The intersection of water, sanitation, and gender-based violence in sub-Saharan Africa: A parallel case study of national policies and NGO interventions

by

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AUTHOR'S DECLARATION

I hereby declare that I am the sole author of this thesis. This is the true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that the thesis may be made electronically available to the public.

ABSTRACT

Millions of people globally are without access to safe water, safely managed sanitation, and improved hygiene. Much of the global population who depend on unsafe water, have no access to safely managed sanitation and improved hygiene collectively referred to as WASH reside in sub-Saharan Africa (SSA). Despite coordinated efforts through policies like Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) to tackle the challenges of access to WASH, the problems still linger. The challenges of WASH access affect everyone somewhat disproportionately. Women and girls are affected the most because sociocultural norms burden women and girls with water fetching, domestic activities that require water and care for the sick. In striving to perform these societal expectations in the absence of water, women and girls walk long distances to fetch water, exposing them to sexual violence and physical attacks. Additionally, the absence of WASH facilities for women and girls to take care of their needs causes psychological stress among women and girls. On the other hand, when sanitary facilities exist but are not well illuminated, it creates fertile grounds for sexual violence against women by men who lure in the dark. Structural violence also occurs when policies and policymakers fail to adequately tackle the WASH needs of women and girls. Therefore, the purpose of this research is to understand how international and national policies, strategies, and frameworks tackle violence against women and girls in WASH. A focus is also on how WASH NGOs incorporate issues of violence against women and girls in their interventions to increase WASH access. Based on the findings from the above mentioned, innovative strategies to tackle violence are proposed. Key informant interviews were conducted with ten (10) participants from NGOs in Ghana, Kenya, and Uganda. This was followed by a content analysis of selected documents from UN-Water, UNICEF, Ghana, Kenya, and Uganda. The results point to nonexistent policies or laws to protect women and girls from WASH violence. NGOs in the WASH sector deplore tools like Social Analysis and Action, Community Scorecard, education, and dialogue in tackling violence against women and girls in WASH access. This research can inform WASH policymakers to pay greater attention to violence against women and girls in WASH access. Results can also inform cross-country policies to ensure the needs of everyone, especially women and girls, are met in WASH interventions.

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DEDICATION

This is a special dedication to my late father, Mr. Wigbert Yelkuma Dogoli. You have always been my greatest source of inspiration to carry on in life, no matter the difficulties of life.

TABLE OF CONTENTS

Contents

LIST OF FIGURES

LIST OF TABLES

CHAPTER ONE: INTRODUCTION

1.1 Introduction

This research investigates policies, legislations, frameworks, and guidelines that exist to protect women and girls from gender-based violence arising from inadequate access to safe water, sanitation, and hygiene in sub-Saharan African (SSA), focusing on Ghana, Kenya, and Uganda. The research seeks to analyze and unpack policies at the international, national, and local levels that ensure women and girls are protected from violence as they strive to meet their water, sanitation, and hygiene (WASH) needs. This is achieved by conducting a content analysis of policies of selected international non-governmental organizations (NGOs) and national-level policies. Additionally, online interviews were conducted with key informants of WASH NGOs to determine how issues of violence are addressed or captured in their interventions. This chapter provides a background to the existing WASH situation in the context of SSA, outlines the research problem and objectives, the structure of the study and ends with a summary of the chapter.

1.2 Background

Access to safe and improved WASH is central to good health and well-being. A plethora of evidence suggests a significant proportion of the global community does not have access to safe drinking water, improved sanitation and hygiene (Prüss-Üstün et al., 2008; Sorenson et al., 2011; UNICEF & WHO, 2017). Indeed, resounding evidence demonstrates that safe drinking water, improved sanitation, and hygienic practices promote good quality health and development (Prüss-Üstün et al., 2008; Sahoo et al., 2015; UNICEF & WHO, 2017; WHO & UNICEF, 2015). As early as 400 BCE, Hippocrates in "Airs, Waters and Place" suggested that the environment we live in has a determining factor on our health and well-being (Gatrell & Elliott, 2015). In 1855, John Snow further proved a link between contaminated water and cholera deaths in London (Gatrell & Elliott, 2015, Maal-Bared et al., 2008). Snow's findings were subsequently supported by microbiological research by Robert Koch, which played a crucial role in enhancing WASH protocols.

The underlying significance of safe and improved WASH are consequently captured in no better way than the several United Nations declarations on WASH-International Water and Supply Drinking Decade (1981-1990), Millennium Development Goals (MDGs)(2000-2015), Sustainable

Development Goals (SDG) (2015-2030) and the declaration of safe water and access to sanitation as basic human rights (Bartram et al., 2014; COHRE et al., 2008; Prüss-Üstün et al., 2008; United Nations, 2016). The Joint Monitoring Progress (JMP) Report defines safe water as water that does not possess any potential health risk over a long consumption period and must be obtained from an improved drinking water source. Improved drinking water sources are sources that provide safe water per their design and construction (UNICEF & WHO, 2017). Sanitation implies the entire system in place (physical infrastructure and social practices) to manage, contain and safely dispose of human excreta to prevent the spread of diseases (Sommer et al., 2013; UNICEF & WHO, 2017). Sanitation in this context refers to the ability to have access to toilets, washrooms, shower blocks and all other facilities that enable human beings to meet their hygiene needs in a dignified way devoid of emotional stress or violence. Inadequate access to these key determinants of health has resulted in decades of preventable water and hygiene-related deaths (Maal-Bared et al., 2008; Mariwah, 2018; Monney et al., 2015; Prüss-Üstün et al., 2008). In fact, the outbreak of the covid-19 pandemic has exposed the existing gaps concerning hygiene in our daily lives. The global emphasis on handwashing as a control measure in curbing the pandemic shows that more should be done to ensure that access to hygiene is equally an important component of well-being.

Increased global and national efforts to tackle the water crisis, sanitation and poor hygiene have resulted in increased access to safe water and improved sanitation for approximately 2.6 billion people globally since the inception of the Millennium Development Goals (UNICEF & WHO, 2017). Even though access to safe water and sanitation is considered a fundamental human right and attempts have been made to increase WASH access over the past century, approximately 844 million and 2.3 billion people still lack access to safe drinking water and improved sanitation, respectively (UNICEF & WHO, 2017). These statistics represent what has been captured by governments. However, the possibility of many more numbers being missed is a reality. Given that nations take pride in being acknowledged for increasing WASH access, it is not out of place that the reality on the ground may differ from what is reported by a considerable margin.

The burden of inadequate WASH access is a global phenomenon that disproportionately burdens nations in scale and magnitude. The cornerstone of development and progress in the global north is largely attributed to safe and secure WASH (Meehan et al., 2020). An analysis of access to water by Meehan et al., (2020) in North America with a focus on Canada and the United States

points to the fact that institutionalized structures and power play a significant role in space and time affecting access to safe drinking water. Indigenous communities and minority groups in North America bear the brunt of systemic failures and deliberate policies in North America in accessing safe drinking water (Government of Canada, 2020; Metcalfe et al., 2011; Sarkar et al., 2015). Disruptions in accessing safe drinking water at the onset of the outbreak of Covid-19 equally highlighted financial constraints to water access when about ninety (90) municipal authorities across the US cut water supply to residents who could not pay their bills (Lakhani, 2020; Meehan et al., 2020).

In India, WASH access is characterized by psychological stress among men and women (Basu et al., 2015; Caruso et al., 2017; Hirve et al., 2015; Kulkarni et al., 2017; Sahoo et al., 2015). In Nepal, access to water is shaped by class and a caste system (Leder et al., 2017). Women from the Dalit caste access water from a communal pipe fringed with frequent breakdowns and low pressure while the upper caste households were entitled to high-pressure pipes. In Europe, findings from a systematic review by Anthonj et al., (2020) reveal that Roma communities in France, Greece, Croatia and Romania face significant difficulties accessing WASH. Some of these challenges included poor state of water systems, the reliance of the entire community on a single pipe or tap, and water access being restricted to a few hours. This resulted in Roma communities suffering a higher burden of water-borne diseases compared to other communities. The challenges of WASH are global; however, the burden of WASH diseases in Africa is a source of concern.

In SSA, WASH access and concomitant problems are undoubtedly highest due to complex intersecting economic, political, social and cultural factors (Olagunju et al., 2019). Indeed, approximately 58% of the global population who depend on unsafe surface water reside in SSA (UNICEF & WHO, 2017). Despite numerous efforts by African governments to provide WASH, the failure of policymakers to contextualize the state of challenges in SSA makes the consequences of WASH more brutal amidst the rising effects of climate change on water availability (Aboubacar, 2013; Cissé, 2019; IPCC, 2018; Olagunju et al., 2019). The disease burden of this situation on a developing continent has general health, economic, financial, social, and political ramifications.

At the household and community levels, inadequate access to water creates a thriving environment for disease spread. It is suggested that epidemics of some infectious diseases can be traced to the non-availability of WASH facilities to prevent fecal-oral route transmission of disease

organisms from one host to another (Jain & Subramanian, 2018). For example, diarrheal diseases caused by contaminated water are among the leading causes of preventable morbidity and mortality in SSA, especially among children under five (5) years (Cissé, 2019; Fewtrell et al., 2005; Prüss-Üstün et al., 2008). According to the Inter-Governmental Panel on Climate Change (IPCC), an increase in global temperature of 1.5°C will have a catastrophic rise in the risk of water contamination and an increase in diseases (IPCC, 2018). With very poor mitigation measures against the effects of climate change across SSA, the implication of these predictions are highly worrisome for the spread of water-borne diseases (Conway, 2016; Kahiluoto et al., 2012).

As highlighted earlier, the inability to provide safe water and improved sanitation access negatively affects global health (United Nations and UN Water, 2020). The effects of inadequate access to safe water are aggravated during humanitarian crises like large-scale refugee movements, conflicts, droughts and other natural disasters (Aubone & Hernandez, 2013; Sommer et al., 2015). Among children, lack of safe water and improved sanitation affects their ability to develop cognitively and physically (Manandhar et al., 2018; United Nations and UN Water, 2020; Weiser et al., 2011). Inadequate access to WASH equally affects women's empowerment.

1.3 Gender and WASH

Gender refers to the distinct sociocultural roles and responsibilities assigned to men and women which evolve over time (Manandhar et al., 2018; Massey, 1994). The existence of socially defined roles for men and women emanate from gendered power structures that favor men over women with respect to productive resources like land (Water and Sanitation Program, 2010). Gendered division of labor in SSA implies that women and girls are responsible for fetching water and firewood, taking care of younger children, participating in farm activities and other household activities. Therefore, inadequate access to water results in women and girls spending time walking long distances to source water (Gross et al., 2018; Kulkarni et al., 2017; Sorenson et al., 2011). When water sources cannot meet household demands, women and girls resort to other alternatives many kilometers away over difficult terrain (Sorenson et al., 2011). Long term back body pains from carrying water, falling while carrying water, exposure to animal attacks, negative impacts on the health of growing children are some of the health complications of concern to WASH practitioners (Pommells et al., 2018; Schuster-Wallace et al., 2019; Sorenson et al., 2011).

4

Furthermore, failure on the part of women and girls to carry out gendered roles results in the use of violence as a control mechanism (Dery, 2019).

The opportunity cost forgone to access water in economic terms is an essential concern to development practitioners (Sorenson et al., 2011). In eastern Uganda, it is estimated that women spend an average of 660 hours per year sourcing water for domestic purposes (Water and Sanitation Program, 2010). If women and girls are freed from time spent fetching water, it is argued that the time hitherto used to source water will be invested in income-generating activities that could help reduce poverty (Gross et al., 2018; Sorenson et al., 2011). For girls of school-going age, the time gained may be invested in school to become literate (Bisung et al., 2015; Gross et al., 2018).

Women and girls' role concerning WASH is of tremendous importance (Brown & Tenkorang, 2013). This is because women play an important role in collecting, managing and maintaining communal water supply and thus have in-depth knowledge and skills on reliability and quality of water sources in the context of collective water supply (Brown & Tenkorang, 2013; Yerian et al., 2014). The centrality of women in WASH access has been cemented on the international stage through numerous treaties and conventions, including the UN-Water Conference in 1977, the 1992 International Conference on Water and Environment, and the 1995 World Conference on Women (Brown & Tenkorang, 2013; Leder et al., 2017; Mjoli, 1999; United Nations Department of Economic and Social Affairs, 2006). Although acknowledging the important role women play in WASH management is critical, their experiences of violence in accessing inadequate WASH appear to have eluded policymakers and governments. In instances where it is considered, it has remained a minimal priority. Therefore, there is a need for a research lens on women and girls' experiences of violence in their access to WASH needs. Such a study will identify the determinants that reenforce the risk of violence or amplify exposure to violence. This will go a long way to prevent a situation whereby violence from inadequate WASH does not become the new norm that women and girls must encounter daily.

1.4 Research Problem and Questions

While access to safe water, improved sanitation, and hygiene are generally of little concern in the developed world, citizens of developing countries face a daunting challenge accessing WASH (Braimah et al., 2018; Mariwah, 2018; Olagunju et al., 2019; WHO & UNICEF, 2015).

Men, women, boys and girls have to negotiate varied obstacles to meet their WASH needs (Abrahams et al., 2006; Bisung et al., 2015; Gross et al., 2018; Sorenson et al., 2011). From a historical standpoint, access to safe water was not a significant challenge since water bodies were clean and flowed near human settlements. However, population growth, pollution of water sources and social upheavals have made water fetching a daily chore in many developing countries, with women and girls bearing the brunt of drawing water (Kulkarni et al., 2017; Mandara et al., 2013; Sorenson et al., 2011; Sultana, 2011; Yerian et al., 2014).

To comprehend why the WASH needs of women and girls are of concern, the distinct roles they play in water management and the challenges they face in accessing WASH within the SSA context must be put in perspective. Sourcing of water for household purposes in SSA is the responsibility of women and girls. This arises from ascribed social norms that dictate that women and girls ensure water availability for domestic use (Bisung et al., 2014; Gross et al., 2018; Harris et al., 2017; Mandara, 2013; Sultana, 2011). Additionally, women and girls indulge in household activities like cooking, bathing children, cleaning and laundry that require water (Abu et al., 2019; Yerian et al., 2014). Gross et al. (2018) report that women and girls in SSA spend 25% of their daily working hours looking for and collecting water on average. For example, in Uganda, 42% of households live within half a kilometer from their primary water source, while less than 2% of households were more than five (5) kilometers from their main water source (Uganda Bureau of Statistics, 2016). In Kenya, 32.9% of households spend 30 minutes or more on a round trip to access water (Kenya National Bureau of Statistics, 2015), while in Ghana, 14.5 % of households spend 30 minutes or more to access water (Ghana Statistical Service et al., 2008). In all the countries mentioned and across SSA, the burden of walking to access water is primarily borne by women and girls. Seasons of drought presents harsher realities where water sources dry up or become crowded, and round trip time to access water may increase considerably since women have to walk lengthier distances or experience longer wait times to fetch water (Gross et al., 2018; Yerian et al., 2014).

Indeed scholarly works highlight the disproportionate share of health-related illnesses from inadequate access to safe water and improved sanitation are borne by women and girls (Bapat & Agarwal, 2003; Bisung & Elliott, 2017a; Hirve et al., 2015; Sorenson et al., 2011). The burden of carrying heavy loads of water over long distances repeatedly also results in skeletal and shoulder

injuries (Sarkar et al., 2015). Multiple trips for water can affect unborn children and pregnancy outcomes for pregnant women when they have to walk longer distances for water in drought conditions (Sorenson et al., 2011). Similarly, contracting water-borne diseases like bilharziasis, onchocerciasis, filariasis, or guinea worm is high when women and girls step into contaminated water sources during water hunting (Alhassan & Kwakwa, 2014; Prüss-Üstün et al., 2008; Sorenson et al., 2011).

On average, women and adolescent girls spend approximately 3500 days mensurating (UN Water, 2015). Adolescence is a period of significant biological and psychological changes for boys and girls (Viner et al., 2012). For girls, in particular, biological changes result in the need for privacy to maintain menstrual hygiene. Of critical importance in menstrual hygiene management is the need for water, clean private changing facilities, and disposal facilities for used sanitary pads (Phillips-Howard et al., 2016). However, adolescent girls and women in SSA face many challenges in managing their monthly menses due to inadequate water and sanitary facilities (Abrahams et al., 2006; Sommer et al., 2013; UN Water, 2015). Cultural norms and taboos frame menstruating women and girls as dirty, which affects girls' education and the ability of women to undertake economic activities (Gender and Development Network, 2016; House et al., 2014; Sommer et al., 2013). In academic settings, the inability of school authorities to ensure that girls have spaces of dignity to address their hygiene needs have negative impacts on the achievement of equal boys to girls educational ratio as their progress in education (Abrahams et al., 2006; Bisung & Elliott, 2017a; Phillips-Howard et al., 2016). From an economic perspective, spending a substantial amount of time searching for water deprives women of productive time, which could be invested in income-generating activities to help uplift them and their families from poverty (Sorenson et al., 2011).

At the household level, investment in sanitation and hygiene is often meagre, and women and girls are the victims of such poor investment. Whereas it is common for men to urinate or defecate in public openly, women and girls, on the other hand, are expected to use sanitary facilities (Massey, 2011). However, the cost of using toilets facilities poses a challenge to access sanitary facilities. To manage scarce household resources, women have to decide on money for sanitary facilities or other household expenditures (Massey, 2011).

While global attention on access and expansion of WASH has been consistent over the past decades, the incidence of violence has not received much attention (Sommer et al., 2015). This occurrence can largely be attributed to inadequate social and institutional data on the differential experiences of men and women as well as boys and girls to violence emanating from WASH, sensitivity in discussing sanitation needs, lack of training about gender and WASH violence among practitioners, and the stigma and shame associated with discussing experiences of violence (Amnesty International, 2010; Sommer et al., 2015). In 2006, the World Bank Regional Office for Water and Sanitation funded a study, which identified cases of sexual violence by adolescent girls using poorly designed toilet facilities in their schools (Abrahams et al., 2006). The study further identified structural failures from school management in providing decent washrooms for menstrual hygiene management. In one school study, an estimated 80-100 girls had one toilet facility available to manage their menstrual hygiene needs. The result of this study and many others have renewed the attention of policymakers, researchers, governments, and non-governmental organizations on the realities of violence against girls and women in general (Abrahams et al., 2006; Amnesty International, 2010; Bisung & Elliott, 2017b; Sahoo et al., 2015; Sommer et al., 2015). It is worth pointing out that inadequate access to WASH is not the root cause of violence against women and girls but that it heightens the risk of violence for women and girls.

The occurrence of violence in WASH causes some women and girls to adopt coping strategies to mitigate violence when WASH access is inadequate. When water sources are in isolated places or far from home, women may use less water for personal hygiene or domestic purposes (Sahoo et al., 2015; Yerian et al., 2014). Additionally, some women withhold urine and fecal matter during the night to avoid going outside to use toilet facilities, while some ate less food at night to minimize toilet use (Sahoo et al., 2015). In extreme cases, some made use of plastic bags to contain fecal matter at night (Amnesty International, 2010; Massey, 2011; Sahoo et al., 2015).

Though there have been considerable efforts to improve public services, water and sanitation progress remains inadequate to meet the demands of growing populations in SSA (Olagunju et al., 2019). For example, Mariwah (2018) describes sanitation as the neglected siamese twin in WASH efforts. At the forefront of people who suffer the inadequate access to WASH are vulnerable populations like refugees, populations in urban slums, rural locations, the aged and

women and girls (Amnesty International, 2010; Massey, 2011; Sommer et al., 2015). Poorly designed and poorly lit sanitation facilities increase women's chances of experiencing violence in the form of psychological, physical, or sexual assault (Abrahams et al., 2006; Massey, 2011; Sommer et al., 2015).

WASH violence can be characterized as physical, psychological, structural, and sexual (Nunbogu & Elliott, 2021). Physical violence is manifested through acts that result in bodily harm while accessing WASH (Pommells et al., 2018), while psychological violence is manifested through threats, verbal abuse, and acts that result in negative feelings (Bisung & Elliott, 2016; Collins et al., 2019; Cooper-Vince et al., 2018). Sexual violence refers to acts of rape, unwarranted sexual advances, and inappropriate touching in WASH access (Abrahams et al., 2006; Pommells et al., 2018). Finally, structural violence refers to direct or indirect roles played by institutions, political, economic, and social actors that amplify inequalities in who has access to water, at what price and time (Braimah et al., 2018; Wutich, 2009). Braimah et al., explored how structural factors affect the cost of water to residents of informal settlement areas in Accra. Adams and Vásquez (2019) also point out how informal residents in Nima adopt multiple water storage methods to store water due to the state water agency's water rationing policies that favor high-income neighbourhoods. Studies in Nairobi by Global Water Operators' Partnerships Alliance (GWOPA) reveal significant disparities in water coverage in the city (Global Water Operators' Partnerships Alliance, 2013). While affluent and middle-class neighbourhoods had near-universal piped networks (85-95%), low-income neighbourhoods had to rely on alternative water sources (70%) since there was little piped network. Studies in SSA also indicate that the poorest 20% of the population devote between 3 to 11% of household income on water bills (World Health Organization, 2015). However, the opportunity cost of time used by women and girls in searching for water is non accounted for. The ability of structural decisions to impact the ability of communities to meet their water needs with women and girls suffering disproportionately can therefore not be discounted.

It is irrefutable that women and adolescent girls have unique biological needs in relation to menstrual hygiene, which implies they need adequate sanitation facilities to take care of their needs (Abrahams et al., 2006; Amnesty International, 2010; Massey, 2011; Onyango & Elliott, 2020). In Kenya, slum dwellers reported a lack of shower blocks due to the government's failure to recognize

slums in urban planning (Amnesty International, 2010). The overall effect of this was that landlords and house owners earmarked poorly designed rooms for bathing purposes. These rooms offered no privacy and exposed women to sexual assault, shame, and loss of self-indignity. Earlier studies have found psychological stress suffered by girls who could not use school toilets alone but instead had to engage friends to stand guard while they used toilets because the toilets lacked safety doors (Abrahams et al., 2006). Onyango and Elliott, (2020) noted that young girls in Kenya dread experiencing menstruation because access to sanitary towels and other essential hygiene services was a challenge. Psychological violence in all forms leads to depression. The effect of depression as an outcome of these acts can increase mental disorders among women than among men (Dery, 2019; Kessler et al., 1994). Concerning water supply, inadequate access to water has implications for women and girls' ability to fulfil their socially ascribed roles in the home that are primarily water-related, which elevates feelings of shame, worry, and low self-worth (Cooper-Vince et al., 2018). While men's and boys' self-worth is not limited to completing water-related tasks, the incidence of depression resulting from inadequate access to water will be higher in women and girls than men (Bisung & Elliott, 2017b; Cooper-Vince et al., 2018). Therefore, it is not surprising that Cooper-Vince et al. (2018), concluded from a study in rural Uganda that women and girls residing in a water insecure hotspot had a 70% elevated risk of suffering from depression.

Physical violence, on the other hand, against women and girls is any form of violence that involves beatings, torture, animal attacks, caning, or fighting that leads to injury or death (Kimuna & Djamba, 2008; Oduro et al., 2012; Rose, 2013; Yerian et al., 2014). Violence against women is often attributed to men; however, woman-to-woman violence, women perpetuating violence against children, are not uncommon. In cases where access to safe water is scarce, women sometimes fight to access limited water (Yerian et al., 2014). Yerian et al. report that women engaged in quarrels or physical fights when long queues at the water site increased tensions. This is particularly common when some women try to skip the queue to access water. Not only did Yerian et al. report cases of fighting among women, but also herders assaulting women when they attempted to fetch water pumped for their animals to drink. In some instances, issues of violence did not end at the water source but also continued to the homes. Women physically and verbally assaulted children when they wasted water. Husbands intervened in some cases by beating their wives if they felt their wives were being unfair. Additionally, husbands complained and sometimes physically assaulted their wives and children, especially girls, if they thought water available for

them to use was not enough. Women also exerted their frustration on girls by verbally abusing or beating them when they felt they spent too much time at the water source. These reports demonstrate that violence in WASH circles is widespread and not necessarily committed by men alone (Abrahams et al., 2006; Shakya et al., 2017; Yerian et al., 2014). Poorly developed roads in many communities in SSA increase the risk of women and girls getting involved in an accident while walking to source water or the use of fields for open defecation (Sorenson et al., 2011). Additionally, the risk of rape or robbery is always high when women have to walk long distances to access water (Aubone & Hernandez, 2013; Bapat & Agarwal, 2003; Sorenson et al., 2011). Women and girls are also exposed to animal attacks and assaults when walking to access water, whether in groups or alone (Pommells et al., 2018; Sorenson et al., 2011). In Uganda, women reported being attacked frequently or experiencing sexual assault in their search for water daily (Pommells et al., 2018). The vulnerability of women and girls to sexual and physical violence is further exacerbated when periods of water fetching (usually early morning or late evenings) are predictable by assailants (Amnesty International, 2010; Massey, 2011; Pommells et al., 2018). The shame and stigma attached to sexual assault prevent most women and girls from reporting such horrible experiences (Amnesty International, 2010; Liebling & Kiziri-Mayengo, 2002). Furthermore, while sexual and physical assault remains a challenge, walking long distances for water can serve as an opportunity for teenagers to engage in amorous relationships. Teenagers can arrange to meet en-route to water sources due to unsupervised time, and this serves as opportune times to engage in sexual activities, which sometimes result in teenage pregnancies (Pommells et al., 2018). Sociocultural violence includes social ostracism, discrimination, political marginalization, or social norms that enhance violence.

Women are disproportionately affected by inadequate access to WASH (Bisung & Elliott, 2017a; Onyango & Elliott, 2020). While women and girls suffer violence or experience an elevated risk of violence resulting from inadequate WASH, issues of WASH-related violence are often not prioritized in international policy documents (Sommer et al., 2015). It is worthy to note that international policy guidelines and formulation influence what happens at the national level. Therefore, it might be fair to say that WASH gender violence dynamics are not adequately captured in SSA by governments, civil society organizations, and non-governmental organizations (NGOs). However, that will be subject to critical examination in this research.

Interestingly, women's role in water and sanitation management and governance is a dominant consideration etched in international policy (Meinzen-Dick & Zwarteveen, 1998; Ray, 2007; United Nations Department of Economic and Social Affairs, 2006). One will expect that with the acknowledgement of women's role in WASH, gender considerations in WASH will be ever important and widespread. However, that is not the case, which calls into question what has been done beyond acknowledgement. While attempts to increase access and quality of WASH is overwhelmingly essential, equally important considerations such as violence from inadequate access should be captured to ensure holistic progress is made. Considering this, this research seeks to investigate gender-based violence (GBV) experienced by women and girls from inadequate access to safe water, adequate sanitation, and hygiene. Acknowledgement is given to international agencies such UN-Water and UNICEF, whose policies have a flow-down effect on nations and WASH-based Non-Governmental Organizations (NGOs). To help achieve this objective, the research questions are as follows:

1. What policies currently exist to protect women and girls from acts of violence in the process of securing safe water and adequate sanitation?
2. In what ways do NGOs with a mandate for water and sanitation address violence experienced by women and girls related to securing safe water and adequate sanitation?
3. What policy interventions could be enacted to address the issues identified in objectives 1 and 2?

Violence from inadequate WASH requires an interconnected response from central governments in SSA and collective efforts from international policy to national-level policy. In the face of adverse effects of climate change, the crisis of violence encountered by women and girls is likely to rise. Scarce water resources will mean women and girls will walk longer distances to fulfill their socially ascribed roles. Tackling the challenge of violence will accelerate the attainment of the SDGs and ensure that the SDGs' motto (leave no one behind) is fulfilled (Geere et al., 2018). This stems from the fact that the SDGs are interdependent. For example, the psychological impacts of shame resulting from defecation in the open or sexual assault and the health implications of carrying water over long distances will benefit women and girls (SDG 3: good health and well-being). Additionally, time spent walking to fetch water will impact efforts to

target poverty reduction (SDG 1: no poverty) (Geere et al., 2018). This is because women's time spent walking for water could be invested in viable economic activities to generate income, which can help reduce inequalities and promote economic growth (SDG 10: reducing inequalities, SDG 8: decent work and economic growth) (Geere et al., 2018).

1.5 Structure of the thesis

This research is organized into five chapters, including the current chapter. Chapter Two reviews existing literature on violence in WASH suffered by women and girls due to inadequate access to WASH in the context of SSA. Chapter Three will discuss research design and methods, while Chapter Four will report on the finding of content analysis and key informant interviews. Chapter Five presents a summary of results and the study's contribution to knowledge, the study's limitations, and direction for future research.

1.6 Summary

The introductory chapter lays the foundation for this dissertation and the state of WASH in the context of SSA and how gender affects WASH. It further highlights the implication of the state of WASH for women and girls in the sense of violence. The research questions are also presented in this chapter.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The factors underpinning WASH-related violence against women and girls in SSA are complex and diverse. The inability of researchers and policymakers to identify and conceptualize the complexities and diversity results in continued WASH-related violence against women and girls. The state of WASH policy and interventions across SSA are geared towards improving access with the goal of preventing disease spread (Fewtrell et al., 2005; Jain & Subramanian, 2018; Prüss-Üstün et al., 2008). Consequently, the challenges of women and girls in WASH access are shrouded and overlooked by inherent gender norms and uneven power imbalances (Abu et al., 2019; Dery, 2020).

This chapter synthesizes existing literature on experiences and violence women and girls have encountered in WASH access in SSA. The sociocultural factors that amplify violence against women and girls must be viewed within the field of health geography by adopting theoretical constructs that enable us to contextualize these issues. The role of place and space is critical in unpacking the forms of WASH violence. Acknowledgment of the central role of space and place in WASH in SSA has informed the composition of this chapter. Sub-themes such as access to WASH, WASH access for women and girls and attendant challenges, coping mechanisms to WASH violence, and WASH interventions from NGOs are discussed.

2.2. Access to WASH

To understand the scope of the WASH crisis globally, international monitoring of WASH has been jointly undertaken by World Health Organization (WHO) and United Nations Children's Fund (UNICEF) since 1990 (Bartram et al., 2014). This resulted in UNICEF, WHO, and local governments globally strategizing to combine monitoring efforts into one comprehensive program such that multilevel comparisons could be made since monitoring formats were the same (Bartram et al., 2014). The collective action gives a fair assessment of national progress on the WASH benchmark related to the Sustainable Development Goals (SDGs) such that comparisons could be made even though countries were at different development levels.

The JMP Report is a global database of information on progress and challenges on WASH. The report has produced yearly figures which are instrumental in focusing attention on access to

WASH globally since 1990 (UNICEF & WHO, 2017; WHO and & UNICEF, 2014; WHO & UNICEF, 2015). According to the Joint Monitoring Progress (JMP) Report, access to water can be categorized as safely managed, basic, and limited. Under safely managed access to water, water is available on the premise when needed and free from any contamination (UNICEF & WHO, 2017). On the other hand, basic access implies a round trip to acquire water is estimated to last thirty (30) or less; however, if the round time to access water exceeds thirty (30) minutes, it is classified as limited service (WHO and UNICEF, 2017). Sanitation access can be classified as safely managed, basic and limited. Safely managed sanitation is sanitation that is not shared with other households with produced excreta either treated in situ, stored temporarily and treated off-site or transported through a sewer and treated off-site (WHO and UNICEF, 2017). Therefore, access to safely managed sanitation is classified by the ability of an individual to have access to improved sanitation facilities that are exclusive to the household and meet the criteria mentioned above (WHO and UNICEF, 2017). If excreta is not safely managed to prevent contamination, access is classified as basic sanitation (WHO and UNICEF, 2017). When improved sanitary facilities are shared with other households, access is defined as limited service (WHO and UNICEF, 2017). In a similar light, hygiene is categorized as basic, limited and no facility. Basic hygiene service is defined as the availability of handwashing facilities on the premise with any medium capable of killing germs and water for use. In contrast, limited hygiene service means the absence of soap and water but the existence of a handwashing facility (UNICEF & WHO, 2017). No facility implies the absence of a facility and water and soap for handwashing (UNICEF & WHO, 2017).

The SDGs are based on the unfinished ideas of the MDGs (Mariwah, 2018). Currently, seventeen (17) SDGs exist, each with its targets. SDGs 6 (Clean water and sanitation) has eight targets. These targets aim to enhance access to safe water and improved sanitation for a substantial proportion of the world's population that is being left behind. Targets 6.1 and 6.2 are geared towards safe water, affordable drinking water, and ending open while providing access to sanitation and hygiene. Ultimately, the aim is to meet these targets by 2030 (WHO and UNICEF, 2017).

At the end of the MDG era, the global target for safe drinking water was achieved in 2010 ahead of the 2015 deadline, which was impressive (WHO & UNICEF, 2015). Sadly, the same

cannot be said for sanitation targets, the global MDG target for sanitation was missed (WHO & UNICEF, 2015). While countries made remarkable efforts to achieve water targets, sanitation targets for sanitation were missed by many African countries, including Ghana, Kenya and Uganda (Mariwah, 2018; Sambu & Tarhule, 2013; Tumwebaze & Lüthi, 2013; WHO & UNICEF, 2015). Access to improved sanitation only increased from 27% to 31% between 1990 and 2008 in SSA (Salami et al., 2014). This translated into a staggering number of 567 million people without access to improved sanitation. These numbers were a high source of concern given the implication on disease burden and its impact on development. Interestingly, countries like Sudan and Sierra Leone experienced an eight percent decline in water access from 1990 to 2008 (Salami et al., 2014). The effect of conflict in these countries as a significant factor for the experienced decline cannot be disputed.

In Ghana, the MDG target to halve the percentage of people with no access to safe water was met in 2010 before the 2015 deadline (Government of Ghana & UNDP, 2015; Mariwah, 2018; Monney et al., 2015; WHO & UNICEF, 2015). According to the World Bank, Ghana not only met its MDG water targets of 77% but also exceeded them. Ghana was among the nations (Burkina Faso, Malawi, Lesotho, Namibia, Uganda, and Cameroon) that achieved remarkable progress in water targets (Salami et al., 2014). It is worth noting that though national averages are impressive, vast disparities exist in terms of rural and rural access. According to the JMP Report on MDG assessment, the disparities have been on the decline since the inception of the MDGs (WHO & UNICEF, 2015). Disparities in water access can be credited to uneven population distribution between urban and rural areas (Awuah et al., 2009; Ghana Statistical Service, 2013b).

The historical progress of water and sanitation provision by governments is worth examining. The first attempt to institute a public water supply was in 1928 with the establishment of the Hydraulic Division of the Public Works Department by the British colonial government (Awuah et al., 2009; Mensah & Antwi, 2013). Another significant event worth noting was the establishment of Ghana Water and Sewerage Corporation (GWSC), which had a mandate to meet water and sanitation demands of urban and rural areas (Awuah et al., 2009; Mensah & Antwi, 2013). In 1986, operational subsidy on water supply was abolished as a requirement of the Structural Adjustment Program (Mensah & Antwi, 2013). The mandate of GWSC to meet urban and rural water and sanitation needs was overwhelming, resulting in the introduction of reforms to

address the challenges. To holistically address rural water and sanitation needs, the Community Water and Sanitation Agency was established as an independent agency in 1998 (Awuah et al., 2009; Mensah & Antwi, 2013). The separation of rural and urban water and sanitation duties increased water and sanitation access over time. Rural water coverage increased steadily from 41% in 2000 to 77% in 2008 (Awuah et al., 2009; Government of Ghana & UNDP, 2015). Urban water supply, on the other hand, witnessed a marginal increase from 90% in 2000 to 93% in 2008 (Government of Ghana & UNDP, 2015). The national average for access to improved water sources increased from 67% to 84% between 1993 to 84% (Ghana Statistical Service et al., 2008). The most recent Population and Housing Census in 2010 estimated that 81.6 % had access to improved water sources, while the Ghana Living Standard Survey estimated 78.6% in 2013 (Ghana Statistical Service, 2013a; GSS, 2014). Though there are disparities in estimates, it is evident that access to improved water sources is on a steady increase.

Progress in sanitation access has been low on the other hand. Nationally, access to improved sanitation declined by 23% between 1990 and 2000 (Mensah & Antwi, 2013). This trend is consistent in many SSA countries where population growth is outpacing infrastructural development, thus resulting in declining service or minimal increase in access (Mensah & Antwi, 2013; Olagunju et al., 2019). It is no surprise that the country failed to meet its MDG sanitation targets of 54% by 2015 (Mariwah, 2018). In fact, Ghana performance in sanitation access was comparable to that of other countries like Burundi (26%), Cameroon (25%) and Ethiopia (27%) (Government of Ghana & UNDP, 2015; Mariwah, 2018; WHO & UNICEF, 2015). By 2018 however, access to improved sanitation had increased to 52% (Mariwah, 2018). With an estimated 13.9% of water closet toilets use nationally, public toilets are the most used facilities for sanitation (Government of Ghana & UNDP, 2015; Kosoe & Osumanu, 2013). Having access to a private toilet is considered a privilege that prevents an individual from the shame and indignity of using a public toilet (Kosoe & Osumanu, 2013; Monney et al., 2015). Due to the low coverage of private toilets and the indignity associated with public toilets, a significant proportion of the population in rural and urban areas engage in open defecation (Kosoe & Osumanu, 2013; Monney et al., 2015; WHO and & UNICEF, 2014). In many parts of Ghana, it is not uncommon to witness people meeting their sanitation needs in the bush, forest, open drains, water bodies, or beaches (Harter et al., 2019; Kosoe & Osumanu, 2013). At the household level, access to handwashing facilities is estimated to be 10% nationwide (WHO & UNICEF, 2015).

In Kenya, water management has historically been in the domain of traditional authorities who regulated access, conservation, and control (Nilsson & Nyanchaga, 2021). With the dawn of the colonial era, traditional management of all resources, including water, shifted to the colonial administration. The remnants of the colonial management system form the basis on which the Kenyan water and sewage services are operated. Over the past years, the need to operate under a cost recovery system has guided decision-making in the water sector and also encouraged investments in the WASH sector (Schwartz et al., 2017).

At the end of the MDG era, Kenya made "good progress" in meeting both its water and sanitation targets but did not outright achieve them (WHO & UNICEF, 2015). Access to safe drinking water has been increasing steadily; however, increasing population growth and rising demands have not enabled significant percentage change. In 2009, 52.6% of Kenya had access to safe drinking water; by 2015, the percentage stood at 54% (The Republic of Kenya, 2016). For sanitation, the percentage of people who were using improved sanitation facilities stood at 68% (The Republic of Kenya, 2016). The JMP Report on MDG Assessment in 2015 pointed out that between 1990 and 2015, 42% of Kenyans gained access to safe drinking water while 18% of the population gained access to improved sanitation (WHO & UNICEF, 2015).

Just like in Kenya, control of water resources in Uganda historically has been vested in the hands of traditional authorities who manage all-natural resources on behalf of the people. The dawn of the colonial era shifted the dynamics in the control of all resources. Significant efforts have been made to improve WASH access in Uganda; however, Uganda missed the targets narrowly for safe drinking water and basic sanitation access. The proportion of the population that was using an improved source of drinking water stood at 72%, while that of sanitation stood at 74.3% (MoFPED, 2015). At the household level, 8% of Ugandans have access to handwashing facilities with soap and water (WHO & UNICEF, 2015). A point worth noting is the fact that rural and urban access to WASH varies sharply. Though access to safe drinking water is always higher in urban areas, Uganda witnessed a decline in urban access from 90% to 87% in 2013 (MoFPED, 2015). This, in part, was attributed to rapid urban growth with low investment in service delivery (Olagunju et al., 2019).

2.3 WASH access for women and girls

Women and girls' role concerning WASH is of tremendous importance (Brown & Tenkorang, 2013). This is because women play an important role in the collection, managing and maintaining communal water supply and thus have in-depth knowledge and skills on reliability, purity, and quality of water sources in the context of collective water supply (Brown & Tenkorang, 2013; Yerian et al., 2014). The centrality of women in WASH access has been cemented on the international stage through numerous treaties and conventions, including the UN-Water Conference in 1977, the 1992 International Conference on Water and Environment, and the 1995 World Conference on Women (Brown & Tenkorang, 2013; Leder et al., 2017; Mjoli, 1999; United Nations Department of Economic and Social Affairs, 2006). Although acknowledging the important role women play in WASH management is critical, their negative experiences and violence encountered in accessing WASH appear to have eluded both policymakers and governments. The eventual result is that women and girls are exposed to and experience psychological stress, physical violence, and sexual violence because of inadequate WASH.

2.3.1 Psychological stress in WASH access.

Psychological stress occurs because of the challenges that women and girls navigate to meet their WASH needs. Women and girls suffer psychological stress as a result of shame, lack of privacy and indignity they encounter when they must engage in open defecation (OD) due to the absence of toilet facilities (Hirve et al., 2015). OD is a practice whereby people ease themselves in open spaces such as fields, forests, bushes, open water bodies or beaches (Osumanu et al., 2019). OD is a damning sanitation challenge in SSA, as evident by statistics. For example, WHO and UNICEF report that 18% of the Ghanaian population engaged in OD, in Burkina Faso 47% of the population engaged in OD, in Chad, the percentage of the populace that engaged in OD was as high as 67%, 10% of Kenyans engaged in OD, in Uganda only 6% of the population engaged in OD (WHO/UNICEF, 2019).

Bisung and Elliott (2016) have explored the psychological impacts associated with poor sanitation in Usoma, Kenya. They reported that women felt embarrassed about living without toilet facilities. Women equally complained of no privacy and narrated uncomfortable experiences they encountered while engaging in OD. Bisung and Elliott (2017), in a separate study, reported that women were concerned about their safety and security when they engaged in OD. The stress

associated with engaging in undesirable sanitation practices elevates sanitation-related stress in women and girls due to the heightened risk of being assaulted sexually (Caruso et al., 2017; Sahoo et al., 2015). In South Africa, female students expressed feelings of fear and concerns about the lack of privacy in using toilets in schools because the toilets lacked doors (Abrahams et al., 2006). In Uganda, the unsanitary nature of toilet facilities had women worried about contracting diseases from them (Massey, 2011). Women also worried that contraction of any disease due to unsanitary toilets would be perceived as a sexually transmitted disease that will not be treated lightly by their partners.

In SSA, the self-worth of women and girls is tied to their ability to perform their socially ascribed obligations at the household level. These obligations (washing of clothes and dishes, household cleaning, bathing of children and the elderly, providing water for their husbands to bath) require the use of water, and when women and girls are not able to meet these demands, it evokes feelings of shame and loss of self-worth (Cooper-Vince et al., 2018; Stevenson et al., 2012). Findings from Stevenson et al., (2012) in rural communities in South Gondar, Ethiopia, highlight how women felt embarrassed not being able to keep their children clean or provide food on time due to the long time spent searching for water. In Kenya, Bisung and Elliott (2016) noted that there was shame associated with serving dirty water to visitors by women. Culturally women are tasked with welcoming visitors to the home. This involves serving them with water. Serving a visitor with dirty water is a sign of uncleanliness which women bear the burden. Women do not only worry about their safety and self-worth in society alone, but they also worry about the well-being of their children and how they can access sanitation. Poorly designed pit latrines that do not meet the needs of children are a source of emotional concern for women. As a result, women fear their children may fall into the large holes (Water and Sanitation Program, 2010)

Based on the analogy of food insecurity and psychological stress, Stevenson et al., (2012) examined same in relation to water security in South Wello in Ethiopia. Water security is defined as access to enough water to maintain an active and healthy life at all times (FAO, 2005; Tsai et al., 2016) while meeting environmental needs. According to the findings from South Wello, psychological distress was a major issue among women arising from household water insecurity even after controlling for other significant factors such as food security and quality of agricultural yield. In Uganda, findings by Tsai et al., (2016) point to differential experiences between men and

women during periods of water insecurity. Women experienced elevated worries and distress whenever water was inadequate. The psychological effects of inadequate sanitation have an overall impact on the general well-being of women and girls as compared to men and boys as presented in the literature.

2.3.2 Physical Violence in WASH access

Physical violence is a barrier that impedes women and girls in meeting their WASH needs. Violence in WASH is perpetrated by men against women (Kulkarni et al., 2017; Pommells et al., 2018; Sahoo et al., 2015; Yerian et al., 2014), by women against other women (Yerian et al., 2014), by women against children (House et al., 2014; Yerian et al., 2014), boys against girls (Abrahams et al., 2006) and by men against children (House et al., 2014). Studies by numerous scholars have examined negative experiences of women and girls in WASH (Collins et al., 2019; Hirve et al., 2015; Kulkarni et al., 2017; Pommells et al., 2018; Sahoo et al., 2015; Yerian et al., 2014).

In SSA, the incidence of physical violence is exacerbated by climate change which is affecting water sources. A study conducted in Marsabit, a semi-arid district in Kenya, highlighted situational experiences of physical violence in water access (Yerian et al., 2014). Findings indicate that women engaged in quarrels or physical fights when queues were long at the water source. This is particularly common when some women try to skip the queue to access water. Herders also assaulted women when they attempted to fetch water pumped for their animals to drink. At home, women physically and verbally assaulted children when they wasted water. Mushavi et al., (2020) noted that water theft among women also resulted in physical violence.

Women and girls also experience intimate partner violence resulting from inadequate water at home (Mushavi et al., 2020; Yerian et al., 2014). Husbands assault their wives physically when water is insufficient or when women do not prepare meals on time due to water fetching activities (Mushavi et al., 2020). Women, in turn, exerted their frustrations about water on girls by verbally abusing or beating them when they spent too much time at the water source (Yerian et al., 2014).

2.3.3 Sexual violence in WASH access

Sexual violence against women and girls is a critical human right violation. The risk of sexual violence in water and sanitation access is a stressor that compounds the challenges of

21

women and girls. The challenge of sexual violence in WASH is pronounced in informal settlements and rural areas (Amnesty International, 2010; Bapat & Agarwal, 2003; K. Massey, 2011b; Sahoo et al., 2015). Though poor WASH access is not the leading cause of sexual violence, it increases the risk of sexual violence against the most vulnerable in society; in this case, women and girls (House et al., 2014; Sommer et al., 2015). Cultural norms which enhance gender inequities inhibit access to sanitation facilities even when they are available (Hirve et al., 2015).

The inability of women and girls to access sanitary pads for menstrual hygiene management (MHM) due to financial constraints serves as a factor that increases sexual violence. In examining the lived experience of women and girls in rural western Kenya, Phillips-Howard et al., 2015, noted that engaging in transactional sex was a means by which some women and girls took care of their MHM needs.

Sexual violence is heightened when women must walk long distances to access toilets. Women in slum areas in Kenya walk more than 300 meters from home to use toilet facilities (Amnesty International, 2010). Women complained of poor lighting at public toilets, which risk the risk of sexual violence. The situation is no different in the slum areas of Kampala in Uganda. Women reported that it was common for men to hide in poorly lit latrines and sexually assault women and girls (Massey, 2011). Abrahams et al., (2006) also report increased vulnerability to sexual assault among girls in South African schools due to broken doors of toilets.

2.3.4 Structural violence in WASH access

Structural violence against women and girls occurs as a result of the direct and indirect roles played by institutions, political, economic, and social actors that amplify inequalities in who has access to water, who is responsible for fetching water at what time (Braimah et al., 2018; Wutich, 2009). In the context of SSA, structural violence is amplified by patriarchal social order (Dery, 2020). At the institutional level, when policies fail to meet the WASH needs of women and girls, structural violence occurs. For example, when toilet facilities are constructed with the notion that the same design fits all, it can lead to structural violence against women and girls. A multi-national cross-sectional WASH study by Morgan et al., 2017, in Zambia, Uganda, Rwanda, Mozambique, Kenya and Ethiopia in 2270 randomly selected rural schools revealed that less than 23% of schools met the World Health Organizations recommendations for student to toilet ratio for boys and girls. Additionally, less than 20% of schools met the recommended menstrual hygiene

conditions of separate-sex latrines with secured doors, water for use, and waste bins for used sanitary pads. Institutional failure to mitigate and address poor access to WASH in schools for girls is, therefore, a cause of concern as this affects the ability of girls to stay in school (Abrahams et al., 2006; Alexander et al., 2014; Hutton & Chase, 2016). Evidently, when access to WASH facilities is inadequate, women and girls will suffer to maintain their menstrual hygiene needs in a safe and dignified manner compared to men and boys. As such, structural failures in WASH policies and facilities affect women and girls significantly, and this contributes to additional violence against women and girls in WASH.

2.4 Coping strategies in WASH violence and access

Women and girls, through conscious collective action and individual action, have tackled WASH violence. These actions have proven helpful in the community, school, and household to address violence in WASH. Studies from diverse authors have highlighted some of the coping strategies employed to minimize and prevent WASH violence. Some of the coping strategies employed include delaying the use of toilets when it is night (Massey, 2011), defecating into plastic bags at night in rooms (Amnesty International, 2010; Massey, 2011; Water and Sanitation Program, 2010), women going out in pairs to use toilets or accompanied by a male companion (Abrahams et al., 2006; Sahoo et al., 2015), walking long distances to use toilets (Kulkarni et al., 2017), carrying of stones to deter attackers (Kulkarni et al., 2017), defecating early in the morning or late at night (Bisung & Elliott, 2016; Hirve et al., 2015; Sahoo et al., 2015), eating little at night and taking antidiarrheal drugs to minimize the urge to use toilets (Kulkarni, 2011).

On a collective level, women have leveraged their social capital to come up with strategies in the community to address sanitation-related stressors. The practice of sharing toilets with neighbors to reduce the risk of engaging in open defecation has been reported by Bisung and Elliott in Usoma, Kenya. However, owners of the toilets facilities expected their neighbors to help by keeping the toilet clean by volunteering to wash them. Also, women lend a hand to their neighbors and friends who are building toilets facilities to ensure that the chances they can use them are higher when the toilets are complete (Bisung & Elliott, 2017a). Women's groups also take up the initiative of constructing water systems. In Turbi, Kenya, Yerian et al., (2014) noted that a women's group secured funding from an NGO to construct a water system to harvest water for the dry season.

At the household level, interesting strategies deployed by women to counter the challenge of poor access to water include stealing water from neighbors, reusing dirty water, not washing utensils (Stevenson et al., 2012) and deliberately not bathing to ensure everyone else has enough water to bath (Collins et al., 2019). A participant in a study by Stevenson et al, (2012) reported how women in a small number of cases steal water from neighbors to cook meals. Pommells et al., (2018), noted that when water fetching duties preventing women from cooking enough food, they served themselves last to ensure everyone has enough food. The eventuality of this coping strategy is that the nutritional outcome of women is affected. Women also prioritize water use to avoid the wrath of their spouses. Just as with food, women do not bath till everyone is done bathing so that whatever amount of water remains, they use that. On an emotional scale, coping with the challenges of WASH is such an overwhelming task that some women and girls have normalized the daily challenges of WASH (Bisung & Elliott, 2016).

2.5 The rise of NGOs

The monumental rise of NGOs can be traced to the post-World War II era, when the term was first coined by the UN (Martens, 2002). NGOs were intended to provide consulting services to the UN (Martens, 2002). The existence of NGOs became prominent on the global scale in the 1980s and 1990s due to the vital role they were playing in third-world countries (David, 2009). NGOs play an important role in the landscape of humanitarian services, development, human rights promotion, environmental conservation, cultural activism, conflict resolution, and disaster rebuilding efforts (David, 2009; Martens, 2002). From the roles, NGOs play they can be categorized as service delivery agents or agents for advocacy and social transformation (David, 2009).

Interestingly, despite the vital role NGOs play in the development and advocacy sector, the definition of NGOs has largely varied. According to Martens (2002), the study of NGOs remains terra incognita. This assertion is echoed by David (2009), who recognized that many overlapping terms like voluntary, civil society and nonprofit organization have all become associated with NGOs. Another reason that explains the inability to define NGOs is the fact that they differ generalization due to their diverse nature. This notwithstanding, NGOs have been defined as "independent societal organizations whose primary aim is to promote common goals at the national or the international level" (Martens, 2002). Major commonalities among NGOs are that they are

self-governing, private, not-for-profit advocacy groups that seek to improve lives through their activities (David, 2009; Martens, 2002). The difficulty in defining NGOs has not in any way taken away from the excellent work they undertake as agents of progress in the global south. In Africa, the concept of NGOs can be likened to the idea of self-help organizations that existed before pre-colonial times and in the present though it is highly diminished now. In Kenya, "harambee" reflects the idea of coming together to help each other (Brass, 2012b); in northern Ghana, "suntaa" reflects same.

2.5.1 WASH interventions from NGOs

The inability of governments in SSA to meet the demands of citizenry due to poor finances and other competing needs has created a fertile ground for NGOs to undertake a wide range of activities. With time, NGOs became specialized and focused on specific areas to operate; hence WASH NGOs came into being. Across SSA, WASH NGOs have formed coalitions in different countries to have influence and advocate for policy and provide much-needed WASH services.

In Ghana, WASH NGOs work under an umbrella called Coalition of NGOs in Water and Sanitation (CONIWAS), in Kenya WASH NGOs operate under Kenya Water and Sanitation Civil Society Network (KEWASNET), in Uganda, Uganda Water and Sanitation Network (UWASNET) serves as the mother body for WASH NGOs, and Tanzania Water and Sanitation Network (TAWASANET) represents WASH NGOs in Tanzania.

Interventions from WASH NGOs in sub-Saharan Africa became very dominant in the early 1980s because of the Structural Adjustment Program introduced by the World Bank and International Monetary Fund (Agyenim & Gupta, 2010). The conditionalities from these two institutions required cost recovery in the service sector. This meant that governments across SSA could no longer subsidize basic services. Reforms in the water sector implied automatic tariff adjustments, which meant higher costs for water and sanitation services. NGOs stepped in to fill the vacuum left by central governments. It is worth noting that the successes of interventions rolled out in countries differ based on financial, managerial, cultural, and material constraints of the countries NGOs work in.

In Ghana, realizing the weakness of government in providing WASH services, several local and international NGOs have set up bases in the country due to the stability in the country, vibrant

space for CSOs and NGOs and finally, relatively strong institutions (A. A. Arhin et al., 2018). Some WASH NGOs in Ghana include WASH Alliance, Action Aid, Salesian Ghana, IRC Ghana, Kalabash Foundation, Global Communities, Water.org, Safe Water Network and Global Giving. The coalition of WASH NGOs, CONIWAS, serves as an advocacy group to influence policy to increase WASH access. CONIWAS, in 2003 supported by WaterAid Ghana, organized the first Mole Conference (Resource Center Network Ghana, 2021). Mole Conference is one of the longest multi-stakeholder conferences for players in the WASH sector, where actors learn, share information, advocate and dialogue (Resource Center Network Ghana, 2021). WASH NGOs have been instrumental in influencing the government to increase rural water investment (WaterAid Ghana, 2005). Between 1993 and 2013, access to improved water sources in rural areas increased from 39% to 69.5% (Government of Ghana & UNDP, 2015).

While the interventions from WASH NGOs are not captured in gray literature, annual reports from these NGOs point to the significant investment they continue to make in WASH. WaterAid Ghana, for example, has reached over 1.8 million Ghanaians with WASH through its activities (WaterAid Ghana, 2016). By working within the Government of Ghana (GoG) WASH framework, WaterAid has developed strategic objectives towards achieving universal WASH objectives in Ghana. In line with SDG 6, WaterAid Ghana has embarked on a key policy shift on prioritizing youth, women, and children. Kalabash Aid, a local WASH NGO formed in 2007 and based in Upper East, has completed over 41 WASH projects and improved WASH access to thousands of people (Kalabash Aid, 2021). The NGO focuses primarily on rural and peri-urban areas (Kalabash Aid, 2021). Another WASH NGO, WASH Alliance Ghana, implements WASH interventions for international donors and governments. WASH Alliance integrates menstrual hygiene management (MHM) issues into WASH to ensure women and girls are adequately catered for (WASH Alliance Ghana, 2015).

In Kenya, a relatively stable democracy has encouraged the influx of NGOs into the country. In the 1980s, however, the Moi government sought to increase control over NGOs due to increased donor funding to NGOs at the expense of the central government (Brass, 2012a). The idea of NGOs using donor funds to rival the power of the state in service delivery and other factor led the state to regulate NGOs (Brass, 2012a). The government began to crack down on NGOs it deemed were political or challenging the power of the state. In 2002 alone, 304 NGOs were

deregistered while others experienced deliberately long wait times in registering (Brass, 2012a). By 2005, the situation improved with a change in government. By 2009 as many as 6800 NGOs were registered in Kenya and increased sharply to 11262 in 2019 (NGOs Co-ordination Board Kenya, 2019). Some registered WASH NGOs in Kenya include Charity Water, Dig Deep, IRC Kenya, Kenya Water for Health Organization, SNV Kenya, and Brighter Communities. In the 2018/19 year under review, NGOs spent Ksh 97.7 billion in direct project implementation, of which Ksh 2.3 was spent on WASH interventions (NGO Coordinating Board, 2020). WASH interventions were among the top ten areas where NGOs allocated and spent money.

Interventions of WASH NGOs are widespread and complement governments' efforts to increase access. Poorly designed toilets and washrooms, which increase absenteeism in schools (Abrahams et al., 2006; Phillips-Howard et al., 2016), is one of the areas of intervention that has received attention from NGOs in Kenya (Alexander et al., 2014). A study conducted by Alexander et al., (2014) reported that NGOs provided sanitary pads to adolescent girls in schools in Gem District of Kenya. They further noted that eighteen different NGOs worked in the study area. Of 62 schools, 47 schools received WASH support from NGOs. The support ranged from latrine construction and rehabilitation, handwashing materials, and menstrual hygiene supplies for girls. Other NGOs like World Vision Kenya improved access to basic drinking water at educational facilities and worked alongside communities in the 2017/2018 financial year to have 131 communities declared open defecation free (World Vision Kenya, 2021). Kenya Water for Health Organization, a local NGO, has equally provided five primary schools with handwashing facilities to improve hygiene (KWAHO, 2020). Water.org Kenya, through its WaterCredit program, has extended WASH services to more than 500,000 Kenyans (Water.org Kenya, 2021). The WaterCredit program advances small loans to those who need finance to make household water and toilet solutions a reality.

In Uganda, the activities of NGOs are regulated by the National Bureau of NGOs. The Bureau is tasked with monitoring, regulating and coordinating the work of all NGOs in the country (National Bureau for NGOs Uganda, 2021). Currently, there are 2234 registered NGOs in Uganda, of which some are international and local NGOs (National Bureau for NGOs Uganda, 2021). UWASNET, the mother body of WASH NGOs, currently has 140 members (UWASNET, 2020).

By mobilizing communities to demand and maintain WASH services, NGOs help to strengthen and accelerate the WASH agenda in Uganda. WASH NGOs in 2009/10 invested a total of UGX18.5 billion in WASH interventions (Uganda Water and Sanitation NGO Network, 2010). With access to water being a challenge for many, the challenge is even greater for refugees and people with disabilities. World Vision Uganda, through its interventions, provided access to safe drinking water to over 34,000 refugees in Omugo settlements (World Vision Kenya, 2021). The intervention relieved refugees with disabilities who had to struggle for limited water with other refugees. Also, 55 boreholes were installed in communities, schools, and health facilities, 13,465 gained access to handwashing facilities and more. Additionally, Charity Water has served over 600,000 people and funded over 1800 WASH projects in their areas of operation (Charity Water, 2021).

2.6 Theoretical Approach

Drawing on feminist political ecology (FPE), this dissertation seeks to enable an understanding of gender-based violence in WASH arising from power and resource control from a gendered perspective. Feminist political ecology, a subset of political ecology, explores gender in relation to how power relations are negotiated within space and how such power relations affect the control of resources in society (Elmhirst, 2011; Mollett & Faria, 2013).

2.6.1 Feminist political ecology

Political ecologists (PE) in analyzing relations have closely integrated concepts of place, space and region in studying relations (Neumann, 2009). PE has widely been used to analyze ecological concerns and biophysical ecology as central concerns (Walker, 2007). PE lends supports to the fact that unequal power relations interacting in a capitalist political economy invariably shape and disrupt human interactions with the natural environment (Bassett, 1988; Walker, 2007). At the helm of PE studies is scale and power (Neumann, 2009; Walker, 2007).

Feminist political ecology (FPE) is a conceptual framework that draws from political ecology (PE). FPE integrates gender as a key variable in resource control within the context of society (Elmhirst, 2015; Rocheleau et al., 2013; Rocheleau, 2008). While a major focus of FPE is on environmental resources and how control of these emanates from inequitable socio-cultural, political and economic relations, it also provides a leeway for exploring marginalization and

gender inequalities (Truelove, 2011). Access to resources does not exist in a vacuum but is affected by power imbalances that exist in space. In the context of SSA, the power imbalances are greatest between men and women and boys and girls (Dery, 2019, 2020).

FPE association with WASH is extensive and shines a spotlight on gendered WASH inequalities (Adams et al., 2018; Harris et al., 2017; Sultana, 2011). In SSA, FPE aids in exploring WASH access, lived experiences in WASH access and how violence is associated with these experiences. For example, Adams et al. (2018) deployed FPE in studying how power relations in tandem with socio-cultural norms, micropolitics and power produce gendered exclusion of women in water governance in Malawi. Relatedly, Harris et al. (2017) explored gendered differentiation in water governance in both Ghana and South Africa. Consistent with the literature on water governance, men participated more in water committees compared to women.

FPE's focus on gender in WASH is critical in understanding how global policies in WASH impact men and women and boys and girls differently. Also, FPE in WASH provides a nuanced conceptualization of policy at the international, national, and local scales. At the institutional level, FPE will advance understanding of how NGOs negotiate socio-cultural, political, and economic factors in WASH interventions at the local level.

2.6.2 Space, place and WASH gender-based violence

Space is relational, and as such, it shapes the outcome of policy and vice versa (Nunbogu & Elliott, 2021). Gendered outcomes in place are a result of space, and this equally influences WASH GBV (Massey, 2011b). Institutional policies, frameworks and strategies are also a manifestation of space that seeks to influence change over time.

According to feminist political ecologists WASH and gender need to be discussed in the context of power relations, ethnicity, race, space, place and scale (Elmhirst, 2011; Mollett & Faria, 2013). This is because gender shapes access to knowledge and control and distribution of resources like water and land. International policies, frameworks, and strategies also play a part in shaping WASH access in space and place (Nunbogu & Elliott, 2021). Though international policies and frameworks advocate for gender mainstreaming in space, socio-cultural norms inhibit its progress (Adams et al., 2018). At the national level, a political shift from centralized to neoliberal and community-based WASH lead to gendered outcomes in space (Adams et al., 2018; Sultana, 2009).

Women and girls, therefore, face violence in meeting their WASH needs (Nunbogu & Elliott, 2021). In accessing it, women and girls negotiate water access and use in space while attempting to avoid GBV in such spaces. Therefore, understanding GBV in WASH is closely tied to the individual's understanding of space and place.

2.7 Chapter Summary

The underlying factors underpinning WASH violence in the context of SSA revolve around power, socio-cultural expectations, and patriarchy. This chapter synthesized existing findings in the literature that have examined the context of WASH access, types of violence that women and girls suffer report experiencing in WASH access, coping strategies employed, the rise and role of NGOs in SSA, and interventions of WASH NGOs. Feminist political ecology provided a theoretical platform for understanding how gender intersects with power dynamics and sociocultural factors to shape WASH access across scales.

CHAPTER 3: RESEARCH DESIGN AND METHODS

3. 1 Introduction

This chapter outlines the research design and methods used to address the thesis objectives. This research employed qualitative data collection tools to understand what interventions currently exist at the international, national, and local levels to protect women and girls from gender-based violence (GBV) in water, sanitation, and hygiene (WASH) access. The chapter consists of four (4) sections. The first section provides an overview of the study areas in relation to WASH. The second section provides information on data collection instruments. The third section deals with the data analysis process. The final section discusses rigour and reflexivity in this qualitative research. The research design and methods for this thesis were designed bearing in mind the outbreak of the global pandemic, which limited all international travel.

3.2 Research Setting

The research setting for this research is across three (3) geographical locations, Ghana in West Africa and Kenya and Uganda in East Africa (Figure 3.1).

The choice of the research setting was informed by the ease of accessing documents and the existence of research partners, particularly in Kenya and Uganda. Documents were easy to access on WASH-related policies for the purpose of the content analysis on the websites of ministries responsible for WASH. Additionally, due to the outbreak of the covid 19 pandemic, many countries in SSA imposed lockdowns to curb the spread of the disease. As such, the staff of many NGOs were working from home. This would have made it extremely difficult to recruit participants to participate in this research. Therefore, the existence of research partners made it easy to get in touch with NGOs and recruit staff.

Figure 3.1: Map of Africa showing locations and three study settings.

3.2.1 Ghana

Ghana has a population of 31.7 million, of which a significant proportion is youthful, i.e. between the ages of 0-35 (Ghana Statistical Service, 2021). The country is located between latitude 4° and 11.5° N and bordered to the west by Cote D'Ivoire, to the north by Burkina Faso, to the east by Togo and the south by the Atlantic Ocean, as depicted in Figure 1. In 2020, Ghana increased its administrative regions from ten (10) to sixteen (16). With the population projected to double by 2050, coupled with an average economic growth of 3.9% (Ghana Statistical Service, 2021), the need to enhance WASH access has never been higher. Increasing population growth and steady economic growth indicate a substantive increase in water demand. Available statistics suggest that Ghana achieved its Millennium Development Goals (MDGs) water targets in 2008 against the stipulated deadline of 2015, while sanitation targets were missed (Adams & Vásquez, 2019;

Monney & Antwi-Agyei, 2018; WHO & UNICEF, 2015). Though achieving the MDG targets on water was a remarkable feat, disparities in urban and rural access remain a concern. Though the country is endowed with enormous water resources, access to water remains a challenge to many in both urban and rural areas largely because of disproportionate donor support across regions, inadequate political commitment, institutional hurdles, and inadequate financial capabilities (Mariwah, 2018; Monney & Antwi-Agyei, 2018).

Ghanaian households obtain drinking water from communal water pipes or taps, wells, boreholes, and other natural sources (Ghana Statistical Service, 2019). Table 3.1 presents data on the main sources of water for households in Ghana by locality and region.

Table 3.1: Households main source of water supply for general use by locality and region (%)

Source of water supply	National	Urban	Rural	Western	Central	Greater Accra	Volta	Eastern	Ashanti	Brong Ahafo	Northern	Upper East	Upper West
		Locality		**Region**									
Pipe-borne	48.5	68.4	23.2	43.5	58.1	82.2	35.2	28.1	53.6	33.0	37.8	10.1	13.2
Pipe-borne inside dwelling	10.6	16.6	2.8	11.4	7.6	19.9	4.1	6.2	13.9	5.4	4.1	3.2	3.6
Pipe-borne outside dwelling but not on compound	9.8	16.1	1.7	6.6	6.0	24.7	6.9	4.5	9.2	5.0	5.8	2.4	2.0
Pipe-borne outside dwelling but from neighbour's house	14.5	22.8	4.0	11.4	19.9	31.3	9.5	6.6	14.1	4.0	12.6	2.1	1.9
Public tap/Standpipe	13.7	12.9	14.7	14.0	24.6	6.3	14.6	10.9	16.4	18.6	15.4	2.3	5.7
Well	**36.4**	**25.1**	**50.9**	**42.8**	**32.7**	**6.7**	**37.4**	**50.1**	**41.6**	**58.0**	**36.3**	**85.6**	**79.5**
Bore-hole/Pump/Tube well	28.9	15.9	45.6	30.6	22.1	4.9	20.6	32.5	35.7	42.5	27.3	69.3	75.5
Protected well	7.1	8.9	4.8	8.8	8.8	1.4	6.3	14.3	4.9	13.6	3.8	11.2	2.8
Unprotected well	0.4	0.3	0.5	3.4	1.8	0.4	10.5	3.3	1.0	2.0	5.2	5.1	1.1

Natural sources	**5.2**	**4.0**	**6.7**	**12.6**	**8.4**	**1.0**	**26.7**	**21.3**	**4.4**	**8.6**	**25.4**	**2.9**	**4.5**
River/Stream	0.1	0.1	0.2	11.2	4.5	0.2	16.8	20.0	4.1	6.6	16.1	2.2	2.6
Rainwater	0.0	0.0	0.0	0.0	1.0	0.2	1.8	0.7	0.0	0.1	0.3	0.0	0.1
Dugout/Pond/Lake/Dam/Canal	0.3	0.4	0.1	0.1	2.2	0.6	7.2	0.1	0.2	1.7	8.6	0.6	1.6
Protected spring	2.0	1.8	2.3	0.3	0.4	0.0	0.6	0.2	0.1	0.0	0.0	0.0	0.0
Unprotected spring	2.7	1.6	4.1	1.0	0.3	0.0	0.3	0.3	0.0	0.2	0.4	0.2	0.3
Others	**9.9**	**2.5**	**19.2**	**1.1**	**0.8**	**10.1**	**0.7**	**0.4**	**0.4**	**0.3**	**0.5**	**1.4**	**2.8**
Bottled water	0.3	0.1	0.4	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Sachet water	7.9	2.2	15.2	0.4	0.4	0.5	0.1	0.1	0.3	0.1	0.1	0.0	0.0
Tanker supply/Vendor provided	1.7	0.1	3.6	0.8	0.4	9.5	0.4	0.2	0.1	0.1	0.4	1.4	2.8
Other	0.0	0.1	0.0	0.0	0.0	0.1	0.2	0.1	0.0	0.1	0.0	0.0	0.0
All	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: Ghana Statistical Service, 2019

The supply of water in Ghana is controlled by Ghana Water Company Limited (GWCL), Community Water and Sanitation Agency (CWSA), Community Operated and Managed Water Systems (COMWS) and private water suppliers (Community Water and Sanitation Agency, 2014; Ghana Statistical Service, 2019). Urban water supply is dominated by the GWCL, while rural water supply is primarily controlled by CWSA. The work of CWSA is supplemented by numerous international and local non-governmental organizations (UNICEF, WaterAid, Canada International Development Agency (CIDA), United States Agency for International Development (USAID) and many more, private organizations, community and faith-based organizations (Catholic Relief Service (CRS), Islamic Council for Development and Humanitarian Services (ICODEHS)) (Monney & Antwi-Agyei, 2018). Table 3.2 shows the supplier of water to households in Ghana.

Access to improved sanitation coverage in Ghana is a prominent feature in national policy frameworks. However, the aspirations of elaborate frameworks do not translate into reality. Challenges to the implementation of frameworks and policies have retarded the ability of Ghana to achieve universal WASH coverage. Sanitation options such as open defecation, water closet toilets, pit latrines, public toilets and others exist to meet the sanitary demands of Ghanaians. The northern part of Ghana has the most significant percentage of people who engage in open defecation. Table 3.3 depicts toilet facilities by locality and region in Ghana.

Disposal of solid waste in Ghana is through public refuse dumps, by burning, indiscriminate burning, or collection by refuse collection companies. Of the aforementioned disposal of solid waste by public refuse dumps is the most used at 47.8% (Ghana Statistical Service, 2019).On the other hand, liquid waste (wastewater from kitchens, waste bath water, laundry water and others) is discharged in open areas or open drainage systems. The prevalence for this is 68.8%, while the remainder is discharged in cesspits and soak away pits (Ghana Statistical Service, 2019).

Water fetching in Ghana is primarily a gendered activity (Alhassan & Kwakwa, 2014). This is evident from Table 3.4, which highlights the proportion of women and girls who fetch water. While the recommended World Health Organization distance for fetching water is 200 meters (0.2 km), some women and girls in Ghana walk about 2 km to access water (Alhassan & Kwakwa, 2014). These long distances expose them to all forms of violence.

Table 3.2: Supplier of water to households by type of locality and region (%)

Supplier of water	Locality		Region										
	Urban	Rural	Western	Central	Greater Accra	Volta	Eastern	Ashanti	Brong Ahafo	Northern	Upper East	Upper West	All regions
Self	6.5	3.6	13.1	4.8	2.8	5.3	5.1	3.8	6.0	5.9	3.4	1.8	5.2
Community operated and managed	9.4	35.3	22.2	16.1	5.5	19.7	22.8	26.6	26.6	22.9	35.3	39.7	20.8
Community Water Sanitation Agency	2.5	6.0	3.7	0.6	1.5	1.0	5.3	1.7	13.0	1.6	19.8	12.7	4.0
Ghana Water Company Limited	57.8	15.4	24.9	61.4	79.3	30.5	19.7	33.0	17.3	38.8	17.4	11.9	39.2
NGO	1.9	13.1	4.2	4.1	0.0	9.5	12.7	6.2	7.0	13.2	16.0	17.6	6.8
Other	15.3	9.9	18.3	6.8	7.5	12.6	9.3	19.7	21.5	2.9	5.0	11.7	12.9
Not Applicable	6.6	16.7	13.6	6.2	3.4	21.4	25.2	8.9	8.6	14.6	3.1	4.5	11.1
All	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: Ghana Statistical Service, 2019

Table 3.3: Toilet facility by locality and region (%)

Type of toilet facility household usually used	Locality		Region										
	Urban	Rural	Western	Central	Greater Accra	Volta	Eastern	Ashanti	Brong Ahafo	Northern	Upper East	Upper West	National
No facilities (bush/beach/field)	5.9	29.0	9.2	13.3	4.0	26.6	9.9	6.0	15.1	57.5	77.1	51.4	16.0
W.C.	28.6	4.5	17.1	11.1	36.0	7.6	10.2	24.7	10.4	2.6	3.4	4.9	18.0
Pit latrine	13.6	27.2	29.2	18.9	9.7	28.9	29.0	21.0	18.0	6.4	9.3	22.1	19.6
KVIP	15.4	11.9	16.4	24.6	15.6	11.7	21.5	9.0	12.0	5.4	4.7	8.7	13.8
Bucket/Pan	0.4	0.2	0.1	0.0	0.0	0.1	0.1	0.9	0.3	0.4	0.1	1.1	0.3
A public toilet (WC/KVIP/Pit, Pan, etc.)	36.2	27.2	28.0	32.0	34.6	25.1	29.0	38.5	44.1	27.7	5.2	11.8	32.2
Other	0.0	0.1	0.1	0.1	0.0	0.0	0.2	0.0	0.1	0.0	0.1	0.0	0.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: Ghana Statistical Service, 2019

Table 3.4: Person responsible for fetching water

	Person responsible for fetching water (%)			
Residence	Woman (15years and above)	Man (15years and above)	Female child under 15 years	Male child under 15 years
Urban	59.1	13.5	14.1	8.7
Rural	61.6	11.7	14.9	9.3

Source: Ghana Statistical Service, 2018

3.2.2 Kenya

Kenya is located in East Africa and lies between latitude 5°south and between longitude 24° and 31° east, and is transected by the equator (Kenya National Bureau of Statistics, 2015). To the north, Kenya is bordered by Ethiopia, Somalia to the northeast, Tanzania to the south, Uganda to the west and South Sudan to the northwest. The Indian Ocean provides a seacoast to the east. Kenya has forty-seven (47) administrative counties. According to the 2019 Population and Housing Census, the population of Kenya was forty-seven (47) million (Republic of Kenya, 2019). However, in 2021 the population is estimated to be fifty-five (55) million (United Nations Population Fund, 2021). With an impressive landscape dominated by mountains, water bodies and vast wildlife reserves, the country is a magnet for tourists who visit to undertake safaris.

The past decades have witnessed action from successive Kenyan governments to increase access to improved water and sanitation supply. In striving to improve access to water, sanitation and hygiene for all, the government undertook water reforms as a means of increasing access. Of notable mention is the Kenya Water Act, 2002, which privatized water through the creation of autonomous Water Service Providers (WSP) (Sambu & Tarhule, 2013). Access to improved water sources in Kenya is estimated to be 72.6% which is an improvement from 2006 when it was 58.9% (KNBS, 2018). Just as in many other SSA countries, rural and urban disparities exist in access to improved water. In rural Kenya, access to water is estimated to be 61.8% against 86.7% in urban Kenya (KNBS, 2018). This trend across SSA is emblematic of focusing virtually all development on urban centers to the detriment of rural areas. Therefore, it is not surprising that residents of Nairobi, the capital city of Kenya, have 97.1% access to improved water. Table 3.5 depicts access

to improved water sources in Kenya, while table 3.6 represents access to unimproved water sources.

When water is not available on-premise, women and girls in Kenya are tasked with water collection. In rural households, 57% of households reported delegating women and girls to fetch water, while in urban areas, 44% of households reported a female usually over 15 years and above was tasked with water fetching (Kenya National Bureau of Statistics, 2015).

The Kenyan Water Act of 2016 provides for the governance, development and management of water resources (Government of Kenya, 2016). The Act is premised on the notion that water is an economic good and empowers county officials to ensure water services are provided to citizens (Government of Kenya, 2016). The Act empowers water service providers who are either public or private to supply water within specific areas (Government of Kenya, 2016).

Safe disposal of human waste is a complex problem that challenges many SSA countries. While improved waste disposal methods exist, reliance on unimproved waste disposal is a major cause of concern since it is an avenue for causing the spread of disease-causing organisms. In Kenya, a mix of improved and unimproved waste disposal methods are used to dispose of human waste. Table 3.7 presents the distribution of types of human waste disposal in rural and urban. The use of handwashing facilities is very low as nearly 80% of households do not have handwashing facilities (KNBS, 2018). Disposal of solid waste is a crucial requirement for keeping the environment clean; however, 63.7% of Kenyans dump their solid waste indiscriminately or burn it in the open (KNBS, 2018).

Table 3.5 Percentage distribution of improved water sources in Kenya

	Improved water sources (%)							
	Piped Into dwelling	Into plot/yard	Public tap/standpipe	Tube well/borehole with pump	Protected well	Protected spring	Rainwater collection	Bottled water
National	9.8	20.6	13.9	6.6	6.4	9.2	4.6	1.5
Rural	2.7	14.2	7.9	8.2	8.6	13.5	6.5	0.2
Urban	18.9	28.8	21.7	4.6	3.5	3.7	2.2	3.3

Table 3.6: Percentage distribution of households by the main source of drinking water

	Unimproved water sources								
	Unprotected well	Unprotected spring	Vendors			Surface water- river, stream, pond, dam, lake, irrigation channel	Other	Not stated	Number of households
			Tanker/Truck	Cart with small tank/drum/buckets	Bicycle with buckets				
National	3.5	5.0	0.8	2.2	0.7	13.8	1.0	0.3	11,415
Rural	5.3	7.9	0.5	0.7	0.6	21.8	1.4	0.2	6,442
Urban	1.2	1.3	1.2	4.1	0.9	3.5	0.6	0.4	4,872

Source: Kenya National Bureau of Statistics, 2018

Table 3.7: Distribution of types of human waste disposal rural and urban

	Improved sanitation services					
	Flush to a piped sewer system	Flush to septic tank	Flash to pit (latrine)	Ventilated Improved pit latrine (VIP)	Pit latrine with slab	Composting toilet
National	10.6	5.7	2.6	11.8	34.3	0.2
Rural	0.2	1.4	1.4	10.8	34.8	0.2
Urban	24.0	11.2	4.2	13.1	33.7	0.1

	Unimproved sanitation services						Other	Not stated	Number of households
	Flush to somewhere else	Flush to unknown place/Not sure/Do not know where	Pit latrine without slab/open pit	Bucket toilet /hanging latrine	Hanging toilet/hanging latrine	No facility/Bush/field			
National	0.2	0.4	25.1	0.3	0.1	8.4	0.1	0.3	11,415
Rural	0.0	0.0	36.8	0.0	0.1	13.9	0.2	0.2	6,442
Urban	0.5	0.8	9.9	0.6	0.0	1.4	0.1	0.5	4,972

Source: Kenya National Bureau of Statistics, 2018

3.2.3 Uganda

Uganda is an East African country that lies between 10 29' South and 40 12' north latitude, 290 34 east and 350 0' east longitude (Uganda Bureau of Statistics, 2016). It shares borders with Kenya to the east, South Sudan to the north, Tanzania to the south, the Democratic Republic of Congo to the west and Rwanda to the southwest (Uganda Bureau of Statistics, 2016). As a landlocked country, it has 241,551 square kilometers of land area, which is covered by tropical rain forest in the south and savannah woodland and semi-arid vegetation in the north (Uganda Bureau of Statistics, 2016). For administrative purposes, the country is divided into 111 districts and one city, which is Kampala. The population of Uganda is estimated to be 42 million (Uganda Bureau of Statistics (UBOS), 2021).

Despite Uganda being endowed with numerous water bodies like Lake Albert, Lake Victoria, Lake Edward, Lake Kyoga and others, access to potable water remains a challenge for many. Inadequate access to sanitation is equally a major cause of diseases and impacts the socio-economic development of millions in Uganda. Uganda transitioned from a supply-driven to a demand-driven approach in WASH provision in the 1990s (Naiga et al., 2019). A demand-driven approach to water provision involves multi-level sharing of responsibilities involving state actors, donors, local communities, non-governmental organizations, and private sector enterprises. After the implementation of the demand-driven approach, water supply has improved slightly, but bottlenecks of operation and maintenance still exist (Naiga et al., 2019). However, a significant proportion of Ugandans still rely on unimproved sources of water, with the majority of them being in rural areas. Table 3.7 depicts sources of water for the population.

Table 3.8: Percent distribution of households by the source of drinking water

		Improved sources					
	Unimproved sources	Other improved sources	Protected well/ Spring	Tube well/ Borehole	Public tap/standpipe	Piped to neighbor	Piped into dwelling/yard/plot
National	22	2	16	39	8	6	8
Urban	9	3	14	20	13	18	23
Rural	26	1	16	45	6	2	3

Source: Uganda Bureau of Statistics (UBOS), 2016

Usage of virtually all forms of improved toilet facilities is concentrated in urban areas. On the other hand, dependence on unimproved sanitation facilities is high in rural areas. Table 3.8 depicts this. In Uganda, inadequate access to WASH, just like in many developing countries, can be attributed to water governance crisis, inadequate finance, rapid population growth and corruption (Global Water Partnership, 2000; Olagunju et al., 2019). The effect of free riding in WASH is also a key challenge (Meinzen-Dick & Zwarteveen, 1998; van den Broek & Brown, 2015). Table 3.9 provides information on how households dispose of their solid waste. The most common method used is dumping in a garden to decompose.

Table 3.9: Distribution of toilet facilities

Type of toilet facility	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Improved sanitation	26.5	16.0	18.7	31.7	17.7	20.8
Flush/pour flush to piped sewer system	1.9	0.1	0.6	2.3	0.1	0.6
Flush/pour flush to septic tank	5.2	0.4	1.6	5.6	0.4	1.5
Flush/pour flush to pit latrine	0.5	0.1	0.2	0.7	0.1	0.2
Ventilated improved pit (VIP) latrine	5.0	2.1	2.9	6.0	2.4	3.2
Pit latrine with slab	14.0	13.3	13.5	17.2	14.7	15.2
Composting toilet	0.0	0.1	0.1	0.0	0.1	0.1
Unimproved facility	25.2	64.7	54.6	27.9	66.9	58.4
Flush/pour flush not to sewer/septic tank/pit latrine	0.3	0.0	0.1	0.3	0.0	0.1
Pit latrine without slab/open pit	24.6	63.9	53.8	27.3	66.2	57.7
Bucket	0.2	0.0	0.0	0.1	0.0	0.0
Hanging toilet/hanging latrine	0.1	0.4	0.3	0.1	0.4	0.3
Other	0.0	0.4	0.3	0.1	0.3	0.3
Open defecation (no facility/bush/field)	2.3	8.1	6.6	2.5	7.1	6.1

Source: Uganda Bureau of Statistics (UBOS), 2016

Table 3.10: Distribution of solid waste disposal by locality

Residence	Garden	Burnt	Bury	Local urban supervised	Local dump not supervised	Waste vendor	Lake/ river/pond	Others	Total
Rural	52.2	20.1	8.5	2.9	11.1	0.5	0.6	4.1	100
Urban	19.5	30.0	6.1	20.3	9.5	11.7	0.9	2.0	100
National	44.2	22.5	7.9	7.2	10.7	3.2	0.7	3.6	100

Source: Uganda Bureau of Statistics, 2016

3.3 Data collection and Methodology

3.3.1 Data collection methods

Conducting research is an exciting process of discovery through persistence and interaction with the world around us (Neuman, 2014). Discovery is a process that must be guided by planning, organizing, asking the right questions, and also selecting the right method to meet the demands of what we seek to know (Neuman, 2014). Research is either qualitative or quantitative. Qualitative research methods are useful in analyzing complex socio-cultural occurrences and enabling the vulnerable and voiceless to be heard (Erlingsson & Brysiewicz, 2017). Qualitative research methods have the added advantage of being flexible and adaptive in the interaction between the researcher and research participants (Hashemnezhad, 2015). Online interviews and content analysis were used to collect data for this research.

Considering the current covid 19 pandemic, which has limited in-person interactions, advancements in technology communication have opened new frontiers for the conduct of qualitative research: online interviews (Archibald et al., 2019; Wahl-Jorgensen, 2021). Conducting online interviews is not a new trend; however, it has gained prominence within the past years because gaining direct access to participants is increasingly becoming impossible (Howlett, 2021; Wahl-Jorgensen, 2021). In navigating the challenge of having direct access to participants for research, numerous interactive video and audio applications like WebEx, Zoom, Microsoft Teams, Slack and others have filled the void of interpersonal research interaction.

Zoom, an innovative video-audio conferencing platform, has gained increased usage among researchers in the academic community as it brings populations and fields of study closer

to the researcher. Improved internet access and access to electronic devices globally have enabled connectivity over Zoom without the need to travel (Archibald et al., 2019). Additionally, Zoom offers real-time connectivity with participants who are in different geographical locations and enables the researcher to record and securely store data (Archibald et al., 2019; Wahl-Jorgensen, 2021). The flexibility of using Zoom means users have the ability to choose their space of interaction hence creating calm atmospheres to have meaningful interactions (Wahl-Jorgensen, 2021).

Structured online interviews were conducted with key informants of selected NGOs in the study countries beginning in late December 2020 and ending in April 2021 using Zoom. Structured interviews enable the researcher to have control of the line of questioning, and hence it is easy to complete(Creswell, 2009). Also, because questions in a structured interview are the same, responses are easier to compare and analyze (Neuman, 2014). All ten (10) online interviews were conducted in English. Two NGOs were selected in each country and invited to take part in the study by presenting letters of invitation heads of NGOs. After participants expressed interest and got in touch with the student researcher, additional information about the study was provided through information letters. Time and date convenient to each participant were scheduled for each separate interview using Zoom. After agreeing on the day and time, each participant was sent a copy of the interview guide pertaining to the research: to explore national-level protection for women and girls in WASH and interventions put in place by NGOs to protect women and girls in WASH. The interview question was organized into broad themes of sociodemographic information of participants, NGO roles, state of water, sanitation and hygiene in the country, and WASH policy direction of the country. The questions were aimed at understanding the situational context of WASH in the various countries and if acknowledgement was attached to the differential needs of women and girls as well as protection from violence in WASH access. Participants were sent a copy of the interview guide before scheduled days to enable them to prepare answers to questions (Appendix A attached). Probes were attached to each question to enable clarity from participants when the student researcher needed further explanation.

Content analysis is a means of exploring human experiences by analyzing textual data in documents (Erlingsson & Brysiewicz, 2017). The systematic and objective extraction and analysis of information from documents is multifaceted and can be challenging (Erlingsson & Brysiewicz,

2017). On the other hand, Hsieh and Shannon (2005) define content analysis as an interpretation of textual data through coding to understand the relationships of certain themes, codes and concepts. The approach can be used both quantitatively and qualitatively (Hashemnezhad, 2015). Current applications of content analysis present three very distinct approaches: summative, conventional and directed approaches (Hsieh & Shannon, 2005). The major difference among the three approaches is based on how coding schemes are developed, the origins of codes, and how trustworthiness is treated (Hsieh & Shannon, 2005).

For this research, a summative content analysis approach was adopted. A research endeavor using a summative approach begins by identifying and quantifying certain words or content of relevance to answering a research question (Hsieh & Shannon, 2005; Wiese et al., 2012). Summative content analysis does not just border on word count but includes the process of interpretating content to discover meaning (Erlingsson & Brysiewicz, 2017; Hsieh & Shannon, 2005). A summative approach has the advantage of being a non-intrusive way of researching an area of interest (Babbie, 1992). It is equally important to research a phenomenon from a distance without having to travel to the study region by analyzing content. This gives a broader understanding of how words are used and within what context.

In seeking documents relevant for this research, an inclusion and exclusion criterion was developed. Frameworks, strategic policy documents, and policy guidelines from UN-Water and United Nations International Children Emergency Fund (UNICEF) were selected using 2015 as the base year. This year coincided with the start year of the Sustainable Development Goals (SDGs). SDG 6.2 places emphasis on paying attention to the needs of women and girls and those in vulnerable situations (United Nations and UN Water, 2020). Additionally, documents that focused on WASH and issues relating to women and girls were considered at the international and national levels. Also, documents from ministries involved in WASH at the national level were considered. Finally, the recommendation of participants was also considered. Some participants mentioned some documents that contained relevant information for this research. Purposively selected content was selected to inform the research question being investigated (Hashemnezhad, 2015).

UN-Water is a UN-mandated body that plays a leading role in water globally. As such, it provides an international perspective in matters relating to water, sanitation, and hygiene. UN-

Water is an interagency mechanism that coordinates, informs, monitors, and reports on the activities of multiple United Nations entities and international organizations that work on WASH-related issues. Essentially UN-Water serves as a custodian agency for SDG 6 (Clean water and sanitation). On the other hand, UNICEF plays a leading role in child protection and inclusion. However, the strategic role of UNICEF in WASH activities globally has elevated it to an important player in WASH policies. These bodies have publications on their website that are helpful in meeting the research objectives. The two bodies, therefore, are at the forefront of global initiative and policy direction in achieving WASH and empowerment of women. Framing of GBV in WASH by these agencies has the potential of influencing how nations incorporate GBV into WASH policies.

Desktop searches of key phrases and words like "water", "gender-based violence", "gender", "women", "children", "non-governmental organizations and WASH", "WASH", "hygiene", and "sanitation" was carried out on the websites of UN-Water and UNICEF. Documents relevant to WASH, women, children, GBV and NGOs were selected. At the national level, WASH policy documents were selected based on searches of ministries tasked with WASH implementation. During the online interviews, participants also recommended documents that were useful to the research.

3.3.2 Participant recruitment and selection

An inclusion criterion was developed because many NGOs exist in sub-Saharan Africa, and not all are in the WASH sector. Of the NGOs which are in the WASH sector, areas of concentration differ considerably. Based on this knowledge, an inclusion criterion will ensure that suitable participants from WASH NGOs are contacted to enhance the understanding of GBV in WASH access. Inclusion criteria are a set of characteristics that make a recruited NGO eligible for the study. First, NGOs in the WASH sector that deal with water, sanitation, and hygiene access in the research setting. Secondly, NGOs which focus on WASH access for women, girls and vulnerable groups in the research setting were also considered. Finally, NGOs which are physically present in the country working to enhance WASH access with a greater emphasis on women and girls.

Participants for the interviews were also recruited based on an eligibility criterion. Primarily, participants must be employed by the WASH NGOs selected so that they could comment on WASH implementation and gender considerations within the NGO. Secondly, preference was given to employees who were in top-level management. This is because not all employees of the NGO have access to information on how projects are implemented and how gender needs are incorporated or not into projects. Top-level management have access to information on national-level policies on WASH and work along such policies to implement NGO policies. They also work on framing gender policies of WASH in NGOs. Two representatives from two NGOs in each country is not intended to be a representative sample size; however, the variation in participant characteristics, including duration of working with NGO (local and international), academic background, gender and across countries, provides an opportunity for useful data collection. Though only two (2) women participated in the research, it is indicative of the effect lockdowns, and covid 19 restrictions have had on women with regards to care responsibilities globally (Wahl-Jorgensen, 2021).

As earlier stated, participants were also accepted into the study based on their involvement in project implementation. This was intended to explore what concrete measures were undertaken at the local level to ensure violence against women and girls in WASH implementation were put in place. This was particularly useful as it enabled the researcher to detect any discrepancy in policy and actual implementation. On average, interviews lasted between 45 minutes to over an hour.

3.4 Data analysis

Data analysis can be a challenging and tedious endeavor for researchers. This is because there is no laid out process in the analysis process that can be applied like a pattern to elucidate results (Erlingsson & Brysiewicz, 2017). The process of content analysis can be a chaotic one; however, after unravelling the complexity is a world of rich information on the phenomena we seek to understand.
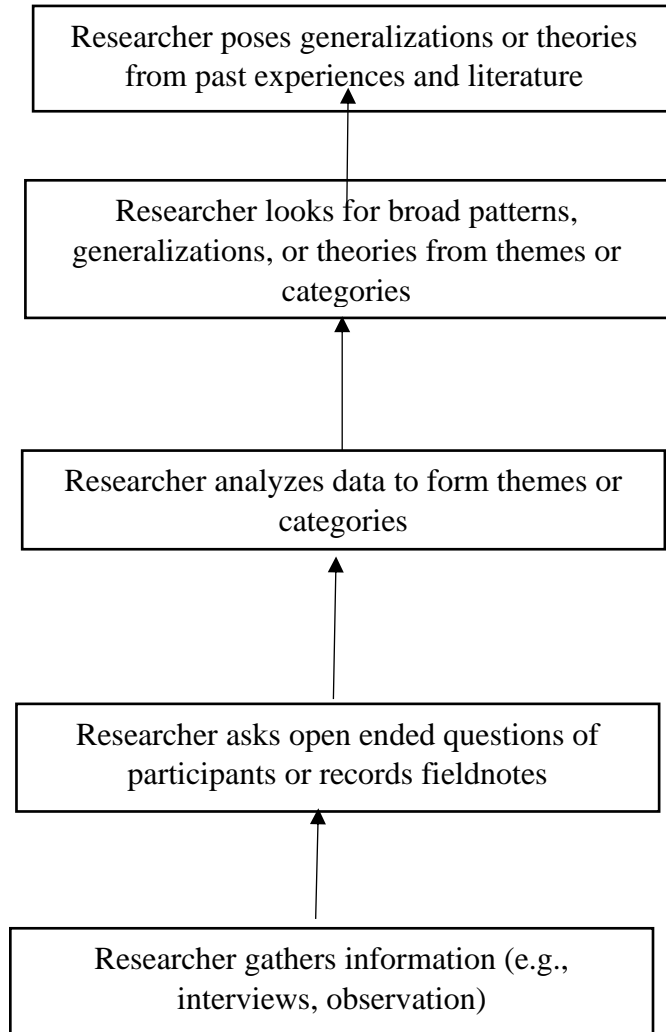
The starting point for qualitative content analysis is the availability of either documents or transcribed text. In this case, five documents from the UN-Water and UNICEF were selected for analysis. At the national level, five WASH policy documents were selected from each country. The most important step in content analysis is to read and re-read documents and transcripts to

have a sense of the data (Erlingsson & Brysiewicz, 2017). After reading the selected documents thoroughly, preliminary analytic codes were developed based on the emerging issues from the documents. This is a process called open coding (Neuman, 2014). The second process in coding involved a process called axial coding. Axial coding is a second look at the data to organize code labels for themes. While axial coding Neuman (2014) recommends that categories or concepts that are similar be grouped into themes. Appendix B highlights the coding manual used in the research.

Data collection and data transcription was done concurrently. According to Miles et al., (2014), waiting to collect all data before analysis creates a situation where a researcher will feel frustrated at the amount of data to work with and eventually reduces the quality of work produced. All interviews were audio-recorded with consent from the participants. All interviews were conducted in English and transcribed. All transcripts were edited to correct spelling mistakes and other errors, anonymized to remove any identifying data in the transcribed documents.

Inductive reasoning was used in data analysis where themes, sub-themes, and categories emerged from the data after repetitively going through interview transcripts. Coding was done by identifying broad themes like roles of WASH NGOs, policy direction, and WASH and GBV during data collection (Appendix B). This coding scheme was not exhaustive and incorporated new themes as data collection progressed. This is a process termed inductive coding (Creswell, 2009; Miles et al., 2014). The process of inductive is depicted in Figure 3.2.

Figure 3.2: The inductive logic of research in a qualitative study

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┌─────────────────────────────────────────┐
│  Researcher poses generalizations or     │
│  theories from past experiences and      │
│  literature                              │
└─────────────────────────────────────────┘
                    ▲
┌─────────────────────────────────────────┐
│  Researcher looks for broad patterns,    │
│  generalizations, or theories from       │
│  themes or categories                    │
└─────────────────────────────────────────┘
                    ▲
┌─────────────────────────────────────────┐
│  Researcher analyzes data to form        │
│  themes or categories                    │
└─────────────────────────────────────────┘
                    ▲
┌─────────────────────────────────────────┐
│  Researcher asks open ended questions    │
│  of participants or records fieldnotes   │
└─────────────────────────────────────────┘
                    ▲
┌─────────────────────────────────────────┐
│  Researcher gathers information (e.g.,    │
│  interviews, observation)                │
└─────────────────────────────────────────┘
```

Source: Creswell, 2009

After the completion of data collection and data transcription, the coding manual was tested for intercoder reliability. The process of intercoder reliability yielded an inter-rater reliability kappa statistic of 0.87, a high inter-rater agreement. According to Miles et al., (2014), team coding is useful in ensuring clarity of codes. Coding is a process of organizing data into chunks or smaller units to aid the researcher make meaning of the data to enable him or her to answer the research questions (Creswell, 2009; Elliott, 2018). Below are the steps in the coding process. Coding helps the researchers to "get grips with our data" and make meaning of the data to report on it (Elliott, 2018). NVivo 12 was used for data analysis.

1. Initial reading of interview transcripts

2. Group into similar chunks

3. Label with codes

4. Group similar codes to reduce redundancy.

5. Change codes to themes

3.5 Qualitative rigour and reflexivity

Rigour deals with the degree to which a piece of research is believable (Baxter & Eyles, 1997). Ensuring rigour in every research work ensures that trust is earned in the work researchers put out. For this research, several steps were taken to ensure rigour and trustworthiness. According to Stratford and Bradshaw (2016), research can be viewed as a hermeneutic circle that begins with an interpretive community, participants and ourselves. Figure 3.3 illustrates a hermeneutic research circle and checks for rigour.

Figure 3.3: A hermeneutic research circle and checks for rigour
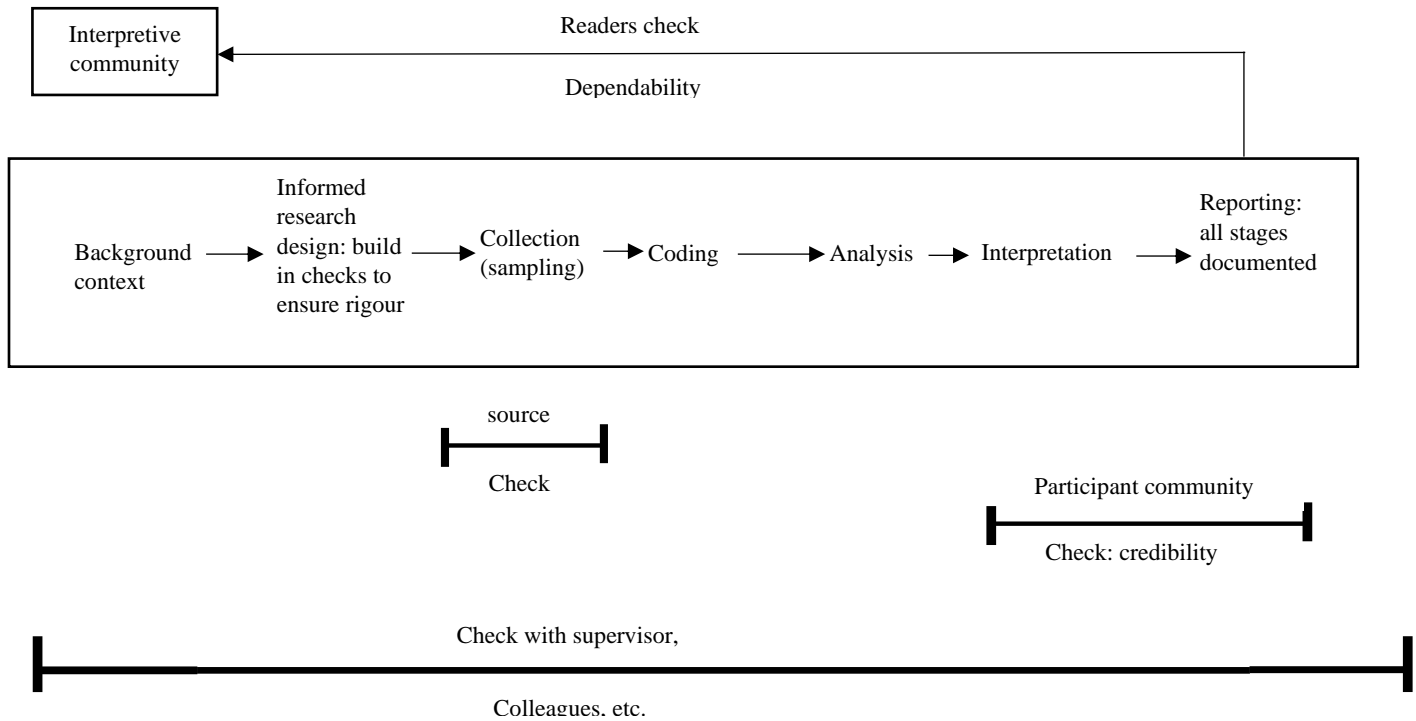
Source: Stratford and Bradshaw, 2016

Lincoln and Guba (1985) proposed an evaluation criterion for establishing rigour in qualitative rigour. They stated credibility, transferability, dependability, and confirmability. The criterion they put forth extends discussions beyond credibility or validity in social geography (Baxter & Eyles, 1997). Table 3.10 sets out Lincoln and Guba's (1985) evaluation criteria in detail.

Credibility is the most important cornerstone that guides qualitative studies (Baxter & Eyles, 1997). Credibility entails the connections between groups and the attempts by social scientists to interpret these connections (Baxter & Eyles, 1997). When credibility is ignored, the results of a research finding are weakened (Lecompte & Goetz, 1982). When conducting interviews, participants may omit relevant information or distort information; however, when two participants from the same NGO are interviewed, a higher degree of clarity is achieved. According to Lincoln and Guba (1985), strategies or practices to ensure credibility include purposeful sampling, prolonged engagement, disciplined subjectivity, peer debriefing, triangulation, among others (Lincoln and Guba, 1985). While different forms of sampling techniques exist, not all of them present an opportunity of being selected. However, stratified purposeful sampling presents a

higher of sub-groups being selected so that differences across groups can be understood (Baxter & Eyles, 1997). Prolonged engagement involves building trust with participants by spending time with them (Baxter & Eyles, 1997). Building rapport with participants in research in a pandemic was achieved by keeping a channel of communication open and being clear and precise on what the research was about. Additionally, a few minutes were spent conversing with participants before the start of the interviews to create a friendly but professional atmosphere.

Transferability is the extent to with results from a research fit within another context outside the study area (Baxter & Eyles, 1997). Transferability is vital in qualitative research because researchers focus on a particular context to investigate, understand, and present findings. Lecompte and Goetz (1982) argue that transferability in research is enhanced when multi-site study is done. To ensure transferability, purposive sampling and thick description are strategies that can be adopted.

Dependability is the third construct that was used to ensure rigour. Dependability is the degree to which the same interpretations involving the same facts over time (Lecompte & Goetz, 1982). Five strategies for strengthening dependability have been prosed by Lecompte and Goetz (1982). These include low-inference descriptors, mechanically recorded data, multiple researchers, participant researchers and peer examination. Recorded audio was transcribed verbatim and matched narratives of GBV WASH policies and activities. The Student-supervisor relationship creates an implicit form of checks and balances to ensure the right decisions are made in the course of conducting the research (Baxter & Eyles, 1997).

Confirmability is the final construct that was employed in ensuring rigour. Confirmability is the extent to which findings are determined by participants in research as opposed to the biases or positionality of the researcher (Lincoln and Guba, 1985). Hence qualitative researchers are responsible for showing how their positionality affects outcomes (Baxter & Eyles, 1997).

Reflexivity in research involves critical thinking about self and representation, and critically evaluating power dynamics and politics in the research process (Falconer Al-Hindi and Kawabata 2002; Salzman, 2002). According to Sultana, 2007, reflexivity needs to be considered from the start of the research to its end. Additionally, reflexivity has the added advantage of opening the research to a more nuanced understanding of issues.

Table 3.11: Criteria for evaluating qualitative research

Criteria	Definition	Assumptions	Strategies/Practices to satisfy criteria
Credibility	Authentic representations of experience	- Multiple realities - Causes not distinguishable from effects - Empathetic researcher - Researcher as instrument - Emphasis of the research endeavour	- Purposeful sampling - Disciplined subjectivity/bracketing - Prolonged engagement - Persistent observation - Triangulation - Peer debriefing - Negative case analysis - Referential adequacy - Member checking
Transferability	Fit within contexts outside the study situation	- Time and context-bound experiences - Not responsibility of 'sending' researcher - Provision of information for 'receiving' researcher	- Purposeful sampling - Thick description
Dependability	Minimization of idiosyncrasies in interpretation. Variability tracked to identifiable sources	- Researcher as instrument -Consistency in interpretation (same phenomena always matched with the same constructs) - Multiple realities - Idiosyncrasy of behaviour and context	- Low-inference descriptors, mechanically recorded data - Multiple researchers - Participant researchers - Peer examination - Triangulation, inquiry audit
Confirmability	Extent to which biases, motivations, interests, or perspectives of the inquirer influence interpretations	- Biases, motivations, interests or perspectives of the inquirer can influence interpretation - Focus on investigator and interpretations	- Audit trail products - Thick description of the audit process - Autobiography - Journal/notebook

Source: Lincoln and Guba, 1985

3.6 Chapter Summary

This section summarizes the situational context of WASH in the study areas as well as the research design and method adopted for this thesis. This includes the steps adopted to ensure rigour in answering the thesis questions. Using online interviews and content analysis enabled a clear understanding of what exists in policy and what pertains to implementation by NGOs in relation to GBV in WASH. Since all respondents spoke English, there was no need for translations. Additionally, because online interview was adopted, no research assistants were employed in this research. The research findings are presented in the next chapter.

CHAPTER FOUR: RESULTS

4.1 Introduction

This chapter presents the content analysis findings of documents relating to policies, strategies, and frameworks from the international to the national level in the research setting. The following section presents the results with key informants who work in WASH non-governmental organizations (NGOs) relating to how their NGOs incorporate issues of gender-based violence (GBV) in interventions to increase access to WASH. Participants from the interviews have been assigned pseudonyms to ensure their confidentiality. The findings highlight how international, state actors and NGOs safeguard the protection of women and girls or not from GBV in WASH access.

4.2 Findings of Content Analysis

According to Torjman (2005), public policies affect every aspect of our life, from the water we drink, the food we eat, the quality of the air we breathe, and more. Public policy is essentially deliberate efforts that guide us to achieve goals of public concern (Torjman, 2005). On the one hand, legal framework encompasses the rules, rights, and obligations that citizens are entitled to as outlined in a country's legal documents (Torjman, 2005).

Target 6.2 of the SDGs calls for greater attention to the WASH needs of women and girls (World Health Organization, 2017). This call raises essential questions of what has been done to champion the protection of women and girls at the international level, national and local level. To achieve clarity on what policies, frameworks, and legislation, have been proposed or adopted at the international and national levels concerning WASH GBV, a content analysis of WASH policy documents of UN-Water, UNICEF, and national policy documents will help to reveal policies, institutional, legislative frameworks and proposed measures that seek to protect and ensure that women and girls can meet their biological and gender roles devoid of violence. Table 4.1 highlights the selected documents.

Table 4.1. Documents reviewed in this analysis

Document title	Author	Scale	Type	Year	No. of pages
International					
Eliminating discrimination and inequalities in access to water and sanitation	UN Water	Global	Policy	2015	56
UN Water 2030 Strategy	UN Water	Global	Strategy	2019	36
Guidance for Monitoring Menstrual Hygiene and Health	UNICEF	Global	Guidance	2020	130
Strategy for Water, Sanitation and Hygiene 2016-2030	UNICEF	Global	Strategy	2016-2030	75
The Sustainable Development Goal 6 Global Acceleration Framework	UN-Water	Global	Framework	2020	18
Ghana					
National Gender Policy	Ministry of Gender, Children and Social Protection	National	Policy	2015	84
National Water Policy	Ministry of Water Resources, Works, and Housing	National	Policy	2007*	72
Environmental Sanitation Policy	Ministry of Local Government and Rural Development	National	Policy	2009*	41
National Community Water and Sanitation Strategy	Community Water and Sanitation Agency	National	Strategy	2014*	66
National Strategy for Community Participation in Management of Urban WASH Services	Ministry of Water Resources, Works, and Housing and Ministry of Local Government and Rural Development	National	Strategy	2012*	48
Kenya					
National Policy on Gender and Development	Ministry of Public Service, Youth and Gender	National	Policy	2019	62
Strategic Water Plan	Ministry of Water and Sanitation, Kenya	National	Plan	2018-2022	85

Environmental Sanitation and Hygiene Policy	Ministry of Health	National	Policy	2016-2030	134
Framework for monitoring the realization of the rights to water and sanitation in Kenya	Kenyan Commission on Human Rights	National	Framework	2017	45
Menstrual Hygiene Management Policy	Ministry of Health	National	Policy	2019-2030	42
Uganda					
Water and Sanitation Gender Strategy	Ministry of Water and Environment	National	Strategy	2018-2022	87
National Water Policy	Ministry of Water, Lands and Environment	National	Policy	1999*	36
Sanitation Policy for Uganda	National Sanitation Taskforce	National	Policy	1997*	20
Vulnerable and marginalized groups framework (VMGF) for Uganda	Ministry of Water and Environment	National	Framework	2020	178
Environment and Social safeguards Policy	Ministry of Water and Environment	National	Policy	2018	16

∗Though the baseline year used for compiling these documents was 2015, some countries' most current documents or policies predate the 2015 base year.

4.2.1 Findings from international level documents

To begin with, analyzing documents from the international level, codes were defined and applied to the documents using NVIVO 12 to capture the number of mentions for each code (Table 4.2). The codes were selected to enhance understanding of how WASH issues relate to women and girls, focusing on gender-based violence, menstrual hygiene management, and participation of women in WASH governance.

In strategizing to meet the long-term WASH needs of SDG 6, UN-Water sets long-term targets in collaboration with other WASH sector partners (UN Water, 2020). A vital example of this is the *UN-Water 2030 Strategy,* which was published in 2020. The Strategy is guided by the existing array of global policy landscapes. The *UN-Water 2030 Strategy* emphasizes the urgent need for a collective and coordinated response to the growing water and sanitation crisis that threatens humanity's wellbeing. It notes with concern that achieving SDG 6 is off track (UN Water, 2020). The Strategy offers a collective pathway to address the challenges of WASH over ten years (2020-2030). The ten-year strategy emphasizes three main criteria to ensure the strategy's success by 2030 by informing policy and addressing emerging issues in water and sanitation, supporting, monitoring, and reporting on water and sanitation, and building knowledge to inspire people to act on water and sanitation. Access to safe drinking water and sanitation is discussed from a human rights perspective, which states should adhere to. The publication acknowledges the right to safe drinking water and sanitation for all and makes references to the ease of access to water and sanitation fifteen (15) times, respectively (Table 4.2). The publication also focuses on the role UN-Water will play in advancing global WASH targets. While this is laudable, no mention is made of the need to tackle the negative experiences of women and girls in WASH access, be it violence or indignity experienced in managing menstrual health (Table 4.2). Additionally, no reference is made to the influential role women and girls play in WASH management and the need to include them in WASH governance at all levels (Table 4.2). For a strategy like the *UN-Water 2030 Strategy* to fail to refer to critical components like menstrual hygiene management (MHM) and the attendant challenges women and girls encounter in meeting their MHM needs, it is a course for worry and reflection as to what UN-Water strives to achieve in WASH concerning the needs of women and girls.

The next document analyzed was *Guidance for Monitoring Menstrual Health Hygiene,* published by UNICEF. Menstrual hygiene is a fundamental aspect of the hygiene needs of women and girls that goes unattended (Phillips-Howard et al., 2016; Sommer et al., 2013; UN Water, 2015; UNICEF, 2020). Despite recent momentum surrounding menstrual hygiene management (MHM), attention has not been accompanied by robust action to ensure that the needed guidance, disposal facilities, adequate supply of water, changing rooms in schools and other public places to ensure that women and girls enjoy a safe environment to attend to their biological needs (Fisher et al., 2017; Phillips-Howard et al., 2016; Sommer et al., 2013). MHM involves a wide range of facilities, ranging from water, soap, materials to absorb menstrual blood available to women and girls to manage their menstrual periods in a manner of dignity devoid of fear, discomfort, or violence (Phillips-Howard et al., 2016; Sommer et al., 2013; UNICEF, 2020; UNICEF & WHO, 2017). Menstrual health and hygiene (MHH) encompass both MHM and other factors that associate menstruation with well-being, health, rights, education, and gender equality (Sommer et al., 2013; UNICEF, 2020), while monitoring refers to the systems in place to routinely track and access activities to ensure the desired outcome is achieved in either the short or long term (Bloom, 2008; UNICEF, 2020). Monitoring is of importance because it enables adjustments to be made when projected outcomes are off course.

The purpose of the document is to support the monitoring of MHM, to recommend essential guides and ethical considerations to include in monitoring menstrual health practices and safeguards (UNICEF, 2020). The document is not a prescriptive one but instead puts forth practical suggestions that countries should adopt and implement based on case-specific scenarios (UNICEF, 2020). Additionally, the document asks questions on MHM that seek to evoke further thought on all aspects of the suggestions raised to ensure that the outcome is context-relevant. The Guidance was developed for national, sub-national, NGOs, and civil society organizations who work in all fields involving women and girls. Though it falls short of advocating for legislation or policies to protect the right of women and girls to WASH, it puts forth basic principles and questions (social support, materials, facilities, and services) that can be considered in monitoring MHM. The Guidance recommends that data be collected on support systems and services in place to help women and girls in MHM. In collating data, community perception, notions, cultural practices, and norms surrounding menstruation should be considered critical factors and respected no matter how inhumane they appear. Failure to adequately conceptualize the basic notions and perceptions

of the community on MHM will ultimately invalidate any strategies to ensure that the women and girls have access to safe facilitate to manage menstrual hygiene. The inability of girls to access safe, sanitary facilities and the stigma associated with menstruation in schools is a crucial factor that results in high school dropout as they progress in education (Abrahams et al., 2006; Phillips-Howard et al., 2016; Sommer et al., 2013). The situation of girls missing out on school exemplifies what many girls go through during puberty in school. Below is how the Guidance advocates for monitoring of MHM in school settings:

> "*As a simplified example, if a programme that provided female-friendly toilets and MHH education for girls and boys at school was intended to decrease absenteeism, monitoring should include not only school attendance, but if the programme elements were implemented successfully (e.g., were the toilets functional and available for use by all intervention target groups? How many education sessions were conducted, who was included, and to what extent was the relevant knowledge covered?), as well as if other interventions may have taken place in parallel that could have impacted outcomes*" (UNICEF, 2020, p. 35).

An emphasis on monitoring is a right call to highlight any emerging challenges girls face in managing their menstrual needs while in school. The document further calls for questions about facilities and services that enhance dignity in managing menstrual hygiene, social support, practical and existing knowledge on MHM, and ease of acquiring menstrual hygiene products. The ability to gather information on current MHM practices will create a favourable platform for effective policy intervention, planning, and legislation formulation if needed.

> "*Information on how the lives of people who menstruate are impacted by MHH is needed for governments and support agencies to understand the problem and develop solutions, engage in evidence-based advocacy, track progress to improving MHH over time, target resources, and learn from successes and failures*" (UNICEF, 2020, p. 27).

The Guidance stresses in detail the need for women and girls to have access to information and services to menstrual health in an environment of dignity with forty-three (43) references (Table 4.2). Also, the challenges faced by women and girls in managing menstrual health are referenced twenty-six (26) times (Table 4.2). The Guidance highlights that women and girls can face violence in WASH referenced fifteen (15) times because of cultural norms surrounding

menstruation (Table 4.2). Cultural norms that seclude women and girls during their menses can trigger emotional distress amongst women and girls. Attention is also paid to the violence women and girls encounter because of inadequate WASH access. The need for water and facilities to dispose of menstrual waste is equally stressed in the document.

Notwithstanding the attempts made by the Guidance document to advocate for greater attention to MHM, some shortcomings were identified. For example, no attention or reference is made to women in WASH governance (Table 4.2). This is a shortcoming because men continue to dominate decision-making processes in the current WASH governance structure across SSA. When men continue to make decisions for women and girls in terms of menstrual hygiene, many loopholes will emerge in their decision-making because they have no experience in what it means to menstruate or manage menstruation. Aside from women in WASH governance, the document references water and sanitation once and four times, respectively (Table 4.2). The low number of references indicates that a limited priority is attached to water and sanitation in MHM. However, water is crucial for women and girls to maintain adequate MHM because it is important to clean up after menstruation and wash reusable sanitary pads (Abrahams et al., 2006; Massey, 2011). The distance from households to water sources and sanitary facilities is also not referenced in the document. Even though it is worthy to note that the greater the distance between the home and any of these services, the probability for violence (either animal attacks or sexual assault) is higher (Pommells et al., 2018; Sorenson et al., 2011)

In a bid to accelerate the achievement of SDG 6 targets, the United Nations, in collaboration with UN-Water, developed the *Sustainable Development Goal (SDG) 6 Global Acceleration Framework* to increase action to meet the SDGs 2030. With an increase in water demand globally, the global water crisis will worsen (United Nations and UN Water, 2020). Water sources are also at risk due to unsustainable use and increased effects of climate change which means that more outstanding efforts need to be kept in place to safeguard existing water resources while sanitation and hygiene access are expanded (Bogardi et al., 2012; Hutton & Chase, 2016). The current WASH crisis is impacting the progress of SDG 6. The unsatisfactory progress of SDG 6 is impacting global efforts to fight pandemics, meet the targets of the Paris Climate Accord, and, most importantly, women and girls empowerment (United Nations and UN Water, 2020).

The Framework calls for broader international community engagement to achieve SDG 6 on water and sanitation through four action pillars. These are engagement, alignment, accelerating, and accountability (United Nations and UN Water, 2020). By engaging, the Framework calls for enhanced collaboration with all stakeholders in a country for a coordinated approach to tackle emerging challenges in WASH and equally meet SDG 6. The Framework describes alignment as bringing together the entities in the UN system and partners to achieve efficiency. Accelerate aims to optimize funding for water and sanitation and improved targeting to achieve more significant results. Acceleration also calls for adopting innovative technology to quicken progress and meet the needs of those left behind.

While these steps are intended to meet SDG 6, very little attention is paid to the gendered experiences in WASH access. For example, neither menstrual hygiene management nor the challenges of MHM are referenced in the document (Table 4.2). Additionally, challenges women and girls face in accessing WASH, be it distance or structural issues, are not acknowledged by the document (Table 4.2). Neither is any reference made to the problem of GBV in WASH access (Table 4.2). This is quite surprising because SDG 6 calls for attention to be paid to the needs of women and girls in WASH. Therefore, for a document aimed at accelerating progress to meet SDG 6, it is quite unfortunate that no mention is made of violence in WASH encountered by women or the need to put in places structures to address the menstrual needs of women (Table 4.2). On the other hand, only three (3) references are made to women and WASH governance (Table 4.2). The low number of references indicates the need for greater attention to the challenges women and girls encounter in WASH access.

In another publication titled "*Eliminating discrimination and inequalities in access to water and sanitation*," UN-Water takes cognizance of existing discriminatory patterns in WASH and places focus on tackling them (UN Water, 2015). The agency draws attention to the need to recognize inequalities, discrimination, marginalization, and exclusion in water and sanitation (UN Water, 2015). Discrimination in WASH can be based on gender, race, religion, colour, or social origin. The brief aims to guide state and non-state actors on eliminating discrimination and achieving equality in drinking water and sanitation, emphasizing women and girls. Though access to WASH is undoubtedly beneficial, it equally creates a space for power holders to engage in discrimination due to inequalities in society. Discrimination can be either be direct or indirect

(Doyle, 2007; UN Water, 2015). Direct discrimination occurs when deliberate policies, laws, or practices result in individuals not being treated fairly or not enjoying the benefits they are entitled to (Doyle, 2007; UN Water, 2015). On the other hand, indirect discrimination occurs when policies, laws, or practices in a subtle manner result in people or individuals losing certain rights (Doyle, 2007; UN Water, 2015). Patterns of discrimination and inequality occur in varying degrees and contexts across SSA. Inequalities, therefore, can derail the achievements made so far with regards to WASH access and keep the world further from achieving WASH-related SDG targets (Albuquerque, 2012). In fact, in 2012, the UN Special Rapporteur on the human right to safe water and sanitation noted with concern in a report presented to the UN General Assembly on the need to integrate non-discrimination and equality into post-2015 development strategy for WASH. For example, UN-Water highlights discrimination in WASH by stating:

> *"Progress made in the water and sanitation sector does not always benefit those who are most in need of these services, in particular the poorest, people living in informal settlements and/or people marginalised on the basis of gender and other grounds"* (UN Water, 2015, p. 5).

In advancing the right to water and sanitation for all, UN-Water reiterates the vital role of all actors (state and non-state actors) in achieving the SDG water targets. The state most importantly has the obligation of a duty bearer in ensuring WASH access is guaranteed at all levels. Signatories to the International Committee on Economic Social and Cultural Rights (ICESCR), of which Ghana, Kenya, and Uganda have signed, are obliged to respect, protect and fulfill economic, social, and cultural rights (United Nations, 2002). The obligation to respect requires that state actors do not create spaces or allow situations that enable the rights to water and sanitation to be infringed upon (United Nations, 2002).

In advancing steps to eliminate existing inequalities in access to water and sanitation, UN-Water argues for adopting affirmative action policies to protect women and girls (UN Water, 2015). Affirmative action is a policy that focuses on issues such as race, gender, religion, or ethnicity to achieve specific predefined targets (Albuquerque, 2012; Mandara et al., 2013). In WASH, affirmative action targets substantive inequalities existing in water and sanitation access which affect women and girls disproportionately and means of ending them (Hellum, 2015; Naiga et al., 2017; UN Water, 2015). Adopting affirmative action should not be limited to tackling

66

existing inequalities in access but also increasing participation. Participation in this sense should go beyond having women on water and sanitation committees but include the platform to have their views articulated and respected just as that of men. Ease of access or challenges to safe water is highlighted seventy-seven (77) times, while ease of access or challenges to sanitation facilities is referenced seventy-four (74) times (Table 4.2). This, in the long run, enables us to understand how much importance is placed on eliminating discrimination in WASH access by UN-Water. Going further, the policy references the participation of women and girls in WASH governance eleven (11) times (Table 4.2). This is encouraging because when a platform is created for women and girls to contribute to WASH governance, the complex challenges they encounter will be highlighted and ultimately addressed. The document also makes fifteen (15) references to the challenges women and girls face in WASH access. The ability of women and girls to have ease of access to materials, facilities, and information to manage menstrual blood and maintain personal hygiene is also referenced ten (10) times (Table 4.2). Most importantly, GBV in WASH is referenced eight (8) times while GBV suffered because of distance travelled by women and girls to access WASH is acknowledged once (Table 4.2). By referencing these challenges, policy makers and other stakeholders in the WASH sector can carefully re-examine their own local context to see if these challenges in their communities and work to address them.

The next analyzed document was *Strategy for Water, Sanitation, and Hygiene,* published by UNICEF. The Strategy is a guide for UNICEF's efforts to advance child rights to WASH in a world that is changing rapidly. Climate change, social inequalities, disease outbreaks, and growing humanitarian crises are all situations that affect the well-being and development of children. The vision of the Strategy is to work towards acceleration of the human rights to water and sanitation with a targeted objective of meeting the needs of women and girls and those in vulnerable situations (UNICEF, 2016).

The Strategy is a comprehensive document analyzed because it references ten (10) out of eleven (11) codes used in the analysis (Table 4.2). Apart from references to WASH, distance, women, and girls, all other codes are referenced (Table 4.2). For example, ease of access or challenges to safe water is highlighted thirty-eight (38) times, while ease of access or challenges to sanitation facilities is referenced forty-one (41) times (Table 4.2). Additionally, ease of access or challenges to handwashing facilities is highlighted twenty-five (25) (Table 4.2). It is worth

noting that the strategy emphasizes integrating the different components (water, sanitation, and hygiene) to achieve holistic results rather than treating each component separately. Also, acknowledging the challenges of women and girls in MHM (6) (Table 4.2) is a step in the right direction in addressing such challenges. Noteworthy is that GBV in accessing WASH is referenced eight (8) times while GBV because of distance travelled is acknowledged once (Table 4.2). Therefore, the strategy is a commitment to continue learning emerging challenges from the WASH sector hindering access for women and girls, doing better by leveraging public and private financing, and moving in the right direction to meet the needs of all.

In sum, the WASH needs of women and girls are fairly addressed based on the findings from the documents reviewed. However, they do not call for legislation to be put in place to protect women and girls from violence or indirect discrimination in WASH. Nonetheless, the effort to highlight the challenges of women and girls in WASH at the international level is likely to trickle down to the national level across SSA. A global focus on challenges of women and girls in WASH can form the basis for actors in the WASH sector to demand change to conform with international standards.

Table 4.2: Representation of water security and GBV in international water policy documents

Code (no. of mentions)	Description of code	Documents (International)				
		UN-Water 2030 Strategy	UNICEF 2020 Guidance for Monitoring Menstrual Health Hygiene	The Sustainable Development Goal 6 Global Acceleration Framework	Eliminating Discrimination and Inequalities in access to water and sanitation	Strategy for Water, Sanitation and Hygiene 2016-2030
Water	Access to or availability of safe water/ challenges to safe water sources	15	1	1	77	38
Sanitation	Ease of access to facilities for safe disposal of human waste/ challenges of waste disposal	15	4	1	74	41
Hygiene	Ease of access to handwashing facilities with soap, ash, or acceptable medium and its practice	2	5	3	5	25
Women, girls, and WASH	Challenges faced by women and girls in WASH		1		15	12
WASH, women, girls, and distance	The challenges encountered by women in girls in accessing WASH because of walking long distances on an individual, family, and community level.					
Women and WASH governance	The involvement of women in making decisions or maintenance of WASH facilities at the community or national level.			3	11	5
Menstrual hygiene/health management (MHM)	MHM is the ability of women and girls to have ease of access to all materials (clean water, clean material to serve as sanitary pads) and information to manage menstrual blood and maintain hygiene.		43		10	9
MHM, women, and girls	The challenges faced by women and girls in managing MHM in an environment of safety, privacy, and dignity.		26		13	6

Gender-based violence (GBV)	Any act or omission that results in psychological, physical, or sexual harm associated with expectations based on gender largely due to unequal power relations in society		1		1	2
GBV, WASH, women, and girls	Violence faced by women and girls in WASH access		15		8	4
GBV, WASH, distance, women, and girls	Violence faced by women and girls in WASH access because of distance travelled		1		1	4

4.2.2 Findings from Ghanaian documents

In line with the obligation to improve living standards, keen attention and commitment have been dedicated to providing WASH to the population. Several sector policy documents guide the direction of the Government of Ghana in fulfilling its mandate to ensure access to water, sanitation, and hygiene for all. The documents, policies, strategies, and frameworks governing the direction, implementation, and aspirations in Ghana of the WASH sector have been selected and coded in Table 4.3 to understand how issues of gender and violence in WASH are addressed and conceptualized.

First, the *National Gender Policy of Ghana* (2015) is the country's guide to promoting the rights of women and places a key emphasis on their empowerment based on international development frameworks and commitments (Ministry of Gender Children and Social Protection, 2015). The policy addresses the need to empower women in society, provide access to justice, inspire women to leadership, and address gender roles and relations. The policy references issues of GBV (female genital mutilation, harmful cultural practices, child trafficking, and denial of education) in society and how it affects women in all spheres of life. Thirty-four references are made to GBV (Table 4.3). While the emphasis is on violence against women, this must be done holistically. In this regard, the policy does not address the challenges of women in WASH access, nor does it acknowledge that women are prone to violence in accessing WASH (Table 4.3). Given that women are essential players as WASH managers at the household level, it is inadequate for the policy not to address the challenges of women in WASH governance (Table 4.3). Of importance is the need for women to address their menstrual needs in society. Challenges of women in managing menstrual management are referenced only twice. This does not exemplify the commitment of the Government of Ghana to address teething challenges women face in meeting their MHM needs. Without committed action from the government, the needs of women and girls in WASH and society at large will not be addressed to promote gender equality.

Secondly, the *National Water Policy of Ghana* (2007) is an integrated water resources management that views water as an essential element to development. The policy is organized into three sections and guided by the Millennium Development Goals (MDGs) (Government of Ghana, 2007). The first section discusses the state of water resources, international obligations, transnational water resources, and developmental priorities. The second section details water resource

management, urban and community water supply, and sanitation. The final section discusses institutions and their responsibilities tasked with water and sanitation management.

The *Water Policy* emphasizes expanding water access and discusses the challenges that limit water access presents by referencing water fifty-one (51) times (Table 4.3). Ease of access to sanitation and the challenges of sanitation access, however, is referenced eleven (11) times, while ease of access and challenges in hygiene access is also highlighted three (3) times (Table 4.3). It is worth noting that the policy focuses on water alone without integrating sanitation and hygiene. This has the potential of achieving very little since WASH should be integrated into all aspects to achieve lasting results. Little discussion is placed on women's role in WASH governance, with only eight (8) references made to that effect (Table 4.3). Additionally, discussion on the challenges women and girls face in accessing WASH is limited, with only six (6) references (Table 4.3). However, a single reference is made to GBV because of the distance accessing WASH (Table 4.3). The *Water Policy* makes no mention of the challenges women and girls face in MHM or the difficulties encountered by women and girls because of the distance covered in accessing WASH (Table 4.3).

The next policy that was analyzed is the *Environmental Sanitation Policy of Ghana* (2009). The policy is an update of the old policy published in 1999. The revised Environmental Sanitation Policy has three main sections (Ministry of Local Government and Rural Development, 2009). The first section covers the state of environmental sanitation and the broad principles guiding environmental sanitation. The second section covers the actions and measures to tackle environmental sanitation, while the final section discusses the institutional roles of multiple institutions in the environmental and sanitation sector.

The policy outlines the different types of waste (liquid, solid and gaseous waste) generated and states how to deal with this waste. The onus of dealing with waste is placed on local government institutions (metropolitan, municipal, and district assemblies (MMDAs)). However, inadequate funds limit the ability of MMDAs to deal with waste management (Olagunju et al., 2019). For example, the over-reliance of MMDAs on the transfer of funds from the central government to undertake waste management hinders the ability of environmental waste management (WaterAid Ghana, 2005). The policy focuses on sanitation at the expense of water and hygiene and mentions sanitation thirty-five (35) while water and hygiene are also mentioned three (3) times and once respectively (Table 4.3). However, it should be noted that WASH should be approached with an

integrated mindset to achieve any meaningful result. While the policy discusses how to handle waste, it does not reference any steps to be taken in managing menstrual hygiene waste (Table 4.3). This can partly be attributed to the low involvement of women in WASH governance as the policy makes no mention of the need to incorporate women in WASH governance (Table 4.3). Failure to involve women in environmental waste management is a poor management strategy. This is because women and girls in SSA are responsible for cleanliness in the household as well as the community (Silvestri et al., 2018). Women and girls sweep the house's surroundings, transport domestic waste to communal dumping sites, or burn waste when necessary. As such, any strategy to tackle waste without incorporating women in waste management is bound to run into challenges.

The *National Community Water and Sanitation Strategy* (NCWSS) was published by the Community Water and Sanitation Agency (CWSA) under the Ministry of Sanitation and Water Resources. CWSA is tasked with water, sanitation, and hygiene provision in rural communities. Rural communities are defined as areas with between 2000 to 50000 inhabitants (Community Water and Sanitation Agency, 2014). The strategy discusses the role of the NCWSS in improving WASH, service standards and guidelines, institutional roles and challenges, and financial framework.

This strategy focuses extensively on access and challenges in the water sector at the community level. It highlights financial constraints, weak collaboration, poor maintenance culture, and inadequate institutional capacity as challenges that bedevil the WASH sector in rural areas. The goal of NCWSS is to "improve the public health and economic well-being of rural and small communities through the provision of sustainable water and sanitation services, and hygiene promotion interventions." As thoughtful as those sounds, the concerns and challenges of women and girls in the WASH sector are not discussed in the strategy (Table 4.3). The strategy does not reference issues of menstrual hygiene or challenges that women and girls face in WASH access (Table 4.3). The resultant effect is that if the needs of women and girls are not adequately conceptualized, no plans will be put in place to tackle the violence they face because of inadequate WASH access. Water, on the other hand, is referenced fifty-three (53) times against sanitation (38) and hygiene (13) times, respectively (Table 4.3). Again, the strategy does not holistically approach WASH but instead elevates water above sanitation and hygiene. This approach is a piecemeal approach that will not result in significant results for the country. It also gives the impression that water is of the highest importance in WASH, with sanitation and hygiene following.

Finally, the *National Strategy for Community Participation in Management of Urban WASH Services* was published under the auspices of the Ministry of Water Resources, Works, and Housing and the Environmental Health Division of the Ministry of Local Government and Rural Development. The strategy examines the situational analysis of urban WASH, the role of communities in WASH delivery, governance issues, and the range of governance models used in urban WASH management (Ministry of Water Resources Works and Housing and Ministry of Local Government and Rural Development, 2012).

The strategy raises the need for pro-poor policies in WASH to ensure the needs of all are addressed. While the strategy is about the involvement of communities in urban WASH management, it equally raises the need to be limited in expectations of communities solving urban WASH problems. However, it is regrettable that while the strategy advocates for the involvement of communities in urban WASH management, the participation of women and girls in decision-making is only referenced once (Table 4.3). Ultimately, the strategy is "business as usual" because it will rely on men to make WASH-related decisions that will not cater to women's and girls' needs. This is also evident by the failure of the strategy to reference challenges women and girls face in MHM, the need for MHM facilities and services to be made accessible to women and girls, and GBV because of WASH access (Table 4.3).

In conclusion, it is emphatic that there is a need for WASH policies, strategies, and frameworks in Ghana to be updated. Because of the five documents analyzed, only the National Gender Strategy is up to date and conforms with Sustainable Development Goals targets. The rest of the policies, strategies, and frameworks are based on MDG targets. With these policies, strategies, and frameworks guiding the WASH sector in Ghana, it points to the direction of Ghana in relation to the SDGs. Secondly, to make meaningful progress in WASH, there is the need to view water, sanitation, and hygiene as integrative components that need to be worked on in synchrony. The attempt to tackle each of these as separate parts will not yield the required results as far as WASH is concerned. Thirdly, in all documents analyzed, violence against women and girls in WASH is not adequately tackled at the national level. This is because of indirect discrimination by policymakers in the WASH sector. Until there is a rethink of WASH policy, women and girls will continue to be victims of a system where men are in control and have a poor understanding of addressing the negative experiences and violence faced by women and girls in WASH access.

Table 4.3: Representation of water security and GBV in Ghanaian policy documents

Code (no. of mentions)	Description of code	Documents (Ghana)				
		National Gender Policy	National Water Policy	Environmental Sanitation Policy	National Community Water and Sanitation Strategy	National Strategy for Community Participation in Management of Urban WASH Services
Water	Access to or availability of safe water/ challenges to safe water sources		51	3	53	44
Sanitation	Ease of access to facilities for safe disposal of human waste/ challenges of waste disposal		11	35	38	14
Hygiene	Ease of access to handwashing facilities with soap, ash, or acceptable medium and its practice		3	1	13	8
Women, girls, and WASH	Challenges faced by women and girls in WASH	1	6	2		1
WASH, women, girls, and distance	The challenges encountered by women in girls in accessing WASH because of walking long distances on an individual, family, and community level.					
Women and WASH governance	The involvement of women in making decisions or maintenance of WASH facilities at the community or national level.		8		2	1
Menstrual hygiene/health management (MHM)	MHM is the ability of women and girls to have ease of access to all materials (clean water, clean material to serve as sanitary pads) and information to manage menstrual blood and maintain hygiene.					
MHM, women, and girls	The challenges faced by women and girls in managing MHM in an environment of safety, privacy, and dignity.	2				
Gender-based violence (GBV)	Any act or omission that results in psychological, physical, or sexual harm associated with expectations	34				

	based on gender largely due to unequal power relations in society				
GBV, WASH, women, and girls	Violence faced by women and girls in WASH access				
GBV, WASH, distance, women, and girls	Violence faced by women and girls in WASH access because of distance travelled		1		

4.2.3 Findings from Kenyan documents

Kenya's quest to improve the wellbeing of its citizens is enshrined in the Constitution of Kenya. The right to safe water and adequate standard of sanitation in sufficient quantities is guaranteed in Article 43 of the Kenyan Constitution, 2010 (Government of Kenya, 2010). Therefore, the dictate of the Constitution provides the impetus for charting a path to meet the WASH needs of Kenyans. To achieve this, the Ministry of Health, Ministry of Water and Sanitation, and other ministries embark on formulating policies, strategies, and frameworks to guide the provision of WASH to all Kenyans.

The *National Policy on Gender and Development* (2019) was formulated to achieve gender equality and empower women and girls to participate and contribute to the developmental agenda of Kenya (Ministry of Public Service Youth and Gender, 2019). The Policy aims to achieve this by ensuring gender mainstreaming in all facets of sectoral planning and programs. The need for a gender policy in Kenya is necessitated by a patriarchal society supported by customary norms and practices and administrative and procedural mechanisms that impede gender equality.

As a signatory to several international frameworks on the need to achieve gender equality, enforcing gender mainstreaming is paramount. A critical analysis of how gender equality is advanced in the *Gender Policy of Kenya* reveals that not much has been planned and advocated in the WASH sector. For example, the ease or challenges in water accessing safe water is only referenced three (3) times, while sanitation and hygiene are not referenced at all (Table 4.4). Additionally, challenges that women and girls face in WASH, whether from an MHM or GBV perspective, because of distance travelled in accessing WASH are not mentioned by the policy (Table 4.4). While GBV is referenced mainly in the policy twenty-one (21) times (Table 4.4), it fails to address or acknowledge the need to meet the unique needs of women and girls in WASH. The ability of women to contribute to WASH governance or advocate for their rights to WASH is woefully addressed. For a policy that advocates gender mainstreaming in all sectors, reference to women in WASH governance is only once (Table 4.4).

Secondly, the *Strategic Water Plan* (2018), published by the Ministry of Water and Sanitation, is a guide to achieving universal access to WASH as defined by SDG 6 by creating a platform for stakeholders and consumers to strengthen coordination and participation and

implementation. The Plan also details what the Ministry of Water and Sanitation will focus on between 2018-2022 to support the progressive right to water and sanitation for all (The Kenya Ministry of Water and Sanitation, 2018). The Plan is based on the Water Act of 2016, which devolved WASH functions to county-level governments. The Plan is, therefore, an attempt to harmonize efforts across counties.

A critical look at the document points to a significant focus on water and sanitation at the expense of hygiene. This is evident from the number of times water (20), sanitation (21), and hygiene (3) are referenced (Table 4.4). However, no reference is made to MHM, women in WASH governance, or their challenges accessing WASH (Table 4.4). Additionally, no reference is made to GBV in WASH (Table 4.4). With the plan ending in 2022, there is the new to review the way forward to ensure that the drive to meet the need of everyone with a focus on women and girls (particularly MHM, challenges in accessing MHM and GBV in WASH) as stipulated by SDG 6 are addressed.

The next document that was analyzed was the *Environmental Sanitation and Hygiene Policy* (2016-2030). The policy by the Ministry of Health commits the Government of Kenya to a robust rights-based approach in achieving the global SDGs with a focus on environmental sanitation such that universal access to improved sanitation and a clean environment is achieved. To achieve this, an emphasis is placed on a public-private partnership to ensure adequate mobilization of available resources. The policy clarifies the responsibilities and roles of many stakeholders and agencies in the sanitation sector.

With cross-cutting responsibilities, the needs of women and girls are fairly addressed by the plan. The policy has a section that advocates the menstrual hygiene needs of women and girls. The section calls for integrating menstrual health and hygiene issues in various sectors to enable women and girls to meet their needs in an environment of dignity. Notably, the plan calls for public institutions to have toilet facilities designed to ensure the security and dignity of women and girls to dispose of menstrual waste. The importance placed on water (19), sanitation (77), and hygiene (37) are worthy of noting (Table 4.4). MHM is referenced twelve (12) times, while the challenges of MHM are referenced fourteen (14) times (Table 4.4). The emphasis on meeting the MHM needs of females is a step worth pursuing because not only are their hygiene needs very important, but it also ensures that Kenya is working towards achieving SDG 6. Additionally, the challenges women and girls encounter in meeting their WASH needs are acknowledged with six (6) references, while GBV

in WASH access is also acknowledged with just two (2) mentions (Table 4.4). However, there is no reference to women in WASH governance (Table 4.4).

The *Framework for monitoring the realization of the rights to water and sanitation in Kenya* (2017) was published by the Kenyan National Commission on Human Rights in partnership with stakeholders in the water and sanitation sector based on the mandate of the Constitution of Kenya to ensure the right to water and sanitation. Article 21 of the Kenyan Constitution puts an obligation on the state to ensure all steps (legislation, policies, and strategies) are in place to ensure that the dictates of the constitution are met (Government of Kenya, 2010). Though water and sanitation have been recognized as a right, it is not an end without adequate enforcement.

The challenges or ease of access to water, sanitation, and hygiene are referenced sixty (60), forty-seven (47), and eleven (11) times, respectively. Reference to challenges women and girls face in WASH is only mentioned six (6) times against general challenges in water (60), sanitation (47), and hygiene (11) (Table 4.4). Unfortunately, a review of the framework reveals that the right to sanitation and water is not being enforced adequately by the state. This is because MHM is only referenced once, while the challenges of accessing MHM by women and girls are referenced twice (Table 4.4). Other issues like the distance women and girls travel to access WASH, the involvement of women in WASH governance, and the incidence of GBV in WASH are not mentioned at all in the document (Table 4.4). It is quite unfortunate that a Framework that is supposed to monitor the right to water and sanitation is monitoring the right to water and sanitation for some but not all.

Finally, the *Menstrual Hygiene Management Policy* (2019-2030), published by the Ministry of Health, is a policy that has been published to tackle the gaps in knowledge about menstruation, negative cultural practices, and myths that surround a biological function. The policy emphasizes breaking the misconceptions about MHM by providing information about MHM to both men and women, boys and girls (Ministry of Health Kenya, 2019). It is also envisioned that the Policy will serve as a reference for other governmental agencies, private agencies, and individuals to ensure that women and girls have a safe and hygienic environment to meet their needs.

The policy marks a milestone in ensuring the Constitutional provision of Article 43 is advanced. To ensure this, five key objectives have been stressed. These are to provide an enabling legal and regulatory environment for MHM across Kenya, to tackle misconceptions about menstruation making information available to all, to ensure access to menstrual hygiene material,

facilities, and services, provision of a safe environment for menstrual waste, and finally to ensure effective monitoring and evaluation for MHM in Kenya (Ministry of Health Kenya, 2019). The policy is the most significant effort to address the menstrual needs of women and girls so far by tasking the Government of Kenya to also provide sanitary pads and materials to all adolescent girls in public schools. Additionally, the policy references MHM seventy-two (72) times and the challenges women and girls face in MHM forty-seven (47) times (Table 4.4). The challenges that women and girls face in accessing WASH are also mentioned twelve (12) times (Table 4.4). However, the document does not incorporate WASH and MHM holistically because ease or challenges in water, sanitation, and hygiene access are referenced only five (5), three (3), and three (times) respectively (Table 4.4). Additionally, GBV in WASH access is only referenced once (Table 4.4). Though the document is aimed at MHM in Kenya, it is important to note that access to water and handwashing facilities are integral in MHM, and greater attention needs to be paid to the two.

In conclusion, the Government of Kenya has worked considerably well to ensure that the rights of women and girls in WASH are adhered to by advocating for safe environments, access to information, and facilities for women and girls. While not all reviewed documents emphasis the needs of women and girls in WASH, the policy on MHM is a significant step forward in ensuring that structural violence in the WASH sector is addressed. However, there is the need to integrate MHM and WASH to a greater extend. This is because managing menstrual health without access to clean water can be challenging for women and girls.

Table 4.4: Representation of water security and GBV in Kenyan policy documents

Code (no. of mentions)	Description of code	Documents (Kenya)				
		National Policy on Gender and Development	Strategic Water Plan	Environmental Sanitation and Hygiene Policy	Framework for monitoring the realization of the rights to water and sanitation in Kenya	Menstrual Hygiene Management Policy
Water	Access to or availability of safe water/ challenges to safe water sources	3	20	19	60	5
Sanitation	Ease of access to facilities for safe disposal of human waste/ challenges of waste disposal		21	77	47	3
Hygiene	Ease of access to handwashing facilities with soap, ash, or acceptable medium and its practice		3	37	11	3
Women, girls, and WASH	Challenges faced by women and girls in WASH	2		6	6	12
WASH, distance, women, and girls	The challenges encountered by women in girls in accessing WASH because of walking long distances on an individual, family, and community level.					
Women and WASH governance	The involvement of women in making decisions or maintenance of WASH facilities at the community or national level.	1				2
Menstrual hygiene/health management (MHM)	MHM is the ability of women and girls to have ease of access to all materials (clean water, clean material to serve as sanitary pads) and information to manage menstrual blood and maintain hygiene.	1		12	1	72
MHM, women, and girls	The challenges faced by women and girls in managing MHM in an environment of safety, privacy, and dignity.			14	2	47
Gender-based violence (GBV)	Any act or omission that results in psychological, physical, or sexual harm associated with expectations based on gender largely due to unequal power relations in society	21		1		1
GBV, WASH, women, and girls	Violence faced by women and girls in WASH access			2		1
GBV, WASH, distance, women, and girls	Violence faced by women and girls in WASH access because of distance travelled	1				

4.3.4 Findings from Ugandan policy documents

In Uganda, just as in Kenya, the right to water is stipulated in the Constitution under the national objectives and directives principles of state policy (The Government of Uganda, 1995). Through the Ministry of Water and Environment, the Government of Uganda puts in place practical measures to ensure access to water is achieved.

In 1999, the *National Water Policy* was formulated to promote an integrated approach to managing water resources beneficial to Uganda. The policy has two major categorizations, mainly water resources management and water development and use. The first categorization is based on the integrated and sustainable use of water resources with the participation of all stakeholders in the water sector. The second categorization deals with the provision and management of safe water to consumers. The policy is designed to be a broad-based reach to link with sanitation, health, and hygiene.

A review of the policy reveals that water is referenced twenty-two (22) times while sanitation is referenced eleven (11) times (Table 4.5). Unfortunately, no reference is made to hygiene (Table 4.5). Though the focus of the policy is on water, hygiene is very integral in making any progress in expanding access to WASH. The three (water, sanitation, and hygiene) are interlinked components of one whole agenda. Moving on, the policy, unfortunately, does not address the gendered need of women and girls in water access, be it MHM, GBV in WASH, or challenges encountered by women and girls in accessing WASH (Table 4.5); however, it makes for the inclusion of women in WASH governance by referencing it four (4) times (Table 4.5). Based on the year the policy was formulated, there is an urgent need to review its objectives and goals to meet current global WASH sector needs. An outdated water policy is counterproductive in meeting the WASH needs of Ugandans, especially the needs of women and girls.

The *National Sanitation Policy of Uganda* was also published in 1999 and describes the approach to sanitation adopted by the Government of Uganda. The policy promotes sanitation as integral in the developmental drive of Uganda. A review of the policy reveals that reference to sanitation is twenty (20) times while water and hygiene are referenced five (5) and six (6) times, respectively (Table 4.5). The document makes limited references to the challenges women and girls face in WASH access. For example, challenges women and girls face in WASH access are

referenced only twice (Table 4.5), while no attention is paid to the distance women and girls cover to access WASH or the GBV in WASH access (Table 4.5). However, challenges in MHM are referenced once (Table 4.5). Participation of women in WASH governance is highlighted three (3) times (Table 4.5). The current sanitation policy does not meet global standards nor the aspirations of the Ugandan populace in demanding WASH access because it is outdated. It is also unimaginable to achieving dignity for women and girls in WASH access or governance based on the sanitation policy in its current form.

To ensure the commitment of the Ministry of Water and Environment to gender equality and women empowerment, the *Water and Sanitation Gender Strategy* (2018-2022) was formulated to demonstrate the resolve to work against gender inequalities among men, women, boys, and girls. The need for a gender strategy was necessitated by gender imbalances in the management of the water and sanitation sector and the insufficient capacity of sector staff to design and implement gender-sensitive programs (Ministry of Water and Environment, 2018).

The policy mainly emphasizes the need for women to be included in WASH governance by tackling and eliminating socio-cultural practices that impede the participation of women in WASH governance. This is highlighted by seventeen (17) references for women in WASH governance (Table 4.5). The policy also references violence in WASH women and girls two (2) times and highlights that distance covered in accessing WASH, four (4) promotes GBV in WASH (Table 4.5). The commitment to increase the participation of women in WASH governance is a step worthy of endorsing and commending. However, limited attention is focused on challenges and ease of accessing water and sanitation. Water is referenced eight (8) times, while sanitation is referenced seven (7) times (Table 4.5). Unfortunately, ease of access to hygiene is not referenced in the document (Table 4.5).

The *Environment and Social Safeguards Policy* (2018) guides the integration of environmental and social concerns to development. The policy advocates for a safe environment to encourage sustainable development and enhance healthy living and was published by the Ministry of Water and Environment. The policy barely addresses any of the codes but focuses on climate change, land and soil conservation, pollution prevention, and public health (Table 4.5). It, however, references water and sanitation three (3) and one time respectively (Table 4.5).

The *Vulnerable and marginalized groups framework (VMGF) for Uganda* barely addresses any of the codes. It only refers to water and sanitation once, respectively (Table 4.5). The document does not address the needs of vulnerable and marginalized populations in Uganda and their challenges in accessing WASH. However, in a publication entitled Eliminating Discrimination and Inequalities in access to water and sanitation, UN-Water highlights that vulnerable and marginalized groups are subject to discrimination in WASH access (UN Water, 2015). UN-Water, on that basis, advocates for pro-poor policies to meet the needs of marginalized and vulnerable groups around the world.

In conclusion, there is a need for greater action by the Government of Uganda to meet the needs of women and girls in WASH access. This can begin with the formulation of policy and frameworks to conform with international WASH goals. Additionally, water, sanitation, and hygiene need to be integrated and tackled as a single unit rather than being worked on as single units. There is equally the need to focus on gendered differences in WASH access and formulate plans to address the different needs.

Table 4.5: Representation of water security and GBV in Ugandan policy documents

Code (no. of mentions)	Description of code	Documents (Uganda)				
		Water and Sanitation Gender Strategy	National Water Policy	National Sanitation Policy of Uganda	Vulnerable and marginalized groups framework (VMGF) for Uganda	Environment and Social safeguards Policy
Water	Access to or availability of safe water/ challenges to safe water sources	8	22	5	1	3
Sanitation	Ease of access to facilities for safe disposal of human waste/ challenges of waste disposal	7	11	20	1	1
Hygiene	Ease of access to handwashing facilities with soap, ash, or acceptable medium and its practice			6		
Women, girls, and WASH	Challenges faced by women and girls in WASH	6		2		
WASH, women, girls, and distance	The challenges encountered by women in girls in accessing WASH because of walking long distances on an individual, family, and community level.					
Women and WASH governance	The involvement of women in making decisions or maintenance of WASH facilities at the community or national level.	17	5	3		
Menstrual hygiene/health management (MHM)	MHM is the ability of women and girls to have ease of access to all materials (clean water, clean material to serve as sanitary pads) and information to manage menstrual blood and maintain hygiene.	6				
MHM, women, and girls	The challenges faced by women and girls in managing MHM in an environment of safety, privacy, and dignity.			1		
Gender-based violence (GBV)	Any act or omission that results in psychological, physical, or sexual harm associated with expectations based on gender largely due to unequal power relations in society	2				
GBV, WASH, women, and girls	Violence faced by women and girls in WASH access	2				
GBV, WASH, distance, women, and girls	Violence faced by women and girls in WASH access because of distance travelled	4				

In summary, attention to MHM needs of women and girls, the role women of women in WASH governance, GBV suffered by women and girls in WASH, and challenges of WASH access for women and girls are adequately discussed. While discussions of WASH at the global level are supposed to serve as a blueprint for national-level policy in WASH, it is evident this is not the case for WASH policy across SSA. A disconnect, therefore, exists between international-level policies, frameworks, strategies, and guidelines to tackle GBV in WASH and what exists in Ghana, Uganda and Kenya.

Kenya comparatively has made progress in adhering to international level policy on MHM compared to Ghana and Uganda. For example, Kenya has formulated a *Menstrual Hygiene Management Policy* that aims to address misconceptions and misinformation about menstruation by providing information about MHM to both men and women, boys and girls. It is also envisioned that the Policy will direct all WASH stakeholders and individuals to ensure that women and girls have a safe and hygienic environment to meet their menstrual hygiene needs. However, Ghana has significant work to do in addressing the MHM needs of women and girls. Of all the documents analyzed from Ghana, only one refers to the challenges women and girls face in meeting their menstrual hygiene needs. Also, only one document acknowledges the challenges women and girls face in MHM in Uganda. Furthermore, GBV in WASH is not adequately addressed by the three countries. Though it is undeniable that women play an important role in WASH management, only two (2) Kenyan documents emphasize the need for greater inclusion of women in WASH governance, while three Ghanaian and Ugandan documents paid attention to the need for women in WASH governance. Therefore, there is the need to begin formulating WASH policies that are inclusive and cater to the WASH needs of women and girls. International donors and NGOs in the WASH sector must equally push for greater gender attention when financing WASH programs across SSA.

Aside from the above mentioned, there is also a need to examine NGOs' funding terrain in SSA critically. The crucial role NGOs play in the WASH sector is not under doubt. However, without continuous funding, the gains made so far in expanding WASH access can be lost. With many participants complaining of reduced donor support, care needs to be taken to ensure that the

journey began to fulfill the SDGs related to WASH are not abandon halfway. There is also the need to reflect on what is possible against what is envisioned. While it is hoped that governments should tackle GBV in WASH, it is apparent that financial constraints impact what governments in SSA can achieve in the WASH amid competing priorities.

4.3 Qualitative Key informant interviews findings

4.3.1 Sociodemographic Characteristics of Participants

Ten (10) participants from five (5) WASH NGOs were interviewed. Four (4) participants each from Ghana and Kenya, and two (2) participants from Uganda. All participants were citizens of their respective countries and had attained at least university degrees. The relatively high level of education of participants alludes that NGOs recruit individuals with high levels of education. Two (2) participants were women, while the remaining eight (8) were men. Also, participants had worked with their respective NGOs for over a year and held managerial and implementor roles in their NGOs. The sociodemographic profile of participants is summarized in Table 4.1.

Table 4.6: Sociodemographic profile of participants from Ghana, Kenya, and Uganda

	Ghana	Kenya	Uganda	Total
Male	3	4	1	8
Female	1	0	1	2
Level of education				
Tertiary	2	3	1	6
Graduate	2	1	1	4
Duration in NGO (years)				
1-3	1	2	0	3
4-7	3	1	0	4
7-10	0	0	0	0
11 and above	0	1	2	3
Role				
Monitoring and Evaluation	1	1	1	3
Project/Program Officers	3	3	1	7

4.4 NGO activities

All participants work in NGOs which focus on WASH in health care facilities, schools, and households. One (1) NGO was solely dedicated to WASH activities, the others were engaged in other activities like livelihood empowerment, child rights protection, education, and agriculture. Four (4) NGOs were identified as international, which means they have a presence in more than one country, while one NGO was identified as local. All NGOs identified as national though they only operated in some regions and counties in the various countries.

4.4.1 Challenges that impede WASH activities.

All participants interviewed mentioned financial constraints as a key factor that affects the work WASH NGOs do. Inability to attract adequate finance limits the interventions that they can carry out. Concerns about financial constraints are comparable with findings from Arhin et al., (2018) in Ghana, Batti, (2014) from Kenya, and Tukahirwa et al., (2010) from Uganda. The implication is that NGOs' impact in the WASH sector will likely decline as limited funds will limit their ability to implement interventions and initiatives. Similarly, the economic transition of some countries in SSA from poor countries to lower-middle-income countries (LMICs) has changed the dynamics of donor support to NGOs as donors now channel their money to less developed countries (A. A. Arhin et al., 2018). For example, participants had this to say about the financial constraints faced by NGOs:

> D3: *"The NGO world has been facing a downward trend in donor support. Donor funding has been going down for the last 3 or 4 years, so you realize that in the bid to reach out to many beneficiaries of the target communities, our hands are tied because we cannot be able [sic] to do much based on the little available resources".*

> D7: *"I will say in terms of financial we know the funding terrain now. The funding terrain is becoming narrower which is also influenced by government policies so that basically is it".*

D9: "*As an NGO, I think from where I sit, our major problem will be funding. You know we depend on donors and what that means is that we can work as of when there is a donor somewhere somehow that is interested in some of our activities or who have its activities that they want us to support to implement*".

The global outbreak of the Covid 19 pandemic further made a bad situation worse because resources have been shifted to tackling the pandemic. Additionally, though the pandemic has exposed the shortfalls of the existing hygiene standards across Africa, participants expressed skepticism that the attention to hygiene practices put in place to avert the pandemic is only temporal and will be rolled backed after normalcy is gained.

Another issue that had to do with funding was the inability of government agencies to co-fund initiatives proposed by NGOs. This was attributed to the numerous priorities of the government, which implied scarce resources were being stretched across many sectors. This has significant implications for WASH NGO targets because of the inability of local governments to co-fund interventions in an environment where declining donor support for NGOs is a major concern. A participant articulated this by saying:

D1: "*You will find things like financing or funding and sustainable funding, especially on the side of the government. You might plan to have a co-funding arrangement with government institutions, but that commitment usually does not translate into meaningful funding*".

Some participants (2) also lamented that some local level governments attached low priority to WASH. In the case of Kenya, where WASH activities have been devolved to local level governments, participants complained that some local governments prioritized other developmental issues to the neglect of WASH. A participant highlighted this:

D2: "*So, you could find one of these county-level governments, these devolved structures; some are interested or give priority to other issues more than WASH, so there may be challenges with projects you want to implement*".

The knowledge of local-level authorities on WASH policy at the national level was equally a cause of concern for one participant. At the district or county level, local representatives of the central government wield a considerable amount of power and are responsible for local-level development. However, when these representatives are not conversant with national-level policy, collaboration between NGOs and local level governments is hampered. While the political heads are motivated by their desire to stay in power, NGOs are obligated to work by the dictates of national-level policy. A participant expressed concerns about this by saying:

> *D7: "I think I had a meeting with one of the district heads, and he was not even aware that the government has proposed that they should not build public toilets anymore. No more community public toilet, every household should have a private toilet, household latrine, or toilet, but then he was not aware. So, for me, that is why I say it is more of structural challenges that we have".*

Participants also expressed concerns about the sustainability of WASH interventions after the end of a project. The inability of communities to take ownership of WASH projects impacts the lifespan of interventions. To address this problem, participants from Ghana mentioned that WASH projects were handed over to local government authorities instead of community members. However, local government authorities were equally not up to the task in terms of maintaining facilities. Some participants worry about poor maintenance culture by stating:

> D9: *"when the water is provided, take it a borehole or whatsoever is provided even maintenance, minor maintenance community people expect that somebody should come from somewhere and do it".*

> D7: *"A facility is provided, and then after 3 or 5 years you go back, and the facility is not working. So that is one of the challenges we face so far".*

Sociocultural norms that dictate gender norms, behaviours, and roles in society also impede the progress of NGO intervention. NGOs spend extra resources to address such norms entrenched in the way of life of the people. It is worth noting that most often than not, these cultural norms

affect women and girls disproportionately. Negative cultural practices such as women should not be allowed to share sanitary facilities with men and women should not make WASH decisions in the household were raised. Some participants expressed concerns about the impact of negative socio-cultural practices on the work NGOs do by saying:

> D10: *"When we talk of socio-cultural norms, they equally affect WASH programs in the sense that they determine the pace for which the program is followed or wholly taken by the community. If you go to a community where they tell you that only women fetch water, you realize that it poses a burden on the women"*.

> D1: *"So, a house can go without safe drinking water because the man has either not approved spending on treating that water or the man decide to deliberately ignore prioritizing such issues like treating drinking water. So that's one of the issues that actually impede our work. So sociocultural norms the way it impedes is that a man is always the head of the house, so they make final decisions"*.

> D9: *"It will interest you that there are cultural believes like a man's feces should not be on another man's feces. So, let's say you are there motivating them to construct household latrines, and they think it does not make sense because if the latrine is there, I don't want to go on it. After all, someone's feces will be inside, and I also go and put mine"*.

4.4.2 Opportunities that enhance WASH activities of NGOs.

While the challenges highlighted by participants were of concern, several opportunities at the national and local level enabled NGOs to undertake their intervention. All participants mentioned that conducive environments existed at the national level, which aided NGOs to operate without any form of intimidation provided NGOs operated within the country's laws. Two participants stated that a favorable political and regulatory climate enabled NGOs to go about their work without challenges:

D3: *"As long as the government knows who you are and what you are doing, there is a conducive working environment because the government is one of our main partners and stakeholder".*

D6: *"I think the number one opportunity would be in Uganda, NGOs can do their work. Because if you are not authorized by the government, you cannot carry on the work".*

Of significant importance to the work of NGOs mentioned by participants was that the fact that Ghana, Kenya, and Uganda have signed onto international protocols, policies, and treaties on the right to WASH. A participant stated that not only do these international protocols serve as a justification to address WASH needs, but they also empower NGOs in the work they do:

D7*: "At the international level, Ghana has signed onto human rights to water and treaties, so that makes an opportunity for us to work with. Such that if we want to influence policy, if we want communities to demand and then to have the duty bearers respond to or actually fulfill the obligation, what it means is that the fact that it is a human right that Ghana has signed onto internationally provides us with an opportunity to work with and it facilitates our work".*

At the national and local level, collaboration and coordination between and among WASH NGOs facilitate progress. A participant pointed out the fact that synergy among NGOs enhanced the effectiveness of initiatives and interventions:

D9: *"We formed an association that we started coordinating very well that sometimes before the year ends, we are sure of our projects. You are able to bring all to bear, and this person should go to this community, this person should go to this community, or if you are even going to the same community, you handle this, and I will handle that, maybe you are handling sanitation, and I am handling water facilities or even if we are all handling water facilities, where are you placing your water facility, where am I placing mine".*

Another opportunity that aids NGOs in their activities is the ability of NGOs to adapt to the changing WASH climate and progress alongside. This ability to adapt according to D10 is in

part due to a comprehensive knowledge of socio-cultural dynamics at the local level. This knowledge is primarily acquired through mutual dialogue and respect for community needs as expressed by a participant:

> D10: *"The opportunities here are the new innovations we as an organization can come up with, which also comes from what we do. Because as you interact with the community, new ideas come up, new ways of addressing some challenges come up, so you come back to the drawing board and put them together as an innovation".*

4.4.3 Access against the quality of WASH services.

In a bid to understand the progress of WASH access across the countries in the research setting, participants were asked to comment on priority to WASH interventions from both the central government and local NGOs and whether interventions were directed towards improving access or quality or a combination of both. Interestingly, seven (7) participants mentioned only access as a major focus of interventions:

> D3: *"So the issue of access is of much focus as a country because you know when you have access now, we can talk about the quality".*

> D4: *"The major focus of WASH in our country is just to ensure the accessibility of water and sanitation".*

All participants addressed issues of quality of WASH from the viewpoint of water without addressing the issue of hygiene and sanitation. This was not only interesting but gave an understanding of the mindset of WASH practitioners to hygiene and sanitation. It is also not surprising that sanitation and hygiene targets continue to fall behind water targets. Indeed, the attribute of sanitation as the neglected siamese twin of water was very evident from participants' responses (Mariwah, 2018). Though it is abundantly clear that improved sanitation and hygiene interventions have greater health outcomes than water, water interventions seemingly dominate the activities of NGOs and governments. According to Prüss-Üstün et al. (2008), water interventions generally decrease diarrheal diseases by 25%, while sanitation and hygiene

interventions are associated with significantly higher outcomes, 32% and 37%, respectively. Additionally, Cheng et al. (2012), analyzing data from over 100 countries, further proved that greater access to sanitation significantly decreased deaths in children under five years old compared to water. The lukewarm attitude to addressing sanitation and hygiene jeopardizes the ability of countries in the global south to meet SDG Goal 6. On the international stage, the subsequent addition of a hygiene ladder for the SDGs is a clear indication that it was a forgotten priority before 2015.

4.5 WASH SDG progress in Ghana

While all Ghanaian participants acknowledged that progress had been made in meeting the SDG targets for WASH, optimism remained low SDG Goal 6 could be achieved by the close of the decade. The major challenge to meeting SDG 6 is a financial commitment from state governments. According to an International Monetary Fund (IMF) Working Paper, sub-Saharan African countries will need to invest an extra 18.8% of their GDP in education, health, water, and sanitation to achieve significant developmental outcomes (Prady & Sy, 2019).

Of the four (4) participants from Ghana, non was convinced Ghana was on track to meet the SDG targets on water. Various reasons were raised for the assumptions. The primary concern was that the SDG targets on WASH were very stringent, which were difficult for SSA to meet in practicality. For example, the standard for safely managed water requires an improved drinking water source located on the premises, devoid of fecal and chemical contamination, and available on-demand (WHO/UNICEF, 2019). However, participants in their responses articulated the difficulty in meeting all these conditions:

> D7: *"They want the water to be piped, even some of the facilities in the north, there is no way you can even pipe through the structure; it is not possible. So, in Ghana, we are just maybe looking at basic access not safely managed"*.

> D9: *"we cannot meet the SDG targets because, you know, the SDGs make things more difficult when we are still battling with providing water to communities like communal*

94

water sources. In terms of water, hmm, well, I think at a global level we are being dragged faster than we can run ....".

Participants' sentiments draw the need to reflect on what is possible and practical against global level expectations. From the above, it is evident NGOs are working with targets from outmoded Millennium Development Goals (MDGs). Evidently, the responses of participants indicate that though Ghana met MDG 7C (halve by 2015, the proportion of the population without access to safe drinking water) per the estimates of the Joint Monitoring Program, the transition from MDGs to SDGs was a quantum jump which stakeholders in the WASH sector were not prepared for. While the views of only four participants from Ghana may not be adequate to characterize the progress of the SDGs in relation to water, it leaves no doubt that achieving the targets of SDG 6 will be a challenging undertaking. For instance, two participants expressed their concerns by saying:

D8: *"Another area is also in terms of policy, there are many policies, but you realize that most of the policies are obsolete. They were prepared in the era of MDGs, but we are keeping the same policies to address the SDG challenges which are robust and demanding".*

D9: "*In terms of water, hmm, water well, I think at a global level we are being dragged faster than we can run ......*".

The outlook for sanitation and hygiene targets in relation to SDG 6 from the view of participants was gloomier than that of water targets. It is noteworthy that Ghana did not meet the sanitation targets for the MDGs (Appiah-Effah et al., 2019; Mariwah, 2018), and views from the participants paint a picture of Ghana going down the same road again for the SDGs:

D9: "*You see, if you are putting water on the scale of very good, that is if you want to even consider water coverage as very good, then you still have to think of sanitation and hygiene to be very poor, we can't even say poor".*

D10: "*In relation to sanitation and hygiene, I think Ghana still has a long way to go, we really have a long way to go*".

D6: "*I think water is better than sanitation in terms of our progress, water is quite better as compared to sanitation and for sanitation, and for sanitation, I think we are not doing well*".

Responses from participants point to a difficult task ahead in meeting SDG targets for sanitation and hygiene. Ghana will have to accelerate efforts and work harder, coming from the background that the MDG sanitation targets were not met. This will require innovation, political commitment, and financial investment. However, with donor support for all NGOs on a continued decline, that leaves room for much doubt if much can be achieved without a complete rethink of how sanitation and hygiene are approached.

When participants were asked about the progress of WASH in Ghana, their responses were limited to only water and sanitation with no mention of hygiene. However, all NGOs indicated their activities included hygiene activities. In hindsight, it appears WASH activities are addressed in a hierarchical order, with water as the top priority, sanitation as the next, and hygiene at the bottom. Participants did not articulate hygiene issues in answering questions about WASH, leaving an impression of hygiene not being as important in the scale of water and sanitation. However, hygiene issues were discussed in relation to the outbreak of covid 19 and how hygiene was crucial in curbing the pandemic but not in the broader context of WASH:

D8: "*covid has really shown that there is no way that we can do away with hygiene, water, sanitation issues if you want to fight diseases and pandemics and all those things*".

D9: "*For hygiene is worse because we do not get to talk of hygiene. It is only when we are talking about sanitation that hygiene comes up, so hygiene is always behind till covid 19 came in and they have been activities that are hygiene focused like hundred percent focus that we take up*".

D9: "*A politician or a leader is able to win the love of people or community people when he is using water than hygiene or sanitation*".

D10: *"In terms of hygiene, thanks to covid 19, we are now all cautious of washing our hands, sanitizing our hands. Hygiene is really a problem for us as a country".*

Responses from participants about rural and urban WASH point to a situation of disparities in water access. A respondent acknowledged that some gains had been made in expanding WASH access in urban and rural areas but more remained to be done:

D10: "*Looking at rural access to WASH, there has been some improvement; however, we still need a lot to be done to ensure that rural access to water reaches the optimum level we all look out for".*

While concerns were raised about the disparities in access between rural and urban areas, a participant raised concerns about WASH access for the urban poor. This concern was borne out of the fact that Ghana is highly urbanized, and this is putting stress on urban WASH facilities. For one participant, the challenge of the urban poor was expressed as:

D8: "*Yeah, in terms of access, for the urban sector, I can say or based on the available data urban areas have more access than the rural sector. That is the fact from all the reports that are available and, but my issue is that, even within the urban sector, there are people who don't have access".*

The contribution of NGOs to the WASH of Ghana was described by terms such as "immense" and "doing well":

D7: *"I will say that N2's contribution has been immense in terms of the 30 years that N2 has been in Ghana, and I don't want to sound like we have done it all, but I think that N2 is one of those NGOs that focuses on one thing".*

4.6 WASH SDG progress in Kenya

Since the decade of structural adjustment (the 1980s to 1990), there have been widespread doubts about the ability of centralized governments to ensure development equitably. In light of this, arguments have been made to transfer resources, power, and responsibilities to local government administrations to facilitate development since they know how best to meet their community's needs (Avidar, 2018). In Kenya, the devolution of water and sewerage services, as enshrined in the Kenya Water Act of 2016, provides the for regulation, management, and development of the WASH sector (Government of Kenya, 2016). Before the Water Act of 2016, WASH sector devolution aimed to ensure that each county-level government could shape water policies to meet the needs of the local population.

Devolution paved the way for each county to develop its WASH policy and proceed to implement it. However, water providers at the county level are charging exorbitant prices for water by deliberately creating shortages to maximize profit. This, in part, is because the Water Act does not adequately target tariffs and billing as expressed by a participant:

> D3: "*There is even a water act that was enacted by Parliament in 2016 and regulation management, development of water resources and sewerage services. So that Act does not speak to issues of tariff and billing, so I still feel that the citizenry is bearing the brunt of high-water tariff or bills*".

Under sanitation, all participants expressed concern about the sanitation situation in Kenya. Of notable concern was the incidence of open defecation. However, participants noted that the Kenyan Government and WASH NGOs had implemented measures to end open defecation:

> D2: "*the NGOs are trying to support the building of latrines and the Community-Led Total Sanitation, which targets mostly to ensure that all rural areas have an open defecation-free environment*".

D4: *"We at N4 brought in the concept of community-led total sanitation (CLTS), and it is really picking up very well. So many other NGOs are also trying to roll it out and work together".*

D1: "*there are many programs that actually move villagers from OD to ODF, and that is quite widespread in the rural areas. I see quite a lot of triggering of villages and households on how they can adopt some of these improved options for sanitation".*

The outbreak of covid 19, according to participants, temporarily improved hygiene access because the government put in measures to encourage handwashing. However, participants considered these measures a short-term response to the pandemic and were doubtful of a lasting impact.

4.7 Policies of WASH NGOs

Successful operations of NGOs are guided by carefully crafted policies based on the needs of beneficiaries. Long and short-term planning is therefore critical to the successful implementation of policies. Well-thought-out policies equally serve as an incentive for donors to channel funds to NGOs to undertake WASH projects. As indicated earlier, four NGOs were identified as international. All participants of international NGOs noted that the policies of their NGOs are guided by the SDGs and the long-term WASH policies of the national level. A bottom-up approach is employed in strategizing for the long-term goals of NGOs. This involved gathering information in NGOs' areas of operation then transmitting such information from the national level to the global head office for collation. The collated information from the various continents is then aligned with SDGs and long-term plans drawn. On the other hand, short-term strategies are drawn based on community needs assessment and further action taken at the national level.

For the local NGO, the ability of donors to steer WASH interventions in their own direction irrespective of what communities wanted is a cause for concern. NGOs work to overcome this by engaging donors in dialogue to help them understand community needs and dynamics. Two participants expressed this:

D9: *"Because we are locally based, and we are from Upper West, sometimes we feel we know the people, and we understand the problems better, but usually when a donor comes because the donor also has his interest and also their processes are different sometimes, we have to go their way, after all, they are your paymaster, and they have come to supporting you".*

D10: *"So the donors influence the activities very much, and you know of course because we want to be in the job and we want our people to benefit, we always have to condone, but there are times we will find it difficult because some of the strategies and some of the things that they seek to achieve we know it not possible, or the activities will not have that much impact".*

The ability of donors to influence local NGOs probably stems from the insufficient funding that local NGOs get. With international NGOs, funding is not a major issue when compared to the situation local NGOs face. As such, the leverage of international NGOs is more significant than their local partners.

Though NGOs framed their plans according to the SDGs and national level policies, all participants noted some gaps in WASH policy at the national level. Some of the gaps they noted include affordability of WASH services, low focus on disability-friendly infrastructure in WASH, and insufficient attention to preventing WASH-related diseases.

Interestingly, given that this thesis was about GBV in WASH and participants were sent the questions before the interview, no participant noted that to be a gap or problem of WASH policy. Though it was not definitive, it created an impression of how stakeholders in WASH view WASH GBV. However, after being probed further, seven (7) participants noted that WASH policy at the national level did not adequately address the needs of women and girls in terms of exposure to violence:

D9: *"No, I don't think so. I think we can do more. You see when discussions end at the discussion table, then is it is as good as nothing".*

D3: *"I won't say it is adequate, but the WASH sector plans speak to so much of the issues that pertain to women and girls in relation to water, sanitation and hygiene because they are the most vulnerable".*

The remaining participants (3) noted that policies to address the needs of women and girls at the national level were comprehensive enough; however, poor implementation was the problem:

D8: *"For the plans, gender issues are well articulated in all the plans. The only thing is that the targets were MDG targets, but in terms of gender issues and all those, they are well articulated. So, for me, that is done, but the challenge normally is implementation".*

At the international level, eight (8) participants felt more needed to be done to address the needs of women and girls in WASH pertaining to GBV in WASH. The ability of international policy to influence national policy cannot be overemphasized. To understand what pertains at the local and global level in terms of policy, there is the need to understand that multilevel interaction occurs between the two-scale to direct how decisions are made (Baumgartne & Pahl-Wostl, 2013). For example, a participant expressed this:

D3: *"It is not so much emphasized, I think there is still a gap because just as in the national level, the international level there is not much emphasis on gender violence viz-a-viz WASH".*

To address the issue of GBV in WASH, participants (3) believed that education and encouraging dialogue between men and women on GBV in WASH was critical in stopping the menace. Two (2) participants expressed that ensuring that WASH services were situated closer to communities was a means of tackling GBV in WASH. According to them, the longer the distances women and girls walk to access WASH, the higher the chances of violence. Four (4) respondents stressed the need for specific policy targeting the needs of women and greater involvement of women in WASH governance. One (1) participant commented on the need to make changes to how policies are drawn. Accordingly, policymakers have the tendency of predetermining what communities need:

101

D3: "*I will ensure that there is robust legislation and policy that addresses issues of gender-based violence in WASH. I will ensure there are resources, adequate resources that are being channelled towards GBV and WASH*".

D9: *"So, for me given the resources and the capacity maybe it will be education, education, education, letting the man understand that look drawing water is not the responsibility of just the woman, is a household responsibility we should all take part"*.

All participants stated that the staff of their NGOs had received training on GBV. Additionally, all NGOs mainstreamed gender into WASH activities and interventions. Gender mainstreaming is a process of assessing the impact or implication of any planned action, policy, programme, or intervention in relation to men and women (Economic and Social Council, 1997). By doing so, NGOs aim to ensure that the concerns of women and men are equally considered in the design, implementation, and evaluation of WASH policies and interventions (Economic and Social Council, 1997). Two participants stated:

D10: *"We do incorporate issues of GBV in WASH. An example is a school where the sanitation facility or the toilet facilities there are not demarcated male or female, and anybody enters anywhere, the girls are at more risk in this scenario"*.

D6: *In our organization, I think percentage-wise, we have more women than even men in our program. So, you realized all our interventions they really put into account that we have a bigger percentage of women than men.*

Interestingly, a participant mentioned that gender mainstreaming is incorporated in proposals to seek funding from donors, but at the implementation stage of policy, it is not considered:

D9: "*we use gender issues to get the support, but interestingly, during the implementation stages, we don't consider it. We do not prioritize women or girls that maybe when they go, for instance, to fetch water, and there is a queue, they should be given priority, they should*

be given special attention or something. No, we rather use them to get the funds, and when the funds come implementation does not consider them much".

4.8 WASH NGOs and GBV policies

All participants stated that issues of GBV were considered in WASH interventions. While some participants mentioned tools like Community Score Card and Social Analysis and Action used to address the problems of GBV in WASH, others engaged women groups in project implementation to ensure that they as major end-users had a greater input in WASH interventions. Below are what some participants had to say about how GBV in WASH from a policy perspective:

D8: *"We have done much work especially in the districts that we are working, Bongo, Kassena Nankana West District where we identified existing women groups in the various communities and built their capacity to observe and understand the issues around GBV very well and getting some of them into leadership positions as well so that if they are making decisions on WASH, they can also bring their views"*.

D1: *"Yes. I talked about social analysis and action. What we have done with this approach is that we have trained facilitators. So, what these facilitators do is organize dialogue at the community level. And one of the actual topical issues they deal with in the context of accessing sanitation in the community. Men do not encourage women, their wives to invest in sanitation. So, a woman could be having much money and be ready to invest the money in sanitation, but the moment she does, so it triggered violence. Because a man feels it is not a woman to build a toilet in their homes or their compounds. So, you realize these are the issues that now we are actually deal with in terms of incorporating GBV and sanitation"*.

D2: "*To reduce gender-based violence in WASH, we sit down, have a community dialogue and use the community scorecard. That gives us feedback that we can act on and therefore improve the indicators that actually reduce instances of gender-based violence in WASH sector"*.

On the other hand, some NGOs considered women and girls first in decisions relating to WASH because they carry the more significant burden of WASH in society and the household level. On the part of participant D5, this is what was said:

D5: *"the latest example is when we were giving out water tanks. The first consideration was women, and when we did our selection, it was 75% women and 25% men. So, in whatever we do that is the guideline in terms of giving resources, it is women and girls first".*

4.9 WASH and GBV Policy at the national level

At the national level, all participants mentioned that there were no specific policies that sought to protect women and girls from violence in the context of WASH. However, GBV in WASH was dealt with generally under the penal code that governed violence against women, men, boys, and girls. This meant no special attention is paid to the WASH needs of women and girls in terms of policy or law as expressed by these statements:

D1: "So, at the national level, we actually don't have specific policies, but we have integrated strategies like in our country we have policies that actually cut across".

D9: "These people are protected by the same human rights that protect all of us. What I am saying is that they are usually protected by these same human rights laws and policies that protect all of us, both male and females right".

The study reveals that several policies exist to tackle GBV in its entirety across Ghana, Kenya, and Uganda. Policies specific to GBV in WASH do not exist, and this increases the vulnerability of women and girls to violence in WASH access. While emphasis has been placed on meeting the menstrual hygiene needs of adolescent girls in Kenya by the government, Ghana and Uganda lack behind in meeting the menstrual hygiene needs of vulnerable adolescents. The Kenyan Government, through its "*Menstrual Hygiene Management Policy,*" aims to address structural and cultural norms that seek to address knowledge gaps on issues of menstrual hygiene

management in a bid to achieve the Kenya Vision 2030 and the WASH goals of the Sustainable Development Goals (SDGs).

4.10 Chapter summary

This chapter summarized the result of the research related to the three objectives set in the introductory chapter. Overall, access to WASH is still a challenge across the study areas. In tackling the situation, greater attention has been placed on expanding access, with quality considerations not given much priority. Poor access to WASH also provides an avenue for WASH NGOs to complement the work of governments.

A content analysis of some policies, guidelines, and strategies on WASH at the international level reveals that advocacy on increasing access to WASH is high. This is evident from the numerous policy documents that have been published stressing the nexus between wellbeing and access to safe or adequate WASH. However, overwhelming attention is placed on access to safe water and sanitation, with hygiene given considerably little attention. Unfortunately, the global outbreak of the covid 19 pandemic has exposed the shortcomings of global WASH of overly focusing on water and sanitation at the expense of hygiene. Another important finding from the content analysis is that the menstrual hygiene needs of women are not adequately integrated into the WASH planning at the international level. Though SDG 6 calls for special attention to the sanitation needs of women and girls, there are no stated means of measuring to what extent this has been achieved. The WASH needs of women and girls are particularly important in terms of economic empowerment, enhanced wellbeing, and a right that should be accorded them.

With policy guidelines and frameworks transiting from the international to the national, it is not surprising that SSA countries have also inadequately addressed the WASH needs of women and girls in policies, strategies, and frameworks. Apart from Kenya, which has a policy of providing sanitary materials to all adolescent girls in public schools because of their menstrual policy, Ghana and Uganda have severely failed to address the menstrual hygiene needs of women and girls. Across the research setting, however, there is has been an emphasis on involving women in WASH governance. The downside to this is that, across SSA, women cannot participate

effectively in governance due to sociocultural expectations. Men are always expected to lead while women are relegated to domestic chores. Therefore, when women cannot contribute to WASH governance, men who do not fetch water, who do not undergo menstruation make decisions on behalf of women and girls, and ultimately these decisions are not in the welfare of women and girls. For example, when men decide on a toilet facility site, considerations for lightings around the toilet may be low. Poor lighting will expose women to sexual assault when they access the facility at night or dawn. Since men are not at the receiving end of violence in WASH, understanding of the situation is limited, and therefore no urgency to address it. But when women can participate in WASH governance effectively, the violence they encounter in WASH will be addressed effectively.

WASH NGOs play a vital role in expanding access to WASH across SSA. Since governments cannot adequately finance WASH activities because of multiple priorities, donors work with international and local WASH NGOs to increase access to WASH. From the findings of the interviews conducted, WASH NGOs recruit highly educated staff to ensure that their goals and targets are achieved adequately. NGOs in the WASH sector do not focus on WASH alone but engage in livelihood empowerment activities, education, health, and agriculture. This is because WASH relates to every sphere of everyday life. Participants noted that though WASH activities are their focus, interventions in WASH without linking it to everyday life do not achieve many results.

In striving to integrate WASH with other activities in the operation areas of NGOs, negative socio-cultural practices hinder the ability of NGOs to achieve accelerated progress. When NGOs encounter negative cultural practices, they devote time and resources to tackle them to make headway in what they seek to achieve. A major challenge NGOs face in their activities is dwindling donor support. All participants complained of a decline in donor support over the past years. Most donors are foreign, and a reduction in their support affects the ability of NGOs to play the vital role they play in SSA. In adjusting to the decline in donor support, NGOs write joint proposals to undertake interventions in the WASH sector. NGOs' joint proposals also raise the credibility of activities and the likelihood that more donors will support their efforts. Amid declining donor

support, poor maintenance culture on the part of communities also affects the work of NGOs. Without adequate maintenance, the lifespan of any intervention (toilet facility, borehole, or small-town water system) is cut short, and people will return to their old way of doing things (e.g., open defecation or fetching water from unsafe sources).

Notwithstanding these challenges, stable political climates and positive government policies in the study areas enhance the work of NGOs. According to participants, as far as the regulatory bodies for NGOs are up to date on what an NGO is doing and where it is doing it, there is no interference in their activities. Additionally, NGOs capitalize on the fact that governments are signatories to different global WASH policies to advocate for greater action and commitment to increasing access to WASH. In-depth knowledge of the WASH sector by NGOs is also an opportunity for accomplishing targets. The changing dynamics of the sector and the knowledge possessed by NGOs enable them to adapt quickly even when donor support is declining.

Results from the interviews also point to non-existent legislation, guidelines, or regulations to protect women and girls from violence in WASH access. However, broad legislation exists to protect women, girls, boys, and men from gender-based violence. It is worth stating that these legislations and guidelines across SSA are geared towards protecting women and girls since they suffer disproportionate levels of violence in society, mainly due to patriarchal societal setup.

GBV in WASH is an existential threat to the rights of women and girls to water and sanitation and, most importantly, a violation of their fundamental human rights. Participants were of the view that GBV in WASH was not well addressed in WASH policy and voiced the need for more action. Consequently, NGOs in the WASH sector recognize this and tackle it by ensuring that staff has training on gender-based violence. Some NGOs deploy policies like Community Score Card or Social Analysis and Action to confront GBV in WASH. These policies enable community members to evaluate and assess the work of NGOs and tackle gendered socio-cultural practices that burden women and girls.

This is a summary of key takeaways from the findings of this research. The final chapter will focus on directions for future research, limitations, and an overview of key findings.

CHAPTER FIVE: DISCUSSION AND CONCLUSION

5.1 Introduction

With limited research investigating the occurrence of gender-based violence (GBV) in WASH (Nunbogu & Elliott, 2021), there has also been no research on policies, frameworks, or legislations that seek to protect women and girls from violence when WASH access is inadequate. The central objectives of this research therefore include:

1. What policies currently exist to protect women and girls from acts of violence in the process of securing safe water and adequate sanitation?

2. In what ways do NGOs with a mandate for water and sanitation address violence experienced by women and girls related to securing safe water and adequate sanitation?

3. What policy interventions could be enacted to address the issues identified in objectives 1 and 2?

The need to focus on the international to the national stems from international policy's influence in shaping and framing policy at the national level. The findings of this research are intended to inform policy on WASH and the need to ensure women and girls are protected from GBV as they try to access WASH. The findings will also be helpful for WASH stakeholders to appraise WASH interventions and incorporate gender mainstreaming in all WASH policies and interventions. This chapter begins with a summary of key findings as a starting point to rethink issues of GBV in WASH from a policy perspective. The next section discusses suggestions to address GBV in WASH based on findings from objectives 1 and 2. The chapter goes on further to discuss the contributions, limitations, and direction for future research.

5.2 Summary of key findings

5.2.1 Policies that protect women and girls from violence in WASH

This research question seeks to investigate how women and girls are protected through policy, frameworks, and strategies from issues of GBV in WASH at the international and national

levels. This is particularly important given the fact that women and girls constitute more than half of the population of SSA (The World Bank Group, 2021), there is, therefore, the need to pay greater attention to their WASH needs. Additionally, some socio-cultural norms continue to disadvantage women in terms of access to resources across SSA.

Results from the content analysis indicate that no laws exist to protect women and girls in WASH. However, guidelines exist at the international level to focus the attention of stakeholders on the need to mitigate and prevent violence against women by taking specific actions. First, menstrual hygiene guidelines from UNICEF point to the need to provide sanitary facilities that are well designed to meet the hygiene needs of women. These facilities should be designed to enable the disposal of menstrual waste with a sense of dignity and safety. Also, access to water and soap for washing hands is integral in MHM for women and girls. Furthermore, there is increased advocacy for national governments to ensure the provision of sanitary materials for adolescent girls in public schools. This is important because when girls cannot afford to buy sanitary pads, they are inclined to engage in transactional sex to buy them, increasing the risk of pregnancy or sexually transmitted diseases (Onyango & Elliott, 2020; Phillips-Howard et al., 2015). Some also rely on substandard material for sanitary material, which leaves them prone to diseases and infections (Abrahams et al., 2006).

While the provision of menstrual hygiene facilities and materials can be linked to the right to WASH for all, it is an avenue that also empowers women in girls in many spheres of life. In the educational sector, the presence of sanitary facilities to meet the needs of girls will lessen the probability of girls abandoning school when menstruating (Phillips-Howard et al., 2016, 2015). This will improve the ratio of girls to boys in schools and ultimately enhance gender empowerment. On the economic front, sanitary facilities in places like marketplaces will enhance the economic empowerment of women. Across SSA, women dominate petty trading at market centers. However, during periods of menstruation, they are forced to suspend trading because when they arrive in marketplaces, they cannot attend to their menstrual hygiene needs in a safe and dignified environment.

Another look at national-level documents reveals that Ghana and Uganda have not mainstreamed MHM into WASH policies apart from Kenya, which has a national menstrual hygiene policy. This effort by Kenya is commendable and serves as an opportunity for cross-border learning on how to address the needs of women and girls in WASH. It is worth noting that attempts by Ghana to provide free sanitary pads for girls in public schools were advocated but have not been fruitful. Apparently, the furthest attempt to mainstream gender in WASH is advocating for greater involvement of women in WASH governance. However, societal expectations of women not to make decisions in the presence of men need to be tackled before women can participate effectively in WASH governance (Naiga et al., 2017; Sawas et al., 2013; Sultana, 2009). When this happens, the stakes will be higher that more women in WASH governance will result in effective gender mainstreaming in WASH to address the needs of women and girls.

From the findings of the key informant interviews, it is emphatic that no laws specifically exist to protect women and girls from GBV in WASH. Instead, broad laws exist to protect the rights of women and girls at the national level in Ghana, Kenya, and Uganda. The existence of these broad laws can be deemed discriminatory against women and girls because it places men and boys and women and girls on the same pedestal when it comes to sanitary needs. Unfortunately, this is not the case as women and girls undergo a normal biological process, menstruation, every twenty-eight (28) days. Therefore, the inability of WASH planners to appreciate this and plan to meet their needs points to none intended permission and execution of structural violence, which gives room for physical, emotional, and sexual violence against women.

5.2.2 WASH NGOs and their contribution

WASH NGOs are major players in increasing access to WASH in SSA. Their contributions are particularly enormous given the fact that governments in SSA are not up to the task of solely increasing WASH access in a timely manner to meet the demands of the ever-increasing population in SSA (Olagunju et al., 2019).

Findings from the key informant interviews paint the definite role WASH NGOs play in expanding WASH access. This is supported by literature that highlights the role of NGOs in

numerous SSA countries (Tukahirwa et al., 2010; Yerian et al., 2014; Alexander et al., 2014) in sectors ranging from education, health, livelihood diversification, environmental protection, human rights protection to mention but a few. The ability of NGOs to thrive and function effectively differs from country to country and depends on varied factors such as financial, skilled personnel, sociocultural and national policies (Tukahirwa et al., 2010). Nevertheless, the findings of the interviews point to substantial financial challenges encountered by NGOs. Tukahirwa et al., (2010), reporting from Uganda, indicated the closure of some WASH NGOs due to financial constraints was a worrying trend. In a similar light, Arhin et al., (2018) highlighted that changes in aid structure were a significant threat to the continued existence of NGOs in Ghana. NGOs countered the drop in donor financial support by forming coalitions to apply for funds, building upon their credibility, and embarking on visibility-enhancing strategies. Therefore, in an era where funding constraints threaten the very existence of NGOs, there is a need to reevaluate the funding landscape for NGOs, given the crucial role they play in developing countries. Research by A. Arhin, (2016) shows that the role of NGOs in service delivery, advocacy, and facilitation is particularly important in achieving the SDGs. Therefore, it is pragmatic that with the SDGs drawing closer to an end, there is the need to ensure that what the global WASH community seeks to achieve in WASH is not halted halfway due to reduced funding for NGOs. Though state institutions are equally working within their limited capacity in WASH, the bureaucracy of state institutions slow their achievements (Olagunju et al., 2019). On the other hand, NGOs operate majorly out of the realm of government control with less bureaucracy and achieve results quickly.

5.2.3 WASH NGOs and tackling GBV

WASH NGOs acknowledged that they incorporate GBV considerations in their interventions. Approaches such as Social Analysis and Action, Community Scorecard, increasing dialogue between men and women, and education were tools that NGOs used to incorporate gendered issues and tackle GBV in their interventions.

Social Analysis and Action (SAA) is a process through which individuals, especially women, challenge cultural norms, societal expectations, and beliefs that shape their daily lives and

health outcomes (CARE, 2020). It is a participatory tool that can be deployed in addressing diverse developmental issues and gender inequality. In WASH, NGOs use SAA to envision alternatives to the expectations of women in WASH management. SAA, therefore, works to achieve a gender-equitable household and community where power imbalances are disrupted to enhance the wellbeing of women (CARE, 2020). Consequently, it is a gender transformative approach that empowers women through gender equity to have a say in what they deem acceptable in WASH initiatives.

Community Score Card (CSC) is also a tool used by community members to monitor, evaluate, assess and hold service providers accountable through interactions (Escher, 2018). The approach allows citizens to express their satisfaction or dissatisfaction with work or services rendered. CSC is, therefore, an approach that creates a space for duty-bearers to be held accountable and improve the responsiveness of service delivery. When CSC is applied by WASH NGOs, it serves as a community voice for input before starting an intervention and provides feedback on the attitude of staff and the project implementation process (Escher, 2018). In WASH interventions, it provides a platform for women and girls to give their input and feedback on minimizing the risk of violence in project implementation. CSC has the benefit of promoting dialogue between service providers and end-users through information gathering (Pekkonen, 2012). CSC provides an opportunity for generating performance criteria for benchmarking service delivery (Pekkonen, 2012).

Education and dialogue are optimal forums for dealing with socio-cultural norms that are entrenched in society and disproportionately affect women and girls. As one participant put it, creating communal platforms for dialogue between men and women, boys and girls, enables misconceptions about menstrual to be discussed. It equally allows men and boys to be educated on the challenges women and girls encounter in access WASH. To make progress using dialogue and education, there is the need to respect cultural values and frame dialogues or educational material to be culturally appropriate. Failure to do this can result in outright rejection of dialogue and any attempt to get any information across.

5.3 Innovations to tackle GBV in WASH

GBV is not only a human right violation but also a public health challenge. This is primarily because of the pain, physical harm, and emotional distress it inflicts on victims. In the WASH sector, GBV equally inflicts emotional distress, sexual and physical harm on women and girls. While some NGOs have realized that inefficient WASH policies can exacerbate GBV in WASH, others are already working to address it. Some of these NGOs have therefore instituted strategies and policies to tackle the menace of GBV in WASH. GBV in WASH has the potential of eroding gains already made in increasing access to WASH for women and girls. It is, therefore, imperative that more needs to be done to protect women and girls from GBV in WASH from the results of both the content analysis and the interview findings. Charting a new path to protect women and girls will require all stakeholders in the WASH sector.

For starters, gender mainstreaming in WASH should become a major tool in all WASH policies across SSA. This is particularly important because gender mainstreaming is a process that assesses the implication of any action on both men and women (Economic and Social Council, 1997). It should become the leading tool for donors, governments, NGOs, citizens, and development agencies. While some arguments may be raised that global WASH, practitioners have recognized the importance of incorporating a gender perspective in WASH, that recognition is not backed by progressive action at the local level (Sultana, 2009; Water and Sanitation Program, 2010). For example, while women and girls are the primary providers and managers of water at the household level (Alhassan & Kwakwa, 2014; Kulkarni, 2011; Mushavi et al., 2020; Yerian et al., 2014), water governance is still dominated by men (Adams & Zulu, 2015; Brown & Tenkorang, 2013; Naiga et al., 2017). The resultant effect is that people who have no experience in water collection and management make decisions due to their power as men. Gender mainstreaming will also serve as a tool for disrupting unequal power relations and ultimately impact women and girls positively in economic, social, and political spheres (Water and Sanitation Program, 2010). Furthermore, a gendered approach in WASH will harness the potentials of both men and women to shape programs and meet WASH objectives for all (Water and Sanitation Program, 2010).

113

At the institutional level, structural violence needs to be addressed by formulating a definite policy on WASH interventions that cater to women's unique sanitation and hygiene needs. In schools and other communal areas, public toilets are often inadequate to meet the needs of women and girls due to their filthy nature (Abrahams et al., 2006; Kosoe & Osumanu, 2013; Massey, 2011). In a similar light, the crucial need for women and girls to manage their menses should be an integral dimension in policy-making circles (Sommer et al., 2013). A definite policy to cater for menstrual hygiene management should be evidence-based and multisectoral (Phillips-Howard et al., 2016). An evidence-based approach understands local customs and norms surrounding menstrual hygiene. As such, any evidence-based policy should be worded to prevent conflict between local norms and traditions through the education of people. It is worthy to note that any policy on menstrual hygiene should emphasize the availability of water, soap, sanitary pads, changing rooms, and adequate receptacles to collect and dispose of used sanitary pads. The "*2020 UNICEF Guidance on Monitoring Menstrual Health Hygiene*" and the *"Menstrual Hygiene Management Policy of Kenya"* are important documents that can serve as directory guide in formulating a definite policy for countries in SSA. Therefore, targeted services for women and girls can be ideal tools for tackling GBV in WASH.

At the community level, the establishment of gendered committees (women-only safe spaces) to enable women and girls to have a greater say in WASH governance would not only be innovative but a practical step in addressing gendered problems in WASH. From the early 1970s, a paradigm shift in policy led to the welfare approach in development being adopted to address the needs of women and girls (Water and Sanitation Program, 2010). The women in development approach aimed to target women by undertaking women-specific activities and equal participation in decision making, planning, and implementation. Despite the rhetoric about women's participation in WASH governance, insufficient attention has been paid to the differences in experiences of women and men in WASH access (Amnesty International, 2010; Caruso et al., 2017). This largely stems from the challenges to women's participation in governance. For decisions on WASH to have a meaningful impact, decisions need to be taken through a meaningful and participatory process to ensure equal representation from each gender (UN Water, 2015). For

example, in Uganda, the lack of higher-level participation in water committees by women serves as a challenge to the effective performance of water committees (Naiga et al., 2017). For women's participation to be effective in WASH governance, it requires public engagement, attending training, mobilization, and sensitization activities (Brown & Tenkorang, 2013; Sawas et al., 2013). However, gender stereotyping, gendered division of labor, and sociocultural norms serve as a disincentive to the participation of women (Naiga et al., 2017). The resultant effect is that women play a nominal role in governance (Adams & Zulu, 2015; Brown & Tenkorang, 2013; Naiga et al., 2017). In Ghana, Brown and Tenkorang, (2013) reported that household chores, fear and shyness, and criticism from other women served as challenges to women's participation in rural water sanitation projects. Given these challenges in the context of SSA, an all-women water committee will lessen the challenges women face in participation in WASH committees. It is worth noting that an all-women WASH committee without access to the right information and resources will not have a meaningful impact in presenting the challenges of women and girls in WASH.

Finally, no published statistics at the international or national level on GBV in WASH were identified while researching this topic. However, the absence of data does not mean that the problem does not exist. What it draws attention to is the need to rethink GBV in WASH in relation to global WASH goals, most specifically SDG 6, Target 6.2 (which emphasizes the need to pay attention to the unique needs of women and girls and those in vulnerable situations). Therefore, to measure Target 6.2 of SDG 6, there is the need for quantifiable data and performance indicators on how the needs of women and girls are addressed in WASH access. Such indicators can include but are not limited to policies and structures to deal with the menstrual hygiene needs of women and girls and addressing GBV in WASH. While the need to gather data on GBV in WASH is relevant, there is equally an important need to monitor the commitments made by states to fulfill the right to water and sanitation (UN Water, 2015). Without focused and deliberate action to effect change, commitment will not yield any change for those who suffer from inadequate access to WASH. Indicators on gendered needs in WASH are the pointers to what needs to be done. After all, "when it is not measured, how can it be planned for?" (Abu & Elliott, 2020).

5.4 Contributions

Current global attention on GBV in WASH has focused on the negative experiences of women and girls in accessing WASH (Abrahams et al., 2006; Bisung & Elliott, 2017b; Phillips-Howard et al., 2016; Sahoo et al., 2015; Stevenson et al., 2012; Wutich & Ragsdale, 2008). Though research is not limited on violence experienced by women and girls in WASH, this research is the first of its kind that the researcher is aware of that analyzes GBV in WASH from a policy perspective and how NGOs approach GBV in WASH in their interventions. In contrast to other studies, this research uses a content analysis approach to interrogate how GBV in WASH is conceptualized at the international and national level policy.

Cross country findings from this research indicate that Kenya has instituted policies that consider the needs of women and girls in WASH to a greater extent than Ghana and Uganda. Though Uganda has attempted to address the needs of women and girls through *"Water and Sanitation Gender Strategy, 2018-2022,"* more needs to be done at the national level. In the case of Ghana, there is not only the need to update policy to meet the demands of the SDGs but also use the opportunity as a platform to incorporate the needs of women and girls in WASH policy (SDG 6).

Despite discussions on the menstrual hygiene needs of women and girls, policymakers at the national level have inadequately tackled menstrual hygiene management. This is evident from the results of the content analysis as indicated in chapter 4. Insufficient attention to the menstrual hygiene needs of girls and women at the national level increases the risk of urogenital symptoms and infections due to the use of substandard material for collecting menstrual blood (Abrahams et al., 2006). There is also the ever-present risk of girls engaging in transactional sex to acquire sanitary pads to cater to their menstrual hygiene needs (Onyango & Elliott, 2020; Phillips-Howard et al., 2015).

Theoretically, employing the theory of feminist political ecology has highlighted how power relations and gendered norms in SSA result in violence against women and girls as they try

to meet a necessity of life. Power structures dictate how the state overlooks the need of vulnerable women and girls.

5.5 Limitations of the study

This study has some limitations which are worth highlighting. The small sample size (non-governmental organizations (NGOs) n=5, key informants n=10) used for the study has implications on extrapolating findings to other parts of sub-Saharan Africa (SSA). Recruiting key informants from NGOs was challenging as many NGOs were closed with staff working from home. As a result, many calls to NGOs for recruitment went unanswered.

The above limitations notwithstanding, this research adds to the wealth of knowledge on GBV in WASH from a policy perspective from the international to the national. The research findings go a notch down to investigate how WASH NGOs incorporate GBV considerations into WASH interventions. The findings can serve as a starting point for countries that do not have GBV in WASH policies in SSA.

5.6 Direction for future research

The findings of this research open a pathway for future research on GBV in WASH and how policies protect women and girls. First, there is the need for further studies at the community level with women and girls on NGO interventions in WASH and how their needs are incorporated into policy or interventions. Secondly, additional research on how GBV in WASH affects the ability of women and girls to meet their WASH needs in a safe environment is also required. Thirdly, research on how poor WASH policy exacerbates violence against women and girls should be conducted locally. Fourthly, a crucial but under-represented need of women and adolescent girls which reserves little or no attention from policymakers is the menstrual hygiene needs of women and girls. Therefore, it is imperative to conduct further research on how women and girls in schools, marketplaces, and the wider community manage their menstrual hygiene needs with dignity in the absence of water and hygiene facilities. This should incorporate discussions on how poor WASH access not only increases exposure to violence but also how poor WASH affects women economically, mentally, and health-wise and how girls of school-going age are affected

academically. Furthermore, while undertaking this research, no sex-disaggregated data (with a specific focus on the needs of women and girls) on WASH experiences (experiences of shame, violence, discomfort, or positive experience) was uncovered. This leaves a gap for policymakers to ensure that data collection on experiences of women and girls in WASH are a component of WASH data. This is particularly important because understanding the contextual connection between WASH and the wellbeing of women and girls is relevant in policy formulation since women and men have differential needs in WASH. Therefore, general policies not only disadvantage and burden women and girls but also violate their rights to WASH in a dignified manner. Finally, an analysis of women's participation in WASH governance and the ability of their participation to impact gender mainstreaming in WASH policies is important.

Blanket policies to increase access to WASH without taking into consideration biological, sociocultural, and infrastructural considerations ultimately result in unintended discrimination and denial of the right to WASH to the vulnerable in society, especially women and girls. Therefore, policymakers need to map and reform blanket policies that do not meet the needs of a considerable proportion of the population by either updating legislation, policies, or strategies. Reforms in the WASH sector will close the gaps to service beneficiaries and put countries on the right track to achieving SDG 6, the human right to water and sanitation, and improve citizens' overall wellbeing of citizens, especially women and girls.

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137

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APPENDIX A: INTERVIEW GUIDE FOR KEY INFORMANTS

<u>The intersection of water, sanitation, and gender-based violence in sub-Saharan Africa: A parallel case study of national policies and NGO interventions in sub-Saharan Africa.</u>

Thank you for participating in this research. Please note that there is no right or wrong answer, and we value your time.

The purpose of this research is to better understand how national policies and interventions from NGOs in the water and sanitation sector incorporate issues of gender-based violence in addressing poor access to safe water and adequate sanitation.

This study is a parallel case study of interventions and policies in Ghana, Kenya and Uganda and is expected to last about 45minutes to 1 hour. Participation in this study is completely voluntary, and participants can opt-out at any point in time.

This study is purely for academic purposes. Your participation will be considered confidential, and your name will not appear in any publication or report.

Construct	Questions	Probes
Sociodemographic information	1. Tell me a little bit about your background…	Where are you from? Education background? How long have you been with this organization? What is your current role in this organization?

		Has that always been your role?
Your organization's role	2. What are the primary activities of your NGO?	What activities do the organization focus on, primarily? What other aspects of work does the organization focus on? Is the focus of your organization national or regional?
	3. With reference to the question above, which of the activities do you participate in?	Women? Children? Water? Sanitation? Waste? Evaluation? Community health?
	4. What are some of the current challenges facing your NGO?	Financial, policy challenges, socio-cultural norms, participation of the community, maintenance culture?
	5. What are some of the opportunities that facilitate your NGOs work?	International policy? National policy support?
Water, Sanitation and Hygiene	6. What do you think is the major focus of WASH interventions in your country?	Are interventions targeted at increasing access or quality, prevention of diseases, or a combination of both?

		Are gender issues considered?
	7. How would you describe the progress of the water sector in the country?	Do you think the country is on track to meet SDGs in relation to water access? Urban and rural? Why? Why not? Probe on some SDG targets?
	8. How would you describe the progress of the sanitation and hygiene sector in the country?	Is the country on track in terms of meeting the SDGs in relation to hygiene and sanitation? Urban and rural divide? Why? Why not?
	9. How does your NGO contribute to the developmental agenda of water, sanitation, and hygiene?	Positive? Negative? Why? Why not?
Policy Direction	10. How are long-term strategic decisions about WASH made in your NGO?	Influenced by the international policy? National policy? Community needs assessment? Donor influence?
	11. How do you think these decisions fit into the long-term WASH policy of the country?	

146

	12. Have you identified any gaps in the WASH sector plan of your country?	Children? Women? Immigrants? Low income?
	13. In your NGO work, have you ever had discussions about or dealt with issues of gender-based violence in the context of WASH?	Can you please describe – in what context and what was discussed No – do you think GBV is an issue in the context of WASH? In your opinion, do you think enough attention is paid to vulnerability or incidences of violence against women and girls at the international or national levels in terms of WASH policy interventions? If you were going to design an intervention strategy to address this problem, what would YOU do?
	14. Are you aware of any existing policies at the national level that protect women and girls from violence in the process of	In relation to laws, policies, guidelines, or interventions for the protection of women?

	securing safe water and adequate sanitation?	
	Do you think these policies are sufficient?	Why? Why not? What SHOULD we do to protect women and girls in the context of WASH?
	15. Does your organization incorporate issues of gender-based violence in WASH interventions, and what are some of the successes and challenges?	Can you please give me an example?
	Are you aware of any NGOs in <insert country name> that focus on WASH and GBV?	Who? Do you ever work with them?
	16. Do staff of your NGO have training on issues of GBV?	If yes how, how does this reflect in program intervention, policy formulation and consultation? If no, why not?
	17. In your opinion, do you think women and girls are vulnerable to violence when	WaSH access. E.g. sexual vulnerability, psychological

	there is inadequate access to WaSH? What, in your view, are some of the vulnerabilities when WASH services are inadequate?	vulnerability, threats of violence, intimidation
	18. What do you recommend can be done to reduce vulnerability or reduce the potential of GBV in WASH access?	Education? Policy? Regulation? Legislation?
	19. Is there any document or NGO that you will recommend I read or contact for the purpose of this research?	For example, your project or field report?
	Is there anything else you would like to add that we have not talked about?	
	Thank you so much for your time, opinions, and the valuable information you have shared with me.	

APPENDIX B: KEY INFORMANTS CODING MANUAL

Key themes	Sub-theme	Sub-sub themes	
1. Socio-demographic information	**1.1** Nationality	**1.1.1** Ghanaian **1.1.2** Kenyan **1.1.3** Ugandan	
	1.2 Level of education	**1.2.1** Tertiary **1.2.2** Graduate	Public health Water Management Environmental health Community development Development Studies
	1.3 Time spent in organization	**1.3.1** 1-3 **1.3.2** 4-7 **1.3.3** 8-11 **1.3.4** 12 and above	
	1.4 Role in organization	**1.4.1** Project officer **1.4.2** Program officer	
2. Role of NGO	**2.1** Primary activities of NGO	**2.1.1** WASH **2.1.2** Refugee assistance **2.1.3** Climate change **2.1.4** Disaster risk management	
	2.2 Other focus areas	**2.2.1** Women and girls' empowerment **2.2.2** Child right protection **2.2.3** Health **2.2.4** Financial inclusion	
	2.3 Operational extend	**2.3.1** Regional **2.3.2** County/district	
	2.4 Current challenges	**2.4.1** Financial challenge **2.4.2** Poor maintenance culture **2.4.3** Negative socio-cultural norms	

		2.4.4 Low priority to WASH 2.4.5 Donor influence against community needs	
	2.5 Opportunities	2.5.1 International policies on WASH 2.5.2 Government policies 2.5.3 Coordination among WASH NGOs 2.5.4 Decentralized process	
3. **Water, sanitation, and hygiene (WASH)**	3.1 Focus of water interventions	3.1.1 Increasing access 3.1.2 Improving quality	
	3.2 Progress of country to SDG targets on water	3.2.1 On track 3.2.2 Seemingly on track 3.2.3 Not on track	
	3.3 Urban water	3.3.1 Good 3.3.2 Average 3.3.3 Bad	
	3.4 Rural water	3.4.1 Average 3.4.2 Bad	
	3.5 Progress of country to SDG targets on sanitation	3.5.1 Seemingly on track 3.5.2 Not on track	
	3.6 Urban sanitation	3.6.1 Good 3.6.2 Average 3.6.3 Bad	
	3.7 Rural sanitation	3.7.1 Average 3.7.2 Bad	
	3.8 Contribution of NGO to WASH	3.8.1 Shaping national level policy on WASH 3.8.2 Advocacy on increased WASH budget	

		3.8.3 Building of WASH facilities **3.8.4** Sensitization on WASH activities	
	3.9 WASH Interventions	**3.9.1** Approaches used	-Sanitation marketing -Human rights-based approach -Indigenous Development Approach
4. Policy direction	**4.1** Long term WASH decisions	**4.1.1** International policy **4.1.2** National policy **4.1.3** Community needs assessment **4.1.4** Donor influence	
	4.2 Gaps in WASH sector plan	**4.2.1** Disability needs **4.2.2** Affordability of WASH **4.2.3** Obsolete plans **4.2.4** Poor implementation	
5. WASH and GBV	**5.1** Existing WASH GBV policy	**5.1.1** General **5.1.2** None	
	5.2 Attention to GBV in WASH	**5.2.1** International level **5.2.2** Local level	-Sufficient -Not sufficient
	5.3 NGO WASH GBV interventions	**5.3.1** Facilitate community dialogue on WASH GBV **5.3.2** Changing rooms for girls in school settings **5.3.3** Women representation on WASH committees **5.3.4** Sanitary pads for schoolgirls	

	5.4 Suggestions for GBV in WASH	**5.4.1** Education **5.4.2** Legislation **5.4.3** Dialogue	
	5.5 WASH NGOs involved in GBV	**5.5.1** None	
	5.6 GBV training	**5.6.1** Yes **5.6.2** No	
	5.7 Forms of GBV in WASH	**5.7.1** Physical violence **5.7.2** Sexual violence	