strengthened. Both countries established communities of practice to engage government departments, facilitate learning, and galvanise action on menstrual health.

Together, Marie Stopes International (MSI) and WaterAid are leading a three-year integrated MHH program (2017 – 2020). It aims to improve women and girls' education, health and social outcomes through menstrual health in Papua New Guinea (PNG) and Timor-Leste with support from the Australian Government. At two and half years of implementation, the partnership has increased access to WASH and SRHR information, facilities, and family planning services for over 32,000 girls, boys, and adults, and sold over 1,400 reusable menstrual products through local, female entrepreneurs.

Greater commitment and investment from Australia is needed to demonstrate how a collaborative menstrual health model can increase the reach and quality of SRHR education and services available to young people.

In 2018 the Pacific RISE and the Criterion Institute with support from Australian Department of Foreign Affairs and Trade undertook a participatory scoping of the 'Pacific menstrual health market' to examine opportunities and barriers to menstrual product innovation in the region.<sup>20</sup> Drawing on perspectives of menstrual health actors, particularly women-led enterprises, the process led to a series of recommendations to guide future investments. One recommendation stream is for ecosystem-level coordination and investment, and an immediate outcome was to establish a collaborative community of practice to help drive learning and advocacy.

Since July 2019, WaterAid has been supporting women's groups, gender equality activists and social enterprise in Fiji, Papua New Guinea, Samoa, Solomon Islands and Vanuatu to establish and lead the Pacific Menstrual Health Network. The Network provides a platform to create and share best practices, advocate and unite with shared priorities, and working towards a Network Road Map which sets out a plan for progressing menstrual health and develop a series of country case studies to document how change happens and best practice tools and approaches.

Recommendation 4: The Australian Aid program to champion investment and commitment to Pacific menstrual health rights, and building an ecosystem across all aspects of menstrual health, not only access to sanitary product but also tackling social taboos, sustainable water sanitation and hygiene and appropriate disposal systems.

18 May 2020



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18 May 2020



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