



Have you read section A ?

## GENDER AND WATER, SANITATION AND HYGIENE IN EMERGENCIES

**W**ater is essential for life and health. In emergencies, when adequate and appropriate water, sanitation and hygiene are not available, major health hazards can result. The provision of adequate and accessible water, sanitation and hygiene therefore demands immediate attention from the onset of an emergency. However, simply providing water and sanitation facilities will not by itself guarantee their optimal use or impact on public health. Understanding gender, culture and social relations is absolutely essential in assessing, designing and implementing an appropriate water, sanitation and hygiene programme that is effective and safe and restores the dignity of the affected population.

**Women are disproportionately affected** by emergencies, in part because of existing gender inequalities. It is important to involve all members of the community, particularly women and girls, at all stages of emergency management programmes as they bring valuable perspectives, capabilities and contributions to the emergency response. Gender balance and active involvement of women and men in decision-making in the provision of safe and appropriate water, sanitation and hygiene programming is crucial to adapt to the specific needs and include the knowledge of the entire community.

In many cultures, the responsibility for collecting water falls to women and children, especially girls. We must recognize this central role of women in managing water, sanitation and hygiene. Water points and sanitary facilities should be as close as possible to shelters to reduce collection and waiting time and the risk of violence to women and children. Understanding the special needs of women and girls for sanitary facilities is essential in the selection and design of sanitation facilities and programmes, which are important aspects of promoting dignity.

**Effectiveness in reducing public health risks:** Women are key actors in influencing the public health of the house-

hold. They are also a huge source of (often untapped) knowledge regarding the community and culture. Inappropriately designed programmes where key stakeholders, such as women and children, have not been involved can result in facilities not being used, or used incorrectly, putting whole communities at risk of epidemic disease outbreaks.

### THE RIGHT TO WATER

- ICESCR recognizes the right of everyone to an adequate standard of living, including the right to water. The right to water is also inextricably linked to the right to the highest attainable standard of health (Art. 12) and the rights to adequate housing and food (Art. 11).
- Article 14 of CEDAW stipulates that States parties shall ensure to women the right to enjoy adequate living conditions, particularly in relation to water supply. The CRC requires States parties to combat disease and malnutrition through the provision of adequate nutritious foods and clean drinking water.
- In its General Comment No. 15, the UN Committee on Economic, Social and Cultural Rights specified the human right to water so as to entitle everyone to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses.
- The Geneva Conventions guarantee this right in situations of armed conflict.
- Ensuring that everyone has access to adequate sanitation is not only fundamental for human dignity and privacy, but is one of the principal mechanisms for protecting the quality of drinking water supplies and resources.

**Reinforcing and reducing inequality:** Water, sanitation and hygiene programming has the potential to give a voice to members of communities who often don't have a say. This increased participation of different members

of the community, particularly women, can give a sense of worth and dignity, especially to those who have had it stripped away in conflict or natural disasters.

**Safe communities and conflict:** Inappropriate design and location of water and sanitation facilities can put the vulnerable, such as women and children, at risk from violence. Toilets located far from dwellings have often been the site of attacks. Access to water has long been a source of conflict within communities. The sharing of water resources between host and displaced communities, if not done in a sensitive manner involving all parties, can spark violence in an already tense situation. The engagement of all actors in a participatory approach can help to reduce tensions and build community relationships.

## WHAT DO WE NEED KNOW TO PLAN AND IMPLEMENT GENDER-RESPONSIVE WATER, SANITATION AND HYGIENE SERVICES?

### What are the population demographics?

- Total number of households — disaggregated by sex and age.
- Number of single female- and male-headed families and number of families headed by children (girls and boys).
- Number of unaccompanied children, elderly and disabled. How many women and men affected or displaced?

### What water and sanitation practices were the population accustomed to before the emergency?

- What are the levels of knowledge and skills in water/sanitation and their relationship to health (women, girls, boys and men)?
- What are the patterns of water access, water source control and collection?
- What is the relationship between water collection responsibilities and school attendance?
- What are the different uses and responsibilities for water by women, girls, boys and men (e.g. cooking, sanitation, gardens, livestock); patterns of water allocation among family members (sharing, quantity, quality); decision-making on uses?
- What is the gender division of responsibilities for maintenance and management of water and sanitation facilities?

- What are the usual means and responsibility for managing excreta and urine disposal; anal cleansing; disposal of children's faeces?
- What are the usual means and responsibility for collecting, handling, storing and treating water; means and access for water transportation?
- How are the special needs groups within the community who may require specific support in water, sanitation and hygiene, such as people living with HIV/AIDS, identified?
- What is the representation and role of women in community-based associations, water committees, etc.? Do women, for example, have access to treasury?
- How were the responsibilities for maintenance and management of water and sanitation facilities divided between women and men in the community?

### What are the cultural aspects to look for?

- Are water points, toilets and bathing facilities located and designed to ensure privacy and security?
- Are water points safe? Can users (especially women and children) access them safely?
- What types of sanitary materials are appropriate to distribute to women and girls?
- What are the cultural assumptions with regard to water and sanitation activities, for example during menstruation, etc.?
- What are the hygiene practices and general health of the population? If women are responsible for the hygiene status of themselves and their families, what level of knowledge and skills do they have?
- How do women perceive themselves in traditional roles and active participation? How much of this can be changed and how much cannot be changed?

### What needs to be considered before constructing water and sanitation facilities?

- Who maintains toilets/water points? Who pays the costs associated with maintenance? Are they able and willing to pay?
- Does the community need training for operation and maintenance, including management?
- Do facilities need to be modified for use by women, children, the elderly and the disabled, or do alternative means need to be provided, such as chamber pots or child-friendly toilets?

- Will promotional activities be needed to ensure safe use of toilets and water facilities?
- Are the physical designs for water points and toilets appropriate to water source, number and needs of users (women, girls, boys and men)?
- Involve women, girls, boys and men in discussions on water and sanitation, including personal hygiene habits, general health and the needs and fears of children.
- Conduct consultations in a secure setting where all individuals (including women and girls) feel safe to provide information and participate in discussion and decision-making.

## ACTIONS TO ENSURE GENDER EQUALITY PROGRAMMING IN WATER, SANITATION AND HYGIENE

### Assessments and programme start-up

- Ensure assessment teams include female assessors and translators.
- Ensure recruitment of a balanced number of women and men, and that diversity within the affected community is reflected in staff composition.
- Ensure staff have an understanding of the importance of gender in water, sanitation and hygiene programming and provide training and support where necessary.

### Ensuring gender equality and equal participation

#### Phase I: Immediate actions

- Identify a person (e.g. school teacher, NGO representative, female or male translator as appropriate) who could coordinate consultations with women, girls, boys and men directly affected.
- Provide “coaching” advice to the technical team and other staff on how to work with the community and make effective use of women’s knowledge of the community; ensure women are part of the technical team where possible.
- Consult both women and men on who takes responsibility for protecting surface and ground water, transporting water, drilling wells, constructing toilets, distributing water, operating and maintaining systems.
- Establish mechanisms (e.g. workshops, focus discussion groups, etc.) to make sure women’s and men’s voices are heard on decisions related to immediate location and appropriate technology for water and sanitation systems (design, type, cost and affordability), using appropriate facilitators where necessary and ensure convenient times and locations. Be aware of potential tensions that may be caused by attempting to change the role of women and children in communities.

- Work separately with women’s and men’s groups, where necessary, to counter exclusion and prejudice related to water, sanitation and hygiene practices.
- Ensure equitable and dignified access to distributions of hygiene-related materials; ensure materials are appropriate for users. Consult with women on appropriate menstrual cloths, smaller containers for children to collect water and appropriate shaving materials for men.
- Involve representatives from different parts of the community in the monitoring of water, sanitation and hygiene inputs — tracking safety and responding to the needs of different parts of the community and modifying interventions, where needed, in a timely manner.
- Consider issues of dignity, for women and girls in particular, in all water, sanitation and hygiene interventions, and design culturally appropriate strategies to enhance dignity.
- Engage all of civil society (including women’s groups) in the response.

#### Phase II: Rehabilitation and preparedness

- Conduct cultural- and gender-awareness workshops to facilitate the equal and effective participation of women and men in discussions on:
  - design and location of more permanent water points;
  - design and safe locations for toilets;
  - equitable provisions for water allocation for different tasks (washing, bathing, livestock, irrigation, etc.).
- Involve women equally with men in water management groups, water committees and other organizations to make decisions on allocations of water during drought periods.
- Determine how women’s and men’s participation and skills acquisition influence power dynamics at the household and community level.

**Building capacity**

**Phase I: Immediate aftermath**

- Provide formal and on-the-job training for both women and men in construction, operation and maintenance of all types of water and sanitation facilities, including wells and pumps, water storage, treatment, water quality monitoring, distribution systems, toilets and bathing facilities.
- Consider when selecting people, particularly women, for training, the timing and language, as well as the trainees' previous education.
- Ensure selection of health/hygiene promoters is appropriate according to the target groups.
- Target hygiene programmes not only to mothers, but also to fathers and other carers of children.
- Raise awareness of women, girls, boys and men on ways to protect surface and groundwater sources.

**Phase II: Rehabilitation and preparedness**

- Provide training to women in effective water and sanitation planning and management, especially where there is a prevalence of women-headed households (using women-to-women training).

- Offer training to men in water management, especially for single male-headed households who have previously relied on women to collect water and to manage the cooking, personal hygiene and domestic needs for the household (using men-to-men training).
- Work with community groups to expand, operate and maintain communal facilities and dispose of liquid and solid waste.

**Meeting cultural differences**

- Guarantee confidentiality and integrate cultural sensitivity into discussion forums on hygiene and sanitation with women and girls.
- Use other women as facilitators in these discussions.
- Include questions on cultural and ethnic beliefs on water usage, responsibilities and sanitation practices.
- Reflect cultural and ethnic differences in the affected community in water, sanitation and hygiene programmes where appropriate (e.g. different anal cleansing practices).
- Create a participatory, non-discriminatory (age, sex, ability) design for enabling unrestricted access to water and sanitation.

**CHECKLIST FOR ASSESSING GENDER EQUALITY PROGRAMMING IN THE WATER, SANITATION AND HYGIENE SECTOR**

The checklist below is derived from the action section in this chapter, and provides a useful tool to remind sector actors of key issues to ensure gender equality programming. In addition, the checklist, together with the sample indicators in the Basics Chapter, serves as a basis for project staff to develop context-specific indicators to measure progress in the incorporation of gender issues into humanitarian action.

WATER, SANITATION AND HYGIENE – GENDER CHECKLIST	
<b>Analysis of gender differences</b>	
1. Information is gathered from women, girls, boys and men about:	<ul style="list-style-type: none"> <li>• cultural beliefs and practices in water and sanitation use</li> <li>• hygiene habits</li> <li>• needs and roles in operation, maintenance and distribution</li> <li>• methods and time spent in water collection</li> </ul>
2. Data disaggregated by sex and age are used to develop a profile of at-risk populations with special water requirements.	
<b>Design</b>	
1. Water sites, distribution mechanisms and maintenance procedures are accessible to women, including those with limited mobility.	
2. Communal latrine and bathing cubicles for women, girls, boys and men are sited in safe locations, are culturally appropriate, provide privacy, are adequately illuminated and are accessible by those with disabilities.	

<b>Access</b>
<ol style="list-style-type: none"> <li>1. Women's, girls', boys' and men's access to services and facilities is routinely monitored through spot checks, discussions with communities, etc.</li> <li>2. Obstacles to equal access are promptly addressed.</li> </ol>
<b>Participation</b>
<ol style="list-style-type: none"> <li>1. Women and men are equally and meaningfully involved in decision-making and programme design, implementation and monitoring.</li> <li>2. Women and men are involved in the safe disposal of solid waste.</li> </ol>
<b>Training/Capacity building</b>
<ol style="list-style-type: none"> <li>1. Women and men are trained in the use and maintenance of facilities.</li> <li>2. Women and men are sensitized/trained to protect surface and groundwater.</li> </ol>
<b>Actions to address GBV</b>
<ol style="list-style-type: none"> <li>1. Both women and men participate in the identification of safe and accessible sites for water pumps and sanitation facilities.</li> <li>2. Facilities and collection points are monitored to ensure they are safe and accessible (locks, lighting).</li> </ol>
<b>Targeted actions based on gender analysis</b>
<ol style="list-style-type: none"> <li>1. Unequal knowledge levels on hygiene and water management are addressed through trainings.</li> <li>2. Women's and men's access to and control over resources for collecting/carrying water, containers and storage facilities are monitored and inequalities are addressed.</li> <li>3. Discriminatory practices hindering women's participation in water management groups are addressed through empowerment programmes.</li> </ol>
<b>Monitoring and evaluation based on sex-and age-disaggregated data</b>
<ol style="list-style-type: none"> <li>1. Sex- and age-disaggregated data on programme coverage are collected, analysed and routinely reported on.</li> <li>2. Plans are developed and implemented to address any inequalities and ensure access and safety for all of the target population.</li> </ol>
<b>Coordinate actions with all partners</b>
<ol style="list-style-type: none"> <li>1. Actors in your sector liaise with actors in other sectors to coordinate on gender issues.</li> <li>2. The sector/cluster has a gender action plan, has developed and routinely measures project-specific indicators based on the checklist provided in the IASC Gender Handbook.</li> </ol>

## RESOURCES

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12. UN office of the special al Adviser on Gender and Advancement of Women: *Gender, Water and Sanitation, Case Studies and Best Practices*. New York, 2006. <http://www.un.org/womenwatch/osagi/pdf/GenderWaterSanitation/English%20full.pdf>