Gender equality and specific sectors

Water, sanitation and hygiene

This chapter explains how to integrate gender equality into water, sanitation and hygiene (WASH) programming. You can find information on why it is important to incorporate gender equality in WASH programming and key standards and resources for future reference.

The chapter begins with an overall checklist which explains key actions for a WASH programme which need to be carried out at each stage of the Humanitarian Programme Cycle (HPC). After this checklist, you can find more detail on how to undertake gender equality programming in each phase of the HPC. This includes practical information on how to carry out a gender analysis, how to use the gender analysis from the design through to implementation, monitoring and review and how to incorporate key approaches of coordination, participation, GBV prevention and mitigation, gender-adapted assistance and a transformative approach into each one of those phases. Relevant examples from the field are used to illustrate what this can look like in practice.
**Why is it important to incorporate gender equality in WASH programming?**

Humanitarian crises impact access to clean water and adequate hygiene and sanitation facilities by women, girls, men and boys in different ways. For example, women and girls often bear the responsibility for water collection. Women and girls also have special needs in terms of sanitation facilities. Travelling long distances to water points and unsafe sanitation facilities can increase the risk of harassment or assault of women and girls and other at-risk groups such as some LGBTI individuals or persons with disabilities. Understanding gender-based needs, roles and capabilities is essential in designing appropriate WASH facilities.

Women and girls are also often an untapped source of knowledge regarding cultural WASH practices, which must be understood in order to effectively promote public health through hygiene.

Effectively integrating gender equality into WASH programming will achieve the following goals:

- **Safeguard hygiene and the right to water for women, girls, men and boys.** Understanding the distinct WASH practices of women, girls, men and boys is critical to implementing a safe and effective programme. For instance, programming that builds upon the affected population’s own experiences and knowledge is more likely to meet their WASH needs.

- **Reduce public health risks.** Understanding the respective needs, roles and capabilities of women, girls, men and boys helps to promote access to and the appropriate use of facilities. For example, facilities that afford privacy encourage women and girls to use them as they lessen embarrassment and the fear of violence. Facilities specifically designed for younger girls and boys, i.e., with a smaller toilet bowl and lower washbasin, also encourage use.

- **Build safer communities.** Implementing current standards of safety and privacy is vital to preventing and mitigating protection risks. For example, placing tap points in secure locations and the design of containers that can be rolled and carry sufficient volume reduces exposure of women, girls and boys to violence and frees up precious time for other tasks.

- **Promotes dignity for all.** Consulting women, girls, men, boys and LGBTI individuals on the design and location of WASH services and facilities is essential for promoting dignity. For example, consulting women on the provision of adequate hygiene materials and a private space to dispose or clean the items helps women and girls to maintain their self-respect and reproductive health.

- **Promotes ownership and sustainability.** Encouraging the participation of women and men as leaders in WASH service provision can improve both the health of households and the quality of programming by assigning public health outreach roles to the most suitable persons. In some cultures, women are key actors in influencing the health of the household, whilst in others it is men.

**Integrating gender equality and WASH in the Humanitarian Programme Cycle**

This outlines the necessary actions that front-line humanitarian actors such as United Nations agencies, local and international NGOs and government agencies need to take to promote gender equality in the WASH sector at each stage of the HPC.
KEY GENDER EQUALITY ACTIONS FOR WASH AT EACH STAGE OF THE HUMANITARIAN PROGRAMME CYCLE

1 Needs assessment and analysis
   • Collect and analyse sex-, age- and disability-disaggregated data on needs, priorities and capabilities relating to WASH.
   • Conduct a gender analysis as part of WASH needs assessments and analyse the findings.

2 Strategic planning
   • Integrate gender equality into WASH programme design for the response, utilizing the findings from the gender analysis and other preparedness data.
   • Ensure a demonstrable and logical link between the gender-specific needs identified for the WASH sector, project activities and tracked outcomes.
   • Apply gender markers to WASH programme designs for the response.

3 Resource mobilization
   • Apply gender markers to WASH programmes in the response.
   • Include information and key messages on gender and the WASH sector for inclusion in the initial assessment reports to influence funding priorities.
   • Report regularly to donors and other humanitarian stakeholders on resource gaps on gender within the WASH sector.

4 Implementation and monitoring
   • Implement WASH programmes which integrate gender equality and inform women, girls, men and boys of the resources available and how to influence the project.
   • Develop and maintain feedback mechanisms for women, girls, men and boys as part of WASH projects.
   • Apply gender markers to WASH programmes in the response.
   • Monitor the access to WASH assistance by women, girls, men and boys and develop indicators designed to measure change for women and girls or men and boys based on the assessed gaps and dynamics.

5 Gender operational peer review and evaluation
   • Review projects within WASH sector and response plans. Assess which women and girls, men and boys were effectively reached and which were not and why.
   • Share good practices around usage of gender markers and address gaps.
Gender analysis takes place at the assessment phase and should continue through to the monitoring and evaluation phase with information collected throughout the programme cycle. The rapid gender analysis tool in section B, pages 30–39 provides a step-by-step guide on how to do a gender analysis at any stage of an emergency.

Standard WASH assessments can be adapted to put emphasis on gender and the particular experiences, needs, rights and risks facing women, girls, men, boys, LGBTI individuals, people with disabilities, people of different ages and ethnicities and other aspects of diversity. The assessment should ask questions about the needs, roles and dynamics of women, girls, men and boys in relation to the WASH sector and how the other dimensions of diversity (e.g., disability, sexual orientation, gender identity, caste, religion) intersect with them.

Sex- and age-disaggregated data (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. To be effective, SADD must be both collected and analysed to inform programming. In circumstances where collection of SADD is difficult, estimates can be provided based on national and international statistics, data gathered by other humanitarian and development actors or through small sample surveys. When SADD are not available or very outdated, there are methods can be used to calculate it (see section B, page 43). In order to respond to specific needs in the WASH sector, it is important to collect SADD on the number of males and females aged 0–5 years, 6–11 years, 12–17 years, 18–25 years, 26–39 years, 40–59 years and 60+ years, and on other diversity factors. Along with the gender analysis, the numbers will help you to understand how many segregated toilets and handwashing facilities are required, the appropriate height of door handles, the need for elevated pits and rails, etc.

(See more on data in section B, pages 40–43). In addition to using SADD, depending on the context, it can be important to disaggregate the data based on such other diversity factors as ability, ethnicity, language spoken, level of income or education.

The following table summarizes the key moments during an emergency response where gender analysis should be carried out and what kind of deliverables should be produced. These should be produced at the level of the cluster (with the cluster lead accountable) and/or the individual agency (with the emergency response coordinator accountable).
# Key Activities for Gender Analysis during a Humanitarian Response

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Activity</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness</td>
<td>Develop gender snapshot/overview for the country; review pre-existing gender analysis from NGOs, the Government and United Nations agencies.</td>
<td>Snapshot (6 pager) <a href="https://tinyurl.com/ycwk3r7z">https://tinyurl.com/ycwk3r7z</a> Infographic</td>
</tr>
<tr>
<td>First week of a rapid-onset emergency</td>
<td>Review of gender snapshot prepared before the emergency and edited as necessary. Circulate to all emergency response staff for induction. Identify opportunities for coordination with existing organizations working on gender issues. Carry out a rapid gender analysis, which can be sectoral or multisectoral, integrating key questions for the WASH sector (see later on in this chapter for examples). Conduct sectoral or multisectoral rapid analysis and consult organizations relevant to the sector.</td>
<td>Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming <a href="https://tinyurl.com/yao5d8vs">https://tinyurl.com/yao5d8vs</a> Map and contact details of organizations working on gender in the country Rapid gender analysis report <a href="https://tinyurl.com/y9fx5r3s">https://tinyurl.com/y9fx5r3s</a></td>
</tr>
<tr>
<td>3 to 4 weeks after the rapid analysis</td>
<td>Carry out a <strong>sectoral gender analysis</strong> adapting existing needs analysis tools and using the types of questions suggested later on in this chapter. Carry out a gender-specific analysis of data collected in the needs assessment.</td>
<td>Sectoral gender analysis report <a href="https://tinyurl.com/y9xt5h4n">https://tinyurl.com/y9xt5h4n</a></td>
</tr>
<tr>
<td>TIMEFRAME</td>
<td>ACTIVITY</td>
<td>DELIVERABLE</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>2 to 3 months after the start of the emergency response</td>
<td>Identify opportunities for an integrated comprehensive gender analysis building on pre-existing gender partnerships. Ensure there is a baseline that captures SADD, access to humanitarian assistance, assets and resources and level of political participation. Analyse the impact of the crisis, changes in ownership patterns, decision-making power, production and reproduction and other issues relating to the sector. Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&amp;E plans, baselines and post-distribution monitoring. Carry out an analysis of internal gender capacities of staff (identify training needs, level of confidence in promoting gender equality, level of knowledge, identified gender skills).</td>
<td>Concrete questions into (potentially ICT-enhanced) questionnaire. Comprehensive gender assessment report <a href="https://tinyurl.com/ybyerydk">https://tinyurl.com/ybyerydk</a> and <a href="https://tinyurl.com/ybsqzvjz">https://tinyurl.com/ybsqzvjz</a> Inputs to planning, monitoring and evaluation-related documents 1-page questionnaire Survey report Capacity-strengthening plan</td>
</tr>
<tr>
<td>6 months after the response (assuming it is a large-scale response with a year-long timeline)</td>
<td>Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices. The report will feed into a gender learning review half way through the response.</td>
<td>Gender equality review report with an executive summary, key findings and recommendations.</td>
</tr>
<tr>
<td>1 year or more after the humanitarian response</td>
<td>Conduct an outcome review of the response looking at the performance on gender equality programming. This needs to be budgeted at the beginning of the response. The report is to be shared in the response evaluation workshop and to be published.</td>
<td>Gender equality outcome evaluation with an executive summary, findings and recommendations. <a href="https://tinyurl.com/p5rqgut">https://tinyurl.com/p5rqgut</a></td>
</tr>
</tbody>
</table>
Sources for a gender analysis include census data, Demographic and Health Surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports as well as gender country profiles, such as those produced by UNICEF, Oxfam, CARE and others. These should be supplemented with participatory data collection from everyone affected by the crisis and/or the programme such as through surveys, interviews, community discussions, focus group discussions, transect walks and storytelling.

**THE GENDER ANALYSIS FOR WASH SHOULD ASSESS:**

- **Population demographics.** What was the demographic profile of the population disaggregated by sex and age before the crisis? And what has changed since the crisis or programme began? Look at the number of households and average family size, number of single- and child-headed households by sex and age, number of people by age and sex with specific needs, number of pregnant and lactating women. Are there polygamous family structures?

- **Gender roles.** What were the roles of women, girls, men and boys relating to WASH? How have these roles changed since the onset of the crisis? What are the new roles of women, girls, men and boys and how do they interact? How much time do these roles require?

- **Decision-making structures.** What structures did the community use to make WASH decisions before the crisis and what are these now? Who participates in decision-making spaces? Do women and men have an equal voice? How do adolescent girls and boys participate?

- **Protection.** What protection risks did specific groups of women, girls, men and boys face before the crisis? What information is available about protection risks since the crisis began or the programme started? How do legal frameworks affect gender and protection needs and access to justice?

- **Gendered needs, capacities and aspirations.** What are the WASH-related needs, capacities and aspirations of women, girls, men and boys in the affected population and/or programme? This should include an assessment of water collection and practices around sanitation and hygiene.

**POSSIBLE QUESTIONS FOR A GENDER ANALYSIS SPECIFIC TO WASH:**

- What are women's and girls' menstruation needs in the catchment area? Are women's and girls' menstruation needs impacting their access to other services? Are schools equipped with menstrual hygiene materials?

- What types of hygiene materials are appropriate to distribute to women, girls, men and boys? Are these culturally appropriate?

- Are there any barriers to WASH services and facilities for specific groups of people, for example LGBTI individuals or some persons with disabilities? What particular gender-related cultural practices should be considered in relation to determining the types of toilets or bathing facilities to be installed?

- What are the gender- and age-related responsibilities related to WASH? Who collects water and how often? Is water collection affecting school attendance?

- Who is responsible for children's hygiene? If women are responsible for their own and their families' hygiene status, what knowledge and skills do they have?

- Are WASH facilities secure? How many hours are spent travelling to and from water points? Is there a queue at the main water point and who is in the queue? If water is pumped at given times, are these convenient and safe for those who are collecting water?

- Has the crisis impacted hygiene practices for women, girls, men and boys access to WASH facilities?

- Are women, girls, men and boys actively involved in community activities relating to WASH? Are women involved in decision-making in WASH committees?

- Who takes decisions about how water is used in the household and how it is allocated?
KEY APPROACHES AND STANDARDS FOR NEEDS ASSESSMENT AND ANALYSIS IN NUTRITION PROGRAMMING

Coordination

GOOD PRACTICE

- Work with women’s rights and LGBTI organizations and inter-agency/intersectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to provide gender equality in WASH programming.

BE AWARE!

- Be aware of possible biases in information collection and analysis. For instance, if women were not consulted, the identified priorities do not reflect the needs and priorities of the whole community.

Participation

GOOD PRACTICE

- Ensure an equal balance of men and women on the WASH assessment team to ensure access to women, girls, men and boys. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.

- Look for particular expertise or training by local LGBTI groups where possible to inform the analysis of the particular needs of these groups relating to WASH.

- Undertake a participatory assessment with women, girls, men, boys and LGBTI individuals. Set up separate focus group discussions and match the sex of humanitarian staff to the sex of the beneficiaries consulted to better identify their capacities and priorities. This approach facilitates a clearer understanding of the differing levels of the beneficiaries consulted to better identify their needs, capacities and priorities relating to WASH.

- Adopt community-based approaches building on existing community structures to motivate the participation of women, girls, men and boys in the response.

- Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work, throughout the programme cycle.

BE AWARE!

- Advertise meetings through accessible media for those with disabilities, low literacy and from linguistic minority groups. Engage female and male translators to assist beneficiaries.

- Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban of open LGBTI population in some cultures, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

- Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.

- Ensure that meeting spaces are safe and accessible for all. Where women’s voices cannot be heard, look for other ways to get their opinions and feedback.

- In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.
GBV prevention and mitigation

GOOD PRACTICE
- Use this handbook in conjunction with the IASC Guidelines for Implementing Gender-Based Violence Interventions in Humanitarian Action.
- Train staff on how to refer people to GBV services.

BE AWARE!
- Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.
- Be careful not to probe too deeply into culturally sensitive or taboo topics (e.g., gender equality, reproductive health, sexual norms and behaviours, etc.) unless relevant experts are part of the assessment team.
- Always be aware of the ethical guidelines in social research when collecting information directly from vulnerable groups and others.

Gender-adapted assistance

GOOD PRACTICE
- Identify groups with the greatest WASH support needs, disaggregated by sex and age.
- Assess the barriers to equitable access to WASH programmes/services, disaggregated by sex and age.

BE AWARE!
- To identify the differentiated needs of women, girls, men and boys, be aware of potential barriers to their participation in the needs assessment (see participation section on the previous page for further advice on this).

Transformative approach

GOOD PRACTICE
- Identify opportunities to challenge structural inequalities between women and men, and to promote women’s leadership within the WASH programme.
- Invest in targeted action to promote women’s leadership, LGBTI rights and reduction of GBV.

BE AWARE!
- Ensure that any negative effects of actions within the WASH programme that challenge gender norms are analysed in order to mitigate them and to ensure the programme upholds the “do no harm” principle (see section B, page 88 for more information on this concept).
Once the needs and vulnerabilities of all members of the crisis-affected population have been identified during the needs assessment and analysis phase of the HPC, this data and information can be used to strategically plan the response intended to address them.

Using the information and data gathered through the gender analysis process, the programme planner can establish a demonstrable and logical link between the programme activities and their intended results in the WASH sector, thus ensuring that the identified needs are addressed. This information needs to be developed in the results-based framework that will be the base for monitoring and evaluation later on in the programme cycle.

The strategic planning should also take into account the key approaches explained in the previous HPC phase (needs assessment and analysis) of coordination, participation, GBV prevention and mitigation, and transformative approach. If these have been considered adequately in that phase together with the gender analysis, the planning should be adequately informed. Gender markers should also be applied at this phase (see section B, pages 52–53 for more information).

At the strategic planning stage, indicators should be developed to measure change for women, girls, men and boys.

Use sex- and age-sensitive indicators to measure if all groups’ needs are being met. Check the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what timeframe. Compare the different rates by sex and age of the respondents.

The following table shows examples of the development of objectives, results and activities with associated indicators based on the outcome of a gender analysis:
<table>
<thead>
<tr>
<th>GENDER ANALYSIS QUESTIONS</th>
<th>ISSUES IDENTIFIED</th>
<th>SPECIFIC OBJECTIVES</th>
<th>SPECIFIC OBJECTIVE INDICATORS</th>
</tr>
</thead>
</table>
| Do women, girls, men and boys feel safe to use WASH facilities at all times of day and night? | Women, girls and boys do not feel safe using sanitation facilities because:  
- showers/toilets are too far away from homes;  
- paths to facilities are risky at night;  
- lack of privacy;  
- boys and girls are unable to wash their hands as they are unable to reach basins, there is no soap at basins in schools or they have poor knowledge of the benefits of handwashing with soap. | Women, girls, men and boys feel safe when accessing sanitation services.  
Decreased incidence of diseases transmitted as a result of poor hand hygiene among children and their caregivers. | Percentage of women, girls, men and boys, who report feeling safe while accessing sanitation services  
Decrease in the percentage of children and their caregivers contracting diseases as a result of improper handwashing |
| Who collects water and how often? Is there a queue at the main water point and who is in the queue? | Collecting water puts a high time-burden on women, girls and boys if water pressure is low, the tap points are hard to use, awkward to access or far from home, or water containers are either too small or difficult to carry. | Improved health conditions as a result of appropriate and sufficient access to water. | A decrease in the percentage of sickness resulting from poor water intake among targeted populations  
A decrease in the percentage of back and joint injuries and pain among women and girls |
| Are there any barriers to WASH services and facilities for specific groups of people? | Some LGBTI individuals face discrimination or violence when using communal latrines or bathing facilities designated for men or women. | LGBTI individuals feel safe accessing WASH facilities. | Percentage of LGBTI individuals who report feeling safe accessing WASH facilities |
### EXPECTED RESULTS
The outputs of the intervention that will achieve the specific objective

<table>
<thead>
<tr>
<th>Expected Results</th>
<th>Expected Results Indicators (Output Indicators)</th>
<th>Gender-Adapted Programming Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanitation and hygiene locations are designed and equipped with necessary safety measures.</td>
<td>Number and percentage of sanitation and hygiene locations equipped with necessary safety measures</td>
<td>Ensure that sanitation facilities have sufficient lighting, provide privacy, have locks on the inside and are located in sites.</td>
</tr>
<tr>
<td>Security patrols play a role in reinforcing protection measures around sanitation and hygiene locations.</td>
<td>Number and percentage of incidents reported around sanitation locations decrease</td>
<td>Establish community-based security patrols of facilities and collection points.</td>
</tr>
<tr>
<td>Women, girls, men and boys are aware of the importance of handwashing in limiting some types of diseases.</td>
<td>Number and percentage of women, girls, men and boys who report understanding the importance of handwashing</td>
<td>Provide adequate lighting on paths to sanitation facilities (if there is electricity), or provide “night pots” or torches.</td>
</tr>
<tr>
<td>More efficient and accessible water collection and transportation for women, girls and boys.</td>
<td>Percentage of women, girls, men and boys reporting satisfaction with the accessibility of water points and water containers</td>
<td>Assign allowed gathering areas with appropriate lighting.</td>
</tr>
<tr>
<td>More men are engaged in water collection and transportation.</td>
<td>Number and percentage of men engaged in water collection and transportation (increase over baseline)</td>
<td>Equip the WASH locations with standard amenities (steps at the base of basins, soap on a rope) and install handwashing stations.</td>
</tr>
<tr>
<td>More accessible WASH facilities for LGBTI individuals who were facing discrimination.</td>
<td>Percentage and number of LGBTI individuals who access WASH facilities</td>
<td>Conduct awareness-raising sessions on the importance of handwashing.</td>
</tr>
<tr>
<td>Improve water supply conditions (water pressure, platforms so water containers are filled at a convenient height).</td>
<td></td>
<td>Work with relevant LGBTI groups and protection colleagues to identify safe strategies and WASH facilities, for example, facilities at the household level.</td>
</tr>
</tbody>
</table>
3 Resource mobilization

Following the strategic planning phase and the production of a results-based framework (log frame) based on the needs assessment and analysis, the next phase in the HPC is resource mobilization.

Key steps to be taken for effective resource mobilization include:

- Humanitarian actors need to engage in advocacy and partnership with donors to mobilize funds for addressing gaps in the particular needs, priorities and capacities of women, girls, men and boys.

- To mobilize resources around priority actions, support the WASH cluster with information and key messages on the distinct needs of women, girls, men and boys.

- Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process. There are several different but related markers (see section B, pages 52–53 for more information).

Examples of commitments, activities and indicators that donors typically look for can be consulted in the IASC Gender Marker Tip Sheets. In the WASH tip sheet, examples of commitments include:

- Analyse the impact of the crisis on women, girls, men and boys and what this entails in terms of division of labour/tasks, workload and access to WASH services;

- Take specific actions to reduce GBV, consulting women and girls at all stages of a WASH programme, particularly about the location and design of water points, showers and toilets, in order to reduce time spent waiting and collecting water and to mitigate the incidence of violence;

- Ensure that women, girls, men and boys can access WASH services safely and equally, with separate blocks of latrines and showers, with a ratio of six latrines and shower stalls for women to four for men, doors that are lockable from the inside and use of pictograms to indicate female and male facilities.
Once the resources have been mobilized, the next stage of the HPC is the implementation and monitoring of the programme.

**Implementation**

In order to ensure that WASH programmes integrate gender equality throughout, the following key actions need to be taken into consideration:

- Tailor programme activities to the specific WASH-related needs, capacities and priorities of all women, girls, men and boys.
- Inform women, girls, men and boys of the resources available and how to influence the programme.
- Develop and maintain feedback mechanisms for women, girls, men and boys as part of WASH programmes.

Note that the ability to safely access these mechanisms can be different for women, girls, men and boys and as such provisions should be made to facilitate their inclusion. Other diversity factors such as caste, age and disability should also be taken into account to ensure access to all aspects of the WASH programme.

To ensure that the programme adheres to good practice, several key standards relating to gender equality should be integrated across the planning, implementation and monitoring stages. These standards relate to the following areas (and are explained in more detail in the table that follows).

- Coordination
- Participation
- GBV prevention and mitigation
- Gender-adapted assistance
- Transformative approach

**KEY MONITORING TOOL:**

The Minimum Commitments for the Safety and Dignity of Affected People

The Minimum Commitments for the Safety and Dignity of Affected People (“the WASH Minimum Commitments”) aim to improve the quality and efficiency of WASH response programmes in every context by ensuring that all WASH partners in a particular humanitarian response take into consideration such key issues as gender, GBV, disability and age.

The development of the commitments involves reflection and dialogue among WASH partners on how efficient their response is at addressing the assistance and protection needs of the affected communities; to understand how to deliver services and aid that assist all segments of the population, while placing no one at risk; and how to promote gender equality and the empowerment of women and girls in all WASH interventions.

Between November 2014 and December 2015, as part of the global WASH cluster piloting project, CARE undertook the piloting of the Minimum Commitments in Nepal, Lebanon and Niger. The piloting concluded that the tool offers WASH teams an opportunity to self-assess the quality of their interventions in reaching and addressing the needs of the most vulnerable; and that the commitments and questionnaire were helpful in integrating the commitments into practice.
Good practice

In IDP camps in Sri Lanka in 2009, Oxfam’s water and sanitation intervention comprised provision of toilets, bathing spaces, menstrual hygiene units, ghats (communal washing spaces designed to reduce women’s workload) and water tanks for provision of safe drinking water. Violence against women, which was an issue even before the 2004 tsunami, was exacerbated in the aftermath of the disaster. The Oxfam intervention was linked with an ongoing campaign, “WE CAN END ALL VIOLENCE AGAINST WOMEN”, and messages were painted on WASH facilities.

ADAPTED FROM: OXFAM. 2010. IDEAS THAT WORK: PREVENTING VIOLENCE AGAINST WOMEN THROUGH WATER AND SANITATION INTERVENTIONS IN EARLY EMERGENCY RESPONSE
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN WASH PROGRAMMING

Coordination

GOOD PRACTICE

» Identify local women’s rights groups, networks and social collectives — in particular informal networks of women, youth, people with disabilities and LGBTI groups — and support their participation in programme design, delivery and monitoring, and ensure they have a role in coordination.

» Coordinate with other humanitarian service providers to ensure gender-related WASH considerations are included across all sectors.

» Support the Humanitarian Needs Overview and Humanitarian Response Plan using a gender analysis of the situation of women, girls, men and boys relating to the WASH sector and sex- and age-disaggregated data.

BE AWARE!

» Be aware that the experiences and needs of LGBTI people may be very different and so coordination with local groups that represent these individuals is important to fully understand their needs and how to tailor a response.

Participation

GOOD PRACTICE

» Implement a representative and participatory design and implementation process — accessible to women, girls, men and boys — including priority hygiene items, water points, laundry and bathing facilities, sanitation facilities and waste disposal. Give priority to the participation of girls, particularly adolescents, and women in the consultation process.

» Strive for 50 per cent of WASH programme staff to be women. Ensure an equal distribution between men and women of significant and appropriate roles such as water monitors and hygiene promoters.

» Provide training for men and women in construction, operation and maintenance of WASH facilities.

» Consult with women and girls on menstrual hygiene management to identify culturally appropriate materials.

» Ensure that women, girls, men and boys participate meaningfully in WASH sector programmes and are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.

» Women, girls, men and boys must be able to voice their concerns in a safe and open environment and if necessary speak to female humanitarian staff.

» Consult diverse women, girls, men and boys in assessing the positive and possible negative consequences of the overall response and specific activities. Include people with mobility issues and their care providers in discussions. Be proactive about informing women about forthcoming meetings, training sessions, etc. and support them in preparing well in advance for the topics.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care, throughout the programme cycle.
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN WASH PROGRAMMING (CONTINUED)

**Participation (continued)**

**BE AWARE!**

» Ensure that women at heightened risk have a mechanism to raise their concerns and participate in decisions, while guaranteeing confidentiality regarding their personal situations and without exposing them to further harm or trauma. Some mechanisms such as confidential hotlines run outside the community are more effective.

» Avoid placing women in situations where the community is simply responding to the expectations of external actors and there is no real, genuine support for their participation.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban of open LGBTI groups in some cultures, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women’s voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.

**GBV prevention and mitigation**

**GOOD PRACTICE**

» Follow the guidance for the WASH sector in the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Response.

» Prevention and response to GBV is a key cross-cutting priority in WASH programming and requires a coordinated effort across planning, implementation and monitoring of response efforts.

» Do no harm: identify early potential problems or negative effects by consulting with women, girls, men and boys, using complaints mechanisms, doing spot checks and, where appropriate, using transect walks around distribution points. (See section B, page 88 for more information on this concept).

» Measures to ensure safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times.

» Employ and retain women and other at-risk groups as staff members.

» Ensure that bathing and sanitation facilities have sufficient lighting; provide privacy; and have locks on the inside along with solid doors and walls and other measures to enhance protection from violence. Ensure that they are located in safe sites previously agreed on with women, girls, men and boys (e.g., toilets should be no more than 60 meters from homes, with 20 people using each toilet).
GBV prevention and mitigation (continued)

» Place water points no more than 500 meters from households.

» Provide adequate lighting on paths to sanitation facilities (if there is electricity), or provide "night pots" or torches.

» Preposition age-, gender-, and culturally-sensitive GBV-related supplies where necessary and appropriate.

» Train staff on the organization's procedure if they are presented with information about possible cases of GBV, as well as how to orient people to GBV referral services.

» Include a GBV specialist or at least one protection staff member who has GBV expertise in any WASH monitoring that specifically examines GBV issues or incidents. Ensure that protection monitoring processes adhere to guiding principles related to GBV.

» Reduce protection risks by making sure that the quickest and most accessible routes are used by women and girls, e.g., to collect water.

» Take measures to prevent sexual exploitation and abuse by humanitarian actors.

BE AWARE!

» Don't share data that may be linked back to a group or an individual, including GBV survivors.

» Avoid singling out GBV survivors: Speak with women, girls and other at-risk groups in general and not explicitly about their own experiences.

» Do not make assumptions about which groups are affected by GBV, and don't assume that reported data on GBV or trends in reports represent actual prevalence and trends in the extent of GBV.

» Don't collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

» The environment in which assistance is provided should, as far as possible, be safe for the people concerned. People in need should not be forced to travel to or through dangerous areas in order to access assistance. Where camps or other settlements are established, these should be made as safe as possible for the inhabitants and be located away from areas that are subject to attack or other hazards.
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN WASH PROGRAMMING (CONTINUED)

<table>
<thead>
<tr>
<th>Gender-adapted assistance</th>
<th>GOOD PRACTICE</th>
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<td>» Analyse, share with relevant actors and use the results and data to inform humanitarian response priorities and target the right people. Assess all WASH programming to ensure that gender-related considerations are included throughout.</td>
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<td>» Always try to prioritize household toilet and bathing facilities. If these are not possible, support facilities shared by a maximum of 2–3 families.</td>
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<td>» Communal latrines and bathing facilities should always be gender-segregated with clear signage for women and men. Disaggregated population data should be used to plan the number of women’s cubicles to men’s using a ratio of 3:1.</td>
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<td>» Work with protection colleagues to identify safe strategies for identifying WASH solutions for LGBTI people. Household latrines or unisex communal latrines may be the best solutions, depending on the context.</td>
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<td>» Support women and girls to manage their menstrual hygiene confidently, in privacy and with dignity, including provision for discreet laundering or disposal of menstrual hygiene materials (including in toilets) and private areas for women to wash undergarments. Provide information and opportunities for girls and women to discuss good menstrual hygiene management.</td>
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<td>» Provide additional non-food items that support the management of menstruation or incontinence.</td>
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<td>» Ensure that hand-pumps and water containers are women- and girl-friendly and designed in ways to minimize time spent on water collection.</td>
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<td>» Ensure that WASH facilities are culturally sensitive and take account of practices relating to hygiene (for example whether women are comfortable using toilets cleaned by men).</td>
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<td>BE AWARE!</td>
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<td>» Do not assume that all will benefit from humanitarian programming equally. Use the distinct needs, roles and dynamics for women, girls, men and boys (as per the gender analysis) to define specific actions to address each need and consider options suggested by women, girls, men and boys.</td>
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<td>» Consider how far women need to walk to fetch water, and if they are physically unable to walk far enough to get water or to feeding centres, adapt the response.</td>
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<td>» Construction should be women-friendly, e.g., hand-pumps are labour intensive and often not designed for women to use.</td>
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<td>» Special measures should be taken to facilitate access by vulnerable groups, while considering the context, social and cultural conditions and behaviours of communities. Such measures might include the construction of safe spaces for people who have been the victim of abuses such as rape or trafficking, or facilitating access for people with disabilities. Any such measures should avoid the stigmatization of these groups.</td>
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</table>
**Transformative approach**

**GOOD PRACTICE**

» Challenge structural inequalities. Engage men, especially community leaders, in outreach activities regarding gender-related WASH issues.

» Promote women’s leadership in WASH committees and agree on representation quotas for women with the community prior to any process for elections.

» Work with community leaders (women and men) to sensitize the community about the value of women’s participation.

» Use paid work in WASH-focused enterprises to promote women’s economic empowerment as a way to address underemployment.

» Conduct hygiene promotion sessions with both mothers and fathers. Ask about the challenges they face in ensuring proper hygiene for them and their families in camps and temporary shelters.

» Provide information and opportunities for girls and women to discuss good menstrual hygiene practices and for men and boys also to learn about menstruation and how to support women and girls.

» Raise awareness with and engage men and boys as champions for women’s participation and leadership.

» Engage women, girls, men and boys in non-traditional gender roles.

» Support women to build their negotiating skills and strategies and become role models within their communities by encouraging them to take on leadership roles.

» Help to establish women’s, girls’ and youth groups and enable them to undertake leadership roles within the community.

**BE AWARE!**

» Attempting to change long-held gender dynamics in society can cause tensions. Keep lines of communication open with beneficiaries and ensure that measures are in place to prevent backlash.

» Powerful refugee and displaced men often feel most threatened by strategies to empower women in the community, as they see this as a direct challenge to their own power and privilege (even if limited).
Monitoring

Monitor the access to and quality of WASH sector assistance by women, girls, men and boys as well as the changes relating to meeting women’s strategic needs. The monitoring should also assess how the WASH programme has contributed through meaningful and relevant participation and a transformative approach including promotion of women’s leadership. **Sex- and age-disaggregated data** (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. Use **gender markers** to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process (see section B, pages 52–53 for more information).

Monitoring for the WASH sector can, for example, measure how women and girls (aged 11–17 and 18–40 years) benefited from the supply of rollable water drums by measuring how much more quickly they are able to fetch their households’ water needs compared to previous methods. Monitor rates of service access according to the sex and age of participants (e.g., attending hygiene promotion sessions, use of latrines, use of washing cubicles, etc.) or of households (e.g., delivered water) as well as progress on indicators based on issues (e.g., proportion of proposals from women’s committees accepted by camp management).

Monitor that the WASH programme adheres to the “do no harm” principle (see section B, page 88 for more information on this concept): conduct ongoing consultation with women, girls, men and boys, and undertake observation/spot checks to identify early potential problems or negative effects, e.g., latrines for females located in a dark area that puts women and girls at increased risk of violence. Feedback mechanisms as part of monitoring are also critical (see section B, pages 84–87 for more information on these). These measures allow early identification of negative effects of the programme so they can be addressed in a timely manner so as to prevent GBV or further abuse of women’s rights.

Good practice

Gender analyses as part of the monitoring process can reveal problems that an initial assessment might not pick up. For example, in one location, double latrines were set up, with those for males on one side and for females on the other. The separation between the two sides was not sturdy enough and women reported that men sometimes made holes to peep at them while they were using the toilet. In the IDP settlement, there were no latrines and the water point was a 7-minute walk away. Men tended to bathe at the water point, whereas women carried the water back to the makeshift bathing spaces barely protected with semi-transparent plastic.

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The primary purpose of the operational peer review and evaluation stage is to provide humanitarian actors with the information needed to manage programmes so that they effectively, efficiently and equitably meet the specific needs, and priorities of crisis-affected women, girls, men and boys as well as build/strengthen their capacities (see section B, page 60 for more information). Evaluation is a process that helps to improve current and future programming to maximize outcomes and impacts, including analysing how well the transformative approach has been integrated and whether women's leadership has been promoted, ensuring that strategic as well as practical needs have been addressed.

To ensure people-centred and gender-responsive impacts, it is necessary to review methodologies and processes to determine good practice in providing equal assistance to women and men. Programmes need to be reviewed based on equal participation and access to services by women, girls, men and boys from diverse groups from the onset of programme planning through to implementation. It is necessary to assess gaps in programming, focusing on which women, girls, men or boys were not effectively reached. The use of the gender markers collectively helps to identify gaps to improve programming and response.

**KEY STANDARDS**


3. UNHCR. *WASH Manual for Refugee Settings.* 2015 https://tinyurl.com/y8nv96n


**KEY RESOURCES**