Situation of children and adolescents regarding water, sanitation and hygiene

In recent years the government of Bolivia has made significant efforts to increase access to safe water and sanitation as well as to improve hygiene practices. However national sanitation programmes and policies in particular are not yet effectively reaching populations in rural areas where the most vulnerable and poorest families live. While 88 per cent of Bolivia’s population had access to an improved water source in 2012 (72 per cent rural, 95 per cent urban), only 46 per cent on average used improved sanitation facilities (24 per cent rural, 57 per cent urban).

Investments and interventions in recent years have even widened the gap in sanitation coverage between urban and rural areas from 32 percentage points in 1992 to 46 percentage points in 2012. UDAPE found 54 per cent of the rural population practices open defecation, compromising the health of the most vulnerable population, who tend to be indigenous children in remote rural areas.

Moreover, many schools in remote rural areas lack both water and sanitation facilities which makes life particularly difficult for adolescent girls during their menstrual cycle. A recent study, “WASH in Schools Empowers Girls’ Education in Rural Cochabamba, Bolivia- An Assessment of Menstrual Hygiene Management in Schools”, conducted in partnership with the NGO, Sodis, and Emory University highlighted the determinants and impact of poor menstrual hygiene management on girls’ education and health. For example, the study revealed that poor menstrual hygiene management resulted in girls’ dropping out of school and reduced participation in school activities. Some girls also suffered high anxiety levels about pregnancy and had problems with infections. Besides lack of sanitation facilities at school and girls’ not having access to hygienic absorbent pads, the study pointed to cultural barriers that allow for harmful myths and practices to persist about menstruation.

However, reaching these rural communities is particularly hard as population groups are sparsely scattered over remote terrain. According to the 2012 census, 3.5 million people live in rural communities with less than 2,000 inhabitants and about 28,000 communities have less than 500 inhabitants.

To effectively steer policies directed at improving WASH outcomes of Bolivian children, the Government of Bolivia, through the technical assistance and institutional building offered by UNICEF, needs the continued support and cooperation of the international donor community and the United Nations

UNICEF in action

UNICEF’s Country Programme for 2013-2017, agreed with the Government of Bolivia, positions children at the centre of national and subnational public policies, programmes and budgets. The country programme works within seven thematic areas divided into three programme components: 1) Quality basic social services with equity; 2) Protection of children and adolescents; and 3) Knowledge management and social inclusion for the promotion of child rights. The programme supports upstream work at national and sub national level in the nine departments of the country, whereas downstream interventions are mainly concentrated in the departments of Chuquisaca (El Chaco region), Potosi, Cochabamba and Beni.

Young Child Survival and Development (YCSD) is part of the quality basic social services with equity programme component and addresses Water, Sanitation and Hygiene (WASH) as one of its priorities aiming at improved and
equitable use of safe drinking water, sanitation, and hygiene practices in Bolivia.

UNICEF continues to build on past successes. There has been notable progress in sustainably scaling up community and participatory approaches for access to improved WASH services. For example, during a drought in Bolivia in 2012, through UNICEF’s leadership in the WASH emergency cluster, 9,332 children and their families received access to safe water, essential health care services and nutritional interventions.

In 2013, through the implementation of a community-focused hygiene promotion strategy, in association with Project Concern International, 6,500 children and 260 teachers improved their knowledge and life skills on key hygiene practices. In addition, UNICEF collaborated with Nur University to include gender, intercultural and protection modules in the “Management and Community Development for WASH Projects” programme for rural communities, encouraging the participation of female leaders in WASH community committees. Another significant achievement in hygiene promotion was the participation of more than 300,000 children during the Global Hand-washing Day campaign.

In addition, demand for improved sanitation facilities is being successfully supported through the community-led total sanitation (CLTS) approach, which raises awareness about health hazards of open defecation to the family’s health, and empowers communities to find their own sustainable, locally appropriate solutions.

As noted, an important study on menstrual hygiene in two rural schools was recently supported in coordination with UNICEF’s education section. The study, which involved 157 participants including pupils aged 14-21, teachers and parents, showed that rural schools lacked basic sanitary facilities and highlighted serious misconceptions related to menstruation. Both the lack of sanitation facilities and the misconceptions impeded girls’ participation in school. For example, the toilets lacked bins for used sanitary towels and many participants believed that a girl should not wash during menstruation. The research will be used as a baseline for an intervention to improve sanitation facilities, particularly for adolescent girls in schools. The study will also be used to put in place a communication for development intervention to challenge misconceptions about menstruation and to change menstrual hygiene practices.

**Impact**

The country programme is designed to enable UNICEF to contribute to the realization of the rights of all children, with a specific focus on the most disadvantaged. In water, sanitation and hygiene, this impact is reflected in progress towards national, regional and global development and human rights commitments, based on a number of indicators. More specifically, the country programme aims at contributing to the equitable use of safe drinking water, and sanitation and to healthy environments and improved hygiene practices. There is also a strong focus on menstrual hygiene management in rural indigenous communities.

Therefore working in partnership with key actors, UNICEF supports the Government of Bolivia to increase sustainable access to safe drinking water; eliminate open defecation; improve access to adequate sanitation; and increase hand-washing and good hygiene practices in remote rural communities with a special attention to the needs of girls. Moreover as the sector lead in the area of WASH during emergencies, UNICEF assistance increases the government’s capacity and improves the delivery of services to ensure girls, boys and women have protected and reliable access to sufficient safe water, sanitation and hygiene facilities during the recurrent floods and droughts which have in the past had a devastating impact on people’s livelihoods in the eastern and western parts of the country.

**Strategic approach**

UNICEF seeks to strengthen a combination of strategies to better achieve results for disadvantaged families in rural areas. The strategies are based on rights and gender-based approaches with an equity focus. They involve the following key actions:

- **Promoting social mobilization, participation and behaviour change** to ensure healthy practices, namely hand-washing with soap, safe faeces disposal, water management at consumption point, and menstrual hygiene management, with an intra/intercultural approach involving families and communities;
- **Providing technical assistance** at national and subnational levels for providing WASH services, including strategic planning with the implementation of the WASH bottleneck analysis;
- **Providing technical assistance** at municipal level to ensure WASH services are sustained by local service delivery entities;
- **Increasing the government’s capacity and delivery of services** to ensure girls, boys and women have protected and reliable access to sufficient safe water, sanitation and hygiene facilities in emergencies;
- **Strengthening the development, dissemination and implementation** of national policies and norms for ensuring universal, equitable and sustainable access to WASH services;
- **Strengthening the national monitoring system** at national and subnational levels towards universal access to water and sanitation;
- **Contributing to an in-depth analysis** with an equity approach on access to WASH services.

**Partnerships**

Being able to partner effectively and efficiently to enhance results for children, based on UNICEF’s comparative advantage and shared commitments to common principles and results, has never been more important. Strategic partnerships continue to play a central role in advancing results for children with equity. To this end, UNICEF continues its long-standing practice of capacity building through partnerships with national and local governments, civil society, academic institutions and the private sector, reducing the dependence of governments and other actors on development assistance over time.

The main partners of the WASH component are: Ministry of Environment and Water Rural and indigenous community organizations Municipal governments, bilateral and multilateral cooperation agencies.
Budget estimate

<table>
<thead>
<tr>
<th>OUTPUT/LINE OF ACTIONS</th>
<th>Expressed in USD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
</tr>
<tr>
<td>1. The population is mobilised and has adopted healthy hygiene practices and community management of water and sanitation in rural areas</td>
<td>793,333</td>
</tr>
<tr>
<td>1.1 Supporting the promotion of knowledge, attitudes and healthy hygiene practices (hand-washing with soap, proper sewage disposal, water treatment at the point of consumption, menstrual hygiene management) through pilot programs and advocacy for the development of tools and policies at all three levels</td>
<td></td>
</tr>
<tr>
<td>2. National and subnational capacity is strengthened to provide water, sanitation and hygiene services in rural schools and communities</td>
<td>623,333</td>
</tr>
<tr>
<td>2.1 Strengthening the capacity to develop, disseminate and implement national policies and regulations for universal, equitable and sustainable access to WASH services</td>
<td></td>
</tr>
<tr>
<td>2.2 Providing technical assistance to national and subnational levels to implement WASH services according to skills, including strategic planning based on analysis of bottlenecks</td>
<td></td>
</tr>
<tr>
<td>3. National and subnational capacity is strengthened to formulate and implement policies, norms and programs aimed at providing water, sanitation, and hygiene services, as well as identifying, monitoring, and analysing the fulfiment of human rights with respect to accessing water and sanitation services, with a special focus on gender, equity and interculturality in rural areas</td>
<td>623,333</td>
</tr>
<tr>
<td>3.1 Providing technical assistance to municipal governments (GAMs) for the sustainable provision of WASH services through WASH service providers</td>
<td></td>
</tr>
<tr>
<td>3.2 Strengthening the national, departmental and municipal monitoring systems to analyse universal access to water and sanitation</td>
<td></td>
</tr>
<tr>
<td>4. National capacity is strengthened to provide water, sanitation and hygiene services to children, women and families in humanitarian situations.</td>
<td>226,667</td>
</tr>
<tr>
<td>4.1 Strengthening national and subnational capacity to prepare and respond to emergencies</td>
<td></td>
</tr>
</tbody>
</table>

Total Required Budget: 2,266,667, 2,266,667, 2,266,667, 6,800,000
Total Available: 1,198,117, 750,000, - , 1,948,117
Funding Gap: 1,068,550, 1,516,667, 2,266,667, 4,851,883

Sources used: Séptimo Informe de progreso de los de Objetivos Desarrollo Milenio UDAPE 2013.
Menstruation myths threaten girls’ education and wellbeing

By Ruth Ansah Ayisi

In a crisp morning during the winter vacation, the quiet of the school grounds set in the remote rural town of Independencia, in Cochabamba, is only broken by the sounds of a mountain stream trickling nearby, birds singing and three girls happily chatting.

The girls are sitting outside, overlooking the Andes mountain range. Chaperoned by the school’s librarian, the girls seem relaxed. However, Daysi Paco, 16, admits she was not relaxed when her physical education teacher had taken her aside with the other girls in her class to have “a talk”.

Daysi says they were stunned into silence when the teacher began to describe menstruation. She was 13 at the time. “I had never heard about menstruation before. We were all so shocked; all we could do was just nod,” says Daysi. “When I got home I asked my mother about it.” Her mother just said, “It’s normal.” Daysi, who has a particularly open and friendly manner, encourages her two friends sitting with her to also talk about their experiences.

Nelsi Cossio, 16, says she started menstruating when she was just 10 years old. “I cried as I thought something was wrong with me, but then my mother told me not to worry.” Reyna Vargas, 18, adds that it was her older sister, who was training to be a nurse at the time, who told her about it. “She said that during this time, I shouldn’t take a bath as I would get white spots on my skin. I was afraid to ask my mother.”

The librarian, Emiliiana Guzmán, nods understandingly as the girls talk. She explains that most women find it difficult to talk about menstruation which is locally called malinchik, meaning “our sickness.” However, Guzmán, a mother of three daughters, was able to talk about menstruation to her two eldest daughters, aged 14 and 12; but her 11-year-old daughter, she adds, is too young. “I explained to the older ones that they should not take a bath during this time. I warned them that their body is open, so an infection could enter and their blood will clot inside and produce a cancer.” She adds, “Also, I told them they shouldn’t drink milk during those days as their blood will turn white.”

Reyna confirms that she follows her older sister’s advice and does not take baths during her menstruation. However, Daysi concedes the reason why she does not take baths during her menstruation is that she has no running water at home, only a cold tap outside. “I don’t feel like taking a cold bath when I am menstruating.” She also adds, “I avoid eating tropical fruits and drinking milk.”

Daysi explains that many girls find it difficult to manage their menstruation at school, as sometimes they run out of pads or cannot afford them and resort to using rags. Despite the difficulties, Daysi makes sure she does not miss school, but she adds, “I don’t do physical education as I’m scared I will stain my school uniform.” It does not help that their school uniform is white. Daysi also highlights that the school showers lack curtains or partitions. “Nobody uses them,” she says. “The school also does not provide soap or toilet paper. “I just use soap at home.”

The taboo, misconceptions and poor management of menstruation the girls describe are consistent with a recent assessment conducted in Independencia, where Daysi and her friends live, and Tacopaya, both rural municipalities in Cochabamba. The research – the first of its kind in Bolivia – is part of a wider research programme initiated by UNICEF with the Centre for Global Safe Water at Emory University, Atlanta. The aim is to investigate the menstrual hygiene management challenges faced by female pupils in Bolivia, the Philippines, Rwanda and Sierra Leone.

The research in Bolivia found that the challenges of menstruation management had an impact on girls’ education and wellbeing. It contributed to their poor school attendance and class participation as well as their dropping out of school. Many said they suffered bullying and were ridiculed by the boys at school. This had a negative impact on their self-esteem and gender relations. Also, poor hygiene practices left girls susceptible to infections and their lack of understanding about menstruation led to high levels of stress and fear about pregnancy.

The findings of the study were consistent with the interview with the three girls. For example, one girl in the study is quoted as saying, “My mom told me that … you also shouldn’t wash clothes, as you’re touching cold water, she says that if you do that it (the blood clots, and) it damages your fallopian tubes.” The teachers in the study who did not share these misconceptions were usually not from the area, but as they were not locals, said that they found it awkward to talk to the girls about something so taboo.

The study also found that sanitation resources and facilities were inadequate. None of the schools in the research provided toilet paper, soap or pads, and some had no bins for soiled sanitary towels. Other schools did not even have toilets. The study quotes a girl saying: “There is no bathroom; we usually go far over there, under the bushes. That is the reason we’re late sometimes; (and then) the teachers locks the door on us.” Moreover, many girls have two-hour bus rides to school along twisting and turning, bumpy, dirt mountain lanes adding to their discomfort as well as their stress about leakages.

Irma Peredo, the UNICEF WASH Specialist, says UNICEF will work with its partners to support the recommendations of this groundbreaking study. “This is a new area not only for UNICEF, but also for Bolivia,” says Peredo. “This pilot study will lead to more investigations in other regions like the Amazon Valley and Chaco.”

Peredo adds that UNICEF needs to build on its technical support to the municipalities to ensure schools have adequate access to sanitation facilities and resources, including hygienic absorbent materials, as well as ensuring that girls have the necessary privacy. She also points out the urgent need to impart correct information to communities about menstruation. “UNICEF will support a culturally sensitive communication campaign that transmits clear messages about menstruation to destroy these harmful myths and that will also assist teachers and parents to empower girls to better manage their menstrual period. The lack of support for managing menstruation is a major barrier girls are up against when they start secondary education.”