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

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The comprehensive Guidelines were revised from the original 2005 IASC *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings.* The revision process was overseen by an Operations Team led by UNICEF. Operations team members were: Mendy Marsh and Erin Patrick (UNICEF), Erin Kenny (UNFPA), Joan Timoney (Women's Refugee Commission) and Beth Vann (independent consultant), in addition to the authors. The process was further guided by an inter-agency advisory board ('Task Team') of 16 organizations including representatives of the global GBV Area of Responsibility (GBV AoR) co-lead agencies—UNICEF and UNFPA—as well as UNHCR, UN Women, the World Food Programme, expert NGOs (the American Refugee Committee, Care International, Catholic Relief Services, ChildFund International, InterAction, International Medical Corps, International Rescue Committee, Oxfam International, Plan International, Refugees International, Save the Children and Women's Refugee Commission), the U.S. Centers for Disease Control and Prevention and independent consultants with expertise in the field. The considerable dedication and contributions of all these partners has been critical throughout the entire revision process.

The content and design of the revised Guidelines was informed by a highly consultative process that involved the global distribution of multi-lingual surveys in advance of the revision process to help define the focus and identify specific needs and challenges in the field. In addition, detailed inputs and feedback were received from over 200 national and international actors both at headquarters and in-country, representing most regions of the world, over the course of two years and four global reviews. Draft content of the Guidelines was also reviewed and tested at the field level, involving an estimated additional 1,000 individuals across United Nations, INGO and government agencies in nine locations in eight countries.

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A Global Reference Group has been established to help promote the Guidelines and monitor their use. The Reference Group is led by UNICEF and UNFPA and includes as its members: American Refugee Committee, Care International, the U.S. Centers for Disease Control and Prevention, ChildFund International, International Medical Corps, International Organization for Migration, International Rescue Committee, Norwegian Refugee Council, Oxfam, Refugees International, Save the Children, UNHCR and Women's Refugee Commission.

For more information about the implementation of the revised Guidelines, please visit the GBV Guidelines website <www.gbvguidelines.org>. This website hosts a knowledge repository and provides easy access to the comprehensive Guidelines, the TAGs and related tools, collated case studies and monitoring and evaluation results. Arabic, French and Spanish versions of the Guidelines and associated training and rollout materials are available on this website as well.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the United Nations or partners concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

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Foreword

Around the world, every day, gender-based violence harms the lives and futures of an untold number of women and girls. Conflicts and humanitarian crises increase the risk that gender-based violence will occur—compounding the challenges already faced by people living through emergencies.

But humanitarian responders can greatly reduce these risks by working together across all areas of emergency response—coordinating their efforts to prevent gender-based violence before it occurs and working with those most vulnerable to mitigate harm.

Water, sanitation and hygiene (WASH) professionals already play a critical role in enhancing the safety and well-being of people affected by humanitarian crises. They can do even more to protect those most vulnerable by integrating interventions to prevent gender-based violence into their existing programmes.

Girls and women are already disproportionally affected by WASH issues that arise during humanitarian emergencies. Forced to travel long distances to water points or latrines—with existing sanitation facilities often lacking privacy, lighting, or locks—they are at increased risk of sexual assault and harassment. Water scarcity can create tension in the home and heighten the possibility of domestic violence. And a shortage of culturally appropriate and accessible WASH supplies, services and other support materials can increase all of these risks.

Better-designed WASH programming can help mitigate such risks. WASH professionals are well positioned to reduce the risks of gender-based violence by actively involving women and—where appropriate—adolescent girls in community-based WASH committees and striving to locate WASH facilities (e.g. toilets and bathing facilities) in safe locations and within safe distances from homes.

This Thematic Area Guide (TAG) on WASH and gender-based violence is a portable tool that provides practical guidance for WASH professionals working to prevent and mitigate gender-based violence in humanitarian settings. Part of the newly-updated comprehensive *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (available at <http://www.gbvguidelines.org>), the guidance in this TAG reflects the combined wisdom and experience of colleagues from the WASH sector and the wider humanitarian community. Extensively reviewed and field tested, this TAG is meant to be used from the preparedness stage of emergency response through to the recovery phase.

No single organization, agency or entity working in an emergency can prevent gender-based violence alone. By implementing the guidance in this TAG in our work, and coordinating our efforts in a comprehensive way, we can strengthen our response in humanitarian crises—and in doing so, help the families and the individuals we serve to be healthier, stronger and safer. We owe that to them, and to our common future.

unicef

Anthony Lake,
Executive Director

Acronyms

AAP	Accountability to Affected Populations
AoR	area of responsibility
AXO	abandoned explosive ordnance
CA	camp administration
CAAC	Children and Armed Conflict
CAAP	Commitments on Accountability to Affected Populations
CaLP	Cash Learning Partnership
CBPF	country-based pooled fund
CCCM	camp coordination and camp management
CCSA	clinical care for sexual assault
CEDAW	Committee on the Elimination of Discrimination against Women
CERF	Central Emergency Response Fund
CFW	cash for work
CIVPOL	Civilian Police
CLA	cluster lead agency
CoC	code of conduct
CP	child protection
CPRA	Child Protection Rapid Assessment
CPWG	Child Protection Working Group
CRC	Convention on the Rights of the Child
CwC	communicating with communities
DDR	disarmament, demobilization and reintegration
DEVAW	Declaration on the Elimination of Violence against Women
DFID	Department for International Development
DRC	Danish Refugee Council
DRC	Democratic Republic of the Congo
DTM	Displacement Tracking Matrix
EA$E	Economic and Social Empowerment
EC	emergency contraception
ERC	emergency relief coordinator
ERW	explosive remnants of war
FAO	Food and Agriculture Organization
FGD	focus group discussion
FGM/C	female genital mutilation/cutting
FSA	food security and agriculture
GA	General Assembly
GBV	gender-based violence
GBVIMS	Gender-Based Violence Information Management System
GPS	Global Positioning System
HC	humanitarian coordinator
HCT	humanitarian country team
HIV	human immunodeficiency virus
HLP	housing, land and property
HMA	humanitarian mine action
HPC	Humanitarian Programme Cycle
HR	human resources
HRP	Humanitarian Response Plan
HRW	Human Rights Watch
IASC	Inter-Agency Standing Committee
ICLA	Information, Counselling and Legal Assistance
ICRC	International Committee of the Red Cross
ICT	information and communication technologies
ICWG	inter-cluster working group
IDD	Internal Displacement Division
IDP	internally displaced person
IEC	information, education and communication
IFRC	International Federation of Red Cross and Red Crescent Societies
IGA	income-generating activity
IMC	International Medical Corps
IMN	Information Management Network
IMS	Information Management System
INEE	Inter-Agency Network for Education in Emergencies
INGO	international non-governmental organization
IOM	International Organization for Migration
IPPF	International Planned Parenthood Federation
IRC	International Rescue Committee
IRIN	Integrated Regional Information Network
KII	key informant interview
LEGS	Livestock Emergency Guidelines and Standards

Acronyms (continued)

LGBTI	lesbian, gay, bisexual, transgender and intersex
M&E	monitoring and evaluation
MDG	Millennium Development Goals
MHPSS	mental health and psychosocial support
MIRA	multi-cluster/sector initial rapid assessment
MISP	Minimum Initial Service Package
MoE	Ministry of Education
MPP	minimum preparedness package
MRE	mine risk education
MRM	monitoring and reporting mechanism
NFI	non-food item
NGO	non-governmental organization
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
Oxfam	Oxford Famine Relief Campaign
PATH	Program for Appropriate Technology in Health
PEP	post-exposure prophylaxis
PFA	psychological first aid
POC	Protection of Civilians
PSEA	protection from sexual exploitation and abuse
PTA	parent-teacher association
RC	resident coordinator
RDC	relief to development continuum
SAFE	Safe Access to Firewood and alternative Energy
SC	Security Council
SGBV	sexual and gender-based violence
SOGI	sexual orientation and gender identity
SOPs	standard operating procedures
SRH	sexual and reproductive health
SRP	strategic response plan
SS&R	shelter, settlement and recovery
STI	sexually transmitted infection
SWG	Sub-Working Group
TAG	Thematic Area Guide
UNDAC	United Nations Disaster Assessment and Coordination
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNMAS	United Nations Mine Action Service
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
UXO	unexploded ordnance
VAWG	violence against women and girls
VSLA	Village Savings and Loan Association
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization
WMA	World Medical Association
WPE	Women's Protection and Empowerment
WRC	Women's Refugee Commission

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PART ONE
INTRODUCTION

1. About This Thematic Area Guide

Purpose of This Guide

This Thematic Area Guide (TAG) is excerpted from the comprehensive Inter-Agency Standing Committee *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (IASC, 2015).[1] The purpose of this TAG is to assist water, sanitation and hygiene (WASH) actors and communities affected by armed conflict, natural disasters and other humanitarian emergencies to *coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of gender-based violence (GBV) across the WASH sector.*[2]

As detailed below, GBV is a widespread international public health and human rights issue. During a humanitarian crisis, many factors can exacerbate GBV-related risks. These include—but are not limited to—increased militarization, lack of community and State protections, displacement, scarcity of essential resources, disruption of community services, changing cultural and gender norms, disrupted relationships and weakened infrastructure.

All national and international actors responding to an emergency have a duty to protect those affected by the crisis; this includes protecting them from GBV. *In order to save lives and maximize protection, essential actions must be undertaken in a coordinated manner from the earliest stages of emergency preparedness.* These actions, described in **Part Three: Water, Sanitation and Hygiene Guidance,** are necessary in every humanitarian crisis and are focused on three overarching and interlinked goals:

1. To **reduce risk** of GBV by implementing GBV prevention and mitigation strategies within the WASH sector from pre-emergency through to recovery stages;
2. To **promote resilience** by strengthening national and community-based systems that prevent and mitigate GBV, and by enabling survivors[3] and those at risk of GBV to access care and support; and
3. To **aid recovery** of communities and societies by supporting local and national capacity to create lasting solutions to the problem of GBV.

[1] The comprehensive Guidelines include guidance for thirteen areas of humanitarian operations, including camp coordination and camp management (CCCM); child protection; education; food security and agriculture (FSA); health; housing, land and property (HLP); humanitarian mine action (HMA); livelihoods; nutrition; protection; shelter, settlement and reconstruction (SS&R); water, sanitation and hygiene (WASH); and humanitarian operations support sectors (e.g. logistics and telecommunications). Unlike this TAG, the comprehensive Guidelines also include annexes with supplemental resources related to GBV prevention, mitigation and response. The annexes are also available as stand-alone documents. The comprehensive Guidelines and stand-alone TAGs and annexes are available at <www.gbvguidelines.org>.

[2] The different areas of humanitarian operation addressed in the comprehensive Guidelines and the stand-alone TAGs have been identified based on the global cluster system. However, both this TAG and the comprehensive Guidelines generally use the word 'sector' rather than 'cluster' in an effort to be relevant to both cluster and non-cluster contexts. Where specific reference is made to work conducted only in clusterized settings, the word 'cluster' is used. For more information about the cluster system, see <http://www.humanitarianresponse.info/clusters/space/page/what-cluster-approach>.

[3] A survivor is a person who has experienced gender-based violence. The terms 'victim' and 'survivor' can be used interchangeably. 'Victim' is a term often used in the legal and medical sectors, while the term 'survivor' is generally preferred in the psychological and social support sectors because it implies resiliency. This TAG employs the term 'survivor' in order to reinforce the concept of resiliency.

ESSENTIAL TO KNOW

'Prevention' and 'Mitigation' of GBV

Throughout this TAG, there is a distinction made between '**prevention**' and '**mitigation**' of GBV. While there will inevitably be overlap between these two areas, **prevention** generally refers to taking action to stop GBV from first occurring (*e.g. scaling up activities that promote gender equality; working with communities, particularly men and boys, to address practices that contribute to GBV; etc.*). **Mitigation** refers to reducing the risk of exposure to GBV (*e.g. ensuring that reports of 'hot spots' are immediately addressed through risk-reduction strategies; ensuring sufficient lighting and security patrols are in place from the onset of establishing displacement camps; etc.*). While some humanitarian sectors (such as health) may undertake response activities related to survivor care and assistance, the overarching focus of this TAG is on essential prevention and mitigation activities that should be undertaken within and across the WASH sector.

How This Thematic Area Guide is Organized

Part One introduces this TAG, presents an overview of GBV and provides an explanation for why GBV is a protection concern for all WASH actors.

Part Two provides a background to and summarizes the structure of the WASH guidance in **Part Three**. It also introduces the guiding principles and approaches that are the foundation for all planning and implementation of GBV-related programming.

Part Three provides specific guidance for the WASH sector to implement programming that addresses the risk of GBV.

Although this TAG is specifically tailored to the WASH sector, all humanitarian actors must avoid 'siloed' interventions. WASH actors should strive to work with other sectors to ensure coordinated response, and recommendations for coordination are outlined in **Part Three**. It is also recommended that WASH actors review the content of the comprehensive Guidelines—not just their TAG—in order to familiarize themselves with key GBV prevention, mitigation and response activities of other sectors.

ESSENTIAL TO KNOW

Assume GBV Is Taking Place

The actions outlined in this TAG are relevant from the earliest stages of humanitarian intervention and in any emergency setting, regardless of whether the prevalence or incidence of various forms of GBV is 'known' and verified. It is important to remember that **GBV is happening everywhere. It is under-reported worldwide**, due to fears of stigma or retaliation, limited availability or accessibility of trusted service providers, impunity for perpetrators, and lack of awareness of the benefits of seeking care. Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. With this in mind, **all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions based on recommendations in this TAG**, regardless of the presence or absence of concrete 'evidence'.

This TAG draws from many tools, standards, background materials and other resources developed by UN, I/NGO and academic sources. At the end of **Part Three** there is a list of resources specific to WASH; additional GBV-related resources are provided in **Annex 1** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.

Target Audience

This TAG is designed for national and international WASH actors operating in settings affected by armed conflict, natural disasters and other humanitarian emergencies, as well as in host countries and/or communities that receive people displaced by emergencies. The principal audience is WASH programmers—agencies and individuals who can use the information to incorporate GBV prevention and mitigation strategies into the design, implementation, monitoring and evaluation of WASH interventions. However, it is critical that humanitarian leadership—including governments, humanitarian coordinators, WASH coordinators and donors—also use this TAG as a reference and advocacy tool to improve the capacity of the WASH sector to prevent and mitigate GBV.[4] This TAG can further serve those working in development contexts—particularly contexts affected by cyclical disasters—in planning and preparing for humanitarian action that includes efforts to prevent and mitigate GBV.

ESSENTIAL TO KNOW

GBV Specialists and GBV Specialized Agencies

Throughout this TAG, there are references to 'GBV specialists' and 'GBV-specialized agencies'. A GBV specialist is someone who has received GBV-specific professional training and/or has considerable experience working on GBV programming. A GBV-specialized agency is one that undertakes targeted programmes for the prevention of and response to GBV. **It is expected that GBV specialists, agencies and inter-agency mechanisms will use this document to assist non-GBV specialists in undertaking prevention and mitigation activities within and across the WASH sector.** This TAG includes recommendations (outlined under 'Coordination' in **Part Three**) about how GBV specialists can be mobilized for technical support.

This TAG is primarily targeted to non-GBV specialists—that is, agencies and individuals who work in humanitarian response sectors other than GBV and do not have specific expertise in GBV prevention and response programming, but can nevertheless undertake activities that significantly reduce the risk of GBV for affected populations.[5]

The guidance emphasizes the importance of active involvement of **all members** of affected communities; this includes the leadership and meaningful participation of women and girls—alongside men and boys—in all preparedness, design, implementation, and monitoring and evaluation activities.

[4] Government, humanitarian coordinators, humanitarian country teams/inter-cluster working groups, cluster/sector lead agencies, cluster/sector coordinators and GBV coordination mechanisms can play an especially critical role in supporting the uptake of this TAG as well as the comprehensive Guidelines. For more information about actions to be undertaken by these actors to facilitate implementation of the Guidelines, see 'Ensuring Implementation of the GBV Guidelines: Responsibilities of key actors' (available at <www.gbvguidelines.org> as both a stand-alone document and as part of **Part One: Introduction** of the comprehensive Guidelines).

[5] Affected populations include all those who are adversely affected by an armed conflict, natural disaster or other humanitarian emergency, including those displaced (both internally and across borders) who may still be on the move or have settled into camps, urban areas or rural areas.

2. Overview of Gender-Based Violence

Defining GBV

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

Acts of GBV violate a number of universal human rights protected by international instruments and conventions (see 'The Obligation to Address Gender-Based Violence in Humanitarian Work', below). Many—but not all—forms of GBV are criminal acts in national laws and policies; this differs from country to country, and the practical implementation of laws and policies can vary widely.

ESSENTIAL TO KNOW

Informed Consent

When considering whether an act is perpetrated against a person's will, it is important to consider the issue of consent. **Informed consent is voluntarily and freely given** based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual concerned must have all relevant facts at the time consent is given and be able to evaluate and understand the consequences of an action. They also must be aware of and have the power to exercise their right to refuse to engage in an action and/or to not be coerced (i.e. being persuaded based on force or threats). **Children are generally considered unable to provide informed consent** because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. There are also instances where consent might not be possible due to cognitive impairments and/or physical, sensory, or developmental disabilities.

The term 'GBV' is most commonly used to underscore how systemic inequality between males and females—which exists in every society in the world—acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls. The United Nations Declaration on the Elimination of Violence against Women (DEVAW, 1993) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women." DEVAW emphasizes that the violence is "a manifestation of historically unequal power relations between men and women, which have led to the domination over and discrimination against women by men and to the prevention of the full advancement of women." Gender discrimination is not only a cause of many forms of violence against women and girls but also contributes to the widespread acceptance and invisibility of such violence—so that perpetrators are not held accountable and survivors are discouraged from speaking out and accessing support.

The term 'gender-based violence' is also increasingly used by some actors to highlight the gendered dimensions of certain forms of violence against men and boys—particularly some forms of sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity (e.g. sexual violence committed in armed conflict aimed at emasculating or feminizing the enemy). This violence against males is based on socially constructed ideas of what it means to be a man and exercise male power. It is used by men (and in rare cases by women) to cause harm to other males. As with violence against women and girls, this violence is often under-reported due to issues of stigma for the survivor—in this case associated with norms of masculinity (e.g. norms that discourage male survivors from acknowledging vulnerability, or suggest that a male survivor is somehow weak for having been assaulted). Sexual assault against males may also go unreported in situations where such reporting could result in life-threatening repercussions against the

survivor and/or his family members. Many countries do not explicitly recognize sexual violence against men in their laws and/or have laws which criminalize survivors of such violence.

The term 'gender-based violence' is also used by some actors to describe violence perpetrated against lesbian, gay, bisexual, transgender and intersex (LGBTI) persons that is, according to OHCHR, "driven by a desire to punish those seen as defying gender norms" (OHCHR, 2011). The acronym 'LGBTI' encompasses a wide range of identities that share an experience of falling outside societal norms due to their sexual orientation and/or gender identity. (For a review of terms, see **Annex 2** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.) OHCHR further recognizes that "lesbians and transgender women are at particular risk because of gender inequality and power relations within families and wider society." Homophobia and transphobia not only contribute to this violence but also significantly undermine LGBTI survivors' ability to access support (most acutely in settings where sexual orientation and gender identity are policed by the State).

ESSENTIAL TO KNOW

Women, Girls and GBV

Women and girls everywhere are disadvantaged in terms of social power and influence, control of resources, control of their bodies and participation in public life—all as a result of socially determined gender roles and relations. Gender-based violence against women and girls occurs in the context of this imbalance. While WASH actors must analyse different gendered vulnerabilities that may put men, women, boys and girls at heightened risk of violence and ensure care and support for all survivors, **special attention should be given to females due to their documented greater vulnerabilities to GBV, the overarching discrimination they experience, and their lack of safe and equitable access to humanitarian assistance**. WASH actors have an obligation to promote gender equality through humanitarian action in line with the IASC 'Gender Equality Policy Statement' (2008). They also have an obligation to support, through targeted action, women's and girls' protection, participation and empowerment as articulated in the Women, Peace and Security thematic agenda outlined in United Nations Security Council Resolutions (see **Annex 6** of the comprehensive Guidelines, available at <www.gbvguidelines.org>). While supporting the need for protection of all populations affected by humanitarian crises, this TAG recognizes the heightened vulnerability of women and girls to GBV and provides targeted guidance to address these vulnerabilities—including through strategies that promote gender equality.

Nature and Scope of GBV in Humanitarian Settings

A great deal of attention has centred on monitoring, documenting and addressing sexual violence in conflict—for instance the use of rape or other forms of sexual violence as a weapon of war. Because of its immediate and potentially life-threatening health consequences, coupled with the feasibility of preventing these consequences through medical care, addressing sexual violence is a priority in humanitarian settings. At the same time, there is a growing recognition that affected populations can experience various forms of GBV during conflict and natural disasters, during displacement, and during and following return. In particular, intimate partner violence is increasingly recognized as a critical GBV concern in humanitarian settings.

These additional forms of violence—including intimate partner violence and other forms of domestic violence, forced and/or coerced prostitution, child and/or forced marriage, female genital mutilation/cutting, female infanticide, and trafficking for sexual exploitation and/or forced/domestic labour—must be considered in GBV prevention and mitigation efforts according to the trends in violence and the needs identified in a given setting. (For a list of types of GBV and associated definitions, see **Annex 3** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.)

In all types of GBV, violence is used primarily by males against females to subordinate, disempower, punish or control. The gender of the perpetrator and the victim are central not only to the motivation for the violence, but also to the ways in which society condones or responds to the violence. Whereas violence against men is more likely to be committed by an acquaintance or stranger, women more often experience violence at the hands of those who are well known to them: intimate partners, family members, etc.[6] In addition, widespread gender discrimination and gender inequality often result in women and girls being exposed to multiple forms of GBV throughout their lives, including 'secondary' GBV as a result of a primary incident (e.g. abuse by those they report to, honor killings following sexual assault, forced marriage to a perpetrator, etc.).

ESSENTIAL TO KNOW

Women and Natural Disasters

In many situations, women and girls are disproportionately affected by natural disasters. As primary caregivers who often have greater responsibilities related to household work, agriculture and food production, women may have less access to resources for recovery. They may also be required to take on new household responsibilities (for example when primary income earners have been killed or injured, or need to leave their families to find employment). If law and order break down, or social support and safety systems (such as the extended family or village groups) fail, women and girls are also at greater risk of GBV and discrimination.

(Adapted from **Global Protection Cluster. n.d.** 'Strengthening Protections in Natural Disaster Response: Women and girls' (draft), <www.globalprotectioncluster.org/en/tools-and-guidance/protection-cluster-coordination-toolbox.html>)

Obtaining prevalence and/or incidence data on GBV in emergencies is not advisable due to the methodological and contextual challenges related to undertaking population-based research on GBV in emergency settings (e.g. security concerns for survivors and researchers, lack of available or accessible response services, etc.). The majority of information about the nature and scope of GBV in humanitarian contexts is derived from qualitative research, anecdotal reports, humanitarian monitoring tools and service delivery statistics. These data suggest that many forms of GBV are significantly aggravated during humanitarian emergencies, as illustrated in the statistics provided below. (See **Annex 5** of the comprehensive Guidelines, available at <www.gbvguidelines.org>, for additional statistics as well as for citations for the data presented below.)

- In the Democratic Republic of the Congo during 2013, UNICEF coordinated with partners to provide services to 12,247 GBV survivors; 3,827—or approximately 30 per cent—were children, of whom 3,748 were girls and 79 were boys (UNICEF DRC, 2013).
- In Pakistan following the 2011 floods, 52 per cent of surveyed communities reported that privacy and safety of women and girls was a key concern. In a 2012 Protection Rapid Assessment with conflict-affected IDPs, interviewed communities reported that a number of women and girls were facing aggravated domestic violence, forced marriage, early marriages and exchange marriages, in addition to other cases of gender-based violence (de la Puente, 2014).
- In Afghanistan, a household survey (2008) showed 87.2 per cent of women reported one form of violence in their lifetime and 62 per cent had experienced multiple forms of violence (de la Puente, 2014).

[6] In 2013 the World Health Organization and others estimated that as many as 38 per cent of female homicides globally were committed by male partners while the corresponding figure for men was 6 per cent. They also found that whereas males are disproportionately represented among victims of violent death and physical injuries treated in emergency departments, women and girls, children and elderly people disproportionately bear the burden of the nonfatal consequences of physical, sexual and psychological abuse, and neglect, worldwide. (**World Health Organization. 2014**. *Global Status Report on Violence Prevention 2014,* <www.who.int/violence_injury_prevention/violence/status_report/2014/en>. Also see **World Health Organization. 2002**. *World Report on Violence and Health,* <http://whqlibdoc.who.int/hq/2002/9241545615.pdf>.)

- In Liberia, a survey of 1,666 adults found that 32.6 per cent of male combatants experienced sexual violence while 16.5 per cent were forced to be sexual servants (Johnson et al, 2008). Seventy-four per cent of a sample of 388 Liberian refugee women living in camps in Sierra Leone reported being sexually abused prior to being displaced. Fifty-five per cent experienced sexual violence during displacement (IRIN, 2006; IRIN, 2008).
- Of 64 women with disabilities interviewed in post-conflict Northern Uganda, one third reported experiencing some form of GBV and several had children as a result of rape (HRW, 2010).
- In a 2011 assessment, Somali adolescent girls in the Dadaab refugee complex in Kenya explained that they are in many ways 'under attack' from violence that includes verbal and physical harassment; sexual exploitation and abuse in relation to meeting their basic needs; and rape, including in public and by multiple perpetrators. Girls reported feeling particularly vulnerable to violence while accessing scarce services and resources, such as at water points or while collecting firewood outside the camps (UNHCR, 2011).
- In Mali, daughters of displaced families from the North (where female genital mutilation/cutting [FGM/C] is not traditionally practised) were living among host communities in the South (where FGM/C is common). Many of these girls were ostracized for not having undergone FGM/C; this led families from the North to feel pressured to perform FGM/C on their daughters (Plan Mali, April 2013).
- Domestic violence was widely reported to have increased in the aftermath of the 2004 Indian Ocean tsunami. One NGO reported a three-fold increase in cases brought to them (UNFPA, 2011). Studies from the United States, Canada, New Zealand and Australia also suggest a significant increase in intimate partner violence related to natural disasters (Sety, 2012).
- Research undertaken by the Human Rights Documentation Unit and the Burmese Women's Union in 2000 concluded that an estimated 40,000 Burmese women are trafficked each year into Thailand's factories and brothels and as domestic workers (IRIN, 2006).
- The GBV Information Management System (IMS), initiated in Colombia in 2011 to improve survivor access to care, has collected GBV incident data from 7 municipalities. As of mid-2014, 3,499 females (92.6 per cent of whom were 18 years or older) and 437 males (91.8 per cent of whom were 18 years or older) were recorded in the GBVIMS, of whom over 3,000 received assistance (GBVIMS Colombia, 2014).

ESSENTIAL TO KNOW

Protection from Sexual Exploitation and Abuse (PSEA)

As highlighted in the Secretary-General's Bulletin on 'Special Measures for Protection from Sexual Exploitation and Sexual Abuse' (ST/SGB/2003/13, <www.refworld.org/docid/451bb6764.html>), PSEA relates to certain responsibilities of international humanitarian, development and peacekeeping actors. These responsibilities include preventing incidents of sexual exploitation and abuse **committed by United Nations, NGO, and inter-governmental organization (IGO) personnel against the affected population**; setting up confidential reporting mechanisms; and taking safe and ethical action as quickly as possible when incidents do occur. PSEA is an important aspect of preventing GBV and PSEA efforts should therefore link to GBV expertise and programming—especially to ensure survivors' rights and other guiding principles are respected.

These responsibilities are at the determination of the Humanitarian Coordinator/Resident Coordinator and individual agencies. As such, detailed guidance on PSEA is outside the authority of this TAG. This TAG nevertheless wholly supports the mandate of the Secretary-General's Bulletin and provides several recommendations on incorporating PSEA strategies into agency policies and community outreach. Detailed guidance is available on the IASC AAP/PSEA Task Force website: <www.pseataskforce.org>.

Impact of GBV on Individuals and Communities

GBV seriously impacts survivors' immediate sexual, physical and psychological health, and contributes to greater risk of future health problems. Possible sexual health effects include unwanted pregnancies, complications from unsafe abortions, female sexual arousal disorder or male impotence, and sexually transmitted infections, including HIV. Possible physical health effects of GBV include injuries that can cause both acute and chronic illness, impacting neurological, gastrointestinal, muscular, urinary, and reproductive systems. These effects can render the survivor unable to complete otherwise manageable physical and mental labour. Possible mental health problems include depression, anxiety, harmful alcohol and drug use, post-traumatic stress disorder and suicidality.[7]

Survivors of GBV may suffer further because of the stigma associated with GBV. Community and family ostracism may place them at greater social and economic disadvantage. The physical and psychological consequences of GBV can inhibit a survivor's functioning and well-being—not only personally but in relationships with family members. The impact of GBV can further extend to relationships in the community, such as the relationship between the survivor's family and the community, or the community's attitudes towards children born as a result of rape. LGBTI persons can face problems in convincing security forces that sexual violence against them was non-consensual; in addition, some male victims may face the risk of being counter-prosecuted under sodomy laws if they report sexual violence perpetrated against them by a man.

GBV can affect child survival and development by raising infant mortality rates, lowering birth weights, contributing to malnutrition and affecting school participation. It can further result in specific disabilities for children: injuries can cause physical impairments; deprivation of proper nutrition or stimulus can cause developmental delay; and consequences of abuse can lead to long-term mental health problems.

Many of these effects are hard to link directly to GBV because they are not always easily recognizable by health and other providers as evidence of GBV. This can contribute to mistaken assumptions that GBV is not a problem. However, failure to appreciate the full extent and hidden nature of GBV—as well as failure to address its impact on individuals, families and communities—can limit societies' ability to heal from humanitarian emergencies.

Contributing Factors to and Causes of GBV

Integrating GBV prevention and mitigation into humanitarian interventions requires anticipating, contextualizing and addressing factors that may contribute to GBV. Examples of these factors at the societal, community and individual/family levels are provided below. These levels are loosely based on the ecological model developed by Heise (1998). The examples are illustrative; actual risk factors will vary according to the setting, population and type of GBV. Even so, these examples underscore the importance of addressing GBV through broad-based interventions that target a variety of different risks.

Conditions related to humanitarian emergencies may exacerbate the risk of many forms of GBV. However, the **underlying causes** of violence are associated with attitudes, beliefs, norms and structures that promote and/or condone gender-based discrimination and unequal

[7] For more information on the health effects of GBV on women and children, see **World Health Organization. 1997**. 'Violence Against Women: Health consequences', <www.who.int/gender/violence/v8.pdf>, as well as **UN Women**. 'Virtual Knowledge Centre to End Violence against Women and Girls', <www.endvawnow.org/en/articles/301-consequences-and-costs-.html>. For more information on health effects of sexual violence against men, see **United Nations High Commissioner for Refugees. 2012**. *Working with Men and Boy Survivors of Sexual and Gender-Based Violence in Forced Displacement*, <www.refworld.org/pdfid/5006aa262.pdf>.

power, whether during emergencies or during times of stability. Linking GBV to its roots in **gender discrimination and gender inequality** necessitates not only working to meet the immediate needs of the affected populations, but also implementing strategies—as early as possible in any humanitarian action—that promote long-term social and cultural change towards gender equality. Such strategies include ensuring leadership and active engagement of women and girls, along with men and boys, in community-based groups related to WASH; conducting advocacy to promote the rights of all affected populations; and enlisting females as WASH programme staff, including in positions of leadership.

Contributing Factors to GBV	
Society-Level Contributing Factors	• Porous/unmonitored borders; lack of awareness of risks of being trafficked • Lack of adherence to rules of combat and International Humanitarian Law • Hyper-masculinity; promotion of and rewards for violent male norms/behaviour • Combat strategies (*e.g. torture or rape as a weapon of war*) • Absence of security and/or early warning mechanisms • Impunity, including lack of legal framework and/or criminalization of forms of GBV, or lack of awareness that different forms of GBV are criminal • Lack of inclusion of sex crimes committed during a humanitarian emergency into large-scale survivors' reparations and support programmes (including for children born of rape) • Economic, social and gender inequalities • Lack of meaningful and active participation of women in leadership, peacebuilding processes, and security sector reform • Lack of prioritization on prosecuting sex crimes; insufficient emphasis on increasing access to recovery services; and lack of foresight on the long-term ramifications for children born as a result of rape, specifically related to stigma and their resulting social exclusion • Failure to address factors that contribute to violence such as long-term internment or loss of skills, livelihoods, independence, and/or male roles
Community-Level Contributing Factors	• Poor camp/shelter/WASH facility design and infrastructure (including for persons with disabilities, older persons and other at-risk groups) • Lack of access to education for females, especially secondary education for adolescent girls • Lack of safe shelters for women, girls and other at-risk groups • Lack of training, vetting and supervision for humanitarian staff • Lack of economic alternatives for affected populations, especially for women, girls and other at-risk groups • Breakdown in community protective mechanisms and lack of community protections/ sanctions relating to GBV • Lack of reporting mechanisms for survivors and those at risk of GBV, as well as for sexual exploitation and abuse committed by humanitarian personnel • Lack of accessible and trusted multi-sectoral services for survivors (health, security, legal/justice, mental health and psychosocial support) • Absence/under-representation of female staff in key service provider positions (health care, detention facilities, police, justice, etc.) • Inadequate housing, land and property rights for women, girls, children born of rape and other at-risk groups • Presence of demobilized soldiers with norms of violence • Hostile host communities • 'Blaming the victim' or other harmful attitudes against survivors of GBV • Lack of confidentiality for GBV survivors • Community-wide acceptance of violence • Lack of child protection mechanisms • Lack of psychosocial support as part of disarmament, demobilization and reintegration (DDR) programming
Individual/Family-Level Contributing Factors	• Lack of basic survival needs/supplies for individuals and families or lack of safe access to these survival needs/supplies (e.g food, water, shelter, cooking fuel, hygiene supplies, etc.) • Gender-inequitable distribution of family resources • Lack of resources for parents to provide for children and older persons (economic resources, ability to protect, etc.), particularly for woman and child heads of households • Lack of knowledge/awareness of acceptable standards of conduct by humanitarian staff, and that humanitarian assistance is free • Harmful alcohol/drug use • Age, gender, education, disability • Family history of violence • Witnessing GBV

ESSENTIAL TO KNOW

Risks for a Growing Number of Refugees Living in Urban and Other Non-Camp Settings

A growing number and proportion of the world's refugees are found in urban areas. As of 2009, UNHCR statistics suggested that almost half of the world's 10.5 million refugees reside in cities and towns, compared to one third who live in camps. As well as increasing in size, the world's urban refugee population is also changing in composition. In the past, a significant proportion of the urban refugees registered with UNHCR in developing and middle-income countries were young men. Today, however, large numbers of refugee women, children and older people are found in urban and other non-camp areas, particularly in those countries where there are no camps. They are often confronted with a range of protection risks, including the threat of arrest and detention, refoulement, harassment, exploitation, discrimination, inadequate and overcrowded shelter, HIV, human smuggling and trafficking, and other forms of violence. The recommendations within this TAG are relevant to WASH actors providing assistance to displaced populations living in urban and other non-camp settings, as well as those living in camps.

(Adapted from **United Nations High Commissioner for Refugees. 2009**. 'UNHCR Policy on Refugee Protection and Solutions in Urban Areas', <www.unhcr.org/4ab356ab6.html>)

Key Considerations for At-Risk Groups

In any emergency, there are groups of individuals more vulnerable to harm than other members of the population. This is often because they hold less power in society, are more dependent on others for survival, are less visible to relief workers, or are otherwise marginalized. This TAG uses the term 'at-risk groups' to describe these individuals.

When sources of vulnerability—such as age, disability, sexual orientation, religion, ethnicity, etc.—intersect with gender-based discrimination, the likelihood of women's and girls' exposure to GBV can escalate. For example, adolescent girls who are forced into child marriage—a form of GBV itself—may be at greater risk of intimate partner violence than adult females. In the case of men and boys, gender-inequitable norms related to masculinity and femininity can increase their exposure to some forms of sexual violence. For example, men and boys in detention who are viewed by inmates as particularly weak (or 'feminine') may be subjected to sexual harassment, assault and rape. In some conflict-afflicted settings, some groups of males may not be protected from sexual violence because they are assumed to not be at risk by virtue of the privileges they enjoyed during peacetime.

Not all the at-risk groups listed below will always be at heightened risk of gender-based violence. Even so, they will very often be at heightened risk of harm in humanitarian settings. Whenever possible, efforts to address GBV should be alert to and promote the protection rights and needs of these groups. Targeted work with specific at-risk groups should be in collaboration with agencies that have expertise in addressing their needs. With due consideration for safety, ethics and feasibility, the particular experiences, perspectives and knowledge of at-risk groups should be solicited to inform work throughout all phases of the programme cycle. Specifically, WASH actors should:

- Be mindful of the protection rights and needs of these at-risk groups and how these may vary within and across different humanitarian settings;
- Consider the potential intersection of their specific vulnerabilities to GBV; and
- Plan interventions that strive to reduce their exposure to GBV and other forms of violence.

Key Considerations for At-Risk Groups

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
Adolescent girls	• Sexual assault • Sexual exploitation and abuse • Child and/or forced marriage • Female genital mutilation/ cutting (FGM/C) • Lack of access to education	• Age, gender and restricted social status • Increased domestic responsibilities that keep girls isolated in the home • Erosion of normal community structures of support and protection • Lack of access to understandable information about health, rights and services (including reproductive health) • Being discouraged or prevented from attending school • Early pregnancies and motherhood • Engagement in unsafe livelihoods activities • Loss of family members, especially immediate caretakers • Dependence on exploitative or unhealthy relationships for basic needs
Elderly women	• Sexual assault • Sexual exploitation and abuse • Exploitation and abuse by caregivers • Denial of rights to housing and property	• Age, gender and restricted social status • Weakened physical status, physical or sensory disabilities, and chronic diseases • Isolation and higher risk of poverty • Limited mobility • Neglected health and nutritional needs • Lack of access to understandable information about rights and services
Woman and child heads of households	• Sexual assault • Sexual exploitation and abuse • Child and/or forced marriage (including wife inheritance) • Denial of rights to housing and property	• Age, gender and restricted social status • Increased domestic responsibilities that keep them isolated in the home • Erosion of normal community structures of support and protection • Dependence on exploitative or unhealthy relationships for basic needs • Engagement in unsafe livelihoods activities
Girls and women who bear children of rape, and their children born of rape	• Sexual assault • Sexual exploitation and abuse • Intimate partner violence and other forms of domestic violence • Lack of access to education • Social exclusion	• Age, gender • Social stigma and isolation • Exclusion or expulsion from their homes, families and communities • Poverty, malnutrition and reproductive health problems • Lack of access to medical care • High levels of impunity for crimes against them • Dependence on exploitative or unhealthy relationships for basic needs • Engagement in unsafe livelihoods activities
Indigenous women, girls, men and boys, and ethnic and religious minorities	• Social discrimination, exclusion and oppression • Ethnic cleansing as a tactic of war • Lack of access to education • Lack of access to services • Theft of land	• Social stigma and isolation • Poverty, malnutrition and reproductive health problems • Lack of protection under the law and high levels of impunity for crimes against them • Lack of opportunities and marginalization based on their national, religious, linguistic or cultural group • Barriers to participating in their communities and earning livelihoods
Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons	• Social exclusion • Sexual assault • Sexual exploitation and abuse • Domestic violence (e.g. violence against LGBTI children by their caretakers) • Denial of services • Harassment/sexual harassment • Rape expressly used to punish lesbians for their sexual orientation	• Discrimination based on sexual orientation and/or gender identity • High levels of impunity for crimes against them • Restricted social status • Transgender persons not legally or publicly recognized as their identified gender • Same-sex relationships not legally or socially recognized, and denied services other families might be offered • Exclusion from housing, livelihoods opportunities, and access to health care and other services • Exclusion of transgender persons from sex-segregated shelters, bathrooms and health facilities • Social isolation/rejection from family or community, which can result in homelessness • Engagement in unsafe livelihoods activities

Key Considerations for At-Risk Groups (continued)

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
Separated or unaccompanied girls, boys and orphans, including children associated with armed forces/groups	• Sexual assault • Sexual exploitation and abuse • Child and/or forced marriage • Forced labour • Lack of access to education • Domestic violence	• Age, gender and restricted social status • Neglected health and nutritional needs • Engagement in unsafe livelihoods activities • Dependence on exploitative or unhealthy relationships for basic needs • Early pregnancies and motherhood • Social stigma, isolation and rejection by communities as a result of association with armed forces/groups • Active engagement in combat operations • Premature parental responsibility for siblings
Women and men involved in forced and/or coerced prostitution, and child victims of sexual exploitation	• Coercion, social exclusion • Sexual assault • Physical violence • Sexual exploitation and abuse • Lack of access to education	• Dependence on exploitative or unhealthy relationships for basic needs • Lack of access to reproductive health information and services • Early pregnancies and motherhood • Isolation and a lack of social support/peer networks • Social stigma, isolation and rejection by communities • Harassment and abuse from law enforcement • Lack of protection under the law and/or laws that criminalize sex workers
Women, girls, men and boys in detention	• Sexual assault as punishment or torture • Physical violence • Lack of access to education • Lack of access to health, mental health and psychosocial support, including psychological first aid	• Poor hygiene and lack of sanitation • Overcrowding of detention facilities • Failure to separate men, women, families and unaccompanied minors • Obstacles and disincentives to reporting incidents of violence (especially sexual violence) • Fear of speaking out against authorities • Possible trauma from violence and abuse suffered before detention
Women, girls, men and boys living with HIV	• Sexual harassment and abuse • Social discrimination and exclusion • Verbal abuse • Lack of access to education • Loss of livelihood • Prevented from having contact with their children	• Social stigma, isolation and higher risk of poverty • Loss of land, property and belongings • Reduced work capacity • Stress, depression and/or suicide • Family disintegration and breakdown • Poor physical and emotional health • Harmful use of alcohol and/or drugs
Women, girls, men and boys with disabilities	• Social discrimination and exclusion • Sexual assault • Sexual exploitation and abuse • Intimate partner violence and other forms of domestic violence • Lack of access to education • Denial of access to housing, property and livestock	• Limited mobility, hearing and vision resulting in greater reliance on assistance and care from others • Isolation and a lack of social support/peer networks • Exclusion from obtaining information and receiving guidance, due to physical, technological and communication barriers • Exclusion from accessing washing facilities, latrines or distribution sites due to poor accessibility in design • Physical, communication and attitudinal barriers in reporting violence • Barriers to participating in their communities and earning livelihoods • Lack of access to medical care and rehabilitation services • High levels of impunity for crimes against them • Lack of access to reproductive health information and services
Women, girls, men and boys who are survivors of violence	• Social discrimination and exclusion • Secondary violence as result of the primary violence (e.g. abuse by those they report to; honor killings following sexual assault; forced marriage to a perpetrator; etc.) • Heightened vulnerability to future violence, including sexual violence, intimate partner violence, sexual exploitation and abuse, etc.	• Weakened physical status, physical or sensory disabilities, psychological distress and chronic diseases • Lack of access to medical care, including obstacles and disincentives to reporting incidents of violence • Family disintegration and breakdown • Isolation and higher risk of poverty

3. The Obligation to Address Gender-Based Violence in Humanitarian Work

> *"Protection of all persons affected and at risk must inform humanitarian decision-making and response, including engagement with States and non-State parties to conflict. It must be central to our preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond. In practical terms, this means identifying who is at risk, how and why at the very outset of a crisis and thereafter, taking into account the specific vulnerabilities that underlie these risks, including those experienced by men, women, girls and boys, and groups such as internally displaced persons, older persons, persons with disabilities, and persons belonging to sexual and other minorities."*
>
> (Inter-Agency Standing Committee Principals' statement on the Centrality of Protection in Humanitarian Action, endorsed December 2013 as part of a number of measures that will be adapted by the IASC to ensure more effective protection of people in humantarian crises.[8] Available at <www.globalprotectioncluster.org/en/tools-and-guidance/guidance-from-inter-agency-standing-committee.html>)

The primary responsibility to ensure that people are protected from violence rests with States. In situations of armed conflict, both State and non-State parties to the conflict have obligations in this regard under international humanitarian law. This includes refraining from causing harm to civilian populations and ensuring that people affected by violence get the care they need. When States or parties to conflict are unable and unwilling to meet their obligations, humanitarian actors play an important role in supporting measures to prevent and respond to violence. No single organization, agency or entity working in an emergency has the complete set of knowledge, skills, resources and authority to prevent GBV or respond to the needs of GBV survivors alone. Thus, collective effort is paramount: **All humanitarian actors must be aware of the risks of GBV and—acting collectively to ensure a comprehensive response—prevent and mitigate these risks as quickly as possible within their areas of operation.**

Failure to take action against GBV represents a failure by humanitarian actors to meet their most basic responsibilities for promoting and protecting the rights of affected populations. Inaction and/or poorly designed programmes can also unintentionally cause further harm. Lack of action or ineffective action contribute to a poor foundation for supporting the resilience, health and well-being of survivors, and create barriers to reconstructing affected communities' lives and livelihoods. In some instances, inaction can serve to perpetuate the cycle of violence: Some survivors of GBV or other forms of violence may later become perpetrators if their medical, psychological and protection needs are not met. In the worst case, inaction can indirectly or inadvertently result in loss of lives.

[8] The Centrality Statement further recognizes the role of the protection cluster to support protection strategies, including mainstreaming protection throughout all sectors. To support the realization of this, the Global Protection Cluster has committed to providing support and tools to other clusters, both at the global and field level, to help strengthen their capacity for protection mainstreaming. For more information see the **Global Protection Cluster. 2014**. *Protection Mainstreaming Training Package*, <www.globalprotectioncluster.org/en/areas-of-responsibility/protection-mainstreaming.html>.

The responsibility of humanitarian actors to address GBV is supported by a framework that includes key elements highlighted in the diagram below. (For additional details of elements of the framework, see **Annex 6** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.)

It is important that those working in settings affected by humanitarian emergencies understand the framework's key components and act in accordance with it. They must also use it to guide others—States, communities and individuals—to meet their obligations to promote and protect human rights.

International and national law: GBV violates principles that are covered by international humanitarian law, international and domestic criminal law, and human rights and refugee law at the international, regional and national levels. These principles include the protection of civilians even in situations of armed conflict and occupation, and their rights to life, equality, security, equal protection under the law, and freedom from torture and other cruel, inhumane or degrading treatment.

United Nations Security Council resolutions: Protection of Civilians (POC) lies at the centre of international humanitarian law and also forms a core component of international human rights, refugee, and international criminal law. Since 1999, the United Nations Security Council, with its United Nations Charter mandate to maintain or restore international peace and security, has become increasingly concerned with POC—with the Secretary-General regularly including it in his country reports to the Security Council and the Security Council providing it as a common part of peacekeeping mission mandates in its resolutions. Through this work on POC, the **Security Council has recognized the centrality of women, peace and security by adopting a series of thematic resolutions on the issue**. Of these, three resolutions (1325, 1889 and 2212) address women, peace and security broadly (e.g. women's specific experiences of conflict and their contributions to conflict prevention, peacekeeping, conflict resolution and peacebuilding). The others (1820, 1888, 1960 and 2106) also reinforce women's participation, but focus more specifically on conflict-related sexual violence. United Nations Security Council Resolution 2106 is the first to explicitly refer to men and boys as survivors of violence. The United Nations Security Council's agenda also includes Children and Armed Conflict (CAAC)

through which it established, in 2005, a monitoring and reporting mechanism (MRM) on six grave children's rights violations in armed conflict, including rape and sexual violence against children. For more details on the United Nations Security Council resolutions, see **Annex 6** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.

Humanitarian principles: The humanitarian community has created global principles on which to improve accountability, quality and performance in the actions they take. These principles have an impact on every type of GBV-related intervention. They act as an ethical and operational guide for humanitarian actors on how to behave in an armed conflict, natural disaster or other humanitarian emergency.

United Nations agencies are guided by four humanitarian principles enshrined in two General Assembly resolutions: General Assembly Resolution 46/182 (1991) and General Assembly Resolution 58/114 (2004). These humanitarian principles include humanity, neutrality, impartiality and independence.

Humanity	Neutrality	Impartiality	Independence
Human suffering must be addressed whenever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.	Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.	Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.	Humanitarian action must be autonomous from the political, economic, military or other objectives that any actors may hold with regard to areas where humanitarian action is being implemented.

(Excerpted from **Office for the Coordination of Humanitarian Affairs (OCHA). 2012.** 'OCHA on Message: Humanitarian principles', <https://docs.unocha.org/sites/dms/Documents/OOM_HumPrinciple_English.pdf>)

Many humanitarian organizations have further committed to these principles by developing codes of conduct, and by observing the 'do no harm' principle and the principles of the Sphere Humanitarian Charter. The principles in this Charter recognize the following rights of all people affected by armed conflict, natural disasters and other humanitarian emergencies:

- The right to life with dignity
- The right to receive humanitarian assistance, including protection from violence
- The right to protection and security[9]

Humanitarian standards and guidelines: Various standards and guidelines that reinforce the humanitarian responsibility to address GBV in emergencies have been developed and broadly endorsed by humanitarian actors. Many of these key standards are identified in **Annex 6** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.

ESSENTIAL TO KNOW

What the Sphere Handbook Says:

Guidance Note 13: Women and girls can be at particular risk of gender-based violence.

When contributing to the protection of these groups, humanitarian agencies should particularly consider measures that reduce possible risks, including trafficking, forced prostitution, rape or domestic violence. They should also implement standards and instruments that prevent and eradicate the practice of sexual exploitation and abuse. This unacceptable practice may involve affected people with specific vulnerabilities, such as isolated or disabled women who are forced to trade sex for the provision of humanitarian assistance.

(**Sphere Project. 2011.** *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response,* <www.sphereproject.org/resources/download-publications/?search=1&keywords=Sphere+Handbook&language=English&category=22&subcat-22=23&subcat-29=0&subcat-31=0&subcat-35=0&subcat-49=0&subcat-56=0&subcat-60=0&subcat-80=0>)

[9] For more information, see 'The Humanitarian Charter,' available at <www.spherehandbook.org/en/the-humanitarian-charter>.

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PART TWO
BACKGROUND TO WATER, SANITATION AND HYGIENE GUIDANCE

1. Content Overview of Water, Sanitation and Hygiene Guidance

This section provides an overview of the recommendations detailed in **Part Three: Water, Sanitation and Hygiene Guidance.** The information below:

- Describes the summary **fold-out table** of essential actions presented at the beginning of **Part Three**, designed as a quick reference tool for WASH actors.
- Introduces the **programme cycle**, which is the framework for all the recommendations within **Part Three**.
- Reviews the **guiding principles** for addressing GBV and summarizes how to apply these principles through four inter-linked approaches: the human rights-based approach, survivor-centred approach, community-based approach and systems approach.

Summary Fold-Out Table of Essential Actions

Part Three begins with a summary fold-out table for use as a quick reference tool. The fold-out table links key recommendations made in the body of **Part Three** with guidance on when the recommendations should be applied across four stages of emergency: *Pre-emergency/preparedness* (before the emergency and during ongoing preparedness planning), *Emergency* (when the emergency strikes)[1], *Stabilized Stage* (when immediate emergency needs have been addressed), and *Recovery to Development* (when the focus is on facilitating returns of displaced populations, rebuilding systems and structures, and transitioning to development). In practice, the separation between different stages is not always clear; most emergencies do not follow a uniformly linear progression, and stages may overlap and/or revert. The stages are therefore only indicative.

ESSENTIAL TO KNOW

Emergency Preparedness and Contingency Planning

"Experience confirms that effective humanitarian response at the onset of a crisis is heavily influenced by the level of preparedness and planning of responding agencies/organizations, as well as the capacities and resources available to them."

In the summary fold-out table, the points listed under 'pre-emergency/preparedness' are not strictly limited to actions that can be taken before an emergency strikes. These points are also relevant to **ongoing preparedness planning**, the goal of which is to anticipate and solve problems in order to facilitate rapid response when a particular setting is struck by another emergency. In natural disasters, on going preparedness is often referred to as 'contingency planning' and is part of all stages of humanitarian response.

(Quote from **Inter-Agency Standing Committee. 2007**. *Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance, Revised version,* p.7. <https://interagencystandingcommittee.org/system/files/legacy_files/IA%20CP%20Guidelines%20Publication_%20Final%20version%20Dec%202007.pdf>

[1] Slow-onset emergencies such as drought may follow a different pattern from rapid-onset disasters. Even so, the risks of GBV and the humanitarian needs of affected populations remain the same. The recommendations in this TAG are applicable to all types of emergency.

In the summary fold-out table, WASH-specific **minimum commitments**[2] appear in bold. These minimum commitments represent critical actions that WASH actors can prioritize in the earliest stages of emergency when resources and time are limited. As soon as the acute emergency has subsided (anywhere from two weeks to several months, depending on the setting), additional essential actions outlined in the summary fold-out table—and elaborated in the subsequent guidance—should be initiated and/or scaled up. Each recommendation should be adapted to the particular context, always taking into account the essential rights, expressed needs and identified resources of target community.

Essential Actions Outlined according to the Programme Cycle Framework

Following the summary fold-out table, the guidance is organized according to five elements of a programme cycle. Each element of the programme cycle is designed to link with and support the other elements. *While coordination is presented as its own separate element, it should be considered and integrated throughout the entirety of the programme cycle.* The five elements[3] are presented as follows:

Assessment Analysis and Planning	Identifies key questions to be considered when integrating GBV concerns into assessments. These questions are subdivided into three categories—(i) Programming, (ii) Policies, and (iii) Communications and Information Sharing. The questions can be used as 'prompts' when designing assessments. Information generated from the assessments can be used to contribute to project planning and implementation.
Resource Mobilization	Promotes the integration of elements related to GBV prevention and mitigation when mobilizing supplies and human and financial resources.
Implementation	Lists WASH actors' responsibilities for integrating GBV prevention and mitigation strategies into their programmes. The recommendations are subdivided into three categories: (i) Programming, (ii) Policies, and (iii) Communications and Information Sharing.
Coordination	Highlights key GBV-related areas of coordination with various sectors.
Monitoring and Evaluation	Defines indicators for monitoring and evaluating GBV-related actions through a participatory approach.

[2] Note that the minimum commitments do not always come first under each programme cycle category of the summary table. This is because all the actions are organized in chronological order according to an ideal model for programming. 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.

[3] These elements of the programme cycle are an adaptation of the Humanitarian Programme Cycle (HPC). The HPC has been slightly adjusted within this TAG to simplify presentation of key information. The HPC is a core component of the Transformative Agenda, aimed at improving humanitarian actors' ability to prepare for, manage and deliver assistance. For more information about the HPC, see: <www.humanitarianresponse.info/programme-cycle/space>.

Integrated throughout these stages is the concept of **early recovery** as a multidimensional process. Early recovery begins in the early days of a humanitarian response and should be considered systematically throughout. Employing an early recovery approach means:

> *"focusing on local ownership and strengthening capacities; basing interventions on a thorough understanding of the context to address root causes and vulnerabilities as well as immediate results of crisis; reducing risk, promoting equality and preventing discrimination through adherence to development principles that seek to build on humanitarian programmes and catalyse sustainable development opportunities. It aims to generate self-sustaining, nationally-owned, resilient processes for post-crisis recovery and to put in place preparedness measures to mitigate the impact of future crises."*
>
> (**Global Cluster on Early Recovery. 2014.** 'Guidance Note on Inter-Cluster Early Recovery' [draft], p. 7, <www.humanitarianresponse.info/system/files/documents/files/Guidance%20Note%20on%20inter-cluster%20ER%20draft%20June%2024%202014%20%28no%20Annex%29.pdf>)

In order to facilitate early recovery, GBV prevention and mitigation strategies should be integrated into programmes from the beginning of an emergency in ways that protect and empower women, girls and other at-risk groups. These strategies should also address underlying causes of GBV (particularly gender inequality) and develop evidence-based programming and tailored assistance.

Element 1: Assessment, Analysis and Planning

The programme cycle begins with a list of recommended GBV-related questions or 'prompts'. These prompts highlight areas for investigation that can be selectively incorporated into various assessments and routine monitoring undertaken by WASH actors. The questions link to the recommendations under the heading 'Implementation' and the three main types of responsibilities therein (see Element 3 below):

- Programming;
- Policies; and
- Communications and Information Sharing.

ESSENTIAL TO KNOW

Initiating Risk-Reduction Interventions without Assessments

While assessments are an important foundation for programme design and implementation, they are not required in order to put in place some essential GBV prevention and mitigation measures prior to or from the onset of an emergency. **Many risk-reduction interventions can be introduced without conducting an assessment**. For example, the WASH sector can ensure latrines have functional locks.

In addition to the prompts of what to assess, other key points should be considered when designing assessments:

Who to Assess	• Key stakeholders and actors providing services in the community • GBV, gender and diversity specialists • Males and females of all ages and backgrounds of the affected community, particularly women, girls and other at-risk groups • Community leaders • Community-based organizations (*e.g. organizations for women, adolescents/youth, persons with disabilities, older persons, etc.*) • Representatives of humanitarian response sectors • Local and national governments • Members of receptor/host communities in IDP/refugee settings
When to Assess	• At the outset of programme planning • At regular intervals for monitoring purposes
How to Assess	• Review available secondary data (existing assessments/studies; qualitative and quantitative information; IDP/refugee registration data; etc.); • Conduct regular consultations with key stakeholders, including relevant grass-roots organizations, civil societies and government agencies • Carry out key informant interviews • Conduct focus group discussions with community members that are age-, gender-, and culturally appropriate (*e.g. participatory assessments held in consultation with men, women, girls and boys, separately when necessary*) • Carry out site observation • Perform site safety mapping • Conduct analysis of national legal frameworks related to GBV and whether they provide protection to women, girls and other at-risk groups

When designing assessments, WASH actors should apply ethical and safety standards that are age-, gender-, and culturally sensitive and prioritize the well-being of all those engaged in the assessment process. Wherever possible—and particularly when any component of the assessment involves communication with community stakeholders—**investigations should be designed and undertaken according to participatory processes** that engage the entire community, and most particularly women, girls, and other at-risk groups. This requires, as a first step, ensuring equal participation of women and men on assessment teams, as stipulated in the IASC Gender Handbook.[4] Other important considerations are listed below.

[4] An online survey of humanitarian practitioners and decision makers by Plan International found that the participation of women in assessment teams varies considerably, despite IASC standards. See *The State of the World's Girls 2013: In double jeopardy – Adolescent girls and disasters,* <http://plan-international.org/girls/reports-and-publications/the-state-of-the-worlds-girls-2013.php>

DOs and DON'Ts for Conducting Assessments That Include GBV-Related Components

DOs

- Do consult GBV, gender and diversity specialists throughout the planning, design, analysis and interpretation of assessments that include GBV-related components.
- Do use local expertise where possible.
- Do strictly adhere to safety and ethical recommendations for researching GBV.
- Do consider cultural and religious sensitivities of communities.
- Do conduct all assessments in a participatory way by consulting women, girls, men and boys of all backgrounds, including persons with specific needs. The unique needs of at-risk groups should be fairly represented in assessments in order to tailor interventions.
- Do conduct inter-agency or multi-sectoral assessments promoting the use of common tools and methods and encourage transparency and dissemination of the findings.
- Do include GBV specialists on inter-agency and inter-sectoral teams.
- Do conduct ongoing assessments of GBV-related programming issues to monitor the progress of activities and identify gaps or GBV-related protection issues that arise unexpectedly. Adjust programmes as needed.
- Do ensure that an equal number of female and male assessors and translators are available to provide age-, gender-, and culturally appropriate environments for those participating in assessments, particularly women and girls.
- Do conduct consultations in a secure setting where all individuals feel safe to contribute to discussions. Conduct separate women's groups and men's groups, or individual consultations when appropriate, to counter exclusion, prejudice and stigma that may impede involvement.
- Do provide training for assessment team members on ethical and safety issues. Include information in the training about appropriate systems of care (i.e. referral pathways) that are available for GBV survivors, if necessary.
- Do provide information about how to report risk and/or where to access care—especially at health facilities—for anyone who may report risk of or exposure to GBV during the assessment process.
- Do include—when appropriate and there are no security risks—government officials, line ministries and sub-ministries in assessment activities.

DON'Ts

- Don't share data that may be linked back to a group or an individual, including GBV survivors.
- Don't 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.
- Don't single out GBV survivors: Speak with women, girls and other at-risk groups in general and not explicitly about their own experiences.
- Don't 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.

(Adapted from **GBV AoR. 2010.** *Handbook for Coordinating Gender-Based Violence Interventions in Humanitarian Settings* [provisional edition]; **CPWG. 2012.** *Minimum Standards for Child Protection in Humanitarian Action;* and **UN Action. 2008.** *Reporting and Interpreting Data on Sexual Violence from Conflict-Affected Countries: Dos and don'ts*)

The information collected during various assessments and routine monitoring will help to identify the relationship between GBV risks and WASH programming. The data can highlight priorities and gaps that need to be addressed when planning new programmes or adjusting existing programmes, such as:

- Safety and security risks for particular groups within the affected population.
- Unequal access to services for women, girls and other at-risk groups.
- Global and national sector standards related to protection, rights and GBV risk reduction that are not applied (or do not exist) and therefore increase GBV-related risks.
- Lack of participation by some groups in the planning, design, implementation, and monitoring and evaluation of programmes, and the need to consider age-, gender-, and culturally appropriate ways of facilitating participation of all groups.
- The need to advocate for and support the deployment of GBV specialists within the WASH sector.

Data can also be used to inform common response planning processes, which serve as the basis for resource mobilization in some contexts. As such, it is essential that GBV be adequately addressed and integrated into joint planning and strategic documents—such as the Humanitarian Programme Cycle, the OCHA Minimum Preparedness Package (MPP), the Multi-Cluster/Sector Initial Rapid Assessment (MIRA), and Strategic Response Plans (SRPs).

ESSENTIAL TO KNOW

Investigating GBV-Related Safety and Security Issues When Undertaking Assessments

It is the responsibility of all humanitarian actors to work within a protection framework and understand the safety and security risks that women, girls, men and boys face. Therefore it is extremely important that assessment and monitoring of general safety issues be an ongoing feature of assistance. This includes exploring—through a variety of entry points and participatory processes—when, why and how GBV-related safety issues might arise, particularly as the result of delivery or use of humanitarian services. However, **GBV survivors should not be sought out or targeted as a specific group during assessments. GBV-specific assessments—which include investigating specific GBV incidents, interviewing survivors about their specific experiences, or conducting research on the scope of GBV in the population—should be conducted only in collaboration with GBV specialists and/or a GBV-specialized partner or agency.** Training in gender, GBV, women's/human rights, social exclusion and sexuality—and how these inform assessment practices—should be conducted with relevant WASH staff. To the extent possible, assessments should be locally designed and led, ideally by relevant local government actors and/or programme administrators and with the participation of the community. When non-GBV specialists receive specific reports of GBV during general assessment activities, they should share the information with GBV specialists according to safe and ethical standards that ensure confidentiality and, if requested by survivors, anonymity of survivors.

Element 2: Resource Mobilization

Resource mobilization most obviously refers to accessing funding in order to implement programming—either through specific donors or linked to coordinated humanitarian funding mechanisms. (For more information on funding mechanisms, see **Annex 7** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.) This TAG aims to reduce the challenges of accessing GBV-related funds by outlining key GBV-related issues to be considered when drafting proposals.

In addition to the WASH-specific funding points presented under the 'Resource Mobilization' subsection of **Part Three**, all humanitarian actors should consider the following general points:

ESSENTIAL TO KNOW

Recognizing GBV Prevention and Response as Life-Saving

Addressing GBV is considered life-saving and meets multiple humanitarian donor guidelines and criteria, including the Central Emergency Response Fund (CERF). In spite of this, GBV prevention, mitigation and response are rarely prioritized from the outset of an emergency. Taking action to address GBV is more often linked to longer-term protection and stability initiatives; as a result, humanitarian actors operate with limited GBV-related resources in the early stages of an emergency (Hersh, 2014). This includes a lack of physical and human resources or technical capacity in the area of GBV, which can in turn result in limited allocation of GBV-related funding. These limitations are both a cause and an indicator of systemic weaknesses in emergency response, and may in some instances stem from the failure of initial rapid assessments to illustrate the need for GBV prevention and response interventions. (For more information about including GBV in various humanitarian strategic plans and funding mechanisms, see **Annex 7** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.)

Components of a Proposal	GBV-Related Points to Consider for Inclusion
HUMANITARIAN NEEDS OVERVIEW	• Describe vulnerabilities of women, girls and other at-risk groups in the particular setting • Describe and analyse risks for specific forms of GBV (*e.g. sexual assault, forced and/or coerced prostitution, child and/or forced marriage, intimate partner violence and other forms of domestic violence*), rather than a broader reference to 'GBV' • Illustrate how those believed to be at risk of GBV have been identified and consulted on GBV-related priorities, needs and rights
PROJECT RATIONALE/ JUSTIFICATION	• Explain the GBV-related risks that are linked to the sector's area of work • Describe which groups are being targeted in this action and how the targeting is informed by vulnerability criteria and inclusion strategies • Describe whether women, girls and other at-risk groups are part of decision-making processes and what mechanisms have been put in place to empower them • Explain how these efforts will link with and support other efforts to prevent and mitigate specific types of GBV in the affected community
PROJECT DESCRIPTION	• Illustrate how activities are linked with those of other humanitarian actors/sectors • Explain which activities may help in changing or improving the environment to prevent GBV (*e.g. by better monitoring and understanding the underlying causes and contributing factors of GBV*) • Describe mechanisms that facilitate reporting of GBV, and ensure appropriate follow-up in a safe and ethical manner • Describe relevant linkages with GBV specialists and GBV coordination mechanisms • Consider how the project promotes and rebuilds community systems and structures that ensure the participation and safety of women, girls and other at-risk groups
MONITORING AND EVALUATION PLAN	• Outline a monitoring and evaluation plan to track progress as well as any adverse effects of GBV-related activities on the affected population • Illustrate how the monitoring and evaluation strategies include the participation of women, girls and other at-risk groups • Include outcome level indicators from the Indicator Sheets in **Part Three** of this TAG to measure programme impact on GBV-related risks • Where relevant, describe a plan for adjusting the programme according to monitoring outcomes • Disaggregate indicators by sex, age, disability and other relevant vulnerability factors

ESSENTIAL TO KNOW

The IASC Gender Marker

Despite universal acceptance that humanitarian assistance must meet the distinct needs of women, girls, boys and men to generate positive and sustainable outcomes, evaluations of humanitarian effectiveness show gender equality results are weak. The Gender Marker is a tool that codes, on a 0–2 scale, whether or not a humanitarian project is designed well enough to ensure that women/girls and men/boys will benefit equally from it or that it will advance gender equality in another way. If the project has the potential to contribute to gender equality, the marker predicts whether the results are likely to be limited or significant. Although the gender mainstreaming objectives of the Gender Marker differ in some ways from those of GBV prevention and response programming, in order to be effective, they **must both address issues of women's and girls' empowerment and gender equality and include men and boys as partners in prevention.**

(For links between the Gender Marker and GBV prevention and response projects, see **Annex 8** of the comprehensive Guidelines, available at <www.gbvguidelines.org>. For information on the Gender Marker, see: <https://interagencystandingcommittee.org/system/files/legacy_files/IASC%20Gender%20Marker%20Fact%20Sheet.doc>. For information on trends in spending according to the Gender Marker, see **Global Humanitarian Assistance. 2014.** *Funding Gender in Emergencies: What are the trends?* <www.globalhumanitarianassistance.org/report/funding-gender-emergencies-trends>.)

Importantly, resource mobilization is not limited to soliciting funds. When planning for and implementing GBV prevention and response activities, WASH actors should:

- Mobilize human resources by making sure that partners within the WASH sector:
  - Have been trained in and understand issues of gender, GBV, women's/human rights, social exclusion and sexuality.
  - Are empowered to integrate GBV risk-reduction strategies into their work.
- Employ and retain women and other at-risk groups as staff, and ensure their active participation and leadership in all WASH-related community activities.
- Pre-position age-, gender-, and culturally sensitive supplies where necessary and appropriate.
- Pre-position accessible GBV-related community outreach material.
- Advocate with the donor community so that donors recognize GBV prevention, mitigation and response interventions as life-saving, and support the costs related to improving intra- and inter-sector capacity to address GBV.
- Ensure that government and humanitarian policies related to WASH programming integrate GBV concerns and include strategies for ongoing budgeting of activities.

Element 3: Implementation

The 'Implementation' subsection provides guidance for putting GBV-related risk-reduction responsibilities into practice. The information is intended to:

- Describe a set of activities that, taken together, establish shared standards and improve the overall quality of GBV-related prevention and mitigation strategies in humanitarian settings.
- Establish GBV-related responsibilities that should be undertaken by all WASH actors, regardless of available data on GBV incidents.
- Maximize immediate protection of GBV survivors and persons at risk.
- Foster longer-term interventions that work towards the elimination of GBV.

Three main types of responsibilities—programming, policies, and communications and information sharing—correspond to and elaborate upon the suggested areas of inquiry outlined under the subsection 'Assessment, Analysis and Planning'. Each targets a variety of WASH actors.

1) **Programming**: Targets NGOs, community-based organizations (including the National Red Cross/ Red Crescent Society), INGOs, United Nations agencies, and national and local governments to encourage them to:
   - Support the involvement of women, girls and other at-risk groups within the affected population as programme staff and as leaders in governance mechanisms and community decision-making structures.
   - Implement programmes that (1) reflect awareness of the particular GBV risks faced by women, girls and other at-risk groups, and (2) address their rights and needs related to safety and security.
   - Integrate GBV prevention and mitigation into activities.

ESSENTIAL TO KNOW

Active Participation of Women, Girls and Other At-Risk Groups

Commitment 4 of the IASC Principals' Commitments on Accountability to Affected Populations (CAAP) highlights the importance of enabling affected populations to play a decision-making role in processes that affect them. This is reflected in recommendations within this TAG that promote the active participation of women, girls and other at-risk groups in assessment processes and as staff and leaders in community-based structures. **Involving women, girls, and other at-risk groups in all aspects of WASH programming is essential** to fulfilling the guiding principles and approaches discussed later in this section. However, such involvement—especially as leaders or managers—can be risky in some settings. Therefore the recommendations throughout this TAG aimed at greater inclusion of women, girls and other at-risk groups (e.g. striving for 50 per cent representation of females in programme staff) may need to be adjusted to the context. **Due caution must be exercised where their inclusion poses a potential security risk or increases their risk of GBV.** Approaches to their involvement should be carefully contextualized.

2) **Policies**: Targets programme planners, advocates, and national and local policymakers to encourage them to:
   - Incorporate GBV prevention and mitigation strategies into WASH programme policies, standards and guidelines from the earliest stages of the emergency.
   - Support the integration of GBV risk-reduction strategies into national and local development policies and plans and allocate funding for sustainability.
   - Support the revision and adoption of national and local laws and policies (including customary laws and policies) that promote and protect the rights of women, girls and other at-risk groups.

3) **Communications and Information Sharing**: Targets programme and community outreach staff to encourage them to:
   - Work with GBV specialists in order to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for GBV survivors; incorporate basic GBV messages into WASH-related community outreach and awareness-raising activities; and develop information-sharing standards that promote confidentiality and ensure anonymity of survivors. In the early stages of an emergency, services may be quite limited; referral pathways should be adjusted as services expand.

- Receive training on issues of gender, GBV, women's/human rights, social exclusion, sexuality and psychological first aid (e.g. how to engage supportively 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

Mental Health and Psychosocial Support: Providing Referrals and Psychological First Aid

The term 'mental health and psychosocial support' (MHPSS) is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder (IASC, 2007). The experience of GBV can be a very distressing event for a survivor. All survivors should have access to supportive listeners in their families and communities, as well as additional GBV-focused services should they choose to access them. Often the first line of focused services will be through community-based organizations, in which trained GBV support workers provide case management and resiliency-based mental health care. Some survivors—typically a relatively small number—may require more targeted mental health care from an expert experienced in addressing GBV-related mental health issues (*e.g. when survivors are not improving according to a care plan, or when caseworkers have reason to believe survivors may be at risk of hurting themselves or someone else*).

As part of care and support for people affected by GBV, the humanitarian community plays a crucial role in ensuring survivors gain access to GBV-focused community-based care services and, as necessary and available, more targeted mental health care provided by GBV and trauma-care experts. Survivors may also wish to access legal/justice support and police protection. **Providing information to survivors in an ethical, safe and confidential manner about their rights and options to report risk and access care is a responsibility of all humanitarian actors who interact with affected populations.** WASH actors should work with GBV specialists to identify systems of care (i.e. referral pathways) that can be mobilized if a survivor reports exposure to GBV.

For all WASH personnel who engage with affected populations, it is important not only to be able to offer survivors up-to-date information about access to services, but also to know and apply the principles of psychological first aid. Even without specific training in GBV case management, non-GBV specialists can go a long way in assisting survivors by responding to their disclosures in a supportive, non-stigmatizing, survivor-centred manner. (For more information about the survivor-centred approach, see 'Guiding Principles', below).

Psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support. Providing PFA responsibly means to:

1. Respect safety, dignity and rights.
2. Adapt what you do to take account of the person's culture.
3. Be aware of other emergency response measures.
4. Look after yourself.

PREPARE	• Learn about the crisis event. • Learn about available services and supports. • Learn about safety and security concerns.

(continued)

ESSENTIAL TO KNOW (continued)

The three basic action principles of PFA presented below—look, listen and link—can help WASH actors with how they view and safely enter a crisis situation, approach affected people and understand their needs, and link them with practical support and information.

LOOK	• Check for safety. • Check for people with obvious urgent basic needs. • Check for people with serious distress reactions.	
LISTEN	• Approach people who may need support. • Ask about people's needs and concerns. • Listen to people, and help them to feel calm.	
LINK	• Help people address basic needs and access services. • Help people cope with problems. • Give information. • Connect people with loved ones and social support.	

The following chart identifies **ethical dos and don'ts in providing PFA.** These are offered as guidance to avoid causing further harm to the person; provide the best care possible; and act only in their best interests. These ethical dos and don'ts reinforce a survivor-centred approach. In all cases, WASH actors should offer help in ways that are most appropriate and comfortable to the people they are supporting, given the cultural context. In any situation where a WASH actor feels unsure about how to respond to a survivor in a safe, ethical and confidential manner, she or he should contact a GBV specialist for guidance.

Dos

- Be honest and trustworthy.
- Respect people's right to make their own decisions.
- Be aware of and set aside your own biases and prejudices.
- Make it clear to affected people that even if they refuse help now, they can still access help in the future.
- Respect privacy and keep the person's story confidential, if this is appropriate.
- Behave appropriately by considering the person's culture, age and gender.

Don'ts

- Don't exploit your relationship as a helper.
- Don't ask the person for any money or favour for helping them.
- Don't make false promises or give false information.
- Don't exaggerate your skills.
- Don't force help on people and don't be intrusive or pushy.
- Don't pressure people to tell you their stories.
- Don't share the person's story with others.
- Don't judge the people for their actions or feelings.

(Adapted from: **World Health Organization, War Trauma Foundation and World Vision International. 2011**. *Psychological First Aid: Guide for field workers*, pp. 53–55, <www.who.int/mental_health/publications/guide_field_workers/en>; and **World Health Organization. 2012.** 'Mental Health and Psychosocial Support for Conflict-Related Sexual Violence: 10 myths', <www.who.int/reproductivehealth/publications/violence/rhr12_17/en>. For more information on providing first-line support see **World Health Organization. 2014**. *Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence. A clinical handbook* (Field-testing version), WHO/RHR/14.26, <www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en>.)

Element 4: Coordination

Given its complexities, GBV is best addressed when multiple sectors, organizations and disciplines work together to create and implement unified prevention and mitigation strategies. In an emergency context, actors leading humanitarian interventions (e.g. the Office for the Coordination of Humanitarian Affairs; the Resident Coordinator/Humanitarian Coordinator; the Deputy Special Representative of the Secretary-General/Resident Coordinator/Humanitarian Coordinator; UNHCR; etc.) can facilitate coordination that ensures GBV-related issues are prioritized and dealt with in a timely manner. Effective coordination can strengthen accountability, prevent a 'siloed' effect, and ensure that agency-specific and intra-sectoral GBV action plans are in line with those of other sectors, reinforcing a cross-sectoral approach.

The 'Coordination' subsection of **Part Three** provides guidance on key GBV-related areas for cross-sectoral coordination. This guidance targets NGOs, community-based organizations (including National Red Cross/Red Crescent Societies), INGOs and United Nations agencies, national and local governments, and humanitarian coordination leadership—such as line ministries, humanitarian coordinators, sector coordinators and donors. Leaders of WASH coordination mechanisms should also undertake the following:

- Put in place mechanisms for regularly addressing GBV at WASH coordination meetings, such as including GBV issues as a regular agenda item and soliciting the involvement of GBV specialists in relevant WASH coordination activities.
- Coordinate and consult with gender specialists and, where appropriate, diversity specialists or networks (e.g. disability, LGBTI, older persons, etc.) to ensure specific issues of vulnerability—which may otherwise be overlooked—are adequately represented and addressed.
- Develop monitoring systems that allow WASH programmes to track their own GBV-related activities (e.g. include

ESSENTIAL TO KNOW

Accessing the Support of GBV Specialists

WASH coordinators and WASH actors should identify and work with the chair (and co-chair) of the GBV coordination mechanism where one exists. (Note: GBV coordination mechanisms may be chaired by government actors, NGOs, INGOs and/or United Nations agencies, depending on the context.) They should also encourage a WASH focal point to participate in GBV coordination meetings, and encourage the GBV chair/co-chair (or other GBV coordination group member) to participate in WASH coordination meetings. Whenever necessary, WASH coordinators and WASH actors should seek out the expertise of GBV specialists to assist with implementing the recommendations presented in this TAG.

GBV specialists can ensure the integration of protection principles and GBV risk-reduction strategies into ongoing WASH programming. These specialists can advise, assist and support coordination efforts through specific activities, such as:

- Conducting GBV-specific assessments.
- Ensuring appropriate services are in place for survivors.
- Developing referral systems and pathways.
- Providing case management for GBV survivors.
- Developing trainings for WASH actors on gender, GBV, women's/human rights, and how to respectfully and supportively engage with survivors.

GBV experts neither can nor should have specialized knowledge of the WASH sector, however. Efforts to integrate GBV risk-reduction strategies into WASH responses should be led by WASH actors to ensure that any recommendations from GBV actors are relevant and feasible within the sectoral response.

In settings where the GBV coordination mechanism is not active, WASH coordinators and WASH actors should seek support from local actors with GBV-related expertise (*e.g. social workers, women's groups, protection officers, child protection specialists, etc.*) as well as the Global GBV AoR. (Relevant contacts are provided on the GBV AoR website, <www.gbvaor.net>.)

GBV-related activities in the sector's 3/4/5W form used to map out actors, activities and geographic coverage).

- Submit joint proposals for funding to ensure that GBV has been adequately addressed in WASH programming response.
- Develop and implement WASH work plans with clear milestones that include GBV-related inter-agency actions.
- Support the development and implementation of sector-wide policies, protocols and other tools that integrate GBV prevention and mitigation.
- Form strategic partnerships and networks to conduct advocacy for improved programming and to meet the responsibilities set out in this TAG (with due caution regarding the safety and security risks for humanitarian actors, survivors and those at risk of GBV who speak publicly about the problem of GBV).

ESSENTIAL TO KNOW

Advocacy

Advocacy is the deliberate and strategic use of information—by individuals or groups of individuals—to bring about positive change at the local, national and international levels. By working with GBV specialists and a wide range of partners, WASH actors can help promote awareness of GBV and ensure safe, ethical and effective interventions. They can highlight specific GBV issues in a particular setting through the use of effective communication strategies and different types of products, platforms and channels, such as: press releases, publications, maps and media interviews; different web and social media platforms; multimedia products using video, photography and graphics; awareness-raising campaigns; and essential information channels for affected populations. All communication strategies must adhere to standards of confidentiality and data protection when using stories, images or photographs of survivors for advocacy purposes.

(Adapted from **International Rescue Committee. 2011**. *GBV Emergency Response and Preparedness Participant Handbook*, p. 93, <http://cpwg.net/resources/irc-2011-gbv_erp_participant_handbook_-_revised>)

Element 5: Monitoring and Evaluation

Monitoring and evaluation (M&E) is a critical tool for planning, budgeting resources, measuring performance and improving future humanitarian response. Continuous **routine monitoring** ensures that effective programmes are maintained and accountability to all stakeholders—especially affected populations—is improved. **Periodic evaluations** supplement monitoring data by analyzing in greater depth the strengths and weaknesses of implemented activities, and by measuring improved outcomes in the knowledge, attitudes and behaviour of affected populations and humanitarian workers. Implementing partners and donors can use the information gathered through M&E to share lessons learned among field colleagues and the wider humanitarian community. This TAG primarily focuses on indicators that strengthen WASH programme monitoring to avoid the collection of GBV incident data and more resource-intensive evaluations. (For general information on M&E, see resources available to guide real-time and final programme evaluations

ESSENTIAL TO KNOW

GBV Case Reporting

For a number of safety, ethical and practical reasons, **this TAG does not recommend using the number of reported cases (either increase or decrease) as an indicator of success.** As a general rule, GBV specialists or those trained on GBV research should undertake data collection on cases of GBV.

such as ALNAP's *Evaluating Humanitarian Action Guide*, <www.alnap.org/eha>. For GBV-specific resources on M&E, see **Annex 1** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.)

The 'Monitoring and Evaluation' subsection of **Part Three** includes a *non-exhaustive* set of indicators for monitoring and evaluating the recommended activities at each phase of the programme cycle. Most indicators have been designed so they can be incorporated into *existing* WASH M&E tools and processes, in order to improve information collection and analysis without the need for additional data collection mechanisms. WASH actors should select indicators and set appropriate targets prior to the start of an activity and adjust them to meet the needs of the target population as the project progresses. There are suggestions for collecting both quantitative data (through surveys and 3/4/5W matrices) and qualitative data (through focus group discussions, key informant interviews and other qualitative methods). Qualitative information helps to gather greater depth on participants' perceptions of programmes. Some indicators require a mix of qualitative and quantitative data to better understand the quality and effectiveness of programmes.

ESSENTIAL TO KNOW

Ethical Considerations

Though GBV-related data presents a complex set of challenges, the indicators in this TAG are designed so that the information can be safely and ethically collected and reported by WASH actors who do not have extensive GBV expertise. However, **it is the responsibility of all WASH actors to ensure safety, confidentiality and informed consent when collecting or sharing data.** See above, 'Element 1: Assessment, Analysis and Planning', for further information.

It is crucial that the data not only be collected and reported, but also analysed with the goal of identifying where modifications may be beneficial. In this regard, sometimes 'failing' to meet a target can provide some of the most valuable opportunities for learning. For example, if a programme has aimed for 50 per cent female participation in assessments but falls short of reaching that target, it may consider changing the time and/or location of the consultations, or speaking with the affected community to better understand the barriers to female participation. The knowledge gained through this process has the potential to strengthen WASH interventions even beyond the actions taken related to GBV. Therefore, indicators should be analysed and reported using a 'GBV lens'. This involves considering the ways in which all information—including information that may not seem 'GBV-related'—could have implications for GBV prevention and mitigation.

Lastly, WASH actors should disaggregate indicators by sex, age, disability and other relevant vulnerability factors to improve the quality of the information they collect and to deliver programmes more equitably and efficiently. See 'Key Considerations for At-Risk Groups' in **Part One: Introduction** for more information on vulnerability factors.

2. Guiding Principles and Approaches for Addressing Gender-Based Violence

The following principles are inextricably linked to the overarching humanitarian responsibility to provide protection and assistance to those affected by a crisis. They serve as the foundation for all humanitarian actors when planning and implementing GBV-related programming. These principles state that:

- GBV encompasses a wide range of human rights violations.
- Preventing and mitigating GBV involves promoting gender equality and promoting beliefs and norms that foster respectful, non-violent gender norms.
- Safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times.
- GBV-related interventions should be context-specific in order to enhance outcomes and 'do no harm'.
- Participation and partnership are cornerstones of effective GBV prevention.

ESSENTIAL TO KNOW

Do No Harm

The concept of '**do no harm**' means that humanitarian organizations must strive to "minimize the harm they may inadvertently be doing by being present and providing assistance." Such unintended negative consequences may be wide-ranging and extremely complex. WASH actors can reinforce the 'do no harm' principle in their GBV-related work through careful attention to the human rights-based, survivor-centred, community-based and systems approaches described below.

(Adapted from **Kahn, C., and Lucchi, E. 2009**. 'Are Humanitarians Fuelling Conflicts? Evidence from eastern Chad and Darfur', *Humanitarian Exchange Magazine*, No. 43, <www.odihpn.org/humanitarian-exchange-magazine/issue-43/are-humanitarians-fuelling-conflicts-evidence-from-eastern-chad-and-darfur>)

These principles can be put into practice by applying the four essential and interrelated approaches described below.

1. Human Rights-Based Approach

A human rights-based approach seeks to analyse the root causes of problems and to redress discriminatory practices that impede humanitarian intervention. This approach is often contrasted with the needs-based approach, in which interventions aim to address practical, short-term emergency needs through service delivery. Although a needs-based approach includes affected populations in the process, it often stops short of addressing policies and regulations that can contribute to sustainable systemic change.

By contrast, the human rights-based approach views affected populations as 'rights-holders', and recognizes that these rights can be realized only by supporting the long-term empowerment of affected populations through sustainable solutions. This approach seeks to attend to rights as well as needs; how those needs are determined and addressed is informed by legal and

moral obligations and accountability. Humanitarian actors, along with states (where they are functioning), are seen as 'duty-bearers' who are bound by their obligations to encourage, empower and assist 'rights-holders' in claiming their rights. A human rights-based approach requires those who undertake GBV-related programming to:

- Assess the capacity of rights-holders to claim their rights (identifying the immediate, underlying and structural causes for non-realization of rights) and to participate in the development of solutions that affect their lives in a sustainable way.
- Assess the capacities and limitations of duty-bearers to fulfill their obligations.
- Develop sustainable strategies for building capacities and overcoming these limitations of duty-bearers.
- Monitor and evaluate both outcomes and processes, guided by human rights standards and principles and using participatory approaches.
- Ensure programming is informed by the recommendations of international human rights bodies and mechanisms.

2. Survivor-Centred Approach

To be treated with dignity and respect	VS.	Victim-blaming attitudes
To choose		Feeling powerless
To privacy and confidentiality		Shame and stigma
To non-discrimination		Discrimination on the basis of gender, ethnicity, etc.
To information		Being told what to do

(Excerpted from **GBV AoR. 2010.** *GBV Coordination Handbook* (provisional edition), p. 20, <www.gbvguidelines.org/tools-resources>)

A survivor-centred approach means that the survivor's rights, needs and wishes are prioritized when designing and developing GBV-related programming. The illustration above contrasts survivor's rights (in the left-hand column) with the negative impacts a survivor may experience when the survivor-centred approach is not employed.

The survivor-centred approach can guide professionals—regardless of their role—in their engagement with persons who have experienced GBV. It aims to create a supportive environment in which a GBV survivor's **rights** are respected, safety is ensured, and the survivor is treated with **dignity** and **respect**. The approach helps to promote a survivor's recovery and strengthen her or his ability to identify and express needs and wishes; it also reinforces the person's capacity to make decisions about possible interventions (adapted from IASC Gender SWG and GBV AoR, 2010).

ESSENTIAL TO KNOW

Key Elements of the Survivor-Centred Approach for Promoting Ethical and Safety Standards

1) Safety: The safety and security of the survivor and others, such as her/his children and people who have assisted her/him, must be the number one priority for all actors. Individuals who disclose an incident of GBV or a history of abuse are often at high risk of further violence from the perpetrator(s) or from others around them.

2) Confidentiality: Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. Confidentiality promotes safety, trust and empowerment.

3) Respect: The survivor is the primary actor, and the role of helpers is to facilitate recovery and provide resources for problem-solving. All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor.

4) Non-discrimination: Survivors of violence should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.

(Adapted from **United Nations Population Fund. 2012.** 'Module 2' in *Managing Gender-Based Violence Programmes in Emergencies, E-Learning Companion Guide*, <www.unfpa.org/sites/default/files/pub-pdf/GBV%20E-Learning%20Companion%20Guide_ENGLISH.pdf>)

3. Community-Based Approach

A community-based approach insists that affected populations should be leaders and key partners in developing strategies related to their assistance and protection. From the earliest stage of the emergency, all those affected should "participate in making decisions that affect their lives" and have "a right to information and transparency" from those providing assistance. The community-based approach:

- Allows for a process of direct consultation and dialogue with all members of communities, including women, girls and other at-risk groups.
- Engages groups who are often overlooked as active and equal partners in the assessment, design, implementation, monitoring and evaluation of assistance.
- Ensures all members of the community will be better protected, their capacity to identify and sustain solutions strengthened and humanitarian resources used more effectively (adapted from UNHCR, 2008).

4. Systems Approach

Using a systems approach means analyzing GBV-related issues across an entire organization, sector and/or humanitarian system to come up with a combination of solutions most relevant to the context. The systems approach can be applied to introduce systemic changes that improve GBV prevention and mitigation efforts—both in the short term and in the long term. WASH actors can apply a systems approach in order to:

- Strengthen agency/organizational/sectoral commitment to gender equality and GBV-related programming.
- Improve WASH actors' knowledge, attitudes and skills related to gender equality and GBV through sensitization and training.

- Reach out to organizations to address underlying causes that affect WASH sector-wide capacity to prevent and mitigate GBV, such as gender imbalance in staffing.
- Strengthen safety and security for those at risk of GBV through the implementation of infrastructure improvements and the development of GBV-related policies.
- Ensure adequate monitoring and evaluation of GBV-related programming (adapted from USAID, 2006).

ESSENTIAL TO KNOW

Conducting Trainings

Throughout this TAG, it is recommended that WASH actors **work with GBV specialists to prepare and provide trainings on gender, GBV and women's/human rights**. These trainings should be provided for a variety of stakeholders, including WASH actors, government actors, and community members. Such trainings are essential not only for implementing effective GBV-related programming, but also for engaging with and influencing cultural norms that contribute to the perpetuation of GBV. Where GBV specialists are not available in-country, WASH actors can liaise with the Global GBV Area of Responsibility (gbvaor.net) for support in preparing and providing trainings. WASH actors should also:

- Research relevant WASH training tools that have already been developed, prioritizing tools that have been developed in-country (*e.g. local referral mechanisms, standard operating procedures, tip sheets, etc.*).
- Consider the communication and literacy abilities of the target populations, and tailor the trainings accordingly.
- Ensure all trainings are conducted in local language(s) and that training tools are similarly translated.
- Ensure that non-national training facilitators work with national co-facilitators wherever possible.
- Balance awareness of cultural and religious sensitivities with maximizing protections for women, girls and other at-risk groups.
- Seek ways to provide ongoing monitoring and mentoring/technical support (in addition to training), to ensure sustainable knowledge transfer and improved expertise in GBV.
- Identify international and local experts in issues affecting different at-risk groups (*e.g. persons with disabilities, LGBTI populations*) to incorporate information on specific at-risk groups into trainings.

(For a general list of GBV-specific training tools as well as training tools on related issues, including LGBTI rights and needs, see **Annex 1** of the comprehensive Guidelines, available at <www.gbvguidelines.org>.)

Additional Citations

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Inter-Agency Standing Committee. 2007. *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, <https://interagencystandingcommittee.org/system/files/legacy_files/Guidelines%20IASC%20Mental%20Health%20Psychosocial%20%28with%20index%29.pdf>

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PART THREE

WATER, SANITATION AND HYGIENE GUIDANCE

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

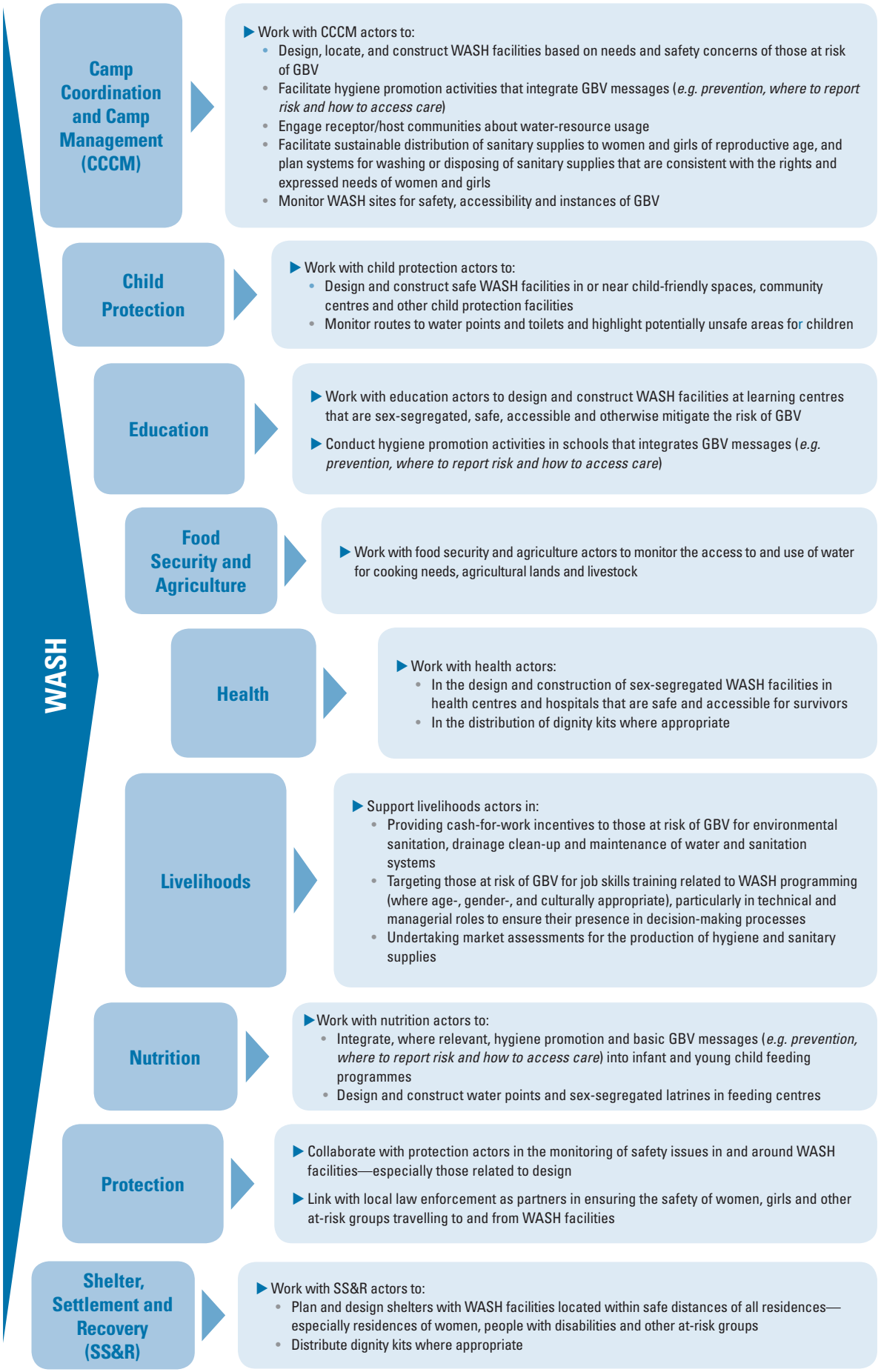
In 2009–2010, a programme in North Kivu Province in the Democratic Republic of the Congo (DRC) linked WASH, protection and health in the prevention of GBV. Links between sanitation and GBV became apparent due to lack of private latrines: women faced no choice but to find private places to defecate, often 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>