

UNFPA Inputs for the 2026 United Nations Water Conference

Interactive Dialogue 1: Water for People – The Human Rights to Water and Sanitation, including for those in vulnerable situations, for healthy societies and economies

Contributing Organization: United Nations Population Fund (UNFPA)

1. Introduction (500 words)

- Access to safe water and sanitation is a fundamental human right and a cornerstone of health, dignity, and equality. Ensuring the human right to water and sanitation is inseparable from the realization of sexual and reproductive health and rights (SRHR) and gender equality. In households without water on the premises (about 1.8 billion people globally), women and girls aged 15+ are primarily responsible for water collection in 7 out of 10 households, and girls under 15 are more likely than boys to fetch water (7% vs 4%), often over longer distances and with increased risk of harassment and violence on the way (WHO 2023).
- The absence of safe water and sanitation disproportionately affects women, girls, and people in vulnerable situations—including those living with disabilities, migrants, and those affected by conflict or climate-related disasters—undermining progress towards the 2030 Agenda for Sustainable Development. Ensuring reliable water security and climate-resilient water infrastructure empowers women and girls and strengthens community and individual resilience.
- UNFPA’s mandate places people at the centre of sustainable development, promoting universal access to SRHR, gender equality, and the empowerment of women and young people.
- Through this lens, water and sanitation are essential determinants of health and wellbeing, directly influencing maternal and newborn survival, menstrual health, gender-based violence (GBV) prevention, and the resilience of communities. Access to safe, nearby water and dignified sanitation can be protective against GBV: where services are lacking, women and girls are often required to walk long distances or use unsafe, shared or poorly lit facilities, increasing their exposure to harassment, assault and other forms of violence. It should be recognized that advancing the human rights to water and sanitation is not merely a matter of infrastructure or technology, but of dignity, inclusion and equality. It should be recognized that advancing the human rights to water and sanitation is not merely a matter of infrastructure or technology, but of dignity, inclusion, and equality.

2. Status and Trends (1,000 words)

- Despite progress since 2015, over 2 billion people globally still lack safely managed drinking water, and more than 3.5 billion lack safely managed sanitation.
- Women and girls bear a disproportionate burden of inadequate WASH services, spending billions of hours each year collecting water and managing childbirth or menstrual hygiene without privacy or safety.
- Health systems, particularly in low-resource and humanitarian settings, remain critically under-equipped to ensure safe water and sanitation—conditions essential for safe childbirth, infection prevention, and postnatal care. Almost one in ten health centres worldwide don’t have a functional hygiene service—743 million

- people had no water service at their health care facility in 2023. (WHO/UNICEF (2024). Water, sanitation and hygiene in healthcare facilities)
- Inadequate WASH services compromise maternal and newborn outcomes- Infections related to unclean birth account for 26% of neonatal death and 11% of maternal mortality; together these account for more than 1 million deaths each year.(World Health Organisation/UNICEF (2020) Global Progress Report on WASH in Health Care Facilities: Fundamentals First, World Health Organisation)
 - Experience from humanitarian operations show that WASH access gaps are among the leading contributors to poor SRH outcomes, infections, and gender-based violence exposure. Water scarcity, intensified by climate change and population growth, further amplifies inequalities across gender, age, and geography.

3. Challenges and Emerging Issues (2,000 words)

- Persistent inequities in access to safe water and sanitation reflect systemic gender and social inequalities. For millions of women and girls, lack of privacy and safety in sanitation facilities increases vulnerability to sexual and gender-based violence. Insufficient water supply limits infection prevention measures during childbirth, menstrual hygiene management, and other SRH services.
- In humanitarian crises, disrupted water infrastructure severely affects women's and girls' access to SRH services, increasing maternal mortality and the spread of preventable diseases. Water-related hazards—from severe droughts to catastrophic floods—are major drivers of displacement and vulnerability. An analysis by the UNFPA and the Internal Displacement Monitoring Centre (IDMC) found that while disaster-related internal displacement is a universal phenomenon—with 26.4 million such displacements recorded in 2023—its impacts are far from gender-neutral, disproportionately affecting women and girls. Natural disasters like floods and storms, which accounted for 73% of all disaster displacements, severely compromise living conditions
- Climate change is also reshaping hydrological cycles, leading to both scarcity and flooding, with disproportionate impacts on women and youth in rural and informal settlements. Displaced women and girls face a greatly increased vulnerability to gender-based violence and sexual exploitation. In the onset of a crisis, critical gendered needs—including access to reproductive healthcare, life-saving maternal health services, and menstrual supplies—are often neglected in the humanitarian response.
- Rapid urbanization, population growth, and environmental degradation exacerbate pressure on already fragile WASH systems, challenging governments' ability to deliver on SDG 6 commitments.

4. Solutions (2,000 words)

- UNFPA's experience demonstrates that investing in people-centred, gender-responsive WASH solutions yields broad co-benefits for health, education, and social inclusion. Integration of WASH within SRHR, maternal health, and GBV prevention programmes are critical. To strengthen water security at the health

facility level, UNFPA has supported the development of a Drinking Water Security Index (DWSI) to measure water access in a multifaceted way, allowing countries to conduct comprehensive, evidence-based assessments of water quality, accessibility, and continuity in essential healthcare facilities. In Sudan, for example, UNFPA has worked with partners to model access to emergency obstetric and neonatal facilities (EmONC) and then overlay this with the DWSI to better understand the current and future water security situation in these critical maternity centers. Using an estimate of the number of women who may face an unsecured water supply in the facilities, this work can help prioritize the facilities for further adaptation measures to the future impacts of climate change.

- National statistical systems are equally vital for advancing water and WASH outcomes. Only with reliable, disaggregated data on who lacks safe water, sanitation, and hygiene services—by gender, age, disability and vulnerability—can governments identify inequities and prioritise communities most affected by water insecurity. Such data enables policymakers to target WASH investments where they are most needed and to design interventions that genuinely reach and protect women, girls and other at-risk groups.

5. Recommendations and Conclusions (2,000 words)

The acceleration of SDG 6 must be viewed through an integrated lens, recognizing that water and sanitation are fundamental enabling factors for both SDG 3 (Health) and SDG 5 (Gender Equality).

- Integration of gender equality and SRHR into all water-related policies and investments is key. Member States and partners are encouraged to ensure that WASH facilities in all health centres meet quality standards for infection control, privacy, and dignity, especially those providing maternal and newborn care. To decrease maternal and newborn morbidity and mortality, interventions must explicitly link WASH infrastructure with health training. One critical example is ensuring functioning WASH facilities are available in the childbirth room, coupled with appropriate Infection Prevention and Control training for health care providers such as midwives or medical doctors and targeted discussions with mothers and their families regarding WASH services.
- Investment should be strategically directed towards areas where water insecurity intersects with population vulnerability, prioritizing resilience for health systems.
- Investments in menstrual health must be recognized as an essential component of water and sanitation strategies. Policies must commit to eliminating period poverty by ensuring accessible, affordable menstrual health supplies, coupled with gender-responsive WASH infrastructure in schools, workplaces, and public spaces, eliminating a key barrier to education and economic participation.
- All WASH planning must incorporate GBV risk assessment to ensure that water and sanitation facilities are designed, located and managed in ways that minimise exposure to harassment and violence, and that women and girls can access these services safely and with dignity.

- Data systems must be strengthened to track inequalities and inform targeted interventions. National statistical offices must be supported to systematically collect and disaggregate data on WASH access by gender, age, disability status, migratory status, and geographic location. Data collection methods should include robust indicators on menstrual health access and sanitation-related GBV incidents.
- Partnerships between UN agencies, governments, civil society, and the private sector should prioritize local solutions that empower women, adolescents, and marginalized communities. Finally, climate adaptation and water governance mechanisms must explicitly account for demographic dynamics and population resilience to ensure no one is left behind.

6. Guiding Questions (1,000 words)

1. How can water and sanitation interventions better integrate gender equality and SRHR outcomes taking into consideration the needs of women and girls??
2. What innovations have proven effective in ensuring safe water access in health facilities, particularly for vulnerable groups like pregnant mothers and newborns
3. How can partnerships between UN agencies and Member States accelerate gender-responsive WASH investments?
4. What policies and data systems are needed to ensure accountability for the human right to water and sanitation?
5. How can geospatial data and climate-risk modelling be leveraged to inform evidence-based WASH planning and ensure that water and sanitation services meet the specific needs of women, girls and young people?