Thematic Area Guide for:

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action

Reducing risk, promoting resilience and aiding recovery

- Camp Coordination and Camp Management
- Child Protection
- Education
- Food Security and Agriculture
- Health
- Housing, Land and Property
- Humanitarian Mine Action
- Livelihoods
- Nutrition
- Protection
- Shelter, Settlement and Recovery

Water, Sanitation and Hygiene

- Humanitarian Operations Support Sectors

Global Protection Cluster
GBV Prevention and Response

www.gbvguidelines.org

IASC
Inter-Agency Standing Committee

WATER, SANITATION AND HYGIENE

THIS SECTION APPLIES TO:

- Water, sanitation and hygiene (WASH) coordination mechanisms
- WASH actors (staff and leadership): NGOs, community-based organizations (including National Red Cross/Red Crescent Societies), INGOs and United Nations agencies
- Local committees and community-based groups (e.g. groups for women, adolescents/youth, older persons, etc.) related to WASH
- Other WASH stakeholders, including national and local governments, community leaders and civil society groups

Why Addressing Gender-Based Violence Is a Critical Concern of the Water, Sanitation and Hygiene Sector

Armed conflict, natural disasters and other humanitarian emergencies can significantly alter a community's traditional water, sanitation and hygiene (WASH) practices. During an emergency, well-designed WASH programmes and facilities can help to keep affected populations safe from violence. Conversely, WASH programming that is poorly planned and insensitive to gender dynamics in a given social and cultural context can exacerbate risk of exposure to sexual and other forms of gender-based violence (GBV). This is particularly true for women, girls and other at-risk groups,[1] who may be disproportionately affected by WASH issues. For example:

- Women, girls and other at-risk groups face an increased risk of sexual assault and violence while travelling to WASH facilities (including water points, cooking facilities and sanitation facilities) that are limited in number, located far from homes or placed in isolated locations. In some emergencies, women and girls must travel through unsafe areas or after nightfall to relieve themselves.
- If there is insufficient water (e.g. during drought), they may be punished for returning home empty-handed or for returning home late after waiting in line for hours.
- School-age girls who must spend a long time collecting water are at a higher risk of missing and/or not attending school, which limits their future opportunities. This, in turn, may place them at a higher risk of GBV in the future (for more information, see the

[1] For the purposes of this TAG, at-risk groups include those whose particular vulnerabilities may increase their exposure to GBV and other forms of violence: adolescent girls; elderly women; woman and child heads of households; girls and women who bear children of rape and their children born of rape; indigenous people and ethnic and religious minorities; lesbian, gay, bisexual, transgender and intersex (LGBTI) persons; persons living with HIV; persons with disabilities; persons involved in forced and/or coerced prostitution and child victims of sexual exploitation; persons in detention; separated or unaccompanied children and orphans, including children associated with armed forces/groups; and survivors of violence. For a summary of the protection rights and needs of each of these groups, see page 10 of this TAG.

SEE SUMMARY TABLE ON ESSENTIAL ACTIONS

Essential Actions for *Reducing Risk, Promoting Resilience and Aiding Recovery* throughout the Programme Cycle

	Stage of Emergency Applicable to Each Action			
	Pre-Emergency/ Preparedness	Emergency	Stabilized Stage	Recovery to Development
ASSESSMENT, ANALYSIS AND PLANNING				
Promote the active participation of women, girls and other at-risk groups in all WASH assessment processes (*especially assessments focusing on the location and design of water points, toilets, laundry, kitchen and bathing facilities*)	✓	✓	✓	✓
Investigate community norms and practices related to WASH that may increase the risk of GBV (*e.g. responsibilities of women and girls for water collection, water storage, waste disposal, cleaning, and taking care of children's hygiene; management and maintenance of WASH facilities; etc.*)	✓	✓	✓	✓
Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in the design, construction and monitoring of WASH facilities (*e.g. ratio of male/female WASH staff; participation in water management groups and water committees; etc.*)	✓	✓	✓	✓
Analyse physical safety of and access to WASH facilities to identify associated risks of GBV (*e.g. travel to/from WASH facilities; sex-segregated toilets; adequate lighting and privacy; accessibility features for persons with disabilities; etc.*)	✓	✓	✓	✓
Assess awareness of WASH staff on basic issues related to gender, GBV, women's/human rights, social exclusion and sexuality (*including knowledge of where survivors can report risk and access care; linkages between WASH programming and GBV risk reduction; etc.*)	✓	✓	✓	✓
Review existing/proposed community outreach material related to WASH to ensure it includes basic information about GBV risk reduction (*including where to report risk and how to access care*)	✓	✓	✓	✓
RESOURCE MOBILIZATION				
Identify and pre-position age-, gender-, and culturally appropriate supplies for WASH that can mitigate risks of GBV (*e.g. sanitary supplies for menstruation; sturdy locks for toilets and bathing facilities; lights for toilets, laundry, kitchen and bathing facilities; handpumps and water containers that are women- and girl-friendly; accessibility features for persons with disabilities; etc.*)	✓	✓		
Develop proposals for WASH programmes that reflect awareness of GBV risks for the affected population and strategies for reducing these risks	✓	✓	✓	✓
Prepare and provide trainings for government, WASH staff and community WASH groups on the safe design and construction of WASH facilities that mitigate the risk of GBV	✓	✓	✓	✓
Target women for job skills training on operation and maintenance of water supply and sanitation, particularly in technical and managerial roles to ensure their presence in decision-making processes	✓	✓	✓	✓
IMPLEMENTATION				
▸ **Programming**				
Involve women and other at-risk groups as staff and leaders in the siting, design, construction and maintenance of water and sanitation facilities and in hygiene promotion activities (*with due caution where this poses a potential security risk or increases the risk of GBV*)	✓	✓	✓	✓
Implement strategies that increase the availability and accessibility of water for women, girls and other at-risk groups (*e.g. follow Sphere standards for placement of water points; establish ration schedules in collaboration with women, girls and other at-risk groups; work with receptor/host communities to reduce tension over shared water resources; etc.*)		✓	✓	✓
Implement strategies that maximize the safety, privacy and dignity of WASH facilities (*e.g. location of facilities; safety patrols along paths; adequate lighting and privacy; sturdy internal locks; sex-segregated facilities; sufficient numbers of facilities based on population demographics; etc.*)		✓	✓	✓
Ensure dignified access to hygiene-related materials (*e.g. sanitary supplies for women and girls of reproductive age; washing facilities that allow laundry of menstrual cloth; proper disposal of sanitary napkins; etc.*)	✓	✓	✓	✓
▸ **Policies**				
Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of WASH programmes (*e.g. standards for equal employment of females; procedures and protocols for sharing protected or confidential information about GBV incidents; agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse; etc.*)	✓	✓	✓	✓
Advocate for the integration of GBV risk-reduction strategies into national and local policies and plans related to WASH, and allocate funding for sustainability (*e.g. address discriminatory practices hindering women and other at-risk groups from safe participation in the WASH sector*)	✓		✓	✓
▸ **Communications and Information Sharing**				
Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure WASH staff have the basic skills to provide them with information on where they can obtain support	✓	✓	✓	✓
Ensure that WASH programmes sharing information about reports of GBV within the WASH sector or with partners in the larger humanitarian community abide by safety and ethical standards (*e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community*)		✓	✓	✓
Incorporate GBV messages *(including where to report risk and how to access care)* into hygiene promotion and other WASH-related community outreach activities, using multiple formats to ensure accessibility		✓	✓	✓
COORDINATION				
Undertake coordination with other sectors to address GBV risks and ensure protection for women, girls and other at-risk groups	✓	✓	✓	✓
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign a WASH focal point to regularly participate in GBV coordination meetings	✓	✓	✓	✓
MONITORING AND EVALUATION				
Identify, collect and analyse a core set of indicators—disaggregated by sex, age, disability and other relevant vulnerability factors—to monitor GBV risk-reduction activities throughout the programme cycle	✓	✓	✓	✓
Evaluate GBV risk-reduction activities by measuring programme outcomes (including potential adverse effects) and using the data to inform decision-making and ensure accountability		✓	✓	✓

NOTE: The essential actions above are organized in chronological order according to an ideal model for programming. The actions that are in bold are the **suggested minimum commitments** for WASH actors in the early stages of an emergency. These minimum commitments will not necessarily be undertaken according to an ideal model for programming; for this reason, they do not always fall first under each subcategory of the summary table. When it is not possible to implement all actions—particularly in the early stages of an emergency—the minimum commitments should be prioritized and the other actions implemented at a later date. For more information about minimum commitments, see **Part Two: Background to Water, Sanitation and Hygiene Guidance.**

- Schools that are not equipped with hygiene supplies for girls may discourage girls from attending and staying in school, especially adolescent girls who are menstruating.
- Lack of lighting, locks, privacy and/or sex-segregated sanitation facilities can increase the risk of harassment or assault against women and girls. Inadequate building materials (such as weak plastic sheeting) and poor design (such as open roofs in sites where there is an embankment located above) can also increase this risk.
- In situations of displacement, tensions with receptor/host communities over water resources can lead to violence against IDPs/refugees, especially women and girls who are most often responsible for collecting water.
- Women, girls and other at-risk groups may face exploitation at the hands of WASH staff in return for soap, sanitary materials, water or other WASH supplies.

WHAT THE SPHERE HANDBOOK SAYS:

Programme Design and Implementation

- All users are satisfied that the design and implementation of the WASH programme have led to increased security and restoration of dignity.

Communal Washing and Bathing Facilities

- People require spaces where they can bathe in privacy and with dignity. If this is not possible at the household level, separate central facilities for men and women will be needed. . . . The number, location, design, safety, appropriateness and convenience of facilities should be decided in consultation with the users, particularly women, adolescent girls and persons with disabilities. The location of facilities in central, accessible and well-lit areas with good visibility of the surrounding area can contribute to ensuring the safety of users.

Appropriate and Adequate Toilet Facilities

- Inappropriate siting of toilets may make women and girls more vulnerable to attack, especially during the night. Ensure that women and girls feel safe when using the toilets provided.

(Excerpted from **Sphere Project. 2011.** *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response,* <www.spherehandbook.org>)

Crucial to the design of any WASH intervention is a thorough analysis of the differing rights, needs and roles of those at risk of GBV related to WASH. It is critical to engage women, girls and other at-risk groups in the design and delivery of WASH programming—as both employees in the WASH sector and as community-based advisers. This engagement not only helps to ensure effective response to life-saving needs, but also contributes to long-term gains in gender equality and the reduction of GBV. Actions taken by the WASH sector to prevent and mitigate the risk of GBV should be done in coordination with GBV specialists and actors working in other humanitarian sectors. WASH actors should also coordinate with—where they exist—partners addressing gender, mental health and psychosocial support (MHPSS), HIV, age and environment. (See 'Coordination', below.)

ESSENTIAL TO KNOW

GBV and WASH

In both urban and rural contexts, girls and women regularly face harassment when going to the toilet. Given the taboos around defecation and menstruation and the frequent lack of privacy, women and girls may prefer to go to the toilet or use bathing units under the cover of darkness. They may even delay drinking and eating in order to wait until nightfall to relieve themselves. However, using WASH facilities after dark puts women, girls, and other vulnerable groups at risk of harassment and sexual assault.

(Adapted from **House, S. 2013**. Gender-Based Violence and Sanitation, Hygiene and Water, WaterAid. Blog series by the Institute of Development Studies, <www.communityledtotalsanitation.org/blog/gender-based-violence-and-sanitation-hygiene-and-water>)

ESSENTIAL TO KNOW

Survivors, Injuries and WASH

During an emergency, well-designed WASH programmes and facilities can help survivors of sexual assault to deal with their injuries, as well as minimize the likelihood of stigmatization. Female and male survivors may require exceptional access to WASH facilities as a result of urethral, genital and/or rectal traumas that render basic washing and hygiene activities difficult and time-consuming. They may also require additional non-food items (NFIs), such as incontinence pads, which should be dispensed in a confidential and non-stigmatizing fashion.

(Information provided by UNHCR, Personal Communication, September 2014)

Addressing Gender-Based Violence throughout the Programme Cycle

KEY GBV CONSIDERATIONS FOR ASSESSMENT, ANALYSIS AND PLANNING

The questions listed below are ***recommendations*** **for possible areas of inquiry that can be selectively incorporated into various assessments and routine monitoring** undertaken by WASH actors. Wherever possible, assessments should be inter-sectoral and interdisciplinary, with WASH actors working in partnership with other sectors as well as with GBV specialists.

These areas of inquiry are linked to the three main types of responsibilities detailed below under 'Implementation': programming, policies, and communications and information sharing. The information generated from these areas of inquiry should be analysed to inform planning of WASH programmes in ways that prevent and mitigate the risk of GBV. This information may highlight priorities and gaps that need to be addressed when planning new programmes or adjusting existing programmes. For general information on programme planning and on safe and ethical assessment, data management and data sharing, see **Part Two: Background to Water, Sanitation and Hygiene Guidance.**

LESSON LEARNED

In India, women and girls are subject to sexual harassment, assault and abuse in public sanitation service sites, as these are often poorly designed and maintained. Boys and men stare, peep, hang out and harass women and girls in toilet complexes. Women and girls are afraid of collecting at certain waterpoints due to hostile and unsafe environments. Poor drainage and piles of solid waste create narrow paths and lead to increased incidents of boys and men brushing past women and girls when walking by them.

(Adapted from **Women in Cities International, Jagori. 2011**. *Gender and Essential Services in Low-Income Communities: Report findings of the Action Research Project – Women's rights and access to water and sanitation in Asian cities,* <www.idrc.ca/Documents/105524-Gender-and-Essential-Services-in-Low-Income-Communities-Final-Technical-Report.pdf>)

KEY ASSESSMENT TARGET GROUPS

- Key stakeholders in WASH: governments; local WASH committees; local leaders; humanitarian workers; GBV, gender and diversity specialists
- Affected populations and communities
- In IDP/refugee settings, members of receptor/host communities

POSSIBLE AREAS OF INQUIRY (Note: This list is not exhaustive)

Areas Related to WASH PROGRAMMING

Participation and Leadership

a) What is the ratio of male to female WASH staff, including in positions of leadership?
   - Are systems in place for training and retaining female staff?
   - Are there any cultural or security issues related to their employment that may increase their risk of GBV?

b) Are women and other at-risk groups actively involved in community activities related to WASH (*e.g. community water management and sanitation committees, etc.*)? Are they in leadership roles when possible?

c) Are the lead actors in WASH response aware of international standards (including this TAG as well as the comprehensive Guidelines) for mainstreaming GBV prevention and mitigation strategies into their activities?

Cultural and Community Norms and Practices

d) What are the gender- and age-related responsibilities related to WASH (*e.g. water collection, storage and treatment; waste disposal; general cleaning; taking care of children's hygiene; laundry; maintenance and management of WASH facilities; etc.*)?
   - What are the different uses for water, especially by women and girls (*e.g. drinking, cooking, sanitation, gardening, livestock, etc.*)?
   - What are the patterns of water allocation among family and community members (*including sharing, quantity and quality*)?
   - How are decisions made about the use of water? Who makes these decisions?

e) What are the preferences and cultural habits to consider before determining the type of toilets, bathing facilities, laundry, kitchens and water points to be constructed?
   - What are the relevant cultural, ethnic, and gender differences related to WASH practices in the affected community (*e.g. different anal cleansing practices; washing facilities close to prayer rooms; etc.*)?
   - What water and sanitation practices were the population accustomed to before the emergency?
   - Are there recommendations for how certain roles related to WASH practices should or could change in the emergency?

f) How does the crisis impact the access of women, girls and other at-risk groups to WASH facilities?
   - How does it affect their personal hygiene practices as compared to before the emergency?
   - What are the barriers that keep women, girls and other at-risk groups from using toilets, bathing or collecting water (*e.g. lack of privacy; fear of harassment; unsafe times of day or night; etc.*)?
   - Has the crisis created new or additional WASH needs—particularly arising from physical injuries and trauma?

Infrastructure

g) What is the current source of water? Is it adequate—in terms of both quality and quantity—as per humanitarian standards?

h) How often do women, girls and other at-risk groups collect water or use other WASH facilities?
   - What time of day?
   - How many hours per day are spent travelling to and from WASH facilities?
   - In what way(s) do these factors exacerbate risk of exposure to GBV?
   - Are children, especially girls, prevented from attending school as a result of WASH-related responsibilities (*e.g. collecting water*)?

(continued)

POSSIBLE AREAS OF INQUIRY (Note: This list is not exhaustive)

i) In situations where water is rationed or pumped at given times:
- Are times set that are convenient and safe for those who are responsible for collecting water?
- Are there enough water points available to prevent fighting at the pumps and/or waiting for long periods in order to get water?
- What means of transporting water are available, and who is given access to these means (*e.g. do men have priority access to bicycles, donkeys or motorbikes; are smaller water containers available for children and elderly people; etc.*)?

j) If trucking water, are the drop-off points convenient and safe?

k) What is the distance to water points, toilets, and other WASH facilities?
- Is the route to be travelled safe?
- Is there a system of safety patrolling or a community surveillance system of potentially insecure areas?

l) Are WASH facilities secure?
- Is there sufficient lighting (*e.g. alternative lighting for periods with no power; adequate lightbulbs; etc.*)?
- Do they provide adequate privacy?
- Are bathrooms and bathing facilities equipped with doors that lock from the inside?
- Are facilities designed and built based on universal design and/or reasonable accommodation[2] to ensure accessibility for all persons, including those with disabilities (*e.g. physical disabilities; injuries; visual or other sensory impairments; etc.*)?
- Are they adequate in number to meet the rights and needs of the affected population (*e.g. using the approximate ratio of 3 female cubicles for every 1 male cubicle, according to Sphere standards*)?
- Are there family latrines?
- If latrines are communally shared, are there separate facilities for males and females that are clearly marked, private and appropriate distances apart?

m) What types of sanitary supplies and hygiene materials are appropriate to distribute to women and girls, especially related to menstruation?
- Are these materials available, resupplied and distributed regularly?
- Does the timing and process of distribution put women and girls at higher risk of GBV?
- Are there adequate and private mechanisms for cleaning or disposing of sanitary supplies?

n) What types of sanitary supplies and hygiene materials are required by female and male survivors of sexual assault with injuries? Are mechanisms in place to ensure that they can be accessed and distributed in a confidential and non-stigmatizing manner?

Areas Related to WASH POLICIES

a) Are GBV prevention and mitigation strategies incorporated into the policies, standards and guidelines of WASH programming?
- Are women, girls and other at-risk groups meaningfully engaged in the development of WASH policies, standards and guidelines that address their rights and needs, particularly as they relate to GBV? In what ways are they engaged?
- Are these policies, standards and guidelines communicated to women, girls, boys and men (separately when necessary)?
- Are WASH staff properly trained and equipped with the necessary skills to implement these policies?

b) Do national/local sector policies address discriminatory practices hindering women and other at-risk groups from safe participation (*as staff, in community-based groups, etc.*) in the WASH sector?

c) Do national and local WASH sector policies and plans integrate GBV-related risk-reduction strategies? Do they allocate funding for sustainability of these strategies?
- In situations of cyclical natural disasters, is there a policy provision for a GBV specialist to advise the government on WASH-related GBV risk reduction?

(continued)

[2] For more information regarding universal design and/or reasonable accommodation, see definitions in **Annex 4** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.

POSSIBLE AREAS OF INQUIRY (Note: This list is not exhaustive)

Areas Related to WASH COMMUNICATIONS and INFORMATION SHARING

a) Has training been provided to WASH staff on:
   - Issues of gender, GBV, women's/human rights, social exclusion and sexuality?
   - How to supportively engage with survivors and provide information in an ethical, safe and confidential manner about their rights and options to report risk and access care?

b) Do WASH-related community outreach activities raise awareness within the community about general safety and GBV risk reduction?
   - Does this awareness-raising include information on survivor rights (including to confidentiality at the service delivery and community levels), where to report risk and how to access care for GBV?
   - Is this information provided in age-, gender-, and culturally appropriate ways?
   - Are males, particularly leaders in the community, engaged in these community mobilization activities as agents of change?

c) Are discussion forums on hygiene and sanitation age-, gender-, and culturally sensitive? Are they accessible to women, girls and other at-risk groups (*e.g. confidential, with females as facilitators of women's and girls' discussion groups, etc.*) so that participants feel safe to raise GBV issues?

LESSON LEARNED

In Haiti, the assessment for water and sanitation needs largely overlooked the gender and cultural dimensions of the population. No specific questions in the Phase I and II rapid assessments addressed gender or GBV. The Assessment Capacities Project (ACAPS) had a Gender Focal Point for Haiti write up a concise report on gender issues to help inform the analyses of the assessment findings. In her report, the Gender Focal Point looked at the full rapid assessment report for WASH and found that, outside of Port-au-Prince, 83 per cent of the latrines were not divided by sex, and 84 per cent were not adequately lit. However, in the final Rapid Initial Needs Assessment report, much of this gender-sensitive data was not included to inform programming. As a result, the Gender Focal Point deemed the WASH intervention to be inefficient and ineffective. Key concerns were that latrines were not separated by sex; were not sufficiently private; were too far away from dwellings; were not lit; lacked locks; and were culturally inappropriate (i.e. people could not sit down). These factors all increased the risk of sexual harassment and assault when using the latrines. Key protection issues emerged as sexual assault was reported in 29 per cent (6 out of 21) of the sites.

(Adapted from **Mazurana, D., Benelli, P., Gupta, H., and Walker, P. August 2011.** '*Sex and Age Matter: Improving humanitarian response in emergencies.* Feinstein International Center, Tufts University, pp. 79–80, <www.care.org/sites/default/files/documents/sex-and-age-disag-data.pdf>)

PROMISING PRACTICE

In Somalia, UNICEF's WASH, child protection and education sectors came together to conduct a survey on menstrual hygiene management. Their aim was to mitigate child marriage, ensure girls remained in school, and provide dignity to women and girls. While the main focus of the survey was on menstrual hygiene management (*e.g. types of sanitary towels, types of underwear, access to water, etc.*), they used the opportunity to also survey participants on what kinds of items upheld dignity and could be included in a 'dignity kit'. The UNICEF sections involved the shelter cluster in developing the survey to ensure that the main providers of dignity kits were participating. All sectors were pleased with the outcome and the level of coordination between sectors.

(Information provided by UNICEF Somalia Child Protection Section, Personal Communication, August 2014)

KEY GBV CONSIDERATIONS FOR

RESOURCE MOBILIZATION

The information below highlights important considerations for mobilizing GBV-related resources when drafting proposals for WASH programming. Whether requesting pre-/emergency funding or accessing post-emergency and recovery/development funding, proposals will be strengthened when they reflect knowledge of the particular risks of GBV and propose strategies for addressing those risks.

ESSENTIAL TO KNOW

Beyond Accessing Funds

'Resource mobilization' refers not only to accessing funding, but also to scaling up human resources, supplies and donor commitment. For more general considerations about resource mobilization, see **Part Two: Background to Water, Sanitation and Hygiene Guidance.** Some additional strategies for resource mobilization through collaboration with other humanitarian sectors/partners are listed under 'Coordination', below.

A. HUMANITARIAN NEEDS OVERVIEW

- Does the proposal articulate the GBV-related safety risks, protection needs and rights of the affected population as they relate to the provision of WASH services?
- Are WASH responsibilities in the home and in the wider community understood and disaggregated by sex, age, disability and other relevant vulnerability factors? Are the related risk factors of women, girls and other at-risk groups recognized and described?
- Are risks for specific forms of GBV (*e.g. sexual assault, sexual exploitation, harassment, intimate partner violence and other forms of domestic violence, etc.*) described and analysed, rather than a broader reference to 'GBV'?

B. PROJECT RATIONALE/ JUSTIFICATION

- When drafting a proposal for emergency preparedness:
  - Is there an anticipation of the types of age-, gender-, and culturally appropriate supplies that should be pre-positioned in order to facilitate a rapid WASH response that mitigates the risk of GBV (*e.g. sanitary supplies for menstruation; sturdy locks for toilets and bathing facilities; lights for toilets, laundry, kitchen and bathing facilities; solid doors and privacy fencing; handpumps and water containers that are women- and girl-friendly; features to improve accessibility for persons with disabilities; etc.*)?
  - Is there a strategy for preparing and providing trainings for government, WASH staff and community WASH groups on the safe design and construction of WASH facilities that mitigates the risk of GBV?
  - Are additional costs required to ensure any GBV-related community outreach materials will be available in multiple formats and languages (*e.g. Braille; sign language; simplified messaging such as pictograms and pictures; etc.*)?
- When drafting a proposal for emergency response:
  - Is there a clear description of how the WASH programme will mitigate exposure to GBV (for example, in terms of the location and design of facilities)?
  - Do strategies meet standards promoted in the Sphere Handbook?
  - Are additional costs required to ensure the safety and effective working environments for female staff in the WASH sector (*e.g. supporting more than one female staff member to undertake any assignments involving travel, or funding a male family member to travel with the female staff member*)?
- When drafting a proposal for post-emergency and recovery:
  - Is there an explanation of how the WASH project will contribute to sustainable strategies that promote the safety and well-being of those at risk of GBV, and to long-term efforts to reduce specific types of GBV?
  - Does the proposal reflect a commitment to working with the community to ensure sustainability?

C. PROJECT DESCRIPTION

- Do the proposed activities reflect guiding principles and key approaches (*human rights-based, survivor-centred, community-based and systems-based*) for integrating GBV-related work?
- Do the proposed activities illustrate linkages with other humanitarian actors/ sectors in order to maximize resources and work in strategic ways?
- Does the project promote/support the participation and empowerment of women, girls and other at-risk groups—including as WASH staff and in local WASH committees?

KEY GBV CONSIDERATIONS FOR IMPLEMENTATION

The following are some common GBV-related considerations when implementing WASH programming in humanitarian settings. These considerations should be adapted to each context, always taking into account the essential rights, expressed needs and identified resources of the target community.

Integrating GBV Risk Reduction into WASH PROGRAMMING

1. **Involve women and other at-risk groups as staff and leaders in the siting, design, construction and maintenance of water and sanitation facilities and in hygiene promotion activities** (*with due caution in situations where this poses a potential security risk and/or increases the risk of GBV*).
   - Strive for 50 per cent representation of females within WASH programme staff. Provide women with formal and on-the-job training in the construction, operation and maintenance of safe WASH facilities, as well as targeted support to assume leadership and training positions.
   - Ensure women (and where appropriate, adolescent girls) are actively involved in community-based WASH committees and management groups. Be aware of potential tensions that may be caused by attempting to change the role of women and girls in communities and, as necessary, engage in dialogue with males to ensure their support.
   - Employ persons from at-risk groups in WASH staff, leadership and training positions. Solicit their input to ensure specific issues of vulnerability are adequately represented and addressed in programmes.

PROMISING PRACTICE

In Morocco, the Rural Water Supply and Sanitation Project of the World Bank aimed to reduce the "burden of girls who were traditionally involved in fetching water." In the six provinces where the project was based, the time spent collecting water by women and young girls was reduced by 50 to 90 per cent. Due in part to more convenient access to water, girls' school attendance increased by 20 per cent in four years.

(Adapted from **World Bank. 2003.** Report No. 25917, <www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2003/06/17/000090341_20030617084733/Rendered/PDF/259171MA1Rural1ly010Sanitation01ICR.pdf>)

2. **Implement strategies that increase the availability and accessibility of water for women, girls and other at-risk groups.**
   - Strive to place water points no more than 500 metres from households, in accordance with Sphere standards. When water cannot be made available in kitchens, design kitchens that are no more than 500 metres from water points.
   - Ensure handpumps and water containers are women- and girl-friendly, and are designed in ways that minimize the time spent collecting water.
   - In situations where water is rationed or pumped at given times, work with affected communities to plan schedules. Times should be set that are convenient and safe for women, girls and other at-risk groups, and users should be fully informed of when and where water is available.

ESSENTIAL TO KNOW

Persons with Disabilities

Persons with disabilities and older persons face additional challenges when trying to safely access WASH facilities in humanitarian emergencies. Girls and women (including older women) with disabilities are especially impacted by both their vulnerability as females and the risks associated with their limited ability. For older persons and persons with disabilities, access to WASH facilities should be promoted through physical accessibility, as well as community outreach that encourages them to use these facilities. Information, education and communication (IEC) materials for sanitation or hygiene should be adapted so that they are accessible for older people and people with disabilities (e.g. audio materials for people with sight impairments, etc.). Regular meetings should be held with older persons and persons with disabilities within the community to monitor safety and access issues. Accessibility measures (in both design and utilization) should be considered for water points and distribution; water pump design; water containers; and latrine and bathing/shower unit design with ramps at entry; more space inside the cubicle; latrine seats and handrails; etc.).

(Information provided by Handicap International, Personal Communication, 7 February 2013. For more information on making WASH facilities accessible, see Handicap International's *Disability Checklist for Emergency Response*: <www.handicap-international.de/fileadmin/redaktion/pdf/disability_checklist_booklet_01.pdf>.)

- In IDP/refugee settings, work with receptor/host communities to reduce tension over shared water resources, as this tension can exacerbate the risk of attacks against those collecting water (often women and girls).
- Implement water distribution patterns that support the sustainable and long-term supply of water. This helps to prevent future water shortages that can place women, girls and other at-risk groups at risk of GBV.
  - Limit the overdrawing of ground water resources.
  - Encourage water-saving measures among camp residents.
  - Support the development of community-based drought preparedness plans for refugee/IDP camps with vulnerable water resources (e.g. the construction of rainwater harvesting projects in rural areas).

3. **Implement strategies that maximize the safety, privacy and dignity of WASH facilities.**
   - Build upon indigenous knowledge and practices to construct age-, gender-, and culturally sensitive WASH facilities (including toilets, laundry, kitchen and bathing facilities). Take into account cultural norms and practices related to sanitation and hygiene (for example, noting who is responsible for cleaning toilets; noting whether women would feel comfortable using a toilet cleaned by a man; etc.).
   - In consultation with affected communities, locate WASH facilities in safe locations and within safe distances from homes (e.g. toilets no more than 50 metres from homes with a maximum of 20 people using each toilet, in accordance with Sphere standards). Ensure they are accessible to persons with disabilities.

PROMISING PRACTICE

During Oxfam's 2007 Solomon Islands tsunami response, female community mobilizers learned that women were concerned about lack of privacy at wash points. This information was sent to management, and with further consultation with the concerned women, screens were built to provide privacy and a feeling of security.

(Adapted from **Oxfam. 2011**. *Gender Equality and Women's Rights in Emergencies*, p. 57)

- Ensure adequate lighting both inside and outside WASH facilities. Identify strategies to ensure lighting even without electricity. For example:
  - Provide temporary lighting or solar lighting in early emergencies.
  - Explore and implement electricity alternatives in times of flooding or other natural disaster.
  - Provide families/individuals with torches.
- Construct culturally appropriate toilets and bathing facilities that are family-based or sex-segregated. Clearly label these facilities with pictures as well as text, and equip them with doors, sturdy internal locks, privacy fencing and other safety measures. Use sex-disaggregated data to plan the ratio of female to male cubicles (using the approximate ratio of 3:1, in accordance with Sphere standards).
- In settings where affected populations must travel some distance to reach WASH facilities, develop strategies to enhance safety along these routes (e.g. safety patrols along paths; escort systems; community surveillance systems; etc.). Work with communities, security personnel, peacekeepers (where appropriate) and other relevant sectors (such as livelihoods, CCCM, and protection) to develop these strategies.
- In situations where women, girls and other at-risk groups feel too unsafe to use toilets and other WASH facilities after dark, consider making provisions at the household level (e.g. potties, bucket latrines, etc.).

ESSENTIAL TO KNOW

Transgender Persons

Transgender women are often culturally prohibited from using women's spaces, yet face a high risk of violence and assault in men's spaces. Similarly, transgender men may be excluded from sex-segregated spaces and face increased risk of violence when attempting to use these spaces. When possible, and with the assistance of LGBTI specialists, WASH actors should consult with local transgender organizations to ensure their programmes meet the basic rights and needs of transgender individuals. For instance, in Nepal, which has recently recognized a legal third gender category, a third gender–inclusive bathroom was implemented as a means of providing space for those who might not otherwise fit into traditionally sex-segregated spaces. Such strategies, however, are very culture- and context-specific and in some cases might actually increase the risk of GBV against transgender individuals. Therefore, engagement with local communities and local LGBTI experts is essential before implementing any risk-reduction strategies for transgender individuals.

(Information provided by Duncan Breen, Human Rights First, Personal Communication, 20 May 2013; and **Knight, K. 2012.** 'Nepal Flushes Out Genderism', <www.huffingtonpost.com/kyle-knight/nepal-flushes-out-genderism_b_1464279.html>)

4. Ensure dignified access to hygiene-related materials.

- Distribute suitable material for the absorption and disposal of menstrual blood for women and girls of reproductive age.
  - Consult with women and girls to identify the most culturally appropriate materials.
  - Distribute underwear, menstrual hygiene supplies and other sanitary supplies at regular intervals throughout the emergency and to any new arrivals.
  - Support the sustained availability of these supplies post-emergency (for example, undertake a market assessment with livelihoods actors to identify potential opportunities for local production of sanitary supplies as a micro-enterprise).
  - Ensure that the timing and process of distributing these materials does not place women and girls at a higher risk of GBV.

- Ensure dignified and confidential access to incontinence pads for male and female survivors of sexual assault who have suffered urethral, genital or rectal damage (and may have undergone reconstructive surgery).
- Include bins for disposable sanitary supplies in female toilets to prevent women, girls and other at-risk groups from having to dispose of their sanitary supplies in locations or at times that increase their risk of assault or harassment. Include bins in male toilets for disposable incontinence pads to minimize stigmatization of male survivors of sexual assault. Develop sustainable systems for the regular end disposal of sanitary materials. Provide private areas with washing lines for women and girls to wash their undergarments and sanitary supplies.

ESSENTIAL TO KNOW

Hygiene and Dignity Kits

Hygiene kits are often distributed by WASH programmes, Hygiene Promoters, CCCM and protection staff at the onset of emergencies. These kits include items that enhance a person's ability to improve cleanliness (*e.g. soap, sanitary materials for women and girls, toothbrushes and toothpaste, etc.*). Dignity kits, on the other hand, are often distributed by health or shelter, settlement and recovery (SS&R) actors. They focus on promoting the dignity, respect and safety of women and girls by providing age-, gender-, and culturally appropriate garments and other items (such as headscarves, shawls, whistles, torches, underwear and small containers for washing personal items) in addition to sanitary supplies. It is essential that hygiene actors work closely with logisticians, health actors and SS&R actors to maximize the distribution potential of all of these items and avoid gaps or unnecessary duplication of efforts. Hygiene and dignity kits must also be designed in partnership with the affected community to identify the most appropriate items for inclusion and determine the best timing and process of distribution so as not to increase the risk of GBV against women and girls.

(Adapted from **United Nations Children's Fund. 2007.** 'Hygiene Promotion in Emergencies: A briefing paper'. WASH Cluster, <www.unicefinemergencies.com/downloads/eresource/docs/WASH/WASH%20Hygiene%20Promotion%20in%20Emergencies.pdf>)

Integrating GBV Risk Reduction into
WASH POLICIES

1. **Incorporate relevant GBV prevention and mitigation strategies into the policies, standards and guidelines of WASH programmes.**
   - Identify and ensure the implementation of programmatic policies that (1) mitigate the risks of GBV and (2) support the participation of women, adolescent girls and other at-risk groups as staff and leaders in WASH activities. These can include, among others:
     - Policies regarding childcare for WASH staff.
     - Standards for equal employment of females.
     - Procedures and protocols for sharing protected or confidential information about GBV incidents.
     - Relevant information about agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse.
   - Circulate these widely among WASH staff, committees and management groups and—where appropriate—in national and local languages to the wider community (using accessible methods such as Braille; sign language; posters with visual content for non-literate persons; announcements at community meetings; etc.).

2. **Advocate for the integration of GBV risk-reduction strategies into national and local policies and plans related to WASH, and allocate funding for sustainability.**

   - Support governments, customary/traditional leaders and other stakeholders inreviewing and reforming policies and plans to address discriminatory practices that hinder women and other at-risk groups from safely participating in the WASH sector (as staff and/or community advisers, in community-based groups, etc.).
   - Ensure national WASH policies and plans include GBV-related safety measures (e.g. measures regarding safe placement and monitoring of water points and other public WASH facilities).
   - Support relevant line ministries in developing implementation strategies for GBV-related policies and plans. Undertake awareness-raising campaigns highlighting how such policies and plans will benefit communities in order to encourage community support and mitigate backlash.

Integrating GBV Risk Reduction into
WASH COMMUNICATIONS and INFORMATION SHARING

1. **Consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors, and ensure WASH staff have the basic skills to provide them with information on where they can obtain support.**

   - Ensure all WASH personnel who engage with affected populations have written information about where to refer survivors for care and support. Regularly update information about survivor services.
   - Train all WASH personnel who engage with affected populations in gender, GBV, women's/human rights, social exclusion, sexuality and psychological first aid (e.g. how to supportively engage with survivors and provide information in an ethical, safe and confidential manner about their rights and options to report risk and access care).

> **ESSENTIAL TO KNOW**
>
> **Referral Pathways**
>
> A 'referral pathway' is a flexible mechanism that safely links survivors to supportive and competent services, such as medical care, mental health and psychosocial support, police assistance and legal/justice support.

2. **Ensure that WASH programmes sharing information about reports of GBV within the WASH sector or with partners in the larger humanitarian community abide by safety and ethical standards.**

   - Develop inter- and intra-agency information-sharing standards that do not reveal the identity of or pose a security risk to individual survivors, their families or the broader community.

3. **Incorporate GBV messages into hygiene promotion and other WASH-related community outreach activities.**

   - Work with GBV specialists to integrate community awareness-raising on GBV into WASH outreach initiatives (e.g. community dialogues, workshops, meetings with community leaders, GBV messaging, etc.).
     - Ensure this awareness-raising incorporates information on survivor rights (including to confidentiality at the service delivery and community levels), where to report risk and how to access care for GBV.

- Use multiple formats and languages to ensure accessibility (e.g. Braille; sign language; simplified messaging such as pictograms and pictures; etc.).
- Engage women, girls, men and boys (separately when necessary) in the development of messages and in strategies for their dissemination so they are age-, gender-, and culturally appropriate.

▶ Work with communities to discuss the importance of sex-segregated toilets and bathing facilities, particularly for shared or public facilities. Organize a community-based mechanism to ensure that separate usage is respected.

▶ Engage males, particularly leaders in the community, as agents of change in WASH education activities related to the prevention of GBV.

ESSENTIAL TO KNOW

GBV-Specific Messaging

Community outreach initiatives should include dialogue about basic safety concerns and safety measures for the affected population, including those related to GBV. **When undertaking GBV-specific messaging, non-GBV specialists should be sure to work in collaboration with GBV-specialist staff or a GBV-specialized agency.**

▶ Consider the barriers faced by women, girls and other at-risk groups to their safe participation in community discussion forums and educational workshops related to sanitation and hygiene (e.g. transportation; meeting times and locations; risk of backlash related to participation; need for childcare; accessibility for persons with disabilities; lack of access to menstrual hygiene supplies; etc.). Implement strategies to make discussion forums age-, gender-, and culturally sensitive (e.g. confidential, with females as facilitators of separate women's and girls' discussion groups, etc.) so that participants feel safe to raise GBV issues.

▶ Provide community members with information about existing codes of conduct for WASH personnel, as well as where to report sexual exploitation and abuse committed by WASH personnel. Ensure appropriate training is provided for staff and partners on the prevention of sexual exploitation and abuse.

KEY GBV CONSIDERATIONS FOR

COORDINATION WITH OTHER HUMANITARIAN SECTORS

As a first step in coordination, WASH programmers should seek out the GBV coordination mechanism to identify where GBV expertise is available in-country. GBV specialists can be enlisted to assist WASH actors to:

- Design and conduct WASH assessments that examine the risks of GBV related to WASH programming, and strategize with WASH actors about way to mitigate these risks.
- Provide trainings for WASH staff on issues of gender, GBV and women's/human rights.
- Identify where survivors who may report instances of GBV to WASH staff can receive safe, confidential and appropriate care, and provide WASH staff with the basic skills and information necessary to respond supportively to survivors.
- Provide training and awareness-raising for the affected community on gender, GBV and women's/human rights as they relate to WASH.

In addition, WASH programmers should link with other humanitarian sectors to further reduce the risk of GBV. Some recommendations for coordination with other sectors are indicated below (to be considered according to the sectors that are mobilized in a given humanitarian response). While not included in the table, WASH actors should also coordinate with—where they exist—partners addressing gender, mental health and psychosocial support (MHPSS), HIV, age and environment. For more general information on GBV-related coordination responsibilities, see **Part Two: Background to Water, Sanitation and Hygiene Guidance.**

PROMISING PRACTICE

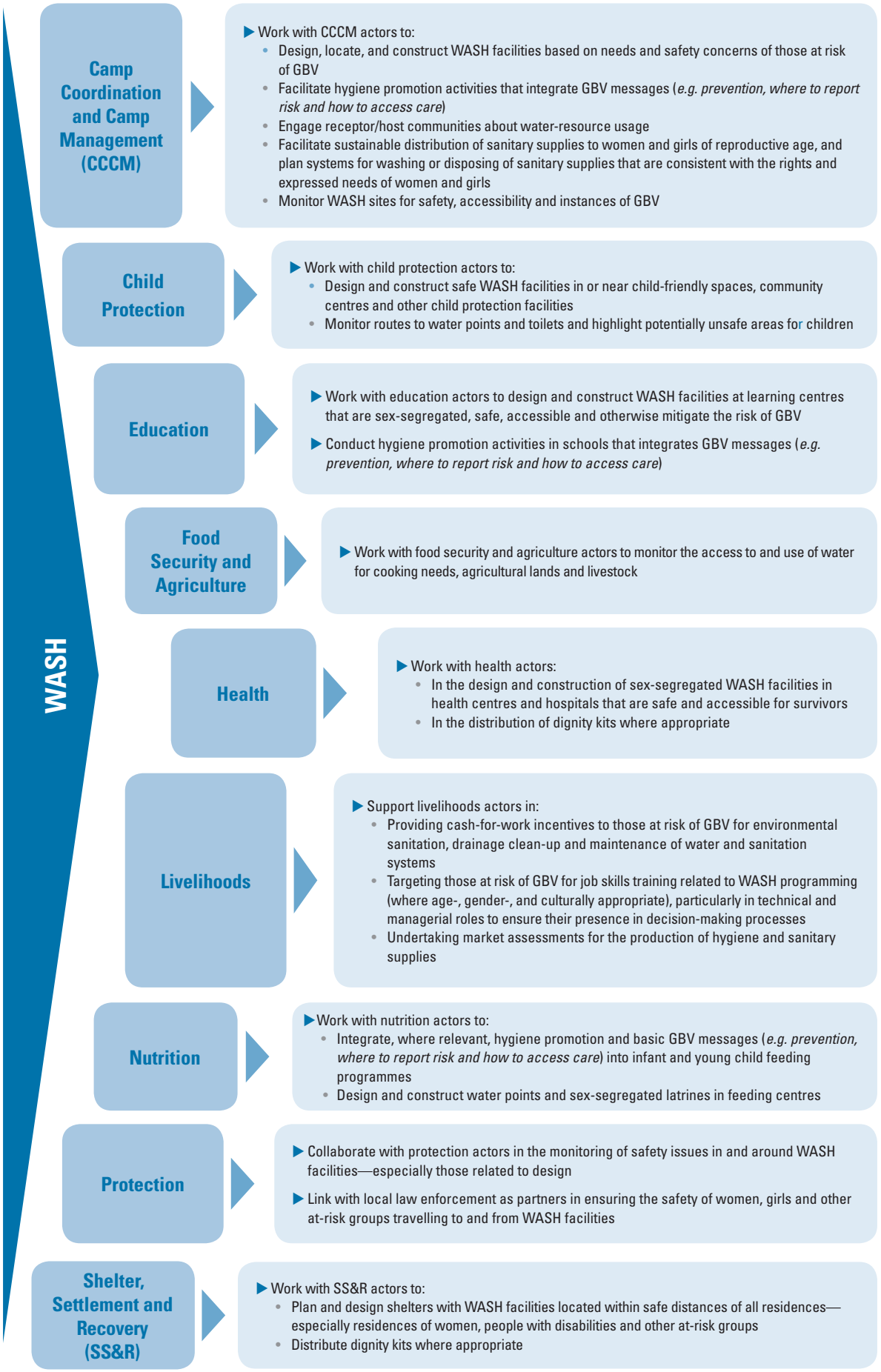
In 2009–2010, a programme in North Kivu Province in the Democratic Republic of the Congo (DRC) linked WASH, protection and health in the prevention of GBV. Links between sanitation and GBV became apparent due to lack of private latrines: women faced no choice but to find private places to defecate, often at night and at a considerable distance away from their homes, increasing their risk to sexual assault. Women also faced violence—including rape—when collecting water from springs outside of the village.

The programme included three areas of focus: health, WASH and protection. WASH focused on construction of basic WASH facilities in public places (such as schools, hospitals, health centres, markets); promotion of household sanitation, accompanied by health promotion; careful design and maintenance of water points (*e.g. clearing pathways, building fencing around water points to make areas safer, ensuring a good flow of water, etc.*); and appropriate siting of latrines relative to houses.

In addition, protection committees were established involving men, women, a community leader, church members, a representative from the local authority and the police. Their aim was to raise awareness on sexual violence and its impacts in the community; connect GBV and HIV; denounce any abuses of human rights; and share knowledge on how people could protect themselves. They monitored facilities and pathways to water points and formed the first point of contact in the community for rape allegations, assisting survivors in getting medical and psychological help.

Women were involved as a fundamental part of all processes, including as members of water point and protection committees and in the siting and design of household latrines. The programme found that integrating WASH, protection and health programmes can have a range of positive impacts, and this approach has now been replicated in other areas.

(Adapted from **House, S., Cavill, S., Ferron, S., and Sommer, M.** 'Violence, Gender and WASH: A practitioner's toolkit – Making water, sanitation and hygiene safer through improved programming and services'. WaterAid/SHARE, <http://r4d.dfid.gov.uk/pdf/outputs/sanitation/Violence_Gender_and_WASH_SHARE_presentation.pdf>)


WASH
Camp Coordination and Camp Management (CCCM)
▶ Work with CCCM actors to:
• Design, locate, and construct WASH facilities based on needs and safety concerns of those at risk of GBV
• Facilitate hygiene promotion activities that integrate GBV messages (*e.g. prevention, where to report risk and how to access care*)
• Engage receptor/host communities about water-resource usage
• Facilitate sustainable distribution of sanitary supplies to women and girls of reproductive age, and plan systems for washing or disposing of sanitary supplies that are consistent with the rights and expressed needs of women and girls
• Monitor WASH sites for safety, accessibility and instances of GBV
Child Protection
▶ Work with child protection actors to:
• Design and construct safe WASH facilities in or near child-friendly spaces, community centres and other child protection facilities
• Monitor routes to water points and toilets and highlight potentially unsafe areas for children
Education
▶ Work with education actors to design and construct WASH facilities at learning centres that are sex-segregated, safe, accessible and otherwise mitigate the risk of GBV
▶ Conduct hygiene promotion activities in schools that integrates GBV messages (*e.g. prevention, where to report risk and how to access care*)
Food Security and Agriculture
▶ Work with food security and agriculture actors to monitor the access to and use of water for cooking needs, agricultural lands and livestock
Health
▶ Work with health actors:
• In the design and construction of sex-segregated WASH facilities in health centres and hospitals that are safe and accessible for survivors
• In the distribution of dignity kits where appropriate
Livelihoods
▶ Support livelihoods actors in:
• Providing cash-for-work incentives to those at risk of GBV for environmental sanitation, drainage clean-up and maintenance of water and sanitation systems
• Targeting those at risk of GBV for job skills training related to WASH programming (where age-, gender-, and culturally appropriate), particularly in technical and managerial roles to ensure their presence in decision-making processes
• Undertaking market assessments for the production of hygiene and sanitary supplies
Nutrition
▶ Work with nutrition actors to:
• Integrate, where relevant, hygiene promotion and basic GBV messages (*e.g. prevention, where to report risk and how to access care*) into infant and young child feeding programmes
• Design and construct water points and sex-segregated latrines in feeding centres
Protection
▶ Collaborate with protection actors in the monitoring of safety issues in and around WASH facilities—especially those related to design
▶ Link with local law enforcement as partners in ensuring the safety of women, girls and other at-risk groups travelling to and from WASH facilities
Shelter, Settlement and Recovery (SS&R)
▶ Work with SS&R actors to:
• Plan and design shelters with WASH facilities located within safe distances of all residences—especially residences of women, people with disabilities and other at-risk groups
• Distribute dignity kits where appropriate

KEY GBV CONSIDERATIONS FOR

MONITORING AND EVALUATION THROUGHOUT THE PROGRAMME CYCLE

The indicators listed below are non-exhaustive suggestions based on the recommendations contained in this TAG. Indicators can be used to measure the progress and outcomes of activities undertaken across the programme cycle, with the ultimate aim of maintaining effective programmes and improving accountability to affected populations. The '*Indicator Definition*' describes the information needed to measure the indicator; '*Possible Data Sources*' suggests existing sources where a WASH programme or agency can gather the necessary information; '*Target*' represents a benchmark for success in implementation; '*Baseline*' indicators are collected prior to or at the earliest stage of a programme to be used as a reference point for subsequent measurements; '*Output*' monitors a tangible and immediate product of an activity; and '*Outcome*' measures a change in progress in social, behavioural or environmental conditions. Targets should be set prior to the start of an activity and adjusted as the project progresses based on the project duration, available resources and contextual concerns to ensure they are appropriate for the setting.

The indicators should be collected and reported by the WASH sector. Several indicators have been taken from the WASH sector's own guidance and resources (see footnotes below the table). See **Part Two: Background to Water, Sanitation and Hygiene Guidance** for more information on monitoring and evaluation.

To the extent possible, indicators should be disaggregated by sex, age, disability and other vulnerability factors. See **Part One: Introduction** for more information on vulnerability factors for at-risk groups.

Monitoring and Evaluation Indicators

INDICATOR	INDICATOR DEFINITION	POSSIBLE DATA SOURCES	TARGET	Stage of Programme: BASE-LINE	OUT-PUT	OUT-COME
ASSESSMENT, ANALYSIS AND PLANNING						
Inclusion of GBV-related questions in WASH assessments[3]	# of WASH assessments that include GBV-related questions* from the GBV Guidelines × 100 / # of WASH assessments ** See page 42 for GBV areas of inquiry that can be adapted to questions in assessments*	Assessment reports or tools (at agency or sector level)	100%	✓	✓	
Female participation in assessments	# of assessment respondents who are female × 100 / # of assessment respondents *and* # of assessment team members who are female × 100 / # of assessment team members	Assessment reports (at agency or sector level)	50%	✓	✓	

(continued)

[3] **Inter-Agency Standing Committee. 30 November 2012.** *Reference Module for Cluster Coordination at the Country Level.* IASC Transformative Agenda Reference Document, <https://interagencystandingcommittee.org/system/files/legacy_files/4.%20Reference%20module%20for%20Cluster%20Coordination.pdf>

INDICATOR	INDICATOR DEFINITION	POSSIBLE DATA SOURCES	TARGET	Stage of Programme: BASE-LINE	OUT-PUT	OUT-COME
ASSESSMENT, ANALYSIS AND PLANNING (continued)						
Consultations with the affected population on GBV risk factors in and around WASH facilities[4] *Disaggregate consultations by sex and age*	# of WASH facility sites assessed through consultations with the affected population on GBV risk factors in and around WASH facilities × 100 / # of WASH facility sites	Organizational records, focus group discussion (FGD), key informant interview (KII)	100%	✓	✓	
Female participation prior to WASH facility siting and design[4]	*Quantitative:* # of affected persons consulted prior to WASH facility siting and design who are female × 100 / # of affected persons consulted prior to WASH facility siting and design *Qualitative:* How do women and girls perceive their level of participation in WASH facility siting and design? What enhances women's and girls' participation in the design process? What are barriers to female participation in these processes?	Organizational records, FGD, KII	Determine in the field		✓	
Staff knowledge of referral pathway for GBV survivors	# of WASH staff who, in response to a prompted question, correctly say the referral pathway for GBV survivors × 100 / # of surveyed WASH staff	Survey	100%	✓		✓
RESOURCE MOBILIZATION						
Inclusion of GBV risk reduction in WASH funding proposals or strategies	# of WASH funding proposals or strategies that include at least one GBV risk-reduction objective, activity or indicator from the GBV Guidelines × 100 / # of WASH funding proposals or strategies	Proposal review (at agency or sector level)	100%	✓	✓	
Stock availability of pre-positioned supplies for GBV risk mitigation	# of GBV risk-reduction supplies that have stock levels below minimum levels × 100 / # of GBV risk-reduction supplies	Planning or procurement records, forecasting records	0%	✓	✓	
Training of WASH staff on the GBV Guidelines	# of WASH staff who participated in a training on the GBV Guidelines × 100 / # of WASH staff	Training attendance, meeting minutes, survey (at agency or sector level)	100%	✓	✓	

(continued)

[4] **United Nations Office for the Coordination of Humanitarian Affairs.** Humanitarian Indicators Registry, <www.humanitarianresponse.info/applications/ir/indicators>

INDICATOR	INDICATOR DEFINITION	POSSIBLE DATA SOURCES	TARGET	Stage of Programme: BASE-LINE	OUT-PUT	OUT-COME
IMPLEMENTATION						
▶ **Programming**						
Female participation in WASH community-based committees[4]	*Quantitative:* # of affected persons who participate in WASH community-based committees who are female × 100 / # of affected persons who participate in WASH community-based committees *Qualitative:* How do women and girls perceive their level of participation in WASH community-based committees? What enhances and what are barriers to female participation in WASH committees?	Site management reports, Displacement Tracking Matrix (DTM), FGD, KII	50%	✓		✓
Female staff in WASH programmes	# of staff in WASH programmes who are female × 100 / # of staff in WASH programmes	Organizational records	50%	✓	✓	
Risk factors of GBV in and around WASH facilities *Disaggregate WASH facilities by: water point, bathing and sanitation; time of day; and geographic locations*	*Quantitative:* # of affected persons who report concerns about experiencing GBV when asked about access to WASH facilities × 100 / # of affected persons asked about access to WASH facilities *Qualitative:* Do affected persons feel safe from GBV when accessing WASH facilities? What types of safety concerns do persons describe in and around WASH facilities?	Survey, FGD, KII, participatory community mapping	0%	✓		✓
Access to water point within 500 meters of household[5]	# of affected persons living within 500 meters of water point × 100 / # of affected persons	Direct observation	Determine in the field	✓	✓	
Existence of lockable, sex-segregated WASH facilities in affected areas[4]	# of specified affected areas that have sex-segregated (for shared facilities) and lockable WASH facilities × 100 / # of specified in affected areas	DTM, needs assessment, safety audit	100%	✓	✓	
Presence of functional lighting at WASH facilities	# of WASH facilities with functional lighting × 100 / # of WASH facilities	Direct observation, safety audit	Determine in the field	✓	✓	
Distribution of culturally appropriate sanitary materials for females of reproductive age[4]	# of females receiving culturally appropriate sanitary materials for menstruation in a specified time × 100 / # of female affected persons of reproductive age in a specified time	Survey, FGD	Determine in the field	✓	✓	

(continued)

[5] **Sphere Project. 2011.** *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response,* <http://www.spherehandbook.org>

INDICATOR	INDICATOR DEFINITION	POSSIBLE DATA SOURCES	TARGET	Stage of Programme: BASE-LINE	OUT-PUT	OUT-COME
IMPLEMENTATION (continued)						
▶ **Policies**						
Inclusion of GBV prevention and mitigation strategies in WASH policies, guidelines or standards	# of WASH policies, guidelines or standards that include GBV prevention and mitigation strategies from the GBV Guidelines × 100 / # of WASH policies, guidelines or standards	Desk review (at agency, sector, national or global level)	Determine in the field	✔		✔
▶ **Communications and Information Sharing**						
Staff knowledge of standards for confidential sharing of GBV reports	# of staff who, in response to a prompted question, correctly say that information shared on GBV reports should not reveal the identity of survivors × 100 / # of surveyed staff	Survey (at agency or programme level)	100%	✔		
Inclusion of GBV referral information in WASH community outreach activities	# of WASH community outreach activities programmes that include information on where to report risk and access care for GBV survivors × 100 / # of WASH community outreach activities	Desk review, KII, survey (at agency or sector level)	Determine in the field	✔	✔	
COORDINATION						
Coordination of GBV risk-reduction activities with other sectors	# of non-WASH sectors consulted with to address GBV risk-reduction activities* × 100 / # of existing non-WASH sectors in a given humanitarian response ** See page 54 for list of sectors and GBV risk-reduction activities*	KII, meeting minutes (at agency or sector level)	Determine in the field	✔	✔	

RESOURCES

Key Resources

- For a checklist for ensuring gender-equitable programming in the WASH sector, see **Inter-Agency Standing Committee (IASC). 2006.** *Gender Handbook in Humanitarian Action,* <https://interagencystandingcommittee.org/system/files/legacy_files/IASC%20Gender%20Handbook%20%28Feb%202007%29.pdf>

- **UN-Water. 2006.** 'Gender, Water and Sanitation: A policy brief'. Developed by the Inter-Agency Task Force on Gender and Water (GWTF), <www.unwater.org/downloads/unwpolbrief230606.pdf>

- **House, S., Cavill, S., Ferron, S., and Sommer, M. 2014.** 'Violence, Gender and WASH: A practitioner's toolkit – Making water, sanitation and hygiene safer through improved programming and services'. WaterAid/SHARE, <http://r4d.dfid.gov.uk/pdf/outputs/sanitation/Violence_Gender_and_WASH_SHARE_presentation.pdf>

- **Global WASH Cluster. 2009.** *WASH Accountability Resources: Ask, listen, communicate.* New York: Global WASH Cluster, <www.hapinternational.org/pool/files/wash-accountability-handbook.pdf>

- **Handicap International. 2008.** *Disability Checklist for Emergency Response,* <www.handicap-international.de/fileadmin/redaktion/pdf/disability_checklist_booklet_01.pdf>.

- **Sphere Project. 2011.** *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response*, <www.spherehandbook.org>

- **Oxfam. 2010.** *Ideas That Work: Preventing violence against women through water and sanitation interventions in early emergency response*, <http://policy-practice.oxfam.org.uk/publications/Ideas-That-Work-A-gender-WASH-and-emergencies-toolkit-334900>

Additional Resources

- **Global WASH Cluster.** The Global WASH Cluster provides an open and formal platform for humanitarian WASH actors to work together to address key weaknesses in the WASH sector as a whole. A range of resources can be accessed through <www.washcluster.net>

- **Mercy Corps. 2008–2009.** *Water, Sanitation and Hygiene Guidelines,* <www.mercycorps.org/sites/default/files/WASH%20Guidelines.pdf>

- **Oxfam. 2013.** *Oxfam Minimum Requirements for WASH Programmes*, <http://policy-practice.oxfam.org.uk/publications/oxfam-minimum-requirements-for-wash-programmes-mr-wash-300134>

- **OHCHR Special Rapporteur Website:** <www.ohchr.org/EN/Issues/WaterAndSanitation/SRWater/Pages/SRWaterIndex.aspx>

- **WaterAid** is an international non-governmental organization whose mission is to transform lives by improving access to safe water, improved hygiene and sanitation in the world's poorest communities. For more information see: <www.wateraid.org/uk/what-we-do/the-crisis>.

- For a publication by WaterAid on considering equity and inclusion in WASH projects, see: <www.wateraid.org/~/media/Publications/equity-and-inclusion-framework.pdf>

- For information on menstrual hygiene in emergencies, see: **House, S., Mahon, T., and Cavill, S. 2012.** *Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world.* London, UK: WaterAid, co-published with 17 other organizations, <www.wateraid.org/what-we-do/our-approach/research-and-publications/view-publication?id=02309d73-8e41-4d04-b2ef-6641f6616a4f>

- **The Inter-Agency Task Force on Gender and Water (GWTF).** The Task Force's objectives are to promote gender mainstreaming in the implementation of the Millennium Development Goals (MDGs) related to water and sanitation and the Johannesburg Plan of Implementation (JPOI) at the global, regional, national, local and utility levels. It also promotes coherence and coordination of activities by UN-Water members and partners in this area. Task Force activities reflect a long-term strategy and ongoing process of gender mainstreaming, which informs the design and implementation of national planning documents. For more information, see: <www.unwater.org/activities/task-forces/water-and-gender/en>

- **Office of the Special Adviser on Gender Issues and Advancement of Women. 2006**. *Gender, Water and Sanitation: Case studies on best practices*. New York, United Nations, <www.un.org/waterforlifedecade/pdf/un_gender_water_and_sanitation_case_studies_on_best_practices_2006.pdf>

- For information on Dignity Kits, see: <https://ochanet.unocha.org/p/Documents/Dignity%20Kit%20%20(Final).pdf>

- For information on Hygiene Kits, see **United Nations Children's Fund. 2007.** 'WASH-Related Non-Food Items: A briefing paper'. WASH Cluster HP project, <www.unicefinemergencies.com/downloads/eresource/docs/WASH/WASH%20Hygiene%20Promotion%20in%20Emergencies.pdf>

- **Mehrotra, S.T. 2010.** *A Handbook on Women's Safety Audits in Low-Income Urban Neighbourhoods: A focus on essential services.* New Delhi, India: Jagori and Women in Cities International, <www.jagori.org/wp-content/uploads/2006/01/Handbook1.pdf>

- **Water, Engineering and Development Centre.** *Barrier analysis and accessibility and safety audit tools*, <https://wedc-knowledge.lboro.ac.uk/collections/equity-inclusion/general.html>
- **United Nations Educational, Scientific and Cultural Organization. 2014.** *Puberty Education and Menstrual Hygiene Management*. Good Policy and Practice in Health Education, Booklet 9. UNESCO, France, <http://unesdoc.unesco.org/images/0022/002267/226792e.pdf>
- **United Nations Children's Fund. 2011.** *Water, Sanitation and Hygiene for Schoolchildren in Emergencies: A guidebook for teachers*. UNICEF, USA, <www.unicef.org/disabilities/files/WASH_in__Schools_in_Emergencies_Guidebook_for_teachers_.pdf>
- **Halcrow, G., Rowland, C., Willetts, J., Crawford J., and Carrard, N. 2010.** 'Working effectively with women and men in water, sanitation and hygiene Programmes'. Resource guide. Sydney, Australia, <www.inclusivewash.org.au/_literature_68164/Working_effectiveley_with_women_and_men_in_water_and_sanitation_programs>