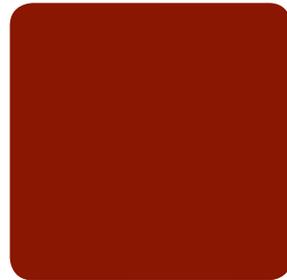


Inspiring Change for Women's Rights and Dignity





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Celebrate the feminine: Let's start with the basics!

For every woman who is unafraid and every girl who can dream, millions remain unsung and uncelebrated, caught in a bleak cycle of toil and trauma.

Condemned at birth in many societies to be the helper, producer, reproducer, water bearer, nurse, cleaner and housekeeper, women and girls know what the world has yet to recognize and value – denial of basic sanitation traps women in a cycle of silence, shame and denied opportunities.

8 March is a reminder of the struggles ahead even as we celebrate the gains. More women in parliament and in the boardroom, more men helping out at home and supporting their daughter's, wife's and mother's aspirations does not mean that we are close to achieving parity in business, finance or politics. Most disturbing is the continued violation of basic human rights. We are entering an era of freer movement of information and capital, creating a wealth of opportunities that unfortunately place the voiceless and powerless even further behind as the world denies their basic rights to live with decency and dignity.

This year on International Women's Day, the Office of the High Commissioner for Human Rights and the Water Supply and Sanitation Collaborative Council paid homage to the unsung feminine, reminding all present of the equal value of every human life and of our collective and individual obligation to fight stigma, discrimination and inequality.

The meeting listened and learned. Using sanitation and hygiene as an entry point to explore human rights in the world's poorest countries, we heard stories of struggle and success for women and communities in Nepal, India and Senegal.

In Nepal lesbian, gay, bisexual, transgender and intersex (LGBTI) people face discrimination, persecution and violence simply for expressing who they are and whom they choose to love. Criminalized by the law, shunned by communities and their own families, LGBTI people are punished for their identity. They are not among the 'stakeholders' we include in our service maps, budgets or success stories.

Frequented for pleasure or extortion, the areas where sex workers live and work in India are, as in other countries, invisible when it comes to key services for dignity and health. Their struggles around identity, occupational rights and wages consume their lives leaving little time to demand and ensure that their daily practical needs of water, sanitation and hygiene are met.

In Senegal, female genital mutilation or excision is carried out by a traditional healer or circumciser on pre-pubescent girls usually without an anaesthetic and, using a razor or knife, intends to deny a woman much of the enjoyment of sex by targeting the clitoris. Seen as a rite of passage, a step towards adulthood and towards becoming a wife, a mother and a valued member of society, this practice continues in some north-east and sub-Saharan African countries.

The Universal Declaration of Human Rights and other key declarations recognize the inherent dignity and the equal and inalienable rights of all members of the human family. All people want to stand up and be counted. For half of humanity or more, these simple and inviolable rights are just fiction: a mere chimera.

The recognition of difference and diversity is fundamental to guaranteeing the enjoyment of full human rights. For women, menstruation is the natural monthly occurrence in healthy adolescent girls and pre-menopausal adult women, resulting in about 3000 days of menstrual flow in a woman's lifetime. The neglect of menstruation and its implications for the dignity, health and safety of women is substantive.

Why is it that these various conventions and linked action plans elaborate on women's sexual and reproductive rights but stop short of explicitly naming menstruation as one of the most stigmatized, socially constructed silent curses that plague a third of the world's population throughout the developed and developing world?

Celebrating women is about celebrating all humans respecting different phases of one's lifecycle from infancy, through puberty, parenthood, illness and old age.

How can we continue to accept governance and institutions that systematically fail to represent half of humanity?

During the course of the day, we discussed long battles and tipping points. We heard emerging voices and reviewed legal and human rights frameworks while sharing practical action and celebrating success. Much remains to be done. Who will do it and how? How can each and every one of us make every day a day where women and girls can stand proud, dream and reach their full potential?

Perhaps the answer lies in Gloria Steinem's response, "The story of women's struggle for equality belongs to no single feminist nor to any one organization but to the collective efforts of all who care about human rights."

Ms Archana Patkar
Programme Manager, WSSCC

Key declarations

1948

Universal Declaration of Human Rights¹

1989

Convention on the Rights of the Child²

1993

World Conference on Human Rights³
Vienna Declaration and Programme of Action

1995

United Nations Fourth World Conference on Women⁴
The Platform for Action

1 www.un.org/en/documents/udhr/

2 www.ohchr.org/en/professionalinterest/pages/crc.aspx

3 www.ohchr.org/en/professionalinterest/pages/vienna.aspx

4 www.un.org/womenwatch/daw/beijing/platform/plat1.htm

"By not recognizing and respecting differences [between men and women], are we actually guilty of abetting discrimination and being party to it? On International Women's Day it's absolutely essential and basic to ask ourselves that question and ask it every day."

Archana Patkar, WSSCC



WASH and human rights



To be healthy and to live a life of dignity, all humans must be guaranteed the fulfilment of their basic needs and the enjoyment of certain fundamental rights. Water and sanitation, which are key to survival, are guaranteed through major conventions under the normative framework of international human rights law. States are obliged to respect, protect and fulfil the rights to water and sanitation for all persons without discrimination.

Tackling this global inequality, which takes so many different forms around the world, is a daunting task. Looking through the lens of water, sanitation and hygiene (WASH) offers some valuable insights into the disempowerment, indignities and cultural responsibilities borne by some of the world's most marginalized female residents.

Water, sanitation and hygiene are among the most basic human needs. Additionally, better WASH facilities can reduce social inequalities and improve levels of school achievement as well as being essential for good health. What is also clear is that when these facilities are not in place, it is the poorest, the young and the elderly, excluded groups, women and girls who suffer most.

“Women are entitled, as a matter of their fundamental rights, to universal access to water, sanitation and hygiene without discrimination. Yet ... women across the world face daunting challenges in exercising their rights,” said Craig Mokhiber, Chief Development and Economic and Social Issues Branch of United Nations Office for the High Commissioner for Human Rights.

An examination of women's access to water, sanitation and hygiene open the doors on much of the continued stigma and discrimination women face. It forces us to look at the reality of women's lives; the daily challenges they face even when completing some of their most basic needs hopefully offering lessons to overcome these challenges.



A focus on women's rights



A woman's position in society affects even her most basic bodily functions.

In rural areas of many of the world's poorest countries, open defecation is common place. But pooing without privacy carries far more risk for women than men, exposing them to the threat of physical indignity, harm and even sexual assault. Similarly, peeing or dealing with sanitary needs during menstruation are fraught with problems and may even pose a health risk especially in the absence of toilets, privacy or handwashing facilities. What's more, women are often taught to feel shame around these acts, and are therefore compelled to conduct them in secrecy.

"The way we socialize women to undertake certain roles as mothers, carers and passive members of society – all that combines to explain why they behave in certain ways when they menstruate, defecate and even when they take a pee," said Lucinda O'Hanlon, Human Rights Officer from the Women's Rights and Gender Section at OHCHR.

While motherhood is glorified as an aspirational and pivotal role in women's lives, everything that makes that biological feat

"Not only do we have to deal with inequality, but why does everything surrounding a woman's body have to be so stigmatized?"

Adebisi Adebayo, Inter-African Committee on Traditional Practices

possible is mired in secrecy and shame. Menstruation is hidden from view and women in many societies are ostracized during menstruation. Menopause, the marker of the end of childbearing years, is hushed away in discussions. Complications resulting from pregnancy such as fistula, which can cause leakage of urine or faeces, are unmentionable. Sex that produces a child requires the participation of a man and a woman. Yet women who sell sex or seem to enjoy it are pilloried. In some societies young girls are required to have their clitoris surgically removed



in a bid to chasten them and control their sexuality through the denial of sexual pleasure. Women who transgress or do not fit the normative roles of wives and mothers including lesbians and transgender persons, find themselves denied even the most modest of pleasures or rights enjoyed by other women.

In a bid to lift the lid on such issues, the Water Supply and Sanitation Collaborative Council (WSSCC) and the Office of the High Commissioner for Human Rights (OHCHR) organized a special one-day event, 'Inspiring Change to Promote Women's Rights and Dignity', at the Palais des Nations in Geneva. Timed just one day ahead of the International Women's Day, the discussion focused on three case studies that highlighted some of the realities of women's lives and celebrated the real and positive change they have achieved.

Grassroots activists shared their experiences of working for the dignity of sex workers in India, of raising awareness on lesbian and transgender issues in Nepal and of fighting the practice of female circumcision in Senegal. They shared first-hand accounts of discrimination, indignity and injustice as well as inspiring stories of successful and lasting positive change.

These compelling presentations were followed by a lively discussion among the more than 70 campaigners, business representatives, human rights advocates and WASH experts who attended the event. A diverse group, brought together to spark debate and discussion.

"We wanted to bring together in one room partners that don't normally speak to each other," said Archana Patkar, Programme Manager at WSSCC. "We wanted them to have an opportunity to look at these issues of women's dignity and rights in the context of water, sanitation and hygiene and have a free and open discussion. And most of all, we wanted to hear from people who don't normally have a voice on such an international platform especially socially ostracized voices such as those of lesbians, transgender persons and sex workers."

Across all the experiences recounted, and reinforced through the day's discussions, it was clear that water, sanitation and hygiene are inextricably linked to broader human rights issues. Access to sanitation, or the denial of it, gives us a powerful snapshot of a web of discrimination, stigma and shame that traps millions of people in a cycle of silence and denied opportunities. By tackling these most basic of needs, we can shed light on a host of issues that restrict women's rights and rob them of their dignity.

"This event marks an important moment in strengthening our partnership with WSSCC and in the fight for women's rights and equality across all sectors and particularly in access to water, sanitation and hygiene."

Jyoti Sanghera, OHCHR



Dignity and empowerment in India



Sex workers in India have come together and set up their own organizations who fight for their rights at the political level and meet their sanitation and hygiene needs at the practical level.

In a remarkable example of self-organization, female sex workers are identifying their own needs and meeting them with minimal resources or outside support. For this community, a movement that began with combating HIV/AIDS has transformed itself into an opportunity to claim rights, share information, promote education and awareness and to become empowered.

Often seen as victims or 'immoral', sex workers are marginalized and socially excluded and stigmatized. This was certainly the case in Kolkata, home to Sonagachi – the largest red-light district in India. With an estimated 10,000 sex workers, Sonagachi is a warren of multi-story brothels crisscrossed with streets where sex workers await their clients.

The world of Sonagachi, if not hidden from public view, has long been ignored by state programmes. For years politicians turned a blind-eye to its very existence and police would allegedly visit the brothels to extort bribes or services rather than to enforce the rule of law or protect residents against abuse and harassment. With the onset of HIV/AIDS in the early 1990s, Sonagachi began to be seen as a dangerous incubator for a life threatening disease; it became the focus of attention.

The government and a host of nongovernmental organizations launched HIV/AIDS prevention programmes in the red-light district.

One team, led by an epidemiologist, Dr Samarajit Jana, posted dramatic results after they came upon the revolutionary idea of recruiting sex workers as their researchers to advocate for condom use among their peers and spread the news on HIV/AIDS to maximize effectiveness. The success of this programme

"When we consider sex work immoral, we are not looking at it from the angle of rights, but from the angle of morality."

Dr. Samarajit Jana, Sonagachi Research and Training Institute

in reducing the incidence of HIV/AIDS among sex worker communities was soon adopted as a model by the government and replicated in many states in the country.

Back in Sonagachi, the sex workers who had so effectively mobilized against HIV/AIDS were now turning their attention to other matters. By working together, the women found that they could make significant changes and improvements to other aspects of their lives as well. One of the women that Dr Jana worked with was Mousomi Mohanti, a sex worker and now, a social activist.

"I was recruited as one of the health peer workers and worked from a brothel," said Ms Mohanti. "In the beginning I was providing free condoms and explaining HIV. We began using the condoms, but getting rid of the used ones started to become a menace."

This simple problem of condom disposal got her and some other women thinking. Just as they had decided to come together to raise awareness on HIV/AIDS, they now came together to raise funds for the construction of a toilet block to ensure sanitation and hygienic practices.

Today, Ms Mohanti represents her region on the Durbar Mahila Samanawya Committee (DMSC), the sex workers' organization based on the three principles of respect, reliance and recognition. She does everything from mobilizing against police violence which targets sex workers to organizing cooperatives to raise funds for the production of menstrual sanitary napkins.

When some women became concerned that their children were being stigmatized and denied the opportunities of education offered to other kids, DMSC again took action and set up their own private residential school, guaranteeing their children a future. More recently, the women have taken their cause to a national level, marching on parliament to change laws regulating prostitution as these, they feel, do not work in their favour.

For Dr Jana, his experience working on the Sonagachi Project has taught him the importance of engaging with communities and working with them to find solutions to their problems and needs. "In a way, we considered HIV our friend because the sex workers said, 'It is the first time you people started considering us as human beings. Before HIV you never even talked to us,'" Dr Jana recounted, "HIV created a space to engage."



INDIA

Mousomi Mohanti is a sex worker and community leader in Sonagachi.



This is my profession. I don't want to be forced to leave it, as I would lose my income and the income for my family. What I want is respect and dignity for what I do. I come from a poor family. My brothers and sisters, they were just surviving. I chose this occupation to support them and my parents.

But I had many problems. Leaving Sonagachi to buy basics like condoms or sanitary napkins was difficult. The women don't usually leave the area. You get a lot of looks, a lot of insults. Doing our ablutions was also a problem. We had to go in open ground and the other people would look and make comments. Women have come together to raise money for toilets. Buying condoms isn't a problem as they are subsidized by the state, but sanitary napkins are very expensive. We decided to come together and now we make our own.



Respect and equality in Nepal

Being a woman in Nepal is not easy, especially if she is poor and marginalized, however being a lesbian or transgender woman is even harder.

Nepali women have limited access to basic sanitation, hygiene and health. For marginalized women, such as those within the lesbian and transsexual community, facilities often lie out of reach.

Women in much of the developing world, including in Nepal, are less likely to finish school and have less access to healthcare and other economic, social and political rights than their male counterparts. But what if you are a woman who doesn't conform to the social norms of society? In communities where women are defined by the role of daughter, wife and mother, what status do you have, if any?

"Women are treated as second-class citizens in Nepal and amongst them, lesbian and transgender women are considered even lower," said Shyra Karki, a lesbian activist from Kathmandu. The lesbian and transgender community in Nepal is largely hidden from view, afraid to declare themselves for fear of being ostracized – kicked out of their families or fired from their jobs.

The day-to-day realities of living with this social stigma can have a serious impact on these women's basic needs and rights. It means that a trip to the pharmacy or doctor is fraught with problems. Transgenderers, especially women who dress as men, are too embarrassed to step into a store to buy sanitary napkins or to go to the hospital if they are ill or require gynaecological check-ups. Ms Karki also faces similar issues.

"I had abdominal pain during my periods, so I went to the doctor," said Ms Karki. "The doctor asked if I was married and I said that I had a partner, a woman, and that we have sex. But the doctor said if you are not married to a man, how can you have this pain?"

"Silence doesn't stop at menstruation – it surrounds many areas of women's sexuality."

Lucinda O'Hanlon, OHCHR

In the face of such prejudice, intolerance and stigma, many lesbians and transgender women self-treat with over-the-counter drugs in order to avoid the judgment of doctors, often to the detriment of their health.

But according to Ms Karki, these scenarios are beginning to change. Ms Karki works for Mitini Nepal, a group working for the equality, dignity and rights of lesbians and transgender persons in Nepal. Set up in 2005 by a lesbian couple who caused a national scandal by coming out and declaring their love in the national press, Mitini Nepal was instrumental in initiating Kathmandu's annual Gay Pride festival.

At times, Mitini Nepal's efforts have resulted in a violent backlash. Ms Karki and her colleagues have had to avoid their organization's office for weeks at a time for fear of attack. But they've also been rewarded with some success. Nepal is one of the few countries in Asia that formally recognizes transgender and lesbian rights, even if they are not yet fully accepted by society as a whole. Last year, some 1,000 members of the gay, lesbian, bisexual and transgender community and their supporters took to the streets of Kathmandu for the Gay Pride parade to demand equal rights for all regardless of sexual orientation and sexual conduct.





NEPAL

Shyra Karki is a lesbian activist campaigning for equality and dignity.



My family is so-called liberal, but the social norm in Nepal is one of patriarchy. When my brother comes home late from an evening out with friends, my father is pleased to see him and calls for food to be prepared. When I return home from working late in the office, my father points at his watch and asks, 'What time do you call this?'

My family are happy and proud that I am here giving a speech at the UN. They know about my sexuality. They know about the campaign work that I do. But they asked me to change my name when I work, as they said that it affects them when people know who I am. Shyra is the name I use for events, a name I chose myself. Sita is the name my family gave me and you can see it is here, in small letters on my name badge. It's my way of standing up for myself.



Understanding the cultural context in Senegal

Societies and communities can change, especially if community members themselves are driving that change.

The African-based nongovernmental organization Tostan, working closely with communities in Senegal, understands the cultural context that underpins the centuries old practice of female excision. Many in these communities are now turning their attention to other practices they'd like to change, including ending child marriage, improving civil rights and advancing economic empowerment.

Globally some two million girls are excised each year. Excision, or female genital mutilation (FGM), is widespread in many north-east and sub-Saharan African countries and involves removal or mutilation of a woman's external genitalia. This might mean the excision of all or part of the clitoris and clitoral hood, the cutting away of the labia or soft flesh that surrounds the vagina and, in its most extreme form known as infibulation, involves removal of the inner and outer labia and closure of the vagina. Typically, the procedure is carried out on pre-pubescent girls without anaesthetic, by a traditional healer or circumciser using a razor or knife.

From the outside, the practice can appear brutal on a number of levels. The procedure is bloody and painful and can have lasting negative health implications for the excised women. It is also a means of robbing a woman of much of the enjoyment of sex by targeting the clitoris, her primary source of sexual pleasure.

Within the communities where this is practiced, excision is a rite of passage, a step to adulthood and to becoming a wife, a mother and a valued member of society. Exerting pressure on societies to change such practices is problematic. Tostan works directly with rural communities to further their own development and encourage them to end the practice of their own volition.

"In a community where a practice has existed for centuries, you can't just go in and tell them to stop," said Khalidou Sy, the National Coordinator with Tostan in Senegal. When the Tostan team first travelled to some of the rural communities in the north of the country where female circumcision was still firmly entrenched, their hotel was surrounded by protestors who set fire to tires – they created an enormous amount of problems.

"It is not enough to have the policy, the laws. You have to translate them and give people the education and the power to be aware of their rights. Then they can make transformational changes."

Marilena Viviani, UNICEF

Mr Sy and his team had to find a different approach. Their solution was to look at the issue from a human rights perspective and encourage the communities to make the decision on FGM. "We had to start with the principles embedded in the community – the traditions of community harmony and respect – and ask them whether these excision practices were really in the spirit of the values their communities hold true," said Mr Sy.

Tostan worked with a group of 50 men and women identified and trained as influencers who could encourage their peers to consider whether excision really was in the best interests of their community and its women and girls. As a result, more and more people began to question the practice until today, some 5,800 communities in Senegal have abandoned female circumcision altogether.

"Now that the communities themselves have decided to abandon female circumcision, it is hard to practice excision [in Senegal] as it is not socially acceptable anymore," said Mr Sy. Though the government made female circumcision illegal in 1999, "it is the communities themselves that are pushing the state to put in place monitoring mechanisms," he added.

The community's success in affecting change in female circumcision practices has led many people to begin questioning other longheld practices and asking whether they are still in the community's best interests. As a result, Tostan reports that some villagers are addressing civil rights issues, healthcare provisions, environmental protection, child marriage and economic empowerment raising hopes of further lasting change.

SENEGAL

Mariéme Bamba has changed perceptions, making it possible for her granddaughter to evade excision and get a secondary education.



Mariéme Bamba was born in rural Senegal and never went to school. She underwent female genital mutilation before puberty, was married at 14 and had her first child at 15. Like herself, her daughter was excised but died not long afterwards, most likely as a result of the invasive procedure. She had a second daughter. She too was excised and she too died soon afterwards.

Years later, Mariéme became one of the influencers working with Tostan who played an important role in encouraging her community to end the practice of female genital mutilation. Today, Mariéme's granddaughter has not been excised and is one of the few girls in the village to receive a secondary education, recently passing her baccalaureate.

In her 50s, Mariéme went back to studying. She was granted a place at India's Barefoot College where she learned to be a solar engineer. Mariéme installed and now maintains the panels that provide her village with electricity.





Building on the success of last year: Celebrating Womanhood

The 2014 event, 'Inspiring Change to Promote Women's Rights and Dignity', builds on the progress made at WSSCC's International Women's Day event of 2013: 'Celebrating Womanhood: Menstrual Hygiene Management'.

Last year attendees focused on the taboo subject of menstrual hygiene management, or MHM, considering everything from the practicalities of adequate hygiene facilities and disposal of sanitary products to perceptions of women and the superstition, stigma and silence which surrounds a woman's monthly bleeding.

It was at that event that organizers and participants unanimously noted that menstrual hygiene is a rights issue, not just a health issue and laid the foundation for the 2014 focus on women's rights and dignity within the context of water, sanitation and hygiene.

"At last year's event, I had – and many others in the forum – observed that stigma in menstruation and menstrual hygiene is a violation of several human rights," said Jyoti Sanghera, Chief, Human Rights and Economic and Social Issues at OHCHR. "Most importantly this stigma impacts a woman's right to dignity and also the rights to non-discrimination, equality, bodily integrity, health, privacy and the right to be free from inhumane and abusive treatment."

"The most remarkable aspect about the story of women's progress is, indeed, their own determination. Imagine what the power of 600 million Indian women could achieve."

Gloria Gangte, Permanent Mission of India to the UN in Geneva

"If menstruation, which is such a fundamental function of [women's] bodies is stigmatized then indeed this is a serious and egregious violation and we have a long way to go before we can overcome this stigma," Ms Sanghera added.

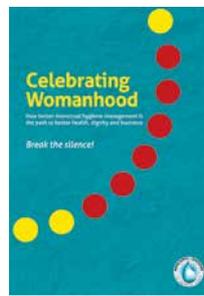
Building upon 2013's focuses, speakers at the 2014 event touched on issues of menstrual hygiene: women in Sonagachi who came together to make their own sanitary pads and constructed toilet facilities and the Nepali LGBTI women who faced enormous barriers while accessing WASH facilities. Particularly poignant remains the plight of transsexual women in Nepal who can't bear the shame of walking into a pharmacy to buy sanitary products.

Mr Khalidou Sy, the National Coordinator with Tostan in Senegal, added that in his experience in Senegal, many women not only have difficulty accessing and affording sanitary products but they have little information and poor knowledge on how to use them, perhaps not changing their sanitary napkins regularly enough or disposing of them in an unhygienic manner. For him, the key is not to separate out menstrual hygiene issues but consider them as part of the broader sanitation, health and hygiene issues.

"We have a range of programmes that don't just work on menstrual hygiene or female circumcision," said Mr Sy. "There's also quite a lot of emphasis on personal hygiene as we find that all these issues are interlinked."

Mr Gib Bulloch, Executive Director of Accenture Development Partnerships, reinforced the need for a holistic approach, calling for menstrual hygiene management issues to be embedded in education, health and human rights programmes. He also recommended setting up a knowledge platform to share best practices and added that collaboration with the business community offered the potential for affecting change at scale.

"Menstrual hygiene management," said Mr Bulloch, "is an education issue ... it's a health issue and [it's] a human rights issue, but also in business terms it's a logistics issue, it's an innovation issue. Rather than trying to draw attention to MHM in its own right, we see it being amplified as part of the broader



*Celebrating
Womanhood 2013*
report available at
www.wsscc.org

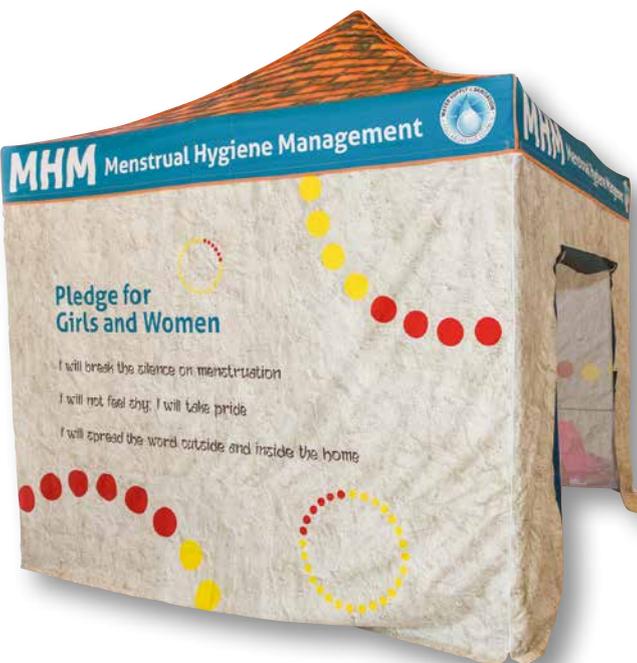
agenda.” Mr Bulloch gave the example of how Vodafone used its mobile phone network in Tanzania to spread information on maternal health-related treatments, including relatively simple operations that repair obstetric fistula and can have transformative results for the women concerned. “They didn’t have to talk about it,” said Bulloch, “it was just by using their mobile phones that these women were so empowered.”

Vodafone estimates that some 700,000 women using their networks in the developing world could benefit from ‘Text to Treatment’ for maternal health complications.¹

“Why can’t we use the same parallels for this issue, MHM – something stigmatized, hidden, that we don’t want to talk about – it’s perfect, I would say, for innovation and mobiles to drive this thing,” said Mr Bulloch. “No single organization can do this on their own [it’s about partnerships]. There is a business case, there is a business issue and there is a social issue and they need to all come together.”

To illustrate a dramatically different approach, Archana Patkar of WSSCC shared the experience of the Menstrual Hygiene Management Lab where a group of volunteers staffed a travelling campaign for over 51 days, talking to over 12,000 women and girls through individual interviews and focus group discussions to understand the issues they faced and their coping strategies at home, school and the workplace.

These conversations took place in India’s conservative and patriarchal heartland across five states, where menstruation is not openly discussed and where girls experience their first period without understanding what’s happening to them. Though the campaign is officially over, a movement for change has taken root across the length and breadth of the country with menstrual hygiene clearly mandated and financed through national policy guidelines.



“Two of [the volunteers] are taking this forward as a movement on their own without a dime from anybody. One of them set out on a self-financed trip to the State of Punjab – with a population of over 28 million people – to convert hearts and minds to the need to break the silence and correct this age old discrimination against women,” said Ms Patkar.

“She’s convinced and actually, so am I to be honest,” said Ms Patkar, “that large scale action is possible if each one of us is part of a movement with conviction. Some of the most compelling social transformation has been initiated through ideas and the resources only came later.”

On 10 December 2013, Human Rights Day, India gave menstrual hygiene an articulated place and budget in Nirmal Bharat Abhiyan, the country’s total sanitation programme.

“The Government of India has changed its sanitation policy and guidelines to clearly articulate menstrual hygiene and link it to budgets in the areas of demand creation and breaking the silence, management and disposal,” said Gloria Gangte, Political Counsellor, Permanent Mission of India to the United Nations Office in Geneva. “India is the only country with MHM clearly articulated in its policy.”

“We should be asking ourselves: ‘Who are these services designed for? Who are they excluding, what are they not remembering? How are we interpreting the normative?’”

Archana Patkar, WSSCC

¹ Vodafone Foundation. Connected Women: How mobile can support women’s economic and social empowerment. March 2014



Statement of
support for
"Inspiring Change
for Women's Rights
and Dignity"

The UK, through the Department for International Development, is committed to improving sustainable access to drinking water and sanitation in poor countries. WASH programmes have a real and demonstrable impact on preventing millions of unnecessary deaths, improving health and helping people move out of poverty. Women and girls invariably bear the brunt of poor water and sanitation because they collect most of the water and face many physical risks when they lack a toilet. This is why the UK strongly promotes gender equality in WASH programmes and ensure women have an equal say in decision-making on water and sanitation services.

**Ambassador Karen Pierce,
Permanent Representative of
the United Kingdom to the
United Nations**





The changing normative framework: women, WASH and international standards

Women are entitled to universal access to water, sanitation and hygiene as part of their fundamental human rights. However inadequate access to WASH in violation of these rights is currently not being treated with the same urgency as other development issues. This could change amid growing pressure for a dedicated goal on water, including universal access to water, sanitation and hygiene, in the Post-2015 development agenda.

The rights to water, sanitation and hygiene were not explicitly referenced in the International Bill of Human Rights including the UDHR of 1948 and the ICESCR of 1966. However, they are rooted in the provisions of these instruments on the rights to life, health and an adequate standard of living, among others. According to the Committee on Economic, Social and Cultural Rights (CESCR) General Comment No.15 in 2003, the human right to water and sanitation is integral to a life of human dignity and the realization of all other rights. The human right to safe drinking water and sanitation has now been explicitly recognized in a number of international conventions and treaties.² It was affirmed in 2010 by resolutions of the UN General Assembly³ and the UN Human Rights Council.

As a result, “We know and we can state with a great deal of confidence, without stuttering as much as we did say 10 years ago, that water and sanitation including hygiene are internationally guaranteed human rights,” said Mr Mokhiber. These rights oblige States to provide for their progressive realization and entitle everyone to sufficient, safe, acceptable, physically accessible and affordable water for essential personal and domestic uses including hygiene.⁴ In spite of these obligations and the international commitment to realization of the rights to water and sanitation, the reality is that many persons still lack access to water and sanitation, particularly women.

This is true even though international human rights standards prohibit discrimination based on sex. The Convention on the Elimination of All Forms of Discrimination against Women, for example, specifically obliges States to provide sanitation services with regards to rural women.⁵ A human rights-based approach to water and sanitation requires states to honour an immediate obligation to guarantee non-discrimination in the exercise of the rights to water and sanitation. They must ensure that laws, policies, programmes and other measures are not discriminatory and that temporary special measures may be required to ensure the redistribution of power and resources in order to promote gender equality.

However, in the development sphere, water, sanitation and hygiene issues were not explicitly included as a separate Millennium Development Goal (MDG), but rather embedded in other goals like the MDGs relating to child mortality, environmental sustainability, poverty and hunger, primary education and the promotion of gender equality. This resulted in the issue of access to water, sanitation and hygiene having a lower profile in development efforts, a problem that was compounded by the failure of the relevant targets to integrate human rights considerations and address inequalities. The human rights framework calls for a target of universal access to WASH with an emphasis on reducing inequalities.

The expiration of the MDGs next year presents an opportunity to rethink agreed upon international development priorities with regard to WASH issues and considerable momentum is gathering for urgently needed, rights-based action in the Post-2015 era. UN Water for example, has released technical advice in support of a dedicated goal on water in the Post-2015 development agenda that includes a target on universal access to water, sanitation and hygiene.⁶

Similarly, in her 2012 report, Catarina de Albuquerque, UN Special Rapporteur on the human right to safe drinking water and sanitation laid out the impacts of the absence of adequate water, sanitation and hygiene facilities on marginalized groups and persons. She clearly demonstrated that realization of the right to water and sanitation for all persons requires an explicit focus on the most disadvantaged and marginalized, as well as an emphasis on participation, empowerment, accountability and transparency.

2 Convention on the Elimination of Discrimination against Women (1979), the Convention on the Rights of the Child (1989), the Convention on the Rights of Persons with Disabilities (2006).

3 General Assembly Resolution A/RES/64/292. 2010.

4 OHCHR. The Right to Water, Fact Sheet No. 35. 2010.

5 UN Women. Convention on the Elimination of All Form of Discrimination against Women. (www.un.org/womenwatch/daw/cedaw/cedaw.htm, accessed 21 March 2014).

6 UN Water. A Post-2015 Global Goal for Water: Synthesis of Key Findings and Recommendations. 2014.

Conclusions



Amid the frank discussion and inspiring personal experiences from India, Nepal and Senegal, a number of recommendations emerged through the day's discussions.

Highlights from the discussions included:

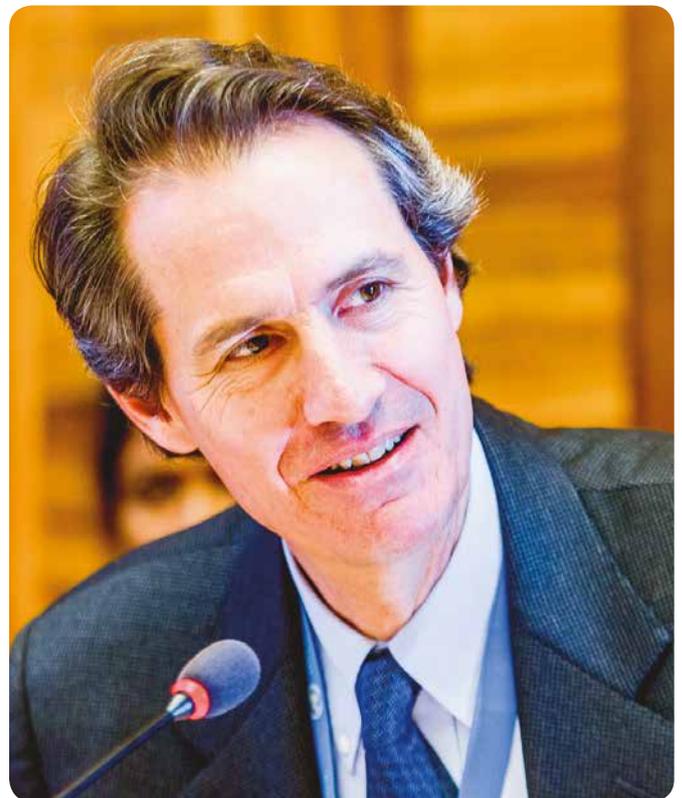
- Water, sanitation and hygiene (WASH) should be highlighted as a cross-cutting development issue.
Mr Gib Bulloch, Accenture Development Partnerships
- WASH should be included in the Post-2015 development agenda from an education perspective. Greater leadership, cooperation and partnership are needed to pursue WASH issues.
Ms Marilena Viviani, UNICEF
- While development partnerships with businesses are important, there should be a framework in which such activities are not purely voluntary and businesses have a greater obligation to act.
Ms Rachel Meiers, BSR
- Equality doesn't mean treating everyone identically but rather taking account, among other things, women's realities. In the context of WASH, this means thinking about taboo subjects such as defecating and menstruating and not being afraid to spell these realities out so as to act.
Ms Lucinda O'Hanlon, OHCHR
- International organizations like the UN need to focus less on provision of services and give more attention to collective action and empowerment programmes that support lasting change.
Dr Smarajit Jana, SRTI

In his closing comments, Mr Chris Williams, Executive Director of WSSCC emphasized the resonating theme of collective action for transformative change as illustrated by all three case studies on communities coming together to replace stigma and discrimination with respect and dignity.

Mr Williams added that it was important to include men and women in planning and programming, regardless that women might be the target of any supported change. Using the example of Senegal, he stressed the value of situating an issue that is affecting women in a negative way within the cultural context, rather than challenging the existing culture and its longstanding values.

"This is a very, very good tactic," said Mr Williams, "and its implication to transcend other issues should be considered."

Summing up the discussions Ms Jyoti Sanghera from OHCHR stated, "Our conversations today have been vital in highlighting some crucial insights; firstly, that the women who are the most affected and denied their fundamental rights are also simultaneously the experts of their own lives and hence, best placed to develop solutions for their problems. Secondly, socially or culturally "difficult" issues such as MHM or FGM can be successfully tackled and addressed if the entire community is engaged and mobilized as agents for change. Thirdly, it is not enough to point out that women are entitled to enjoy their human rights and therefore should do so. Especially when groups of women have been historically disadvantaged, enabling conditions have to be collectively created so that women are empowered to claim these rights."





Statement of
support for
"Inspiring Change
for Women's Rights
and Dignity

On the auspicious occasion of International Women's Day we have much to celebrate in relation to the advancement of women's economic and social rights worldwide. However, unacceptable levels of inequality and discrimination deprive millions of vulnerable women of their fundamental rights.... Equal access to fundamental rights, empowerment and participation of the most marginalized women can only be achieved through meaningful educational participation, effective mentorship, gender and minority sensitive policies and a concerted commitment to equity from decision makers. Building robust women and community organizations to challenge exclusion and stigma requires focused advocacy informed by first rate evidence based research.

Jacqueline Bhabha, Director of Research, FXB Center for Health and Human Rights, Harvard University



Programme

Inspiring Change to Promote Women's Rights and Dignity

7 March 2014

UN Palais, Room IX, 9:00-15:00

8:30-9:15	Registration and Coffee/Tea
9.15-9:30	<p>Welcome: Mr Chris Williams, Executive Director, Water Supply and Sanitation Collaborative Council (hosted by United Nations Office for Project Services)</p> <p>Setting the Stage: Ms Jyoti Sanghera, Chief, Human Rights and Economic and Social Issues, Office of the High Commissioner for Human Rights</p>
9.30-10.30	<p>Reflections on our reality: Challenges and Opportunities in the Fight for Women's Rights</p> <ol style="list-style-type: none"> 1. Dr. Smarajit Jana and Ms. Mousomi Mohanti, Sex Workers Rights, Durbar Mahila Samanwaya Committee, West Bengal, India 2. Mr Khalidou Sy, Female Genital Mutilation, Senegal 3. Ms Shyra Karki, Challenges faced by the Lesbian and Transgender Community, Nepal <p>Moderated Discussion led by Ms Jyoti Sanghera, OHCHR</p>
10.30-11.00	Coffee Break
11.00-13.00	<p>Round table discussion: Let's change the operating principles of this century so that equality and non-discrimination dominate!</p> <p>Guiding questions:</p> <ul style="list-style-type: none"> • The normative agenda- what's still missing? • Practice on the ground- what's working? What remains to be done? <ol style="list-style-type: none"> 1. Mr Craig Mokhiber, Chief, Development and Economic and Social Issues Branch, OHCHR 2. Ms Gloria Gangte, Counsellor Political, Permanent Mission of India <p>Moderated Discussion led by Ms. Archana Patkar, Programme Manager, WSSCC</p>
13.15-15.00	<p>Networking Lunch, Marketplace and Thoughts (Lunch will be served in Hall 16, located behind the Assembly Hall in Building A)</p> <p>Moderator: Mr Dave Trouba, Senior Communications Officer, WSSCC Film – <i>India: The Red Thread</i>, a collaboration between WSSCC and UNTV (3 minute film and Q&A)</p> <p>Short statements from:</p> <ul style="list-style-type: none"> • His Excellency Ambassador Roderick van Schreven, Permanent Representative of the Kingdom of the Netherlands to the United Nations • Dr. Maria Neira, Director, Public Health and Environment, WHO • Her Excellency Ambassador Karen Pierce, Permanent Representative of the United Kingdom to the United Nations • Ms Jacqueline Bhabha, Director of Research, Harvard University • Mr Victor Chipofya, WSSCC Steering Committee Member
15:00	Closing and Thank You: Ms Jyoti Sanghera, OHCHR and Ms Archana Patkar, WSSCC

Social media highlights



 **BSR HERproject**
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@Tostan's efforts have led more than 5800 villages to abandon practice of #FGM. Wow!! #dignityforwomen #IWD2014 @WatSanCollabCou

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1

1:26 AM - 7 Mar 2014

 **Gib Bulloch**
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@VodacomTanzania Just cited this exmple & #connectedwomen report at @WatSanCollabCou #dignityforwomen event vodafone.com/content/dam/co... #IWD2014

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3:41 AM - 7 Mar 2014

 **UNOPS**
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@WatSanCollabCou says: "It's time: Make safe, hygienic & private menstruation a priority. We want #dignityforwomen." ow.ly/uiMHo

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8:40 AM - 7 Mar 2014

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RT @WatSanCollabCou:Khalidou Sy,@Tostan Senegal on #FGC:"it's very difficult to question social norms,how to do it?#dignityforwomen #IWD2014

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1:44 AM - 7 Mar 2014

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Talking about the power and potential of women, and the influence they can have on communities at #IWD2014 meeting @WatSanCollabCou @ohchr

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5:06 AM - 7 Mar 2014

 **Rockaya A.**
@ARockaya [Follow](#)

@WatSanCollabCou @ohchr l'abandon de l'excision doit être l'affaire de tous, hommes, femmes, enfants déclare Khalidou sy #dignityforwomen

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1:42 AM - 7 Mar 2014

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Stories of stigma's and victories at @WatSanCollabCou and @OHCHR - breaking through controversial boundaries #dignityforwomen #IWD2014

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1:43 AM - 7 Mar 2014

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Tomorrow is #IWD2014. Today our Partner @WatSanCollabCou and Member @ohchr host interesting discussion on women's rights and dignity.

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3:56 AM - 7 Mar 2014

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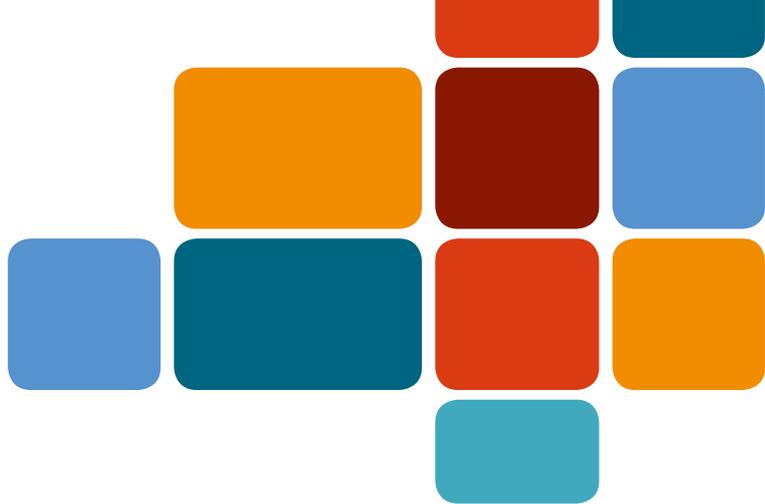
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Case Study Presenters



Dr. Smarajit Jana is presently serving as principal of Sonagachi Research and Training Institute guiding research and capacity building programme. He was the architect of the most successful intervention programme among the sex workers in Kolkata, India known as the Sonagachi Project. He served as National Programme Advisor at NACO, Government of India, from 2007 to 2009, as a board member of Avahan programme of B&MGF, as a member of the Regional Partnership Forum under UNAIDS & UNFPA. He is a member of the National AIDS Council, chaired by the Prime Minister of India.



Ms Shyra Karki is currently working as a Human Rights Officer for Mitini Nepal, focusing on strengthening and protecting the rights of sexual and gender minorities in Nepal. She advocates for these minority groups at both the community and the government level. She is a board member of the National Alliance of Women for Human Rights Defenders and a member of the European Union Working Group for the protection of human rights defenders.



Ms Mousomi Mohanti has been working as a health educator in the field of HIV since last 16 years. She has taken a strong initiative to broaden DMSC's (Durbar Mahila Samanawya Committee) health work through inclusion of reproductive health. For the last two years she has been supporting social marketing of condoms and sanitary napkins in West Bengal. She has joined the Water and Sanitation campaign programme launched by DMSC during 2011. She is the chairperson of Dautari Nepal, Jhapa region.



Mr Khalidou Sy has been with Tostan since its inaugural project in Kolda, Senegal as a village coordinator from 1988 to 1990. Since then, his extensive expertise in Fulani and Toucouleur culture, as well as his continued commitment to social change and community-led development has been a staple in the development of Tostan's human rights-based education programmes. From 1991 to 1994 he was the Regional Coordinator of Matam, later moving into the role of Director of Programming in the Fulani language, between 1995 and 2002. In 2005, Khalidou served as Tostan's Programme Director, and since 2006 has been the National Coordinator for all of Tostan's Senegal-based programmes. He is an expert in integrated development and social change programmes in Senegal and wider West Africa. He speaks specifically about the movement to abandon child/forced marriage and female genital cutting practices, which over 5,800 communities in Senegal have already abandoned.

Timeline of rights advances

as outlined by Craig Mokhiber



"Dignity and equality are core human rights principles. The stigmatization of women and girls, sex workers and LGBTGI communities especially in relation to menstrual hygiene and sanitation constitute human rights violations of the most profound nature."

Craig Mokhiber, OHCHR



Statement of support for "Inspiring Change for Women's Rights and Dignity"



Big rights sometimes need to be realised in small rooms. Access to sanitation and hygiene is an important condition for women and girls to take full part in society and the Netherlands whole heartedly support the attention of the Water Supply and Sanitation Collaborative Council and the Office of the High Commissioner for Human Rights to this issue.

**Ambassador Roderick van Schreven
Representative of the Netherlands to the
United Nations**





About the Water Supply and Sanitation Collaborative Council

The Water Supply and Sanitation Collaborative Council (WSSCC) is a global multi-stakeholder partnership and membership organization that works to save lives and improve livelihoods. It does so by enhancing collaboration among sector agencies and professionals who are working to improve access for the 2.5 billion people without safe sanitation and the 748 million people without clean drinking water. Through its work, WSSCC contributes to the broader goals of poverty eradication, health and environmental improvement, gender equality and long-term social and economic development. WSSCC supports coalitions in around 20 countries, members in more than 160 countries, and a Geneva-based Secretariat hosted by the United Nations Office for Project Services (UNOPS).

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About the Office of the High Commissioner for Human Rights

The Office of the United Nations High Commissioner for Human Rights (OHCHR) is mandated to promote and protect the enjoyment and full realization, by all people, of all rights established in the Charter of the United Nations and in international human rights law. It is guided in its work by the mandate provided by the General Assembly in resolution 48/141, the Charter of the United Nations, the Universal Declaration of Human Rights and subsequent human rights instruments, the Vienna Declaration and Programme of Action of the 1993 World Conference on Human Rights, and the 2005 World Summit Outcome Document.

The mandate includes preventing human rights violations, securing respect for all human rights, promoting international cooperation to protect human rights, coordinating related activities throughout the United Nations, and strengthening and streamlining United Nations human rights work. In addition to its mandated responsibilities, it leads efforts to integrate a human rights approach within all work carried out by the United Nations system.

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