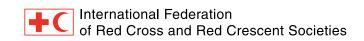


Gender in water, sanitation and hygiene promotion

Guidance note

www.ifrc.org Saving lives, changing minds.



The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network, reaching 150 million people each year through our 187 member National Societies. Together, we act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by Strategy 2020 – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to 'saving lives and changing minds'.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

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Cover photo: Jacob Murimi/Kenya Red Cross Society The IFRC launched the Global Water and Sanitation Initiative to outline a common approach among National Red Cross Red Crescent Societies to establish and scale up longer-term sustainable water and sanitation programmes. The Initiative is currently in 64 countries to provide sustainable access to water, sanitation and improved hygiene and contribute more effectively in meeting the UN Millennium Development Goals. P.O. Box 372 CH-1211 Geneva 19 Switzerland Telephone: +41 22 730 4222 Telefax: +41 22 733 0395 E-mail: secretariat@ifrc.org Web site: http://www.ifrc.org

1250400 Gender and water, sanitation and hygiene promotion – Guidance note 11/2012 E 1'000

Gender in water, sanitation and hygiene promotion

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Gender and diversity-sensitive water, sanitation and hygiene promotion initiatives lead to more equitable, effective and efficient programming for all members of vulnerable communities.

This guidance note provides an overview of gender and diversity issues and practicalities to be kept in mind when designing water, sanitation and hygiene promotion programmes. The practical guidance presented here makes this a hands on tool to assist Red Cross and Red Crescent volunteers and staff in advocating for and implementing programmes with a balanced approach to gender and diversity issues.

What do we mean by gender and diversity?

Gender is often misunderstood to refer to issues only related to women and girls. In fact gender refers to the social differences between females and males throughout their life cycle and though deeply rooted in every culture, are changeable over time and have wide variations both within and between cultures.

Being diversity-sensitive means accepting and respecting the needs of groups who may be vulnerable based on their age, class, ethnicity, sexual orientation (lesbian, gay, bisexual, transgendered and intersex [LGBTI]), people living with HIV (PLHIV), and disability.

What are the key issues?

Women, girls, boys, men as well as other vulnerable groups (older persons, LGBTI, PLHIV and persons living with disabilities) all collectively need to be reached through water, sanitation and hygiene programmes. Each groups needs, role and involvement must be identified to ensure Hygiene promotion is one component of the Red Cross Red Crescent's water and sanitation programme. Now and beyond 2015, the Red Cross Red Crescent is committed to focus on water, sanitation and hygiene in both disaster and development contexts, with an emphasis on sanitation and hygiene where the needs are greatest. Olivier Mathys/IFRC

Gender cannot be overlooked or de-emphasised in emergencies. It is an operational requirement for effective results. 3

CASE STUDY: Mozambique Red Cross Society Learning-by-doing – the need for balanced male and female representation in water committees

Two water and sanitation projects were implemented simultaneously in north and south Mozambique. The targeted communities in northern Mozambique were patriarchal and the communities in the south were matriarchal.

It was observed that in the matriarchal communities, the water point committees were completely managed, operated and maintained by women. The records of funds collected and disbursed were in most cases well kept. Since women are traditionally responsible for water collection, they had a vested interest in ensuring the maintenance of the facilities they had been provided with.

In the north, the water point committee was almost exclusively men. Even though women are traditionally responsible for water collection, distribution and sanitation, there were excluded from the management process. There was a lack of transparency in fund collection and disbursement. The project in the north was less successful.

In consultation with the government two steps were taken to ensure sustainability of future projects. It was decided that all water point committees would have balanced male and female representation and that women, girls, boys and men would be encouraged to be a part of the management structure.

LESSONS LEARNED

- For projects to be sustainable the needs of women, girls, boys and men have to be considered equally when designing the project.
- Balanced representation of women, girls, boys and men in managing and maintaining projects ensures that those with vested interests will keep the facility provided operational.
- Women, girls, boys and men should be aware of the activities of the committee so that the process is transparent and accountable.

that a culturally appropriate programme is designed and implemented.

In developing countries, women and girls often spend the majority of their day carrying out domestic chores and walking long distances to collect and transport water. Lack of access to water points and sanitation facilities has an impact on women and girls health and access to education. As primary water managers and caregivers their involvement in water and sanitation activities is critical.

Men and boys need water for irrigation, tending to livestock etc. Their need for water is different from women and girls.

Experience has shown that giving all groups within the population equal opportunities to participate in designing, managing, operating and maintaining water and sanitation facilities contributes to building safe and resilient communities. It ensures impact and sustainability of water, sanitation and hygiene promotion programmes, regardless of whether they are in the disaster response, recovery or developmental contexts.

Access to safe drinking water, secure and clean sanitation facilities and improved hygiene is not a luxury but a human right and an issue of human dignity.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.

Keep in mind

- Women, girls, boys, men as well as other vulnerable groups all have different needs and capacities which must be identified and addressed to improve quality, efficiency and effectiveness of water, sanitation and hygiene programmes.
- In order to access all groups within the target population, it is not only important to ensure male/female balance in assessment and response teams but also that they are trained on gender and diversity issues. Depending on the cultural context it may be necessary to organize consultations with the population separately or in focus groups.
- In most societies men and boys have the decision-making role. Ensure that women, girls as well as other vulnerable groups are consulted and have decision-making power. This can be achieved for example by involving community and religious leaders, older persons among others. Active participation leads to effective decisionmaking.
- Women, girls, boys, men as well as other vulnerable groups have shared as well as different needs and priorities in their use of water and sanitation facilities and knowledge and practice of hygiene. It is important to identify and understand these differences and to build on the knowledge of all community members equally for water and sanitation programming to work in favour of a community as a whole.
- Latrines and bathing facilities for women, girls, boys, men as well as other vulnerable groups should be easily accessible, located in safe areas, secure (locks, lighting) and culturally appropriate. This is necessary because:
 - Walking to remote locations outside the village for excreta disposal undermines dignity and can expose

women, girls as well as other vulnerable groups to attack, sexual harassment and/or rape. It can also have a detrimental effect in terms of health since in many instances women and girls wait until early morning or when it is dark to relieve themselves. Women and young girls need privacy and facilities for managing menstrual hygiene. If hygiene kits distributed include washable sanitary pads then ensure that the washing facilities where women and girls can wash the soiled pads are private and secure. However, if the pads are disposable, a strong solid waste management system needs to be in

- place to dispose off the used pads.
 Young girls, particularly after puberty, are less likely to attend school in the absence of adequate and secure sanitation facilities. Schools must have separate and secure latrines for boys and girls as well as male and female staff members.
- Women, girls, boys, men as well as other vulnerable groups should have access to safe and sufficient water to meet their needs (cooking, sanitation, livestock among others). When identifying water points ensure that they are easily accessible and safe (location-

It is essential to understand the needs of women and girls when designing sanitation programmes. Appropriate design and location of sanitation facilities reduces the risk of violence against women and girls. Marcelina Albuquerque/ Timor-Leste Red Cross Society



"Involving women but also men in the hygiene promotion activities has proven to be the key to reach out [to] a wider representation of the community. Working with women as well as men can make changes at grass root levels."

> Shafique, Hygiene Promoter, Pakistan Red Crescent Society

wise). Water containers should be easy to use and carry for the older persons, PLHIV, persons living with disabilities and children.

- Cultural norms and practices vary across different regions. In order to ensure that the water and sanitation infrastructure being developed and hygiene promotion messages being disseminated are culturally appropriate, organize separate or focus group sessions and engage in a dialogue with women, girls, boys, men as well as other vulnerable groups to discuss and identify their needs and capacities.
- Hygiene promotion must target women, girls, boys, men as well as other vulnerable groups. Poor hygiene practices by one member of the household can result in other household members falling sick.
- Women, girls as well as other vulnerable groups should be consulted and actively involved in design, management, operation and maintenance of water and sanitation facilities. This will enable them to have their voices heard, share knowledge and ideas and learn how to operate and maintain facilities.
- Improved sanitation is about much more than building toilets; hardware



(infrastructure) needs to be accompanied with software (hygiene promotion and information about waterborne diseases and their prevention and the importance of hand washing) to facilitate change in attitudes and behaviour among women, girls, boys, men as well as other vulnerable groups.

What is Good practice?

- Collect data disaggregated by sex, age and diversity to better determine water and sanitation needs of all the groups within the target population.
- To access and cater to the needs of all groups within the population, assessment and response teams as well as community water and sanitation committees must be trained and have balanced representation of women, girls, boys, men as well as other vulnerable groups.
- When designing any water, sanitation and hygiene promotion programme it is critical to consult with and involve women, girls, boys, men as well as other vulnerable groups in decision-making processes to ensure that everyone in the community benefits. Depending

on the cultural context, consultations may need to be carried out separately or in focus groups.

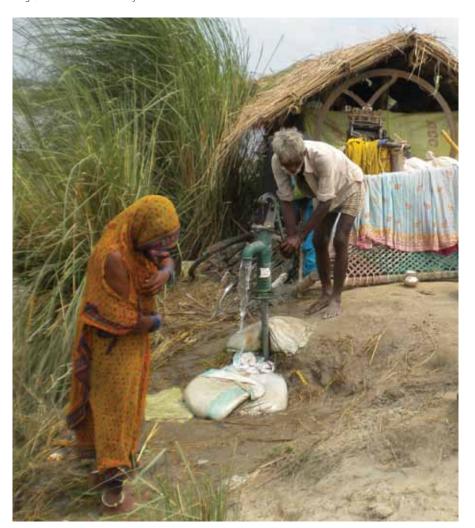
- Examine the constraints and/or barriers faced by women, girls, boys, men as well as other vulnerable groups in using and accessing appropriate water and sanitation facilities.
- Vulnerability of women, girls as well as other vulnerable groups is increased by a lack of safe and secure sanitation infrastructure. Ensure that sanitation facilities and related initiatives are culturally appropriate and secure (locks, lighting) for all to use.
- Ensure the different needs, interests and priorities of women, girls, boys men as well as other vulnerable groups have been included when designing water, sanitation and hygiene programmes.
- Ensure that the water and sanitation infrastructure are safe, clean and culturally acceptable.
- Sanitation and hygiene are extremely important issues hence it is important to reach all groups within the population. This should be done through

Access to safe water and sanitation is not only a human right but also a question of human dignity and equity. There should be no discrimination among women, girls, boys, men, older persons, PLHIV, persons living with disabilities to access and/or benefit from water and sanitation facilities. Julien Goldstein/IFRC



Train staff and volunteers and raise awareness with in communities about gender and diversity. Local knowledge and advice is crucial in providing water and sanitation services. Often community members themselves, Red Cross Red Crescent volunteers understand the local culture, ensuring the respect of local customs and traditions and the importance of working with community leaders on all initiatives. Oinam Ratan Sinah/Indian Red Cross Society using interactive hygiene communication methods and community dialogue.

- Sanitation and hygiene have clear links to maternal, newborn and child health. In many societies men and boys control household expenditure. Hence it is necessary not only to target women and girls but also boys, men as well as other vulnerable groups with messages on the importance to improve household hygiene and sanitation.
- Girls and boys often take home key messages on health and hygiene. Educating girls and boys and incorporating practical aspects such as personal hygiene and sanitation in the school curriculum contribute to improving community health (e.g. the use of child sanitation and hygiene transformation).



- It is often perceived that men have the technical skills and tools needed to build, repair and maintain water infrastructure and latrines. Evidence shows that women have been left without facilities since repair and maintenance were not carried out in a timely manner. It is important to ensure that women, men as well as other vulnerable groups all have equal opportunities in learning how to operate and maintain infrastructure which is being developed for their use.
- In order to be able to provide equal opportunities for women, girls, boys, men as well as other vulnerable 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.

Questions to ask yourself

- Are you aware of all vulnerable groups in the community?
- Do the assessment and response teams have balanced male/female representation? Are they trained on gender and diversity issues? Do the water supply and sanitation committees reflect diversity and male/female balance?
- Are women, girls, boys, men as well as other vulnerable groups consulted and involved in community decision-making for water and sanitation services?
- Are women, girls, boys, men as well as other vulnerable groups voicing preferences related to the selection of water and sanitation technologies and siting of facilities?
- Have protection and security issues been factored into the design of the water and sanitation facilities? Does it ensure maximum safety, privacy and

CASE STUDY: Pakistan Red Crescent Society Women and men committees – working together

In October 2005, a devastating earthquake hit South Asia (Afghanistan, India and Pakistan) killing 73,000 people, injuring 120,000 and leaving 3.5 million people homeless. Pakistan's North West Frontier Province and Pakistan Administered Kashmir were the most severely affected areas where a large proportion of population had their homes, water supply, sanitation and hygiene facilities damaged or destroyed. A number of initiatives including water, sanitation and hygiene promotion were undertaken to restore the health and well being of the affected communities.

Lack of community consultation at the beginning of the intervention resulted in the implementation of gender blind and culturally inappropriate programmes. For example, certain sanitation facilities were built which did not conform to cultural sensibilities. The cultural practices in North West Frontier Province require sanitation and bathing facilities for women to be as near to the households as possible, and males from other families are not allowed to use these facilities. Traditionally women do not leave their houses unaccompanied. They go to the toilet and/or bathe only at night. In pre-earthquake situation, the sanitation and bathing facilities were built in close proximity to the houses. Post-earthquake some latrines were constructed in unacceptable locations. Furthermore, many latrines were not used since they were communal toilets and no one in the community was prepared to take responsibility for cleaning them. The beneficiaries were willing to take on responsibility for the operation and maintenance when family latrines were provided.

This situation radically changed when the community participation element was developed through three-step participatory hygiene and sanitation transformation. In the initial stages, teams visited selected villages to mobilize the communities and start the formation of village communities. In order to ensure that both men and women had equal opportunities to participate, two village committees were formed. The male committee members were involved in outdoor activities such as clean-up campaigns, building latrines and receiving of hygiene kits (when these were distributed in central places). The women's committee was involved in educational activities and promoting hygiene practices in the families as well as to other women. Key hygiene messages were also promoted with school going girls and boys. By taking into account the capacities, needs and priorities of women, girls, boys and men, the programme was turned from being a gender blind to a gender sensitive one making it more effective and efficient.

LESSONS LEARNED

- Effectiveness of water supply and sanitation projects depends not only on the technological choice, but also on facilities being gender-responsive, community consultation and management.
- Going out at night to urinate or defecate in the open or at a communal toilet can put women and girls at risk and expose them to sexual harassment, rape or violence. The orientation and location of the water and sanitation facilities must be safe and secure (lights, locks etc.) and conform to cultural sensibilities.
- Training and involving women, girls, boys and men in hygiene promotion activities proved to be instrumental in reaching out to a wider representation of the community.
- Working with women and men can bring about changes at the grassroot level.

dignity? Are the latrines and bathing facilities usable by all (older persons, children, pregnant women, PLHIV and persons with disabilities)? Are they secure (locks, lighting) both by day and night?

- Do women, girls, boys, men as well as other vulnerable groups have safe and sufficient water for drinking, cooking and maintaining good hygiene?
- Are the water and sanitation facilities provided, culturally appropriate?
- Are communities being engaged in dialogues to discuss hygiene issues? Are

hygiene messages being shared using participatory and interactive methods (drama, songs, street theatre etc.) with women, girls, boys, men as well as other vulnerable groups?

- Are both women and men being trained to operate and maintain community facilities?
- Are the government, partners and other stakeholders aware of gender issues? If not, how will you advocate and encourage them to ensure that gender is mainstreamed in their work?

CASE STUDY: Somali Red Crescent Society Advantages of involving children and youth in water committees and hygiene promotion

In Somalia, traditions may prevent young people from having a strong voice in making management decisions. New efforts have been made to ensure a gender and age balance in forming water point committees. Part of the reason for this is that the majority of the population is 25 years old or less.

Furthermore, the Somalia project recognized that it is crucial to actively engage children both as beneficiaries and advocates in water and sanitation initiatives. In schools a hygiene promotion component was undertaken (Child Sanitation and Hygiene Transformation – CHAST) which can be delivered by trained school teachers.

LESSONS LEARNED

Gender and age balanced consultations has improved the strength and capacity of the water point committees. School hygiene promotion activities have proved both popular and effective.

Further reading

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 <u>http://www.redcross.org.au/files/2011 Gender and water and sanitation fact sheet.pdf</u>
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- IFRC. The International Federation software tools for long-term water and sanitation programming. Geneva, 2007. (For long-term development programmes, refer to Gender check-list for water and sanitation programming, pages 42 to 45)

 http://www.ifrc.org/en/what-we-do/health/water-and-sanitation/
- Sphere Project. Humanitarian Charter and Minimum Standards in Humanitarian Response. Geneva, 2011. (For minimum standards in Water Supply, Sanitation and Hygiene Promotion refer to pages 79 to 139) <u>www.sphereproject.org/content/handbook/</u>

10

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

For further information or advice, please contact the Water and sanitation and emergency health unit in Geneva:

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