In the field of development cooperation, programmes to improve hygiene have long lacked sources of funding. By devoting one of its targets to this issue, the 2030 Agenda for Sustainable Development aims to reverse this trend.

Indeed, almost one in three people around the world do not have a toilet at home. Uncomfortable living conditions are often compounded by other difficulties that affect women and girls in particular. Not having a toilet in their own home is also a source of insecurity for women who are forced to go outside. Many menstruating women and girls cannot go to work or school because their workplace or school lacks sanitation facilities.

Based on the expertise gained in its Global Programmes Water and Health, the SDC works together with a wide range of actors. It helps spread innovative solutions by building on the experience of NGOs working on the ground and by drawing on the expertise of Swiss research institutions and start-ups. By promoting universal access to sanitation facilities where they are needed, the SDC is making a concrete contribution to improving public hygiene and the living conditions of the most vulnerable people.

I wish you an enjoyable read.

Dominique Favre,
Deputy Assistant Director General

Public hygiene and women's dignity

On the morning of 28 May 2014, two cousins aged 14 and 15 were found hanging from a mango tree in a village in Uttar Pradesh, India. For the family and the villagers, there was no doubt about what had happened: the girls had gone out to a field at night to relieve themselves and had been gang-raped and killed by a group of young men. That, at any rate, was the conclusion of the initial police investigation. A second investigation concluded that it may have been a case of suicide or honour killing. Whatever the truth, the chilling fact is that in some parts of the world, it is an acceptable risk for girls to be assaulted while going to the toilet. Most sexual assault cases are hidden from view because they are never reported.

This is just the most shocking aspect of the broader problem of discrimination. Some 2.4 billion people around the world have no access to basic sanitation facilities, almost one billion have to defecate in the open and 663 million have no access to clean water. The lack of access to a proper toilet and clean water is a public health problem for the population as a whole, but girls and women are particularly affected.

Toilets: danger zones

As part of a study carried out in Swaziland in 2009, teenage girls were asked to take photos of the areas in their school where they felt the least safe. Their photos showed that toilets were the most dangerous areas. Although the risk of being raped in a
toilet was small, girls were genuinely afraid of physical assault, and also had to endure taunts from boys just to go to the toilet. This vulnerability is simply the reflection of the broader problem of gender inequality. It becomes a very concrete and daily fact of life when there are only communal toilets some distance from people’s homes, and when these toilets are made of sheet metal with doors that do not close properly or, worse, when the only privacy is provided by a flimsy piece of cloth. In these conditions, women and girls often prefer to relieve themselves in fields after dark, with all the risks that entail. Installing toilets in or right next to people’s homes is the only way to reduce this lack of safety.

Furthermore, latrines that do not hygienically separate excreta from human contact are also a serious public health risk. Pit latrines and latrines without a proper drainage system can contaminate sources of clean drinking water. Although the vast majority of the world’s population has access to an improved drinking water source, i.e. a water source that is protected from external contaminants, in some regions between 50% and 80% of water is contaminated before it reaches the consumer. Some 700,000 young children die every year of diarrhoea caused by unsafe water – that is 2,000 every day. Here too, women are the most affected because they often have sole responsibility for child-rearing and play a key role in teaching their children basic rules of hygiene.

Handwashing is a simple and affordable hygiene measure to reduce health risks. Handwashing awareness campaigns have proven to be effective as long as people have soap and water at home or in a suitable place. Good sanitary conditions at home are a first line of defence but the focus is also on schools and workplaces.

Meeting women’s sanitary needs

Basic hygienic conditions are particularly important for girls and women during their period. According to UNICEF, 83% of girls in Burkina Faso and 77% in Niger have no place in school where they can change their sanitary protection during their period. The same numbers are undoubtedly found in many other countries. Consequently, to avoid deplorable and humiliating conditions at school, many girls stay home during their period, missing almost five days of school each month. This problem does not stop once they become adults because many workplaces do not have a clean and accessible place where women can change sanitary protection. Every day that women have to call in sick because of their period results in a loss of income for them. In many countries, menstruating women not only have to cope with inadequate sanitary facilities, but also face social taboos. Girls and women are often socially excluded during their period and are caught between feelings of shame and fear that are passed on from mother to daughter. Educating the whole population is key to fighting these taboos successfully.

Good models

Education is one of the components of an exemplary programme that has been successfully implemented in rural areas in Peru, and which is being used as a model in Colombia. This global approach, known as SABA+, comprises water supply and sanitation in people’s homes, technical assistance, raising awareness of hygiene in schools and institutions and better coordination among all stakeholders. The SABA+ project, which is based on previous pilot projects carried out in the southern Andes, was launched in 1995 in the regions of Cuzco and Cajamarca. The project has progressively been extended to the regional, national and most recently the international levels. Information is currently being exchanged with a view to extending the project to Colombia at the request of the country’s authorities. The Colombian authorities want to integrate this project into their efforts to restore peace in the rural areas. The SDC is involved in the SABA+ project not only as a donor but also by providing expertise to ensure the project’s sustainability. The governments of Panama, Brazil, Bolivia and Ecuador have shown interest in adopting the model developed in Peru.

Sustainable development starts with hygiene

Despite significant progress, public hygiene remained on the back burner through the 2000s compared with the UN’s other Millennium Development Goals (MDGs). This is hardly surprising: it is not a high-profile issue and it often lacks sources of funding. It always looks better for politicians and donors to open a school than a latrine. Yet experience has shown that the involvement of the highest level of government is essential to improve the situation. Moreover, the United Nations has recognised access to water and sanitation as a human right in 2010.

The lessons of the MDGs have borne fruit. One of the Sustainable Development Goals (SDGs) which replaced the MDGs in 2015 focuses specifically on water, in particular the management of the entire cycle from water use to water treatment. In previous years, numerous projects had been put in place with inadequate attention to the entire water cycle. The sixth SDG currently in place is divided into six interdependent targets, one of which (6.2) is to 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” by 2030.
Sharing information and expertise between associations helps spur innovation and replicate tried and tested solutions. Based on this conviction, the SDC encouraged eight non-governmental organisations to set up the Swiss Water & Sanitation Consortium in 2011: Swissaid, Helvetas, Swiss Intercooperation, Caritas, Terre des Hommes, the Swiss Red Cross, Swiss Interchurch Aid (HEKS), Fastenopfer/Action de Carême and Solidar Suisse have pooled their expertise and agreed to apply common procedures in their activities on the ground.

Blue School is a flagship project that aims to raise school pupils’ awareness of the water cycle, including water use and treatment, in order to encourage them to improve their behaviour with respect to water use. The project also involves the construction of separate latrines for girls and boys. One of the explicit aims of the project is to increase the knowledge and expertise of the consortium’s partners and the water sector in general in order to facilitate the dissemination of best practices. The Blue School project was initially launched by Helvetas in Benin. Helvetas then introduced the project in Nepal in collaboration with the Swiss Red Cross and Terre des Hommes. The project is scheduled to be extended to four other countries.

In Bangladesh, Terre des Hommes shares a cooperation objective with the Swiss and Bangladeshi branches of Caritas. The main goal of Terre des Hommes’ project in the districts of Kurigram and Barguna is to decrease the risk of water-related diseases among mothers and children. This includes a whole range of measures to improve hygiene in homes, schools and health centres.

In 2013, an evaluation of the first stage of the project showed that the exchanges between these eight Swiss organisations had yielded positive results. One of the goals was to significantly increase the number of people with access to water (for household consumption and agriculture) and sanitation in rural areas of the world’s poorest countries. Because the objectives of this first stage were exceeded, SDC decided to provide support for these eight organisations until 2017.

Three questions for ...

Catarina de Albuquerque, first United Nations Special Rapporteur on the human rights to water and sanitation (2008–2014) and Executive Chair of the Sanitation and Water for All Global Partnership.

Hand washing in a “Blue School” programme in Benin. Photo: Helvetas/Simon B. Opladen

Poor sanitation leads to poor health, but impacts development too. To what extent?

Poor sanitation has far reaching impacts on many aspects of development. Some are directly related to health, such as bouts of diarrhoea which in turn cause child malnutrition. The subsequent damage goes beyond the physical, and in turn affects a child’s mental development, with far-reaching, life-long consequences for that individual’s future education, long-term health and work opportunities. Other impact can be more indirect: a school that does not have adequate sanitation will struggle to retain both pupils and teachers.

What are the main obstacles to implementing sanitation that meet girls’ and women’s needs?

A particular obstacle is the lack of awareness of the needs of women and girls. Where toilet blocks are designed by men, without the participation of women and girls, specific needs may not be known, or may be ignored. Menstruation is still largely a taboo subject. At the Sanitation and Water for All global partnership’s recent ministerial meeting, which I chaired, we made a conscious decision to put the issues of sanitation, open defecation and menstruation on the agenda to make sure these topics were discussed and considered by ministers from all over the world.

Are you optimistic about the commitment of governments and donors to invest in water and sanitation, as envisioned in the Sustainable Development Goals?

Yes, I am optimistic and I will work with them to deliver on this commitment as Chair of the global partnership for Sanitation and Water for All. However, needs are great, and the challenges are not fully recognised. This can lead to the wrong solutions being identified. We have to analyse the obstacles before us so that we can make the right choices on how to invest the funds that are available, and how to raise new funds. The Sustainable Development Goals not only demand a greater investment, they also demand us to think differently about development. They require greater engagement of all development partners and consideration of how to achieve equality, particularly gender equality.
A network to promote changes in behaviour

In the wake of the devastating earthquake that shook Nepal in April 2015, numerous development programmes – including public hygiene campaigns – were suspended in favour of emergency aid. In five districts that had succeeded in virtually eliminating open defecation (including three where it was completely eliminated), many toilets were seriously damaged. During the reconstruction work, the volunteers noticed that despite this situation, the villagers had continued to use their new toilets. This shows that the aim of changing people’s hygiene behaviour was successful.

The Community-Led Total Sanitation (CLTS) approach, which encourages local communities to take responsibility for public hygiene and sanitation, actually includes training courses that underline the importance of changing behaviour. This approach receives support from the Global Sanitation Fund (GSF) in particular. The GSF is a fund dedicated to improving sanitary and hygiene conditions. Established in 2008, the GSF is the financing arm of the Water Supply and Sanitation Collaborative Council (WSSCC). The WSSCC is at the heart of a global movement to improve sanitation and hygiene for everyone. It is the only UN body that is solely dedicated to sanitation.

Over the past 25 years, the WSSCC has built up a network linking local communities, NGOs, governments, international organisations and the private sector in 150 countries. In developing countries, it supports national coalitions working in the fields of sanitation and hygiene, which are often neglected. In particular, the WSSCC works to ensure that governments take measures to promote equal access to sanitation systems for women, girls and marginalised groups.

One of the GSF’s strengths is its ability to provide very wide-scale support for national sanitation and hygiene programmes in 13 countries where there are significant gaps in this area. By June 2015, the GSF’s activities had provided 6.6 million people with improved toilets, enabled nearly 11 million people to live in an environment free from open defecation and had given 15.6 million people access to facilities where they could wash their hands with soap.

Switzerland is a founding and influential member of the WSSCC. The WSSCC, for its part, is an operational partner of SDC’s Global Programme Water, which has made a contribution of CHF 1 million to the WSSCC’s communication and advocacy activities and CHF 3 million to the GSF in recent years.

The SDC’s focus

The SDC

• Undertakes a range of activities with the aim to bring sanitation and hygiene to the attention of high-level decision makers, for example by organising special events on menstrual hygiene management or by supporting ministerial meetings on water, sanitation and hygiene (WASH).

• Works with Swiss NGOs to achieve a better knowledge exchange, a higher impact and a greater efficiency of projects working in the water sector in general, and sanitation and hygiene in particular.

• Works with small start-up enterprises that aim to improve hygiene and access to clean drinking water and toilets by assisting them in developing business models that make these enterprises viable, whilst benefitting poor people at the same time.

• Supports Swiss academic research in the development of appropriate sanitation concepts and technologies adapted to the poor and marginalised in low- and middle-income countries.

• Promotes large-scale awareness-raising campaigns for handwashing and behaviour change in Africa, involving all stakeholders from policy makers to care givers and pupils.

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