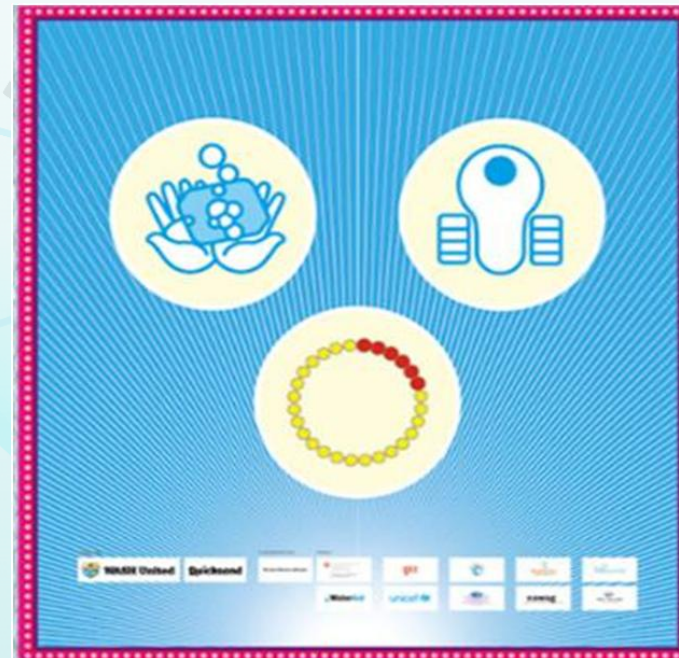




**Translating the
right to sanitation
into reality, in
particular for
specific
groups, women and
girls and its
justiceability**



**Archana Patkar, Water Supply
and Sanitation Collaborative
Council**

[http://
www.righttowater.info/](http://www.righttowater.info/)



- The General Assembly formally recognised the right to water and sanitation by supporting the Resolution initiated by Bolivia on 28 July, 2010. The Resolution 64/292 acknowledges that *clean drinking water and sanitation are integral to the realisation of all human rights*.
- **September 2010** United Nations Human Rights Council Resolution on Human rights and access to safe drinking water and sanitation
- The resolution, adopted by consensus by the Human Rights Council, *affirms that the right to water and sanitation are part of existing international law*. This body has therefore confirmed that these rights are legally binding upon States.

The implications of the RTS



- **AVAILABILITY:** entitles everyone to sufficient and continuous water for personal and domestic uses; a sufficient number of sanitation facilities have to be available.
- **QUALITY:** Water has to be safe for consumption and other personal uses, so that it presents no threat to human health.
- Sanitation facilities must be hygienically safe to use. To ensure hygiene, access to water for cleansing and hand washing at critical times is essential.
- **ACCEPTABILITY:** Sanitation facilities, in particular, have to be culturally acceptable. constructed in a way that ensures privacy and dignity.
- **ACCESSIBILITY:** Water and sanitation services must be accessible to everyone within, or in the immediate vicinity, of household, health and educational institution, public institutions and places and workplace. Physical security must not be threatened when accessing facilities.
- **AFFORDABILITY:** The price of sanitation and water services must be affordable for all without compromising the ability to pay for other essential necessities guaranteed by human rights such as food, housing and health

RTWS and the human lifecycle



HRWS and the female lifecycle



The right in reality



Interpreting the right



- Across the human lifecycle approach: relevance for infants, children, adolescents pregnant *women*, *disabled*, ill, ageing and old?
- Application in a human context of work, play, travel, leisure---inside and outside the home.

माहवारी स्वच्छता प्रबंधन



**The MHM Lab at the
Nirmal Bharat Yatra
2 October to 19 November,
2012**

Our approach



- Recognise and respect difference
- Break the taboos and the silence
- WASH services as an entry point to social justice and wider development



Networked advocacy



Local government and institutions



What they said.....



- Only 30.2% knew about menstruation before menarche
- 73.6 % felt that menstrual blood was dirty blood and not clean blood
- 98.4 % faced restrictions while menstruating
- No disposal at school 88.3 % : at work 79.4 %
- Almost all preferred cloth to commercial pads
- Used materials were discarded in rivers or streams or in a pit latrine or shallow pit



**Individual surveys with 747 girls/women; Focus groups with 12,000 girls/women
Six districts in five States in Northern India**

Reaching out far and wide



- 230 million people in India via media messages in some 400 print articles and TV broadcasts.
- Visibility in New Delhi with Government of India Minister for Water and Sanitation, Jairam Ramesh, and Bollywood celebrity Vidya Balan.
- BBC World Service Television interviews,
- New York Times piece on MHM developed through close collaboration with journalist Rose George
- ‘Celebrating Womanhood’ International Women’s Day March 8th – UN Geneva



The bigger picture - partnerships



March 8th 2013: Celebrating Womanhood: Menstrual Hygiene Management

Policy change...



- **Government of India has agreed to include MHM in the Nirmal Bharat Abhiyan**
- **WSSCC is working with GOI to**
 - **Revise the guidelines**
 - **Develop costed models and approaches to demonstrate on the ground**
 - **Build training capacity through its institutes and delivery mechanisms**
 - **Review experiences from states which have tried to address the issue.**

Informing policy and practice



Joint £400,000 Request for Proposals with SHARE

[http://www.shareresearch.org/NewsAndEvents/Detail/
SHARE_WSSCC_joint_RFP_women_and_sanitation_India](http://www.shareresearch.org/NewsAndEvents/Detail/SHARE_WSSCC_joint_RFP_women_and_sanitation_India)

1. The conditions and effects of WASH in health facilities, particularly around childbirth
2. Operational research into menstrual hygiene management
 - Psycho-social stress linked to ignorance, taboos, shame and silence around menstruation
 - The link between menstrual hygiene and infections and/or other health related impacts
 - Operational research on the design and unit costs for safe reuse and disposal options
3. Psycho-social stress resulting from violence experienced by women in the course of using sanitation facilities or practicing open defecation.
4. The practice of limiting, postponing or reducing food and liquid intake to control the urge to urinate or defecate: the prevalence of this behaviour and related health risks.

Justiceability



- Objective 1: Review and summary of existing instruments and their effectiveness in addressing citizens rights and entitlements in WASH and other sectors with an emphasis on the Right to Information Act.

Accountability and demand



- Can the RTWS be used to enhance and accelerate progress under the Nirmal Bharat Abhiyan?
- Is the right to information an effective entry point for enabling improved access to health, education, water and / or sanitation entitlements? Where does it work best? Where (in what circumstances, for what populations) does it not improve conditions?

Thank you

