This is a suggested script to support the introductory presentation slides. Please note that the script is only a *suggestion*, and you should feel free to change the order of the slides, add examples from your own context or add content, as needed and appropriate.

It is important to make sure to cover the main concepts of the presentation (GBV definition, GBV risk mitigation, Disability Inclusion and introduction of the Toolkit) but exactly how you do it is up to you!

***Before the presentation:***

* *Adapt slides to your context and add name(s) and email addresses of GBV AoR coordinators at national and/or subnational levels in your country)*
* *Optional: change any of the photos with pictures from your own context*

***Suggested script for the facilitator:***

Slide 1 – introduction/welcome (1 minute)

* Welcome everyone! My name is (*your name*) and for those who don’t know me I am the *(title /organization)* Today we will introduce the WASH Safety and Accessibility Toolkit and discuss how we can use it to monitor that our WASH facilities are safe and accessible for everyone.

Slide 2 Agenda (2 minutes)

* We will spend around 1 hour together. We will discuss important topics and definitions, such as Gender-Based Violence (GBV) and Disability Inclusion in WASH humanitarian response, so that we have an understanding about these topics. After that we will unpack the contents of the WASH Safety and Accessibility Toolkit. This toolkit is designed to help us identify GBV risks and monitor accessibility on the route to - and while using WASH facilities.
* Please note that this is only an introduction to the topics and the toolkit itself, so please feel free to ask questions and there is also a list of resources and recommended materials included at the end of the presentation, both on GBV and Disability Inclusion in Humanitarian WASH response, for those of you that want to learn more.

Slide 3 Key concepts of GBV (5 min)

* First let’s start with a short refresher on what GBV is. A few points:
* GBV is a type of violence that is based on the social differences between males and females. It includes many different forms of violence, for example sexual violence, physical violence and early marriage (= marriage before the age of 18)
  + GBV is based on gender inequality and the abuse of power (perceived or real). This means that GBV perpetrators are using power to commit an act of violence against the survivors’ will.
* We often think about rape when we mention GBV, but GBV also includes sexual exploitation (goods against sexual favors), deprivation of economic resources and opportunities (denying children their right to education for example), intimate partner violence ( violence between married couples or partners, boyfriends and girlfriends) and emotional violence, such as threats and harassments etc.
  + Around the world, the majority of GBV survivors are women and girls, this is because of the historical and cultural gender inequalities women and girls are experiencing. Of course, there may be individual powerful and influential women in each community, but generally women and girls have less power, less access to resources and less independence than men. Therefore, they are also more often GBV survivors while men are more often the perpetrators.
  + Within the group “women and girls” there are different (= intersecting) aspects to their identity and status that may make them more vulnerable to violence, can you think of some? (Examples include women/girls with disabilities, elderly women, displacement status, female headed households, married girls, adolescent girls, women and girls from ethnic minorities or without legal status … etc.)
  + Men and boys can also be survivors of GBV. For example, men and boys may be exposed to sexual violence by parties of a conflict, or trafficked for the purposes of sexual exploitation.

Slide 4 GBV in emergencies (10 min)

* Let’s start with noting that we do not have any data that gives us the full picture of the scale of GBV. This is because most survivors do not speak of the incident for many reasons including self-blame, fear of reprisals, mistrust of authorities, risk/fear of re-victimization, and a lack of available response services
* Acts of GBV often lead to shaming and blaming, social stigma and sometimes rejection by the survivor’s family and community. Stigma and rejection can be especially severe when the survivor speaks about or reports the incident. Therefore, we only see a small number showing up in our statistics.
* However, we know that it happens everywhere in the world and that it happens more frequently in humanitarian emergencies, including conflicts, climate change and disasters.
* So why are GBV risks are much higher in emergencies?
  + In displacement sites or while on the move, there is often not enough privacy and shelters are overcrowded- making it easier for perpetrators to sexually harass someone, for example in big crowd of people
  + Women and children may be separated from family and community supports, making them more vulnerable to abuse and exploitation due to their gender, age, and dependence on others for help and safe passage
  + More women become responsible for income generation for their families as their husbands may have been killed or have left to seek income further away. This makes them more vulnerable/they may take more risks if they become the main provider to feed their families
  + We know that a lot of women and girls face GBV when they walk long distances to collect food and water- when they are far away from their families or networks, they are more vulnerable to perpetrators taking advantage of the situation
  + Communities and families are torn apart and separated – leaving vulnerable people more at risk of GBV without their supportive networks
  + We also know that some families get their daughters married earlier to cope with the difficult economic situation, when they are unable to generate enough income to meet basic needs
  + Etc. (*add specific examples from your context if relevant*)

Slide 5 GBV Risk Mitigation (5 min)

* So, what can we do to reduce the risks of GBV?
* GBV Risk Mitigation includes 3 aspects that all humanitarians should do in their response programming and in their interactions with affected communities:
* We should all i) proactively facilitate and monitor vulnerable groups’ access to services ii) take actions to mitigate GBV risks in the environment and in our programming and iii) in case there is a GBV disclosure- support survivors by linking them to existing support services

* These aspects will help us ensure that our programming/presence in affected communities will not cause or increase the likelihood of GBV – we owe this to the communities we serve.

Slide 6 WHY do WASH actors have to mitigate GBV risks? (5 min)

* The Centrality of Protection and Do No Harm are 2 key principles to which we are all bound in our humanitarian work:
  + This means that, we all must design and implement a humanitarian response that helps keeping vulnerable people from harm and as well as to design a response that increases affected communities’ capacity to cope ( for example to encourage postive coping strategies, self-relience and empowerment through particpation )
  + This means that we have have to monitor the intended and unintended impact of ouractivities tomake sure we are not creating any harm to affcted populations
  + This means that, by our intervention and our presence in the communities, we should not create additional GBV risks.

Slide 7 GBV Mitigation in WASH (5 minutes)

* All of us, as WASH actors, can influence on how we mitigation GBV risks in our response programming. We can do this by keeping in mind potential risks when we design and implement our programme and by making sure we understand any barriers to accessing WASH services and facilities that women and girls, including women and girls with disabilities, are facing.
* The #1 key is to talk to women and girls! They are their experts on their situation and can tell you about any difficulties to access WASH facilities or services they may face.
* You can use the Safety and Accessibility Audit toolkit to conduct FGD to understand any safety concerns with current or planned WASH programming and to monitor any visible GBV risks and access issues
* It is also very important to have a feedback mechanism in place (hotline, complaints boxes, service desk etc.) to allow communities to express any concern with your programing or behavior of humanitarian personnel
* Also, make sure that you know who the GBV sub-cluster/sector coordinator (at national or subnational level) is- so you can reach out if you have any questions. The WASH cluster coordinator can help you with contacts to the GBV coordinator, if you don’t know who this person is.

Slide 8 What shall we do if someone discloses GBV? (10 min)

* The most important thing to keep in mind is that you are not expected to manage or identify any GBV cases – you are expected to focus on mitigation of GBV risks in your own WASH programming.
* IF someone comes forward and tells you about a GBV incident, never try to find a solution to the situation yourself! The best thing you can do for the survivor is to listen- without judging- and share information about any existing GBV services that may be available in your area.
  + Our main resource on how to provide basic support and information to survivors of GBV in a supportive and non-stigmatizing manner is the GBV Pocket Guide, which comes in many languages, including French, Arabic, Spanish and other local languages.
* Please request the GBV sub-cluster/sector coordinator or a GBV specialist in your organization to provide you with up-to-date information about the GBV referral pathways (= the information sheet with contact details to different GBV service providers, such as medical, legal, social workers etc. usually provided by the GBV sub-cluster/sector).
* If you ask for help to identify services, make sure never to share any personal information about the survivor or details about the incident with anyone
* This video: explains very well on how to act in case of GBV disclosure (play video, 4 minutes) <https://www.youtube.com/watch?v=n_YhXzMv1E4>

Slide 9 How many people have disabilities? (5 min)

* So now we ae going to speak about people with disabilities, and why it is important to make out WASH response accessible for all, including people with different types of disabilities of all ages.
* But first of all, lets look at some facts and figures. According to WHO, World Bank, UN DESA and UNICEF:
* An estimated 16% of the world’s population has disability (which is making it the largest minority in the world).
* 1 in 5 women is likely to experience disability during her life.
* 46% of persons aged 60 years and over have a disability.
* One in 10 children is a child with disability.
* In humanitarian context, people with disabilities may form a higher percentage. For example, studies have indicated:
* 21% Jordan
* 27% Syria

Slide 10 Who are people with disabilities? (10 minutes)

* Persons with disabilities include those with physical, hearing, visual, intellectual and psychosocial impairments
* However, a person does not have a disability because of their impairment alone. Disability arises due to an environment that does not accommodate diverse needs:
  + For example, if someone with low vision has access to eyeglasses, they will have equal access to education and participation in the community and will therefore not have a disability. The same person, without access to eyeglasses, will likely not have access to education, be excluded from work opportunity and not have access to information. Example can be adapted to the context
* A person with impairment, in her interaction with their environment, might face institutional, physical, attitudinal and/or communication barriers; and it is this interaction which creates obstacles to participation and access to services and facilities

Slide 11 Key risks faced by persons with disabilities (10 minutes)

* The key point is that risks are created by barriers (institutional, physical, attitudinal and/or communication) to accessing services, facilities and opportunities for participation. These risks are not inherent to individuals with disabilities, they arise out of the interaction between impairments and the environment (including the design of humanitarian programmes)
* Children with disabilities are vulnerable to abuse and in fact more than twice as likely as their peers without disabilities to experience violence, with a higher likelihood of all forms of violence
* Girls with disabilities up to 3 times more at risk of rape than girls without disabilities and twice as likely to experience other forms of GBV
* 24% of children with more than one functional difficulty are out of primary school
* 47% more likely to be underweight and 34 per cent more likely to be stunted compared to children without disabilities
* 22% less likely (compared to children without disabilities) to have improved sanitation facilities in their households; and 26% less likely to have improved drinking water sources in their households
* *These higher levels of expose to harm highlight* *the importance of designing interventions deliberately to address the factors that create these risks!*

Slide 12 Barriers to accessing WASH services and facilities

* We have spoken about how barriers directly create heightened risk for persons with disabilities. The key focus of humanitarian actors should therefore be on identifying and addressing these barriers
* Barriers will vary by context and by individual (including with consideration for age, gender and other diversity factors)- facilitator can ask the group about any context specific barriers for persons with disabilities to access WASH services and facilities and supplement if needed with these examples. Encourage participants to think about physical, communication and institutional;/ attitudinal barriers
* Examples of barriers to accessing WASH services and facilities:
  + WASH related information in inaccessible formats
  + Stigma preventing persons with disabilities from safely using communal facilities
  + Distribution of WASH items using heavy or bulky packaging
  + Long distances to WASH facilities or rough/ uneven paths
  + Stairs or narrow doorways at WASH facilities
  + Lack of supplies required by some persons with disabilities (e.g., commodes)

Slide 13 Disability inclusion (5 minutes)

* Recap the key messages regarding disability inclusion: disability Inclusion is not a specialized, highly technical area of work, it is a core part of everyone’s work and is the process of identifying and addressing barriers to access that create exclusion and heightened risk for persons with disabilities.
* This safety and accessibility audit tool is a key tool to use to deliver a disability inclusive WASH response

Slide 14 The WASH Safety and Accessibility toolkit (5 minutes)

* We have spoken about the importance of us as WASH specialists to take steps to mitigate GBV risks in our response AND take steps to make our response (including information) accessible for people with disabilities.
* The man point of today’s presentation is to introduce the WASH safety and accessibility toolkit to you, it will help you ensuring that your WASH response sis safe and accessible.
* It can be implemented before you start your response programming, by FGDs with communities asking about their preferred location of facilities or if they have any safety or accessibility concerns going to the locations of the WASH facilities
* The toolkit can also be used as a monitoring tool to be implemented regularly in your WASH response, making sure that facilities remain safe and accessible for women, girls and people with disabilities.
* The toolkit is applying the RECO approach (Reaching, Entering. Circulating and Using) and has 5 parts: Part 1 is the Guidelines and instructions for use: Part 2 is the Common Core (= external pathway between the user and the facility) Part3 is for Water Points, Part 4 is for Latrines and Part 5 is for Bathing Facilities

Slide 15 The WASH Safety and Accessibility toolkit- steps for use (5 minutes)

* Read part 1 carefully, all the instructions for how to use the toolkit, and more links and tips for how to conduct FGDs are in this part
* Read Part 2 and make sure you understand how to go about the visual checklist for the external pathway between the user and the facility
* Depending on the type of facility to be audited (Water point, Latrine or Bathing area) select between Parts 3-5
* Once you have done the visual observation checklist in Part 2, continue with the checklist in Part 3/4/5
* Once you have your visual observations, always strive to validate these findings through FGDs with women and girls, including with disabilities. There are sample questions for the FGDs per Type of facility in Parts 3/4/5

Slide 16: relevant Resources

* For those of you that want to deepen your knowledge n GBV Risk mitigation and Disability Inclusion, there are lots of resources available online. Here are a few recommended resources examples

THANK YOU so much for taking the time to be here for this presentation today! I hope it has been useful and that you will be able to implement the WASH safety and Accessibility toolkit as part of your regular monitoring tools.

Are there any questions?