

38th WEDC International Conference, Loughborough University, UK, 2015

**WATER, SANITATION AND HYGIENE BEYOND 2015:
IMPROVING ACCESS AND SUSTAINABILITY**

**Access to emergency sanitation for Pakistani women:
a case study in Khyber Pakhtunkhwa, Pakistan**

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BRIEFING PAPER 2210

This paper shares the experience of Action Against Hunger in Pakistan to look for solutions to help women address their individual needs for defecation and menstruation. Displaced and host families are supported by a traditional emergency water, sanitation and hygiene response, but cultural norms and availability of facilities were hiding the specific issues faced by women. The project combined discussion platforms for both women and men, awareness about sanitation risks, and provision of individual items for safer management of sanitary concerns. A safe community pit was provided to dispose of feces by hand, as a temporary quick and low cost alternative to latrines.

Challenge

According to the World Bank's report "World Development Indicators 2014", only 48 % of the population of Pakistan has access to improved sanitation and more than 43 million people defecate in the open. The 2015 Millennium Development Goals (MDGs) target on sanitation remains the most off-track of all the MDGs goals according to the Joint Monitoring Program's *Progress on Drinking Water and Sanitation, 2014 Update*. The reason: the silence over the sanitation crisis. In this silent crisis, women and girls face an even bigger issue, as gender roles are strongly segregated in rural areas of Pakistan, and especially in areas with conflicts and insecurity leading to displacement of populations.

In early 2014, an insurgency in Federally Administered Tribal Areas (FATA) led to the displacement of large number of families to safer areas in Khyber Pakhtunkhwa Province (KP), in the North-West of Pakistan. This case study documents a project implemented in the districts of Peshawar, Nowshera and Kohat in KP Province, which included the research for innovative quick solutions for safe sanitation for displaced women and the host communities.

The main sanitation issues faced by these temporarily displaced women are cultural. Women are limited in their displacements outside of compounds, and cannot use communal toilets in presence of males in the surrounding. While the displaced people rent houses or are hosted by family members, toilets don't generally exist in the compound. Additionally, the lack of awareness regarding appropriate use of toilets and public health risks, the unavailability or forbidden access to communal sanitation facilities, the insufficient availability of water to wash themselves and limited knowledge and economic means add to the difficulties, on top of the traumatizing displacement, often leaving their origin villages in the middle of the night, leaving nearly everything behind. A baseline survey found that 60 to 70% of the women had no access to improved sanitation facilities. While it is common for the entire population to defecate in the open, women usually have to do so in their courtyard, or to find a solution to isolate themselves in the house then dump the excreta out in the open or the garbage pits.

As highlighted in WaterAid's publication *Menstrual hygiene matters*, feminine personal hygiene is a major health risk, to adding to the limited knowledge related to menstrual hygiene. Menstruation is a taboo and is not easily discussed openly. Women have to hide it and need to find appropriate privacy to manage it. The unavailability of a private and safe place is another major issue.

Background of the project

Through a humanitarian response started in June 2013, Action Against Hunger, with the support of the EU's Humanitarian Aid and Civil Protection department (ECHO), provided aid to vulnerable populations and in particular to the displaced families affected by the conflict in FATA. The project covered Peshawar, Kohat and Nowshera districts in KP Province, with global objectives of reducing mortality and providing livelihood and nutritional support to vulnerable and conflict affected persons. The project included a comprehensive global response of Nutrition, Food Security and Livelihoods, and Water Sanitation and Hygiene (WASH). Years of similar interventions among successive displaced populations in KP Province had brought good results and a strong experience among Action Against Hunger's teams. The living conditions of the supported vulnerable communities and families improved through a better access to safe drinking water, improved hygiene practices, and environmental sanitation: construction of boreholes and latrines, upgrade of infrastructures, campaigns to clean the environment and solid waste management, sessions to raise hygiene awareness, distributions of hygiene kits, and building of the local capacities were adapted responses to the global needs.

But the gender component and the unseen difficulties met by women and girls slowly became an issue that the traditional intervention was not solving, or not at a sufficient scale, since it was difficult to systematically build enough toilets for each family. The team tried to find options to address this issue and to provide women with safe, sensitive and inclusive sanitation facilities. PeePoo kits were distributed as a first emergency response solution, but their one-time usage makes it difficult to sustain.

The second option presented in this paper was the provision of a "female sanitation kit", with items for domestic usage, and with a communal pit where the feces could be disposed.

Temporary sanitation solution for women

Action Against Hunger introduced this easy emergency sanitation option following brainstorming and consultation of the target population as part of its "*Needs assessment of female sanitation in KPK after FATA displacement*" (2014). The sanitation kits allowed women to cater for their needs without having to go outside of their compound for defecation, and kept the house surroundings clean.

The kit contains sanitary items for defecation, cleaning and handling of feces. Menstrual hygiene items were also included.

Item detail	Quantity
Sanitary cloth 1x1 meter , cotton red color	4
Dettol liquid (Household disinfectant) (250 ML)	1
Underwear (medium + large; black color)	10
Hand Spade (plastic)	1
Pot for feces (Plastic; medium size)	1
Hand gloves (rubber)	2

Additionally, communal feces disposal pits were constructed in designated spaces in the communities, to receive the content of the pots used by households. The pit aims at providing a hygienic and safe storage point of excreta, possibly menstrual napkins too, in a solution that can replace temporarily household's private latrines.

Technical design of the pits

The sanitation pit is constructed partly below the ground with a concrete base 4" thick, with a concrete ratio of 1:2:4 for stability and to support brick masonry walls. Brick masonry walls 4.5" thick, with cement sand mortar ratio of 1:4 are constructed above the base. The pit is covered with a reinforced concrete slab 3" thick to protect the pit from rainwater infiltrations and flood risks. An opening with a steel hatch allows access to

the pit to drop the waste. The pit must remain closed, and is ventilated with a 2” hole at corner of the slab. The top of the pit stands 6” above the ground and is protected with soil embankment up to 2 feet around to protect from run-off water and erosion. The internal dimensions of the pit are 6’ length, 6’ width and 5’ depth, a total volume of 180 cubic feet.

Tools were provided with each sanitation pit for desludging when full, with directions given to ensure it is disposed safely.

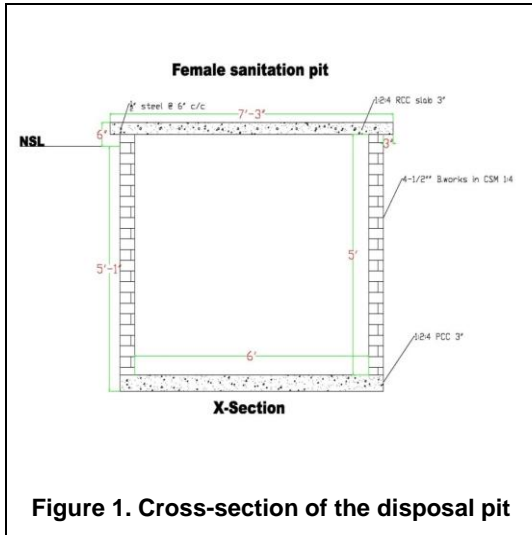


Figure 1. Cross-section of the disposal pit

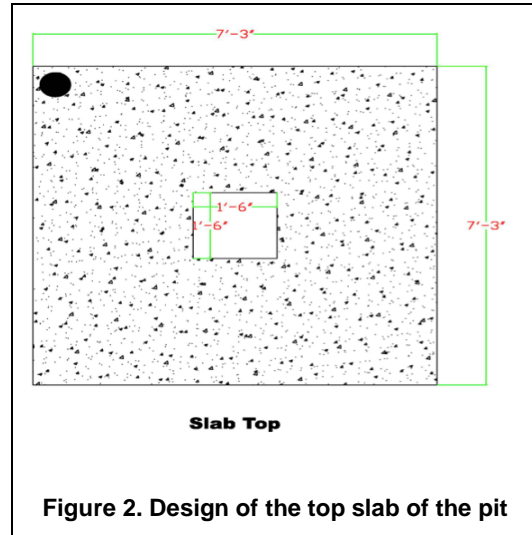


Figure 2. Design of the top slab of the pit

Key factors of success and learning

Sanitation and gender awareness raising in the provision of emergency services

The first goal of the intervention was to bring the topic of sanitation, and in particular the issues faced by girls and women, into discussion among the communities and families. Thanks to social mobilization and tenacity from Action Against Hunger’s field members, women were able to break the silence and voice their needs at individual then community levels.

Moreover, considering the cultural aspects of the targeted communities, the knowledge of women was strengthened about hygiene, sanitation and menstruations. Men had to be involved in discussions that had always been hidden or not considered a topic to address as a family, even less so as a community.

Community volunteers were convinced into playing the role of change agents. They are ensuring the appropriate use of sanitation pits and of the female sanitation kits, while continuing to raise the importance of safe sanitation and improved hygiene, ultimately leading to the construction and usage of toilets for every household according to cultural norms. Both men and women volunteers, grouped in “sanitation committees”, continue to spread the messages.

Finally, even if the proposed solution is far from perfect and doesn’t eliminate all sanitary risks, it forced Action Against Hunger’s field teams, Pakistani personnel coming from a similar culture, to think about the issue, to discuss it and brainstorm for solutions, and to find a way to introduce it in the communities and among the displaced families. It brought open discussions between male and female team members, to discuss needs that had been systematically left aside by aid agencies intervening for decades in the context of North-West Pakistan.

Restoring privacy and dignity

The provision of the kit allows women and girls to decide on a dedicated place in the house or compound, where they can defecate privately. They don’t have to leave the house or to dispose of their excreta on-site right away, and are relieved of the stress of isolating and hiding themselves for their daily needs.

The pits are communal, and their location was decided through consultation and consensus of both women and men, to ensure it was culturally accepted, located in a safe yet discreet location, and accessible for women.

Women and children then dispose of the pot of excreta daily into the pits. This is done before sunset, in an appropriate cultural way that has been discussed and agreed with male household members who need to support the initiative for its success.

Raising discussions to tackle emergency sanitation demonstrated that an issue considered by both women and men as individual and private, can have a community solution, and this even in a very conservative social and religious society. Emergency and displacements may be a good timing to introduce new topics that the communities, both displaced and hosts, may continue investigating during the transition to recover after the emergency.

Safe handling and disposal of faeces

The common defecation practice was to either direct open defecation, or a similar use of the pots to then throw excreta in the open in or next to the house compound. Improved management of excreta management and sensitization about the health and environmental risks allow women to use gloves and tools to dispose of the feces, and to keep the contamination risk contained in the pit.

A risk of contamination continues to exist during the handling of the pot, especially during transport and disposal, **but the situation is improved compared to previous practices**, and awareness of these risks was done and it continues to receive attention from champions trained as sanitation volunteers.

The pits are covered with a trap door that remains closed to avoid flies, infiltrations and direct contact with excreta. They can be desludged by hand, and tools have been provided for that purpose together with trainings and instructions to avoid contamination. This is similar to existing practices in the region to empty the existing pit latrines. Excreta may be reused as fertilizer after being deactivated while settling for 6-12 months in a safe location.

However, the disposal of faeces in plastic bags has been observed, and this may be a problem for the degradation of the excreta and the filling rate of the pit. A strong sensitization of users is necessary to avoid this issue.

This better solution for faeces disposal has also yet to address the opportunity of handwashing after dropping the content of the bucket in the pit: the project did not include a handwashing station next to the pit, a missed opportunity but also because it remains difficult to ensure ownership and responsibility over the daily water and soap supply at such a communal facility. The site could however be used for better promotion of handwashing at home, in complement to traditional approaches used by Action Against Hunger.

Clean environment

Tahira, 30 years old lady from Gari Shah Muhammad village, Peshawar district, explained: *“Our children used to ask us why faeces were thrown outside openly? It makes the street dirty and smelly!”*. The pit and the kit were highly appreciated to eliminate excreta and odors from the street. **Learning by seeing motivated the communities to keep their environment clean** and to prevent the spread of excreta, ultimately preventing the environment from pollution. Accompanied with **cleaning campaigns for solid waste**, the results were encouraging communities to be aware of the benefits of a cleaner environment.

Improved menstrual hygiene management

The sanitation kit allowed raising the hidden topic of menstruation, with every girl and woman left to deal with it on her own without sharing knowledge or good practices. Sharing pieces of cloth was a common practice, due to lack of knowledge and of means. Anecdotal evidence reports that urinal track infections and severe itching were common.

It wasn't easy and required prolonged efforts to convince women to break the silence and talk about it among themselves. But the items provided in the kits and the learning from one another provided women with a better understanding and safer practices. They were also relieved of the stress of finding a different private spot every day for defecation and intimate hygiene. **A dedicated site for privacy, availability of hygienic items, and opportunities to exchange between women are keys to improving menstrual hygiene.**

Improved health and hygiene

The adoption of safe hygienic practices with better excreta management and intimate hygiene is **expected to have an impact on common diseases** reported by the communities or individuals, and in particular diarrhea

and urinal infections. Since medical aid is limited for these populations, and benign common discomforts not reported, the records of diseases could however not be tracked and attributed to the intervention.

Asal Bibi, displaced from FATA to the Jalojai camp in Peshawar, explained: *“When I came here [after being displaced], we did not have anything with us to cater for my menstruation needs. I asked [other families] to share their clothes with us. I used to have “kharish” (itching) more often than before. I did not have any idea why I had irritations more often. When the Action Against Hunger team came, they provided us with the sanitary cloth and awareness regarding female sanitary practices. Now I use separate sanitary cloth during menstruation and I wash my cloth with “Dettol” after using it. This has significantly reduced the irritation I used to face”.*

Action Against Hunger has set up a **monitoring system for diarrhea incidences and health care expenditures** among a sample of families on a bi-weekly basis, using pocket charts, and cross-checks the results with official records of health centers and nutrition programs. Results are not yet available.

Acknowledgements

Action Against Hunger would like to extend thanks to the EU’s Humanitarian Aid and Civil Protection department (ECHO) for supporting and providing funds to support the humanitarian aid provided to the communities in Khyber Pakhtunkhwa Province, Pakistan.

The team in Pakistan would also like to thank Mr Zach Watson for his efforts to trigger and develop innovative solutions to Pakistan’s sanitation issues, and in particular to reveal the hidden struggle of women at time of humanitarian crisis.

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