What are the particular issues to be addressed to achieve gender equality with respect to water, sanitation and hygiene, and what measures are being taken to address these?

**Inequality of access:** In Bangladeshi society, social norms together with lack of security restrict women’s mobility. This means that unlike men, women are forced to use whatever facilities are close by to the home, and are often left without any usable WASH facilities, particularly sanitation options, when they are travelling.

Inclusive, secure public sanitation options are urgently required across the country to remedy this situation. Additionally, WASH projects should prioritise the views of women and adolescent girls when planning the location, nature and design of WASH facilities.

Another critical element to securing more equitable access is advocacy and policy influencing at the national level. For example, WaterAid Bangladesh advocates for gender-sensitive public sanitation, and for gender-sensitive policies at the national level. One outcome of this has been a recently issued [circular](http://washinschoolsmapping.com/wengine/wp-content/uploads/2015/10/Bangladesh-Government-Circular-WASH-Facilities-in-Schools-2.pdf) from the Ministry of Education, which instructs schools and school management committees to ensure gender-sensitive separate sanitation facilities in all secondary education institutions, based on the worrying findings regarding school sanitation from the [Bangladesh National Hygiene Baseline Survey (BNHBS)](http://www.psu-wss.org/assets/book/bnhbs.pdf), conducted in 2014 by icddr,b with support from the government’s Policy Support Unit and WaterAid Bangladesh,.

**Lack of voice:** The issue of empowering women requires special focus as women often suffer from discrimination and marginalisation in society, and their voices are hardly heard though they play key role in collecting water, sanitation and hygiene and providing care for children and sick or disabled people in their households. Local governance processes, such as annual budget meetings, are generally not considered to be women’s prerogative. Thus, funds are allocated and projects planned without the input of a key group of stakeholders, even though women bear the greatest burden when it comes to inappropriate technologies or inadequate access to safe water and adequate sanitation.

Mainstreaming women’s voice in local development processes is key to ensuring that their opinions are represented in all decision-making. This first requires a degree of sensitisation within the community, with mobilisation activities targeted at women and girls to inform them of their rights, and give them the confidence to speak in public forums. At the same time, local duty-bearers need to be sensitized on the importance of including the unheard half of their constituencies in their deliberations.

**WASH in institutions (schools and public places):** Women and girls suffer the most from lack of availability of appropriate sanitation facilities. The [Bangladesh National Hygiene Baseline Survey](http://www.psu-wss.org/assets/book/bnhbs.pdf) found the state of WASH in schools with respect to menstrual hygiene management to be abysmal. Findings include:

* Only 6% of school girls received menstrual hygiene lessons in schools
* Only 11% of schools have a separate toilet for girls
* 86% of schoolgirls do not change in schools, mostly because of having no proper changing locations
* 3% of school toilets had any facility in the toilet to dispose of sanitary products
* 40% of school girls reported that on an average they missed 3 school days in each menstrual cycle
* One-third of school girls interviewed think that menstruation interferes with their school performance

**Gender-differentiated impacts of climate change and natural disasters:** In Bangladesh, the effects of climate change are already being felt with increasing salinity and growing water scarcity in the coastal region. The effects of this fall disproportionately on women, who bear the main responsibility of fetching water. As more and more water sources become affected by saline intrusion, women and girls have to walk further to collect water. Saline water also affects women’s reproductive health adversely, [increasing the incidence of (pre) eclampsia and gestational hypertension](http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0108715).

In times of disaster, women and girls are once again much more vulnerable than men. Sanitation options in shelters are often not accessible or usable for women, especially during times of menstruation. Post-disaster, many families build makeshift structures on embankments, with no space or resource for toilets. Women and girls have to travel long distances or risk their health and dignity through the practice of open defecation.

In order to effectively address these challenges, WASH projects in climate change areas need to explore context-specific, cost effective, appropriate technologies. Low-cost options such as rainwater harvesting in clay jars can mitigate water scarcity to some extent, and save women and girls hours of walking long distances for water. In order to introduce a systematic process whereby disaster response strategies and climate change-related risks are considered from beforehand, WaterAid Bangladesh implements [participatory WASH vulnerability assessments (PWVA)](http://www.wateraid.org/news/news/making-communities-ready-for-a-changing-climate) in its project areas in coastal and other climate change risk zones. These assessments identify vulnerabilities with their potential impact and seasonal variability across multiple sectors, including WASH, agriculture, fisheries, health, education, transportation, infrastructure etc. with involvement of all stakeholders, particularly women. This assessment is forms the basis of a local action plan that gives outline the roles of different duty-bearers and the community, as well as guidance on where resources should be targeted.

What measures can be taken to accommodate and embrace biological differences (such as menstruation)? What measures can be taken to accommodate (assumed) different priorities in the use of water, sanitation and hygiene services?

Biological differences are intricately elated with other aspects of life – physical, social and emotional. Taking the case of menstruation (with potential lessons that might be considered in the case of other biological phenomenon such as menopause), WASH programmes need to evolve beyond its current emphasis on sanitation facilities and hygiene education, and centralise elements of social awareness, health education and myth-busting. This is in line with the comprehensive suggestions made in [House, Mahon and Cavill (2012)](http://www.wateraid.org/what-we-do/our-approach/research-and-publications/view-publication?id=02309d73-8e41-4d04-b2ef-6641f6616a4f) which look at ways to involve the family and wider community in discussions around menstruation.

To accept, accommodate and address the integral relationship between menstruation, physical and emotional health, and societal perceptions and myths, MHM initiatives need to work with knowledge and awareness at the very heart of society and individual. Alongside, work on access to sanitation facilities must continue to provide the physical support needed for proper management. At the macro level, more research and advocacy is key to demystifying and raising awareness on menstruation at the national level for better policies and programmes.

**Demystifying menstruation and menarche:** Menstruation is a natural physiological phenomenon, but social perception and stigma around menstruation has rendered it unmentionable. As part of the demystification process, the initial traumatic experience of menarche must be alleviated into a more bearable and better-understood experience. There is an urgent need to ensure that girls are aware of the event beforehand. Currently, most MHM interventions reach adolescents after menarche. This means that emotional and physical support is missing at the point when it is most direly needed.

**Health education and awareness:** Government and non-government programmes need to consider long-term educational projects that start well before menarche and continue long after. In the public schooling system in Bangladesh, menstruation is first mentioned in Class 6 textbooks, when students are on average 12 years old. However, late school starts are common, and many students have reached menarche by Class 5. Focused advocacy is needed to include the topic of menstruation in school textbooks at least from Class 5 onwards, including more information on the physiology of menstruation. This must be complemented by teachers’ training to both male and female teachers, to be able to cover the topic in school in the depth and detail necessary.

**Hygienic practice and sanitation facilities:** MHM education can play very important role in promoting hygienic practices across the different actions of using, cleaning, drying, storing and disposing. Alongside, the necessary facilities need to be available. In particular, easily accessible disposal facilities are key. Disposal facilities need to be provided close to living quarters, so girls can dispose quickly and conveniently while maintaining their privacy. Sanitation facilities in schools, workplaces, health facilities and public spaces must have features that cater to biological differences.

**Coordinated action:** The issue of biological differences in WASH cannot remain only the domain of WASH organisations. Health and education are two other sectors that need to be involved to an equal extent to ensure that gender is not a barrier to proper WASH, whether women are at home, in institutions, or in public spaces.

**Creating safe spaces:** There is a need to create safe spaces where girls can discuss the challenges they face in managing menstruation. Such circles could be created and nurtured in schools and at home through the work of school authorities, development agencies and government health outreach programmes. Creating these safe spaces will allow girls to freely discuss their problems and find support through shared experiences, while counteracting some of the negativity associated with menstruation.

**Reaching families:** Families have a central role in how adolescents perceive menstruation. Additionally, their roles also define how conveniently girls can manage periods at home and what facilities and services they can access. It is therefore important to raise awareness amongst family members on the support needed by adolescents at this time. Mothers’ groups are already a well-established practice in many WASH programmes- extending this concept to male guardians and older siblings would help to dispel the stigma around speaking of menstruation even to close family members, and create a more enabling environment for girls.

**Improving access to health information and services:** It is important to create more awareness about menstrual health issues in existing health infrastructure, whether this is government or NGO clinics, pharmacies or private practitioners. Programmes therefore need to sensitise and advocate with practitioners to ensure that the first line of treatment and advice, especially for abdominal cramps and pain, is easily available and can be comfortably accessed by adolescents, e.g. female practitioners in pharmacies, and a referral system is in place for more serious problems.

**Sustained research and policy advocacy:** There is a need to focus more attention and research on MHM in different contexts in order to keep improving programmatic interventions, as well as create a body of evidence that can influence policymakers. In particular, changes in the public education system, school facilities, health facilities and the overall pervasive stigma surrounding the topic will require rigorous, sustained research that can assess the impact of poor MHM on girls and women, as well as provide effective, context-specific solutions.

What measures can be taken to combat stereotypes, change harmful practices and challenge socio-cultural norms and prescriptions that disadvantage women and girls with respect to access to sanitation and water?

1. Facilitate comprehensive and continuous awareness raising activities considering different socio-cultural aspects
2. Disseminate information through an easy and accessible format (e.g. Local languages, pictorial and audio visual aids could be considered during developing the key communication messages/ tools)
3. Positive case studies can be captured, translated and shared through various means to combat the existing misconceptions, stereotypes and harmful practices by the dominating agents of the society.
4. Equal abilities of both male and female should be recognized at family, community and national level with practical implications of economic, social and political strengths.
5. Minimize the existing gaps in policy and implementation that hindered the daily life of the poor and disadvantaged groups
6. Law enforcing agencies should be made more accountable and proactive so that they can protect the rights and interest of the poor and marginalized as well as defuse all ill motive and vested interest groups.
7. Empower the marginalized and excluded groups through engagement at different Socio-economic, political and cultural activities which can enhance their leadership skills to raise and claim their own rights and entitlements.
8. Ensure participation of the poor and marginalized at different levels and collective decision making process.

What role can men and boys play in ensuring gender equality in the context of sanitation and water?

1. More awareness and internalization of the whole aspect of equity and gender inequalities unfolding the terms ‘gender’ ‘equity’, ‘equality’ and ‘rights’ with practical implications towards WASH at their whole personal life cycle.
2. Demonstrate equal power relations towards women and girls through recognizing their political, social and economic contribution as a parson.
3. Clarity roles of both men and women in realizing the rights to Water and Sanitation at the family, community and society.
4. Encourage more collective actions to promote more women in leadership positions and decision making process.
5. Engage and encourage discussing gender issues and dealing issues of exclusion openly and frequently.

What measures can be taken to ensure meaningful and inclusive participatory processes at all levels of decision-making? How can an increased role for women and girls translate into actual influence in decision-making?

1. More marginalized women and disabled persons should include in different committees and forums with adequate decision making authority
2. Workplaces should be inclusive and clear tasks and roles should be identified for men and women for reducing unrecognized burdens for women.
3. A woman’s work for domestic purpose should be recognized with proper respect, dignity and economic value addition.
4. To assess women’s quality participation in development, various user-friendly analysis tools can be developed and applied at different levels including decision making process
5. Poor, excluded and marginalized women should encourage to participate at different policy dialogues, review discussions and other instrumental process.