

Programmatic Guidance Note

The role of water, sanitation and hygiene in sexual and reproductive health and rights



WaterAid/Ernest Randriarimalala



Introduction

The purpose of this note is to provide technical guidance for improving water, sanitation and hygiene (WASH) in the context of sexual and reproductive health and rights (SRHR) for WaterAid staff and our partner organisations. While WASH services and partnerships should always be designed and adapted to the local context and national standards, the aim of this guidance note is to provide practical support that:

- is applicable across different countries, contexts and programmes;
- highlights critical features that are specific to SRHR;
- underpins our programming;
- and informs our proposals and advocacy.

The guidance begins by framing the problem and how WASH is linked to SRHR, and then maps our role within this area and concludes with programming guidance based on our programmatic approach.

The problem

WASH plays a significant role in the quality of sexual and reproductive health (SRH) service delivery and the realisation of SRHR. Where WASH facilities are weak or absent from SRHR systems and services, positive health outcomes are compromised, and people's health is put at risk.

Inadequate WASH and substandard infection prevention and control (IPC) in healthcare facilities (HCF) increase the risks to women and newborns and can delay or prevent people from seeking SRH care.¹ Poor access to gender-sensitive WASH facilities limits the ability for women and girls to manage their periods safely, privately, hygienically, and without stigma. Some of the most common factors of sexual and gender-based violence (GBV) are the abuse of power and harmful gender norms,² the same norms that cause the uneven burden of WASH in households.



Hezron Danstan Benguye, Nursing Officer, getting ready to enter the labour ward to help a young mother deliver her baby at Kharumwa Health Centre, Nyang'hwale District, Tanzania. June 2019.

Gender and WASH-based statistics:

- Every minute a newborn dies from infection caused by lack of clean water and an unclean environment.^{3,4}
- From a survey asking 1.2 billion women what their top demands were for maternal and reproductive healthcare, access to WASH came second.⁵
- Women and girls are responsible for water collection in 8 out of 10 households when water is off premises.⁶
- 75% of the population in sub-Saharan Africa lack access to handwashing facilities with soap and water.
- Over half of HCF in least developed countries, and 1 in 4 globally, do not have clean water on site.⁵
- In Eastern and South-Eastern Asia, only 1 in 3 HCF have soap and water for handwashing.⁷
- In sub-Saharan Africa, only 1 in 4 HCF have decent and hygienic toilets.
- Across developing regions, 45 million women have inadequate or no antenatal care.⁸
- Complications related to pregnancy and childbirth are among the leading causes of deaths for women of reproductive age.⁹
- 25 million unsafe abortions are conducted annually.⁸
- In sub-Saharan Africa, 53% of schools do not have a decent toilet.
- Globally, 43% of schools do not have soap and water for handwashing.¹⁰

K Vaishnavi with her friends at their school in Satyavedu, Pradesh, India. March 2021.

There were 2,682,000 neonatal deaths (deaths in first 28 days of life) globally in 2015, that is 36 in every 1,000 live births. Over 99% of neonatal deaths occurred in low- and middle-income countries. Tragically, for the 1 in 5 babies who die in their first month, their lives could have been saved by the simple act of being washed in clean water and cared for in a clean environment by people who had washed their hands.¹¹

The Sustainable Development Goals (SDGs) that address WASH, health and gender equality are interlinked and reliant on each other. Combining SRHR and WASH interventions creates opportunities to bolster health and human rights outcomes. This also improves SRH outcomes with interventions to improve WASH in HCF and communities. The two sectors will jointly contribute to achievement of several SDGs (see Figure 1).



WASH

Safe water, sanitation and hygiene in health care facilities are critical for infection prevention and control (IPC) and quality health care.

Sepsis and other infections are major causes of maternal and newborn mortality. Improving WASH and IPC in both health facilities and households reduces the risk to mothers and newborns.

People living with HIV disproportionately suffer adverse effects of inadequate WASH due to their suppressed immune systems and are more likely to suffer and die from diarrheal diseases.

Infants born to mothers with HIV are more reliant on complementary feeding methods, which require access to safe water.

Prevention and treatment of non-communicable diseases, such as cervical cancer, require quality facility care and IPC.

Poor WASH infrastructure, staff shortages and training gaps on IPC undermine contraceptive access, safe childbirth and abortion, and management of sexual health, including HIV/AIDS.

Menstrual health and hygiene can be an entry point to SRHR, and should be included in comprehensive sexuality education.

Universal health coverage relies on adequate access to water, sanitation and hygiene at the household and community level.

SRHR

3 GOOD HEALTH AND WELL-BEING



SRHR targets of SDG 3:

Reduce the global maternal mortality ratio (3.1)

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births. (3.2)

End the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases, and combat hepatitis, water-borne diseases, and other communicable diseases (3.3)

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being (3.4)

Ensure universal access to sexual and reproductive health-care services, including for family planning, contraceptive information and sexuality education, and the integration of reproductive health and education into national strategies and programmes (3.7)

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. (3.8)



WASH targets of SDG 6:

By 2030, achieve universal and equitable access to safe and affordable drinking water for all (6.1)

By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations (6.2)

Support and strengthen the participation of local communities in improving water and sanitation management (6.B)

6 CLEAN WATER AND SANITATION



Taboos around menstruation threaten women's rights to water and sanitation. Menstruating women can have their mobility restricted, or are prohibited from accessing water, kitchens, or toilets.

Stigma against people living with HIV and a lack of knowledge regarding HIV transmission can exclude them from accessing safe water and sanitation.

Transgender, intersex, and gender non-conforming individuals can find gender-segregated toilets challenging, and deciding where to go can be psychologically stressful, socially awkward, and dangerous.

Social norms that condone violence against women and girls mean that issues related to WASH and sexual and gender-based violence are often not discussed by governments, communities, women and men.

Realizing sexual and reproductive rights empowers people and allows them to participate more fully in their communities.

Lack of decent sanitation facilities and water points in safe locations restricts women's mobility and increases their risk of sexual violence.

Poor sanitation without proper menstrual health facilities, lack of information, education and appropriate sanitary products to manage menstrual bleeding impacts adolescent girls' access to education and attainment of good health outcomes.

Comprehensive menstrual health approaches can contribute to stopping harmful practices and beliefs, such as early marriage once girls have their first menstruation.

Facilities without clean water, decent toilets and good hygiene practices put the health and safety of female nurses, midwives and community health workers at risk.

Women have the right to quality of care, dignity and privacy in health care facilities (including adequate WASH), whether they are patients or caregivers.

5 GENDER EQUALITY



SRHR targets of SDG 5:

End all forms of discrimination against all women and girls everywhere (5.1)

Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, and sexual and other types of exploitation (5.2)

Ensure universal access to SRHR as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action, and the outcome documents of their review conferences (5.6)

Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels (5.C)



Figure 1. Links between WASH and SRHR in achieving the SDGs

WaterAid's role and added value

WASH is not only essential for health and safety during the reproductive cycle, but also plays a critical role in maintaining sexual health and preventing and treating infections and injuries. Without clean water, decent toilets and good hygiene practises, menstruation can feel like a burden, pregnancy and childbirth poses greater health risks, and it becomes harder to manage and prevent the spread of infections.

WASH services and non-inclusive infrastructure (e.g., a lack of female-friendly public toilets) hamper the fulfilment of SRHR, including the right to health, the right

to autonomy and bodily integrity, the right to privacy, the right to equality and non-discrimination, and the right to be free from sexual violence.¹² All of this underscores that WASH is not just an issue of service delivery, but one of health, rights and dignity. If WASH and SRHR interventions are better integrated, increased health and women's rights outcomes can be achieved.

SRHR consists of many different areas of healthcare services, especially for women and girls, and is an essential part of universal health coverage (UHC). Our role could vary depending on context and SRH area.

Box 1. WaterAid's approach to SRHR

Our mission is to transform the lives of the people who are the most marginalised from WASH by improving their access to sustainable and safe services. We are committed to advance gender equality in WASH in the long-term through changes in norms and systems.

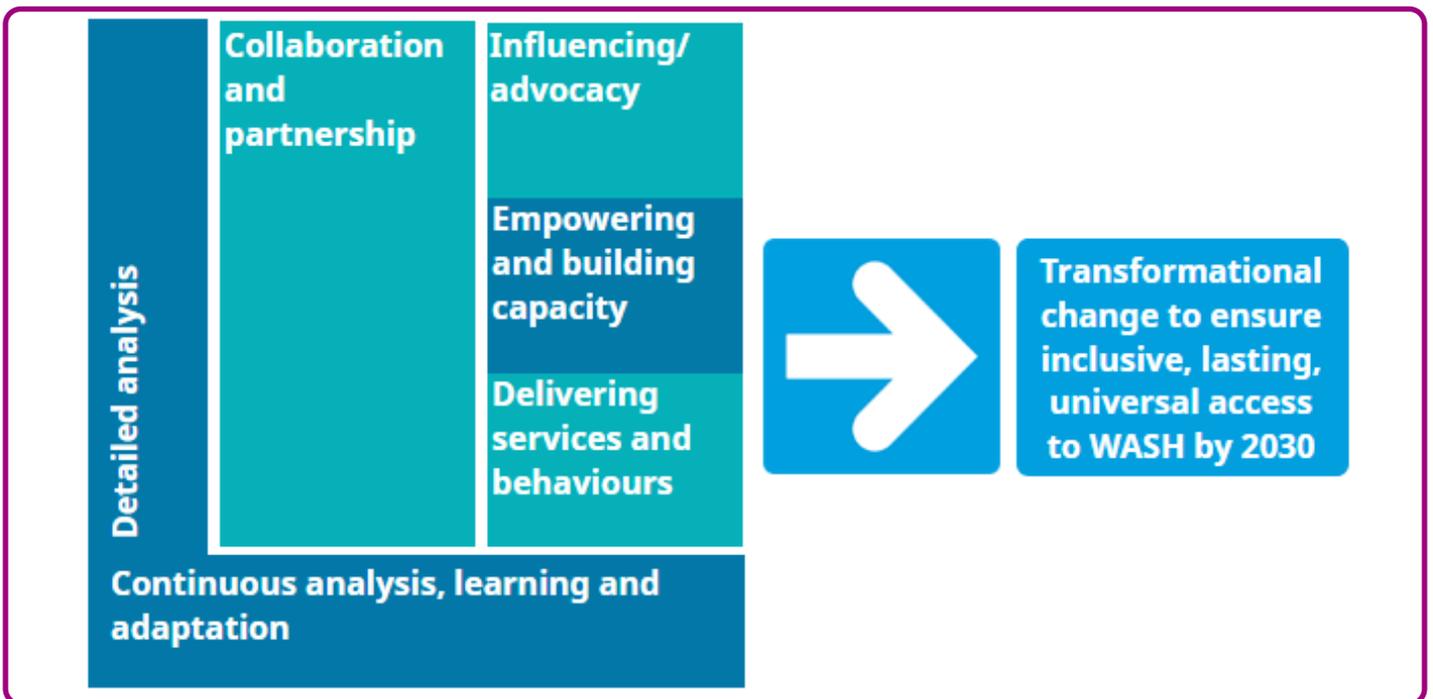
By working with the SRHR sector, we support our mission through:

- Ensuring that SRH services have access to WASH.
- Eliminating GBV around WASH services.
- Ensuring that all people who menstruate can do so without being hindered in their lives.
- Challenging harmful gender norms through gender transformative WASH programming.

WaterAid's role and approach to SRHR

This section will go more into specific guidance, structured after WaterAid's general programming approach as seen in Figure 2.

Figure 2. The components of WaterAid's role and how we work to contribute to transformational change to ensure sustainable, universal access to WASH by 2030



Albert Rakotoson, 67, and his granddaughter Tantely, 8, carrying water back from a water point in Tsarafangitra village, Belavabary commune, Madagascar. August 2019.



WaterAid/Ernest Randriamalala

Detailed analysis

It is vital to start with a detailed analysis of your specific context to better understand the state of SRHR and WASH. Data will be an integral part of this process, with data on WASH access in HCF, schools and households/communities a fundamental starting point. Including specific data on maternal health, menstrual health (MH), and GBV in relation to WASH.

A **Political Economy Analysis (PEA)**, including a gender and power analysis, is recommended to understand the SRHR landscape in your country. This should include, but not be limited to:

- Who are the main SRHR stakeholders in the country?
 - ◊ Which of them could be potential partners to WaterAid?
- Where is SRHR situated in government? Different parts of SRHR might be in different ministries, for example Comprehensive Sexuality Education or GBV.

- What are the national priorities on SRHR?
- In what SRHR areas are there gaps when it comes to WASH integration?
 - ◊ What capacity do SRHR stakeholders have to work on WASH?
 - ◊ What areas are relevant for WaterAid to work with? What is the rationale?
- Are some areas within SRHR politically, culturally or socially sensitive?
 - ◊ Does WaterAid need a position on those areas?
- Who is marginalised in the context of SRHR and WASH?
 - ◊ Who has power in the SRHR sector? (Do a power analysis.)
 - ◊ What are the gendered aspects? (Do a gender analysis.)

WaterAid/Guilhem Alandry



Resources:

- Our [PEA toolkit](#).
- Our [Equality, non-discrimination and inclusion toolkit](#), with guides on power and gender analysis.
- The gender mainstreaming checklist in our [Guidance to mainstream gender equality and social inclusion](#) tool.

Women and their babies wait to be seen at Talo Health Centre, Municipality of Falo, Circle of Bla, Mali. July 2018.

How WaterAid programming can support SRHR outcomes



WaterAid's programming that supports SRHR outcomes:

- Access to WASH in healthcare facilities, homes, communities, public spaces, and schools
- WASH for Infection prevention and control
- Contributions to Universal Health Coverage
- WASH and Health system strengthening and empowerment
- Advocating for the role of WASH for women's rights
- Integrate WASH as an essential component in SRHR programmes and in integrated women's health services
- Including women of all ages, women with disabilities and people living with HIV in programmes and advocacy, to understand and address their needs to WASH in relation to their sexual and reproductive health



SRHR outcomes ✓

- Safe pregnancy, antenatal care, childbirth postnatal care, contraception, abortion care services.
- Prevention of sexually transmitted and other infections.
- Quality treatment of HIV/AIDS, reproductive tract injuries and reproductive cancers.



WaterAid's programming that supports SRHR outcomes:

Prevention of gender and sexual based violence through:

- Accessible, clean water closer to home, in safe locations
- Access to female friendly and inclusive sanitation
- Access to menstrual health facilities
- Challenging harmful gender norms through transformative WASH programmes
- Integrating WASH to the GBV-agenda, recognising the role gender responsive and inclusive WASH interventions can play for preventing sexual and gender-based violence



SRHR outcomes ✓

- Prevention, detection, and management of sexual and gender-based violence and coercion.



WaterAid's programming that supports SRHR outcomes:

- Addressing harmful social norms and supporting the development of a positive enabling environment
- System strengthening and empowerment on MH
- Access to WASH in schools, public spaces, homes
- Information, education, and hygiene behaviour change
- Access to a range of products for individual choice
- Integrate menstrual health in to SRHR programmes
- Integrate MH information and education into Comprehensive sexuality education



SRHR outcomes ✓

- Information about the menstrual cycle.
- Menstrual products access.
- Diagnosis, care, and treatments.
- A positive and respectful environment.
- Freedom to participate in all spheres of life.



WaterAid's programming that supports SRHR outcomes:

- Integrating menstrual health into comprehensive sexuality education
- Integrate information and education on MH into SRHR information and counselling
- Integrate inclusive hygiene behaviour change in to SRHR counselling



SRHR outcomes ✓

- Information and counselling on SRHR, including comprehensive sexuality education.

Collaboration and partnerships

SRHR is a multi-sectoral issue and needs collaboration across multiple actors and ministries, and different civil society organisations (CSOs) and networks. The Ministry of Health often manages substantial parts of SRHR, but the Ministry of Education also has an important role to play – for example, through comprehensive sexuality education (CSE) and MH in schools. We will always work in partnership with women’s rights and SRHR specialist organisations to ensure an integrated, relevant and appropriate approach.

Our role in partnerships around SRHR:

- **Partner to women’s rights and SRHR specialist organisations.** WaterAid is a WASH specialist organisation that will contribute our expertise on inclusive and gender responsive WASH to the health sector and for the improvement of women’s health and wellbeing. Through our gender approach, we will also help challenge underlying structural causes of inequalities.
- **WASH sector involvement.** WaterAid will play a critical role in convening the WASH sector, advocating for inclusion of WASH in national SRHR policies and plans, and supporting dialogue between ministries.
- **Through our partnerships with groups** such as communities, religious leaders, community volunteers and extension workers, schools, women’s and youth groups, and disability rights’ groups we can support rights-holder to demand their right to WASH within sexual and reproductive healthcare.
- **Strengthen the cross-sectoral evidence base.** Conduct joint operational research to guide collaborative WASH and SRHR

approaches. Examples include learning and documentation between WASH and SRH actors on effective MH programming approaches. Expand research on WASH in HCF to specifically include aspects of SRHR, such as safety and quality of care in abortion services.

- **Create evidence-informed dialogue and key messaging.** Draw on evidence to develop messaging across WASH and SRHR communities to drive agendas at global health and WASH forums.
- **Establish stronger monitoring mechanisms for SRHR and WASH improvements.** Improve the collection of timely and reliable data and information which can be used by governments and other actors to inform efforts to improve WASH and SRHR outcomes.
- **Agree on shared terminology** and the broader definition of MH that WaterAid was part of developing in 2021.¹³ This will bring greater clarity to the formulation of a jointly development agenda by WASH and SRHR proponents and other actors.

Resources:

- Our [Partnership tools and guidelines](#).
- [Programming insights from the ‘Keeping Girls in School Through Improved Reproductive and Menstrual Health’ project in Papua New Guinea and Timor-Leste](#).
- [Menstrual health: a definition for policy, practice, and research \(2021\)](#), by WaterAid, et al.

Influencing and advocacy

Quality of care is getting increasing global attention. The findings of the Lancet Commission on High Quality Health Systems in the SDG Era provide ample evidence to support the assertion that “providing health services without guaranteeing a minimum level of quality is ineffective, wasteful, and unethical”.⁵

WASH is an important enabler of quality of care, and as a human right it is central to operationalising comprehensive and integrated SRHR. Still, comprehensive WASH is often missing from major global strategies on SRHR and adolescent health. While Principle 2 of the International Conference of Population and Development (ICPD) references water and sanitation in relation to the right to an adequate standard of living, prevention of infection, infant mortality and other issues, it does not link explicitly to ensuring SRHR.

WASH is also increasingly recognised as a foundation of health, for example by the Office of the United Nations High Commissioner for Human Rights (OHCHR) and the World Health Organisation (WHO), and this recognition can extend to SRH.¹⁴ The Committee on Economic, Social and Cultural Rights, and the Committee on the Elimination of Discrimination against Women (CEDAW), have both acknowledged WASH and SRHR to different degrees.¹⁵

Our role in advocating for SRHR:

- **Advocate for national governments to include WASH in HCF minimum standards.** Furthermore, that health indicators incorporate essential SRHR services such as GBV; maternal and newborn health; access to safe abortion

and contraceptive services; HIV and reproductive cancers treatment, etc.

- **Ensure that national governments’ SRHR service delivery policies and guidelines incorporate** quality and user-centred WASH minimum standards at national and sub-national levels.
- **Lead WASH and SRHR actors in developing and implementing joint regional** and national strategies with clear targets and indicators.
- **Jointly deliver evidence-informed messaging at health and WASH forums.** WASH and SRHR actors can present shared evidence-informed messaging at events and in bilateral dialogues. This includes adopting and applying a comprehensive definition of SRHR, MH and the role of WASH.
- **Advocate for donors to mobilise resources for SRHR-related WASH through joint funding streams.** Scale up financial investment for WASH in a comprehensive approach to improve health outcomes for women and girls, including in SRHR, and monitor investments in WASH and SRHR.
- **Conduct joint advocacy and influencing at global, regional and national levels.** Identify shared goals with partners across sectors and develop cross-sectoral platforms, plans and financial structures to jointly address MH.

Resources:

- [*A shared agenda: exploring the links between water, sanitation, hygiene and sexual and reproductive health and rights in sustainable development*](#), WaterAid report with SRHR partners from 2019.

Empowering and building capacity

Our added value will be formed by an initial detailed analysis identifying who is most marginalised from SRHR and WASH. Along with an overview on the capacity of stakeholders to integrate WASH with SRHR, Health and Education sectors.

Based on this, our role will be to:

- **Strengthen the capacity of government to coordinate and promote quality of services.** Support national and sub-national ministries of Health, Education and WASH to strengthen institutional coordination when implementing policies and action plans.
- **Strengthen the capacity of government ministries who are delivering health-focused WASH initiatives,** so they have skills and knowledge to consider SRHR.
- **Capacitate SRHR initiatives** so that they have skills and knowledge of the fundamental role of WASH services and rights.
- **Support governments to integrate MH into school curricula.** SRHR and WASH actors can combine efforts to improve the policy environment, strengthen curricula, and ensure that teacher training incorporates MH into comprehensive sexuality education.
- **Promote a gender-transformative agenda in SRHR and WASH programming,** challenging the underlying structures that cause inequalities, including addressing the requirements of groups who are often the most underserved and marginalised, e.g., women and people living with disabilities.
- **Ensure user-led solutions are adopted** and reach the people who are marginalised. Jointly advocate against

government policies or strategies that restrict comprehensive SRHR or discriminate against SRH in relation to other health areas.

- **Remove barriers** to WASH and SRHR for people living with disabilities, sexual and gender minorities, and design youth-friendly, integrated services in collaboration with rights groups and SRHR specialists.
- **Ensure a diverse cross-section of voices** including youth, gender and sexual minorities, and incorporate men and boys as champions of change.

Anjali (left) and Sapna (right) break the taboo of not touching pickles during menstruation during a session on MHM, New Delhi, India. March 2020.



Delivering services and behaviours

A comprehensive WASH package for SRHR should be tailored to the specific context. Based on our analysis and the identification of our added value, we should work on applying the appropriate components of our approach (see Box 2).

Our role in service delivery:

- **Expand current WASH in HCF efforts that focus on maternal** and newborn health, so they address all areas of SRHR.
- **Ensure that SRHR service delivery policies and guidelines** incorporate quality and user-centred WASH minimum standards.
- **Ensure that people utilising SRHR services have access to quality WASH** services that meet their needs, are private, and contribute to a quality health service experience.
- **Train frontline healthcare workers delivering SRH services in hygiene-related IPC.** For example, in training on post-abortion care, incorporate hygiene-related solutions, and adopt similar solutions to those used in MH (e.g., access to sanitary pads, appropriate information, female-friendly WASH facilities, etc).
- **Improve WASH in schools programming to collaborate with SRHR** stakeholders to better plan and design integrated interventions for all.
- **Design and deliver joint, rights-based MH programming,** including tackling harmful social norms and attitudes in MH, and hygiene education programmes through joint efforts to reduce stigma and taboos.

Resources:

- Our [Menstrual Health Guidance Note](#) (to be published in 2022).
- Our [WASH in healthcare facilities Programmatic guidance note](#).
- Our [WASH in Health Care Facilities Assessment Tool](#).
- [WASH Fit Tool](#): Developed by WHO and UNICEF to help HCF improve quality of care through the improvement of WASH.
- WHO [Guidelines on Sanitation and Health](#): Guidelines on policy and actions for the promotion of safe sanitation in order to promote health.
- Our [Quality programme standards](#).
- Our [Female-friendly public and community toilets: a guide for planners and decision makers](#).
- [KnowledgeNet – Health](#).
- [KnowledgeNet – Hygiene](#).
- [KnowledgeNet – WASH in schools](#).

Continuous analysis, learning and adaptation

Monitoring and evaluation:

We should not commit to measuring and attributing the impact of our WASH programmes on health and SRHR outcomes. Instead, we should focus on measures such as changes in behaviour, gender equality, the creation of enabling environments, standards of WASH services in HCF, access to MH facilities, coverage of household-level improved sanitation and safe water, etc.

Outcome examples:

- HCF that deliver SRH services have sustainable and safe WASH facilities.
- Good hygiene and IPC are practiced in HCF that deliver SRH services.
- People have access to sustainable and safe WASH in homes, communities, schools and public places to cater for the SRH needs, such as MH, post-natal care, prevention and care of sexually transmitted and other infections.
- Women, girls and gender diverse people who menstruate have access to good WASH facilities, appropriate MH products, adequate information and don't experience harmful norms or other barriers when menstruating.
- MH is part of the school curricula.
- Women and girls are safe when using community or public toilets and water points.

Research and learning:

- We have an important role to play in contributing to research and evidence gaps identified, for example:
 - ◊ Learning and documentation between WASH and SRHR actors on effective MH programming approaches.

- ◊ Expand research on WASH in HCF to specifically include aspects of SRHR, e.g., GBV or safety and quality of care in abortion services.
- ◊ Barriers to MH for people living with disabilities.
- Take time to reflect on your work and what is working or not working. Identify actions to improve your approach – and communicate the changes and learning to stakeholders.
- Share your experience, evidence and learning with your colleagues and partners.
- Develop case studies to document programmatic learning of integrated WASH and SRHR.

Behaviour practices:

- Identify motivators and barriers, including the enabling environment in supporting good practices, and promote sustainable behaviour change improvements on a large scale in different settings and populations.

Resources:

- [WaterAid PowerBI database](#) of recommended indicators at impact, outcome and output level, including for WASH and health and Equality and Inclusion.
- WaterAid's [A guide to support planning, monitoring, evaluation and learning](#) (2019).
- [PMER \(Planning, Monitoring, Evaluation and Reporting\) Hub](#).

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WaterAid/James Kiyimba

Front cover image: Claudine Sailambo with other women and girls from Andavabaza village, Behara commune, Madagascar. September 2021.

Back cover image: Nyaganga Juma Samuel, Nurse and Midwife, holds a newborn baby which she helped mother Susan Magoma (L), 32, deliver the night before at Nyamalimbe Dispensary, Tanzania. June 2019.

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WaterAid is an international not-for-profit, determined to make clean water, decent toilets and good hygiene normal for everyone, everywhere within a generation. Only by tackling these three essentials in ways that last can people change their lives for good.

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