



PROTECTION, GENDER AND INCLUSION IN WATER, SANITATION AND HYGIENE PROMOTION

GUIDANCE NOTE

Leaving no-one behind in WASH



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WHY IS THIS IMPORTANT?

Water, sanitation and hygiene (WASH) are fundamental for life, and for the dignity, health and wellbeing of everyone – regardless of their age, disability, social status, gender identity, ethnicity or sexual orientation. Equitable access to WASH services and facilities is a human right¹.

Inclusive, protective and gender-sensitive WASH programmes and activities lead to more equitable and safe outcomes for all. Planning and design which reduce the risk of discrimination and violence and promote meaningful participation of all persons, regardless of their gender, age, disability and background, can ensure that activities meet the diverse WASH needs of all and leave no one behind.

¹ On 28 July 2010, through Resolution 64/292, the United Nations General Assembly explicitly recognized the human right to water and sanitation and acknowledged that clean drinking water and sanitation are essential to the realization of all human rights.



WHAT IS IN THIS GUIDANCE NOTE?

This guidance note provides an overview of key protection, gender and inclusion (PGI) issues and practicalities to consider when assessing, designing, implementing and monitoring both long-term and humanitarian WASH programmes. It supports the practical application of the [IFRC Minimum Standards for Protection, Gender and Inclusion in Emergencies](#) by providing guidance to promote people’s dignity, access, participation and safety (DAPS) in WASH programmes².

² This guidance note is aligned with and supports the [Sphere](#) protection principles and WASH standards.

Addressing PGI in WASH is important because

WASH activities are only **successful when everyone's WASH needs are met**, with dignity



It leads to **more sustainable, efficient and effective service provision**



Inclusive decision-making for WASH activities **contributes to building safe and resilient communities**



It prevents unintended negative consequences and **reduces the risk of violence, discrimination and exclusion**

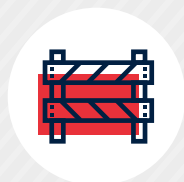


Guiding principles³

Moving from a one-size fits all approach to people-centered WASH



Put **protection, gender and inclusion** at the centre of the WASH sector's work



Recognize different and **multiple barriers** that people face – and their equal human rights to WASH



Prioritize those who face the most difficulties related to their WASH needs, and ensuring **“do no harm”** in the process



“Nothing about us, without us!”
Involve people in their own solutions



Improve effectiveness through **building capacity, commitment, confidence and pride**

How do we do it?

1

Hire **diverse and balanced WASH teams**, with the right attitudes, skill-based training and commitment

2

Collect **data disaggregated by sex, age and disability** (at a minimum)

3

Ensure all groups have meaningful participation in the decision-making process for WASH infrastructure and activities (see page 10-14)

4

Continuously **analyse the specific needs**, preferences, capacities, barriers to access and safety risks related to WASH infrastructure and activities, for each group

5

Revise and adjust activities, focusing on “doing no harm” and leaving no-one behind

See page 10 onwards for more guidance

³ House, S (2019) Strengthening the humanity in humanitarian action in the work of the WASH sector in the Rohingya response; Gender, GBV and inclusion audit of the work of the WASH sector and capacity development assessment, UNICEF and the WASH Sector, Cox's Bazar.

WHO IS THIS GUIDANCE NOTE FOR?

This guidance note was developed for IFRC and National Society staff and volunteers who are involved in humanitarian or long-term WASH activities. PGI focal persons, other sector counterparts and external stakeholders may also find this guidance useful in their collaboration with WASH programmes.

In order to be able to provide equal opportunities for women, girls, boys, men, people with disabilities, older people and other marginalized groups to access and benefit from water, sanitation and hygiene promotion programmes, it is important to raise awareness regarding the impacts of inequalities, discrimination, violence, cultural stigma and taboos with decision-makers, community and religious leaders, among others.

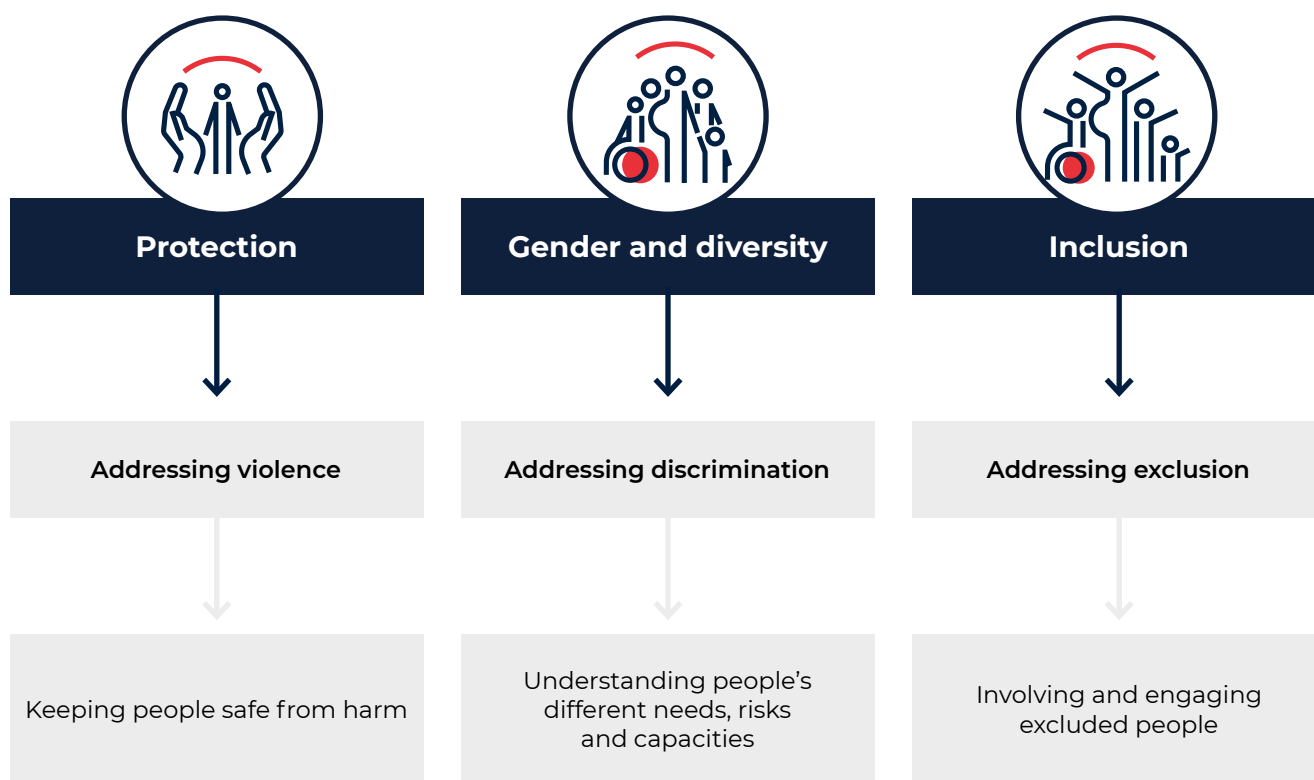


Water, sanitation and hygiene are core components of Red Cross Red Crescent action in both humanitarian and long-term programmes. WASH is fundamental to protect health and dignity, prevent disease, reduce risks and strengthen community resilience, and IFRC advocates for an emphasis on sanitation and hygiene where the needs are greatest. © IFRC / Graham Crouch

WHAT DO WE MEAN BY PROTECTION, GENDER AND INCLUSION?

Protection, gender and inclusion (PGI) describes the IFRC's approach and way of working to address the causes, risks and consequences of violence, discrimination and exclusion in an integrated way.

At the core of the PGI approach is an analysis and consideration of differences in gender, ethnic origin, age, disability, colour, religious beliefs, social background, sexual orientation and other factors which lead to different levels of vulnerability, exposure to violence, social roles, power, rights and access to resources.



Put simply, **protection** is about keeping people safe from harm. It is a central part of all humanitarian work.

Gender does not simply mean male and female – it refers to an aspect of a person's socially-determined identity relating to masculinity and femininity. Gender roles vary significantly between cultures and can change over time (including over the course of an individual's lifetime).

Diversity refers to the different social backgrounds and identities that make up populations. It includes gender, ethnic origin, nationality or citizenship, age, disability, language, political opinions, religious beliefs, social background, sexual orientation, physical appearance and colour.

Inclusion is about reducing inequalities linked to social backgrounds, identities, roles and power relations. In the long term, inclusion also focuses on facilitating access to opportunities and rights for all by addressing, reducing and ending exclusion, stigma and discrimination.

For the full text of these definitions please see the [IFRC Gender and Diversity Policy 2019](#).

WHAT DOES THIS MEAN FOR WASH?

Dignity, access, participation and safety (DAPS) are the four principles which guide WASH programmes and activities in addressing protection, gender and inclusion.



For WASH this means: everyone has access to water and sanitation facilities and the items they need to be able to manage their personal and household WASH needs in a way they want to, in accordance with their cultural context, and which supports their feelings of confidence, wellbeing and self-esteem. Adequate water and private facilities for personal hygiene (including menstrual hygiene and incontinence) and maintaining cleanliness (including of children, persons with disabilities, older people and people with chronic illnesses) are vital for safeguarding the dignity of individuals.



For WASH this means: WASH facilities, services and information are designed and implemented in a way so that everyone can use them, understand them and benefit from them. Cultural stereotypes and norms around gender, age and disability affect decision-making arrangements, and access to power, resources, public participation and even to water itself, and need to be considered in all phases of WASH programmes.



For WASH this means: everyone in a community – regardless of their gender, age, disability or background – has their voice heard and is actively involved in decision-making for the selection, design, construction and ongoing operation and maintenance of WASH facilities and services.



For WASH this means: everyone feels comfortable and safe to use WASH facilities and services, and that their design, location and operation minimizes risks of violence. Vulnerability to violence is increased by a lack of safe and secure sanitation infrastructure, particularly in emergency contexts where there can be lack of privacy, overcrowding and lack of lighting in communal spaces and facilities.

People can face multiple barriers to accessing WASH: going beyond gender to address discrimination on all levels

Individuals or groups often face discrimination or exclusion from WASH in more than one way. This is called intersectionality. For example, an older man with a physical disability from an ethnic or faith group may face barriers to accessing water and sanitation because of his social status, disability and age.

The path to the latrines is slippery and rocky and if no one is available to help him get to the latrine, he uses a bucket at home. He finds this embarrassing and stressful because he cannot empty the bucket himself. He has ideas on how to improve the WASH situation in his community, but people from his ethnic or faith group are not invited or welcome to join the WASH committee. He is partially deaf and finds it hard to understand information from volunteers when they hold group discussions. Written information on how to provide suggestions or make complaints on WASH issues is provided in the language of the main ethnic group, which he does not understand very well.

Physical, social, cultural and economic barriers all need to be considered together, and their compound effects understood and addressed, through WASH programming which leaves no one behind or unsafe, and does no harm.



A latrine block up a hillside in Cox's Bazar, Bangladesh. Sandbags have been used to make steps up the hill, and to help prevent further erosion. Latrines such as these ones may be inaccessible to people who have difficulty climbing steps including older people, people with disabilities, pregnant women and young children. © Farzana Hossen / British Red Cross

Effective, inclusive WASH is participatory and community-led

Hygiene promotion (or “WASH software”) is the foundation of any successful WASH programme. A key role of hygiene promotion volunteers is to facilitate inclusive discussions and a community-led decision-making process, to strengthen accountability and maintain a link with the WASH technical counterparts.

There is no point in constructing a latrine which is technically sound, but from the user's perspective is inappropriate for their use; perhaps it was constructed in an unsafe location, is not accessible to those with physical disabilities during the rainy season or is not culturally appropriate.

Hygiene promoters are responsible for communicating people's preferences and requirements related to the design and location of WASH facilities to engineers. Conversely, hygiene promotion volunteers can explain the limits and consequences of engineering designs and technology choices, enabling people to make informed decisions.



The Philippines Red Cross puts its Child Protection Policy into practice through WASH in Schools programmes. Open communication with parents and guardians is emphasized, and informed consent is ensured for children's participation.

Security, dignity and specific needs of children with physical disabilities were considered and incorporated into the design of the facilities, including appropriate size of toilet bowls and handwashing areas, doors with locks, separate cubicles for girls and boys, ramps, handrails and grab bars, lever types of doorknobs, dimensions of doors, and latrines to cater for wheelchairs. Participatory and interactive activities designed specifically for children were implemented to improve hygiene and sanitation practices.



Drought can lead to conflict and violence over scarce water resources, which are further exacerbated by climate change and environmental degradation. Pastoralist communities in north-east Kenya migrate long distances to access water for livestock and drinking⁴.

Different ethnic groups clash over control of water points. Kenya Red Cross Society knows the importance of early action and focusing on increasing community resilience to drought through sustainable access to water – which supports livelihoods, as well as health and dignity.



Different types of disabilities mean very different solutions and adaptations to WASH facilities are needed. In Cox's Bazar, British Red Cross and Bangladesh Red Crescent Society designed tailor-made improvements to remove barriers that people with disabilities and older people faced in both getting to and using existing WASH facilities.

Participatory discussions with individuals (and their caregivers, if relevant) enabled them to make decisions on how to improve their own situations. Using examples of adapted WASH facilities from other contexts (cardboard models, pictures etc.), can help to facilitate discussions by allowing people to see possibilities and different options for their own facilities.

4 <https://www.redcross.or.ke/images/Drought%202011%20-%20How%20Kenya%20Responded.pdf>

KEY PGI ISSUES IN WASH, AND WHO IS AT GREATEST RISK

Common examples of different barriers to dignity, access, participation and safety that different groups and individuals may experience in relation to WASH are outlined below. These are illustrative only and are not exhaustive categories. In many contexts, there may be additional considerations such as indigenous groups, or people living with HIV or other conditions, among others.

The examples below provide some ideas and suggestions for how to address the issues identified here (additional guidance can be found from page 15 onwards). In many cases, there are no easy solutions, but focusing on dignity, access, participation and safety, according to each local context, will help you address many of these issues together with the community.

OLDER PEOPLE AND PEOPLE WITH CHRONIC ILLNESSES



Dignity: Older people and people with chronic illnesses may be increasingly dependent on family members or caregivers to maintain personal hygiene and their dignity, and often have greater needs for water and hygiene items (including for incontinence), in order to maintain personal hygiene and cleanliness so they are confident and able to participate in everyday activities.



Access: Older people and people with chronic illnesses may have greater need for water and hygiene items (e.g. soap, pads or absorbent materials, mattress protectors etc.), and may have difficulty accessing WASH facilities or distributions due to challenges with mobility, the need for a caregiver, or due to fear of discrimination or stigmatization for their condition.



Participation: Older people are often trusted and respected within communities, and their participation as leaders can improve the effectiveness of WASH activities. Older people and people with chronic illnesses may be less able to join community consultation meetings and less likely to utilize common communication and consultation platforms (e.g. social media).



Safety: Older people and people with chronic illnesses may experience neglect and abuse from their caregivers, including failure to provide assistance with personal hygiene. If unable to maintain personal hygiene, older people and those with chronic illnesses may be at risk of harassment or exclusion from community activities.

PERSONS WITH DISABILITIES



Dignity: Staff and volunteers engaged in WASH activities should receive training on disability and associated WASH needs, including the skills they need to communicate respectfully with persons with physical, sensory and intellectual disabilities (and their caregivers, if relevant) regarding their WASH needs.



Access: Persons who have a hearing or visual impairment need WASH information in accessible formats such as Braille or large print, or to be provided verbally. People with disabilities are often stigmatized and may be excluded from community groups or processes. Persons with physical disabilities often require mobility aids (ramps, handrails etc.) to get to and use WASH facilities.



Participation: When persons with disabilities meaningfully participate in the decision-making process to guide WASH facility design, siting and maintenance, it leads to WASH programming which utilizes their capacities and rights and meets their specific WASH needs. Linking with local disabled-persons' organizations can support their participation and make sure their voice is heard.



Safety: Ensuring that persons with intellectual disabilities receive adequate, adapted and understandable explanations on how and when WASH facilities can be accessed safely, can contribute to reducing the risk of physical or sexual exploitation or abuse, linked to WASH facilities.

ETHNIC, RELIGIOUS AND CASTE MINORITY GROUPS



Dignity: Deep-rooted discrimination and stigma can erode the dignity of people (often minority groups) who engage in jobs associated with being 'dirty', such as manual scavenging of waste or removal of fecal sludge from latrines.



Access: WASH facilities may not be accessible for members from minority groups due to lack of adequate partitions or discrimination. People from "lower castes" may be barred from using water sources or latrine facilities for use by the "upper castes", e.g. in South Asia.



Participation: WASH volunteers and members of community WASH committees should include all ethnic groups to prevent discrimination. In addition, differential power structures, bias, discrimination and language barriers may prevent or limit their meaningful participation.



Safety: Tensions within and between communities' water resources can lead to violence, including between host communities and displaced people in situations of displacement.

WOMEN AND ADOLESCENT GIRLS



Dignity: Women and girls are usually primary water managers and caregivers within the household. Sanitation and hygiene have clear links to maternal, newborn and child health. Walking long distances to collect and transport water and waiting until dark or walking to remote locations to urinate or defecate, can undermine dignity (as well as safety).

Women and girls need access to appropriate and private water and sanitation facilities to manage their menstruation with dignity, including washing, drying and disposal of hygiene items. Without appropriate menstrual hygiene materials and facilities, anxiety and embarrassment around leakage of blood can erode dignity. In urban areas, refugee camps, informal and transit settings these challenges can be exacerbated.



Access: Women and girls need adequate and appropriate supplies and WASH facilities to manage menstruation hygienically and avoid infections. Women and girls may have severely restricted movement and be forced to remain at home, or in their shelter, while they have their periods. They may have difficulties attending distributions, collecting water, accessing health services or working.



Participation: Women and girls experience exclusion in relation to WASH at almost all levels. Traditionally, men have taken up decision-making roles within community, local and national governance structures, while women have taken up more supporting, home-based roles. Adolescent girls may be less likely to participate in schooling in the absence of private, safe and appropriate WASH facilities.



Safety: When women and girls go out at night to urinate or defecate in the open, use shared toilets or facilities that do not provide adequate privacy, or travel long distances to collect water, they are more vulnerable to harassment or violence, including rape. Women and girls may wait until nightfall to defecate, or to change or dispose of menstrual materials, which increases the risk of assault.

CHILDREN



Dignity: Access to appropriate sanitation and hygiene facilities can support children's physical privacy and their psychosocial well-being, including through attendance at school. Child-friendly facilities, which are easy-to-use and low-maintenance, decrease dependency on adults which has great benefits for a child's self-reliance, dignity and confidence.



Access: Children may be responsible for collecting water for the household but cannot carry large containers. Children with disabilities are less likely to benefit from WASH activities that are offered through schools, as only 50% of children with disabilities attend school globally⁵. Children connected to the streets might have few options to access WASH facilities throughout the day.

⁵ Mizunoya, Mitra and Yamasaki (2016). Towards Inclusive Education: The impact of disability on school attendance in developing countries; UNICEF.



Participation: Children often have a strong influence on household hygiene behaviour. They can be ‘agents of change’ and increase the impact of WASH programmes across the wider community. Staff and volunteers may need additional training to gain the skills and confidence needed to facilitate meaningful participation of children in WASH activities.



Safety: Children who feel unsafe or uncomfortable using WASH facilities may engage in risky or harmful behaviours to avoid doing so, such as leaving populated areas to defecate, or avoiding eating and drinking in order to use the toilet less frequently.

SEXUAL AND GENDER MINORITIES⁶



Dignity: Safe, context appropriate toilets can reduce the risk of sexual and gender minorities being harassed, abused, ridiculed or suspected of sex work. User-led solutions which are discussed and decided upon by affected minority groups can ensure dignity. Training staff and volunteers in inclusive actions towards LGBTIQ+ populations and inclusive communication to support discussions is needed.



Access: Public toilets are often sex segregated (i.e. male and female only) which may contribute to exclusion and denial of access to transgender and intersex people. Where feasible, gender neutral toilets or safer access to sex-segregated toilets through community dialogue can improve access.



Participation: Sexual and gender minorities may be prevented from participating in the design and implementation of WASH activities in some countries due to discriminatory attitudes and practices.

Community-based LGBTIQ+ support/advocacy groups and leaders can provide information and perspectives and can facilitate community-level discussions with other groups.



Safety: If staff or volunteers do not have experience of working with sexual and gender minorities there is potential to do harm when seeking to identify and support their needs, especially in contexts where they are at risk of violence or arrest when accessing public WASH facilities – or simply identifying as LGBTIQ+. Work together with PGI specialists and/or local specialist community organizations to ensure safe engagement with this group. Ensure that training for staff, volunteers and community members on LGBTIQ+ inclusivity also covers minimum considerations of safety.

⁶ This term includes lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people as well as a range of people whose identities or practices are not included within those terms.



A user-centered approach for the design and adaptation of menstrual hygiene management (MHM) programming (including kits, information materials, distributions and WASH facilities) ensures that actions are locally appropriate and effective in supporting the dignity and health of those who menstruate, including those with disabilities.

As part of the participatory process for developing contextualized MHM kits, Vanuatu Red Cross Society volunteers discussed with women with disabilities (see photo) their MHM and hygiene needs, preferences and challenges. Persons with different types of disabilities may need to be consulted separately, together with their support persons and/or carers (if relevant).



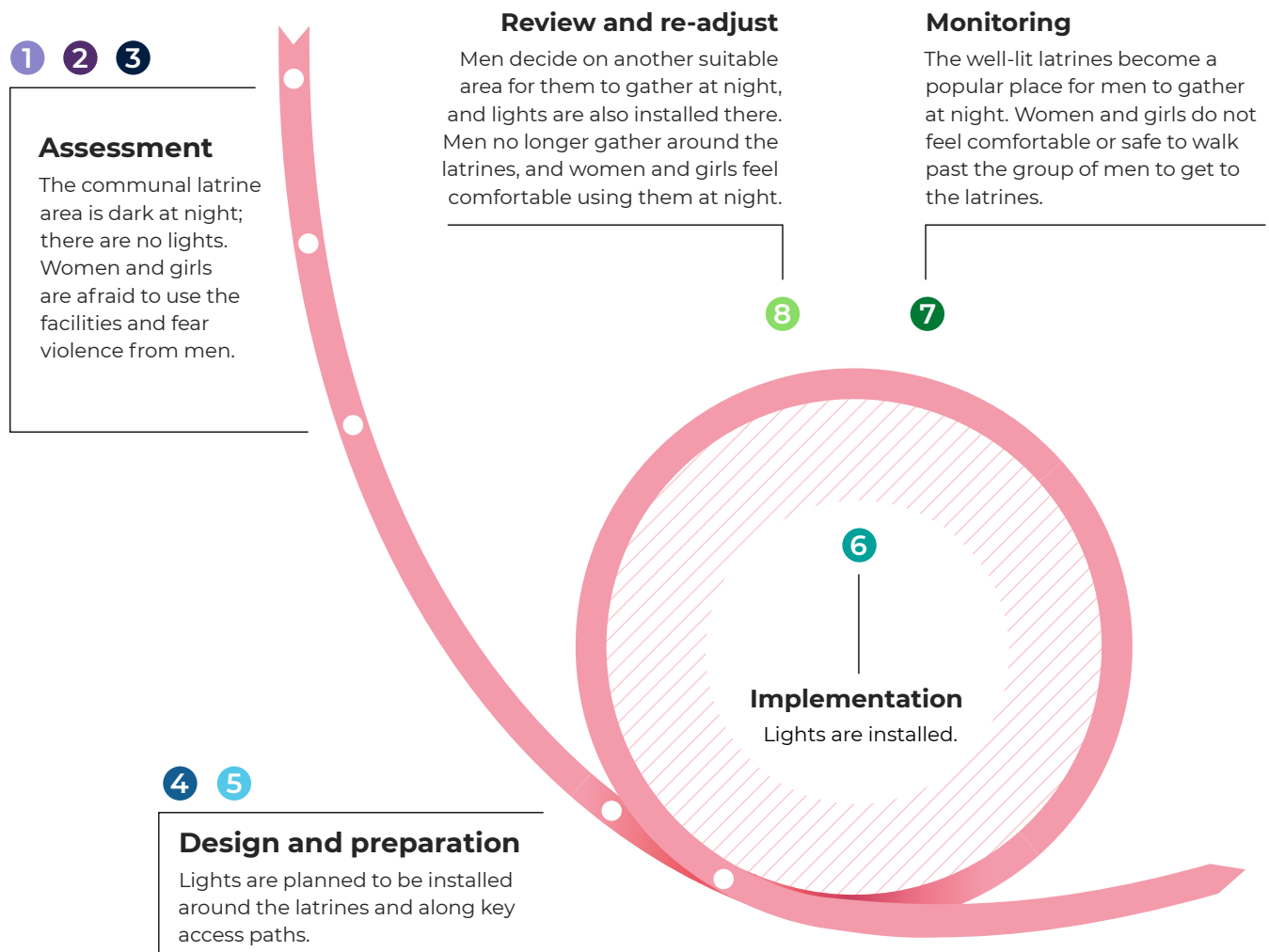
Balanced and diverse WASH committees can lead to improved functioning and sustainability of WASH infrastructure, both in communities and schools. Giving women, men, boys, girls, people with disabilities, older people, those with chronic illnesses and other marginalized groups, equal opportunities to participate in designing, managing, operating and maintaining water and sanitation facilities contributes to building safe and resilient communities.



Water and sanitation services cost money, and different people have different abilities and willingness to pay. Men are often decision makers regarding household spending on hygiene items and sanitation facilities. Limited economic resources can be a significant barrier to access sustainable WASH services. A Red Cross supported [study](#) in Malawi found that the last people not owning latrines in communities were often from socially isolated households – younger, less educated, less confident in their ability, less aware of others who had constructed latrines, and who often had more impaired mental health. Reaching and including these isolated groups in decision-making for WASH improvements will mean that no-one is left behind, which in turn will benefit the entire community (for example, by reducing open defecation).

HOW CAN I INTEGRATE PGI INTO WASH ACROSS THE PROGRAMME CYCLE?⁷

Use the questions below as a reminder of key considerations when assessing, designing, implementing, evaluating and coordinating WASH programmes and activities. These questions are not exhaustive nor a one-off checklist. Safe and inclusive WASH responses require continuous monitoring and adjustment across the programme cycle to ensure dignity, access, participation and safety of everyone, as shown in the example below.



Focus on targeted support to at-risk groups – but do not exclude the majority in the process

When improvements in WASH focus only on one group, or when only one group is involved in decision making, it can bring negative impacts to the target group (as in the example above) and leave others (for example, young men over 18) feeling frustrated and excluded from support. This can result in misuse of WASH facilities, negative perceptions towards the activities or programmes, and withdrawal of their support for activities implemented in their community or with their household. It is important to take the time to facilitate dialogue between different groups and to explain **why** certain people are receiving support and others not (for example, if women are receiving dignity kits and men are not, or if people with disabilities are supported with large, easily accessible latrines and others are not).

⁷ For more information on IFRCs 8 steps for WASH programming see key resources on page 19.

QUESTIONS TO ASK YOURSELF

Assessment

- Wherever possible, have you collected data disaggregated by sex, age and disability (SADD) and other context-specific variables?
- Have you used participatory data collection methods which promote participation of persons of all gender identities, disabilities, backgrounds and ages (including child-friendly approaches for children)?
- Which groups or individuals are at more risk of violence, stigma and marginalization and have less access to WASH facilities and services? Why?
- What are the roles, responsibilities, specific needs and priorities relating to water, sanitation and hygiene for women, men, girls, boys, people with disabilities etc.? Make sure you think about cultural and social traditions and perceptions, household decision-making, livelihoods such as agriculture and livestock raising etc.
- What are the barriers people face in accessing water points and sanitation and hygiene facilities, of all gender identities, ages, disabilities and backgrounds?
- What are the roles of women and girls, men and boys, people with disabilities etc. in collecting, handling, storing, and treating water?
- Who is involved in community decision-making for water and sanitation services, including technology selection and siting of facilities? How can everyone's voice be heard?



KEY TOOL [IFRCs PGI assessment question library](#) has guidance on collecting SADD data

KEY TOOL [IFRC Rapid PGI analysis template](#)

KEY TOOL [IFRC Gender and inclusion checklist for WASH programming](#)

Design and preparation

- Has the WASH engineer collaborated with the hygiene team for the planning and design process?
- Have you adapted hygiene promotion messages and methods/channels for different ages, abilities, and genders? Do the hygiene promotion methods promote dialogue?
- Have all groups had their voice heard during decision-making for operational and maintenance strategies of community water supplies and WASH facilities?
- Are communal latrines, bathing facilities and tap-stands or water distribution points usable by all, can everybody reach the taps and use the toilets (older persons, children, pregnant women, and persons with disabilities)?
- Can everyone, including people with disabilities, chronic illnesses and older people, access sufficient water for drinking, cooking and maintaining hygiene?
- Are ramps, handrails and dimensions of facilities suitable for people with mobility issues, or accompanying carers?
- Are WASH facilities secure and private (locks on the inside and lighting in and around), both by day and night?
- Do WASH facilities provide sufficient space, privacy and facilities for managing menstrual hygiene including washing, drying and disposal of hygiene items?

- Are the water and sanitation facilities and kits (or items) designed and provided culturally appropriate and based on user preferences?
- Are you coordinating with Protection Gender and Inclusion (PGI) and Relief teams regarding design and distribution of hygiene kits, menstrual hygiene management kits and dignity kits?



KEY TOOL IFRC's Minimum standard checklists for inclusive, MHM-friendly [latrines](#), [bathing areas](#) and [solid waste management](#) can be used for design, assessment and monitoring.

Implementation

- Does the WASH team have balanced/fair representation of persons of all gender identities, ages, disabilities and backgrounds?
- Is an open, positive attitude to diversity and inclusion used as a criteria when recruiting WASH staff and volunteers?
- Have you recruited hygiene promotion volunteers from different backgrounds, including different ethnic groups and persons with disabilities? Can you actively recruit more diverse volunteers?
- Have WASH staff and volunteers been trained on PGI issues?
- Have hygiene promotion volunteers received training on discussing sensitive topics, how to communicate with people with disabilities (including their caregivers) and children?
- Have you linked with the PGI and/or Gender-based Violence (GBV) team so that WASH staff and volunteers know where to refer people in case of a disclosure of violence or abuse?
- Have you explored ways to partner with local or international specialist organizations (for example which work with children, or people with disabilities)?
- Do community WASH committees have diverse and meaningful representation?
- Are the government, partners and other stakeholders aware of WASH related PGI issues? If not, how will you advocate and encourage them to ensure that PGI is mainstreamed in their work?

Monitoring and evaluation

- Are WASH facilities and distributed items being used as planned by different groups and individuals?
- Are hygiene messages being understood and acted upon by women, girls, men, boys, people with disabilities, older people etc.? If behaviour change is not seen in some groups, why not, and what barriers are they facing?
- Are you collecting feedback in a participatory way from people of all gender identities, ages, disabilities and backgrounds throughout WASH programming (before, during and after implementation)?
- Is the complaint and feedback system accessible for persons of all gender identities, ages, disabilities and backgrounds? Have you coordinated with the Community Engagement and Accountability (CEA) team and established responsibility for following up?
- Are WASH related facilities, distributions or services having any unforeseen impact or consequences (positive or negative) on any groups?

Time to reflect

Think about your own attitudes and ideas around identity, ethnicity, gender, sexual orientation, religion, age, physical and intellectual ability. Do you have any biases (judgements or negative feelings) in your personal or professional life? These can be either conscious (that you know about) or unconscious (underlying stereotypes or attitudes that influence you without realizing it).



Sarmilla Gurung and her son gather water at a tap in Champani, Nepal. © American Red Cross / Brad Zerivitz

LEARNING FROM OTHERS: NATIONAL SOCIETY EXAMPLES

Women's participation and ownership of WASH as a catalyst for social inclusion and gender equality in Nepal⁸

Nepal Red Cross Society (NRCS) implemented a WASH project which aimed to improve gender equality and inclusion through empowering women with targeted training and participation in WASH committees and decision-making. Gender roles were discussed in different trainings and workshops, highlighting strategies on how women's participation can be increased in leadership positions. Women were coached to understand the role of the WASH committees, and to facilitate linkages to local and district government offices. Women were also trained as water technicians and masons (many of whom had no formal education), providing them the opportunity to enhance their social status and livelihoods.

As a result, women gradually began to actively participate in WASH activities, with their ownership enhanced when it was linked to family health and protection of their dignity and privacy. As women were heavily burdened by their household and agricultural work, they needed to be convinced of the benefits they would get as WASH committee members.

The increased confidence, self-esteem and networking of women participants has given them more of a voice and identity beyond their households. Several women who were nominated as candidates or elected in local government structures, largely because they had gained trust and were recognized in the community as development actors.

⁸ Final Research Report on Gender and WASH Committees: Women's Participation, Leadership and Decision-Making in the Sanitation, Hygiene and Water Management Project, Bajhang; EMERGE and Rooster Logic for Australian Red Cross; 2018.

Improving safety of women and girls through sustainable access to WASH in Lesotho

The Lesotho Red Cross Society (LRCS) implemented a rural WASH project in an area where there were reported incidences of girls being abducted and forced into marriage, often occurring when fetching water from distant or hidden water sources, or when relieving themselves in the bushes.

The project implemented improvements in WASH hardware, bringing water supplies and latrine facilities closer to homes, which were reported to have contributed significantly to reducing the risk of young girls being raped and/or abducted and forced into marriage. Ninety-five per cent of girls felt safe and secure while accessing WASH services provided by the project.

Advocacy campaigns were an important addition to the project, which aimed to tackle the underlying causes of child abduction and early marriage. Promotion of gender rights and awareness of child abduction and marriage were conducted through children's WASH clubs and community discussions with WASH committees and hygiene groups. However, to stop such a complex issue as child marriage, a long-term, multi-sectoral and tailored response is required.

Link with local specialist organizations and support groups to improve WASH programme effectiveness and reach

During the Covid-19 pandemic, transgender people in Argentina were found to be having difficulty accessing menstrual hygiene items. In close coordination with two local specialist organizations⁹ which support and advocate for transgender people, the Argentine Red Cross distributed hygiene kits which included sanitary pads, tampons and menstrual cups.

Transgender men provided recommendations and selected appropriate menstrual items for the kits. Distribution of the kits was accompanied with virtual workshops on sexual health and correct use of menstrual cups. Throughout the process, a health advisory line was set up that also offered psychosocial support.



Key Red Cross Red Crescent resources

- IFRC [Minimum Standards for Protection, Gender and Inclusion in Emergencies](#) (2018) and accompanying [toolkit](#) (2020) for detailed guidance on PGI integration in assessment, planning, implementation and monitoring of WASH activities.
- IFRC [Hygiene promotion in long-term WASH programming guide and tools](#) (2021) and [Hygiene promotion in Emergencies guide](#) (2018)
- IFRC [Addressing menstrual hygiene management \(MHM\) in humanitarian contexts: Guide and Tools](#) (2019) and [case study compilation of global MHM experiences](#) (2021)

The IFRC would like to thank those National Societies which contributed to this guidance note, and special thanks also to Austrian Red Cross, Finnish Red Cross, Swedish Red Cross and Swiss Red Cross for their support.

9 The Association of Transvestites, Transsexuals and Transgender People of Argentina and the Federation of Lesbians, Gays, Transvestites and Bisexuals.



The International Federation of Red Cross and Red Crescent Societies (IFRC)

is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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