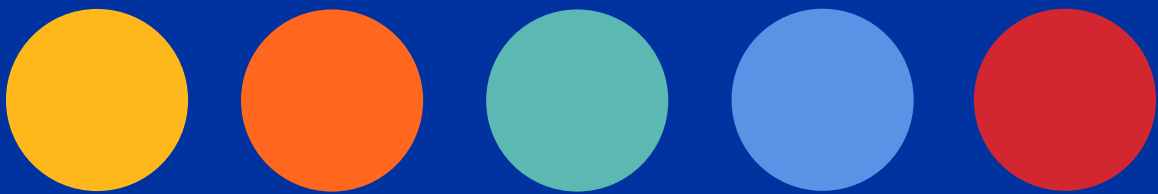


IOM GENDER INCLUSION AND GBV RISK MITIGATION TOOLKIT FOR WASH PROGRAMMING



Contact information

For questions about this Toolkit, including WASH resources available, please contact washsupport@iom.int.

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1 INTRODUCTION

The International Organization for Migration (IOM) is a leading agency in the Water, Sanitation and Hygiene (WASH) Sector, providing WASH services in emergency and non-emergency responses worldwide. Through a human rights-centered approach, IOM WASH promotes within its programming the systematic inclusion of cross-cutting themes, such as Accountability to Affected Populations (AAP), Protection, Gender, and mitigation of Gender-based Violence (GBV) risks. These themes are integral to achieving quality WASH programming and contribute to meet the global Sustainable Development Goals (SDGs), specifically SDG 6 that aims to ensure the availability and sustainable management of clean water and sanitation for all. Furthermore, the United Nations General Assembly recognizes that clean drinking water and sanitation are essential to the realization of human rights;¹ hence, prioritizing and contextualizing WASH services in humanitarian and development responses is a necessary endeavor – and it must be carried out with systematic consideration for GBV risk mitigation. This guidance is in-line with IOM’s WASH Strategic Principles that call for scalable, immediate, sustainable, and appropriate WASH responses.

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.²

PART I: GBV AND WASH

“GBV is a distinct protection risk ... primarily rooted in gender inequality, and perpetuated by patriarchal laws, institutions, heteronormative cultures and harmful social norms.”³

Especially but not exclusively in humanitarian crises, unsafe, unaffordable or otherwise limited access to WASH facilities and services creates a barrier to reaching all in need. As WASH needs are critical to daily life, directly impacting human dignity and health (both physically and psychologically), barriers to safe access can significantly increase the level of exposure of affected populations to GBV risks. As people cope, their WASH needs may become unfulfilled, leading to a variety of health and psychosocial consequences; social tensions may also increase.

While “the most common form of GBV is intimate partner violence or domestic violence” taking place within or even outside the home, violence and abuse are also often enacted by strangers in communities and camps, on migration routes, and in public or shared areas like WASH facilities. GBV risks are also noticeably more likely to increase during compound crises, when multiple factors contribute to risks – such as an economic crisis, financial collapse, political instability, and when movements are limited due to legal/political or other security restrictions. These restrictions (as found during the COVID-19 pandem-

ic) can trap GBV survivors at home with perpetrators and cause disruptions in community services and supply chains that can lead to a scarcity of essential WASH resources and increase related tensions.

Examples of GBV risks in the WASH Sector include:

- **physical assault, sexual assault and rape**, particularly on the way to or in WASH facilities and on the way to distribution sites; in some cases, women and girls are forced to experience physical or sexual assault in exchange for access to WASH facilities or supplies;
- **psychological or emotional abuse**, such as by water vendors, community leaders or family members as a way of asserting power over WASH resources, leaving those abused further marginalized and vulnerable to additional abuse; and
- **denial of resources, opportunities and services**, including blocking access to WASH facilities and supplies unless a fee is paid; for women and girls, this can result in transactional sex being demanded in return for access or supplies.

In crises especially, these risks can result in GBV incidences, fear and abuse. Women, girls and other vulnerable groups may cope by practicing open def-

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education, limiting hygiene practices and healthcare, or even suffering abuse to gain access to water and other WASH services. As people cope in response to GBV risks and incidences, their WASH needs may become unfulfilled, leading to a variety of negative health and psychosocial consequences; social tensions may also increase. These consequences directly influence the impact of WASH programmes in the immediate and long-term – for instance, by minimizing the use of WASH facilities, inhibiting health outcomes, and reducing programme sustainability.

Within the WASH Sector, there are various household and community-level components that contribute to GBV risks by creating an environment conducive to such risks, since the affected population may endure violence and abuse to gain access to necessary WASH resources. Examples of these components include primarily:

- inappropriate WASH facility design and/or poor infrastructure that do not meet everyone's WASH needs, particularly vulnerable groups with specific needs;
- insufficient number of or poorly placed WASH facilities and services, whereby access becomes unsafe, uncomfortable and/or unsustainable;
- insufficient, delayed or unaffordable WASH supplies to meet people's basic needs, such as their ability to secure water or sanitation and hygiene materials, including Menstrual Hygiene Management (MHM) supplies;
- inappropriate WASH education and outreach messaging that is not tailored to the context and may reiterate harmful social/gender norms; and
- gender-inequitable distribution of family resources and control, such as over WASH-related finances, supplies, and resource management.

Who is affected by GBV?

"Gender, in particular, is a strong determinant of an individual's economic stability, access to health, vulnerability to violence, access to information, and overall quality of life. This is especially true for displaced communities."⁴ While GBV tends to affect women and girls mostly, "it is important to understand that gendered and sexualized violence can also affect men and boys."⁵ This means that Gender-based Violence can target anyone in a community.

People often do not talk openly about GBV, and incidents tend to be under-reported worldwide. GBV survivors and other community members often experience abuse, shame or fear, which can keep them from disclosing GBV incidents and reporting them to IOM. This does not mean that GBV is not happening or not still a risk. Hence, GBV risk mitigation must include all community members and groups in varying ways throughout programming.

Inclusiveness

Inclusive solutions describe activities that target the specific needs of all vulnerable groups, not just women and girls. By aiming to reduce barriers as much as possible, WASH solutions work to improve resilience for the entire community. Inclusive solutions thus address special needs beyond differences between males and females. In line with this, IOM WASH should continuously adapt its response to meet the needs of all vulnerable groups through understanding how the context affects them and their WASH needs. Targeting all groups in WASH programmes recognizes WASH as a basic human right and supports humanitarian protection principles.

Through understanding how the context affects different population groups and their WASH needs, and by aiming to reduce these barriers as much as possible, IOM WASH solutions will work to improve well-being and resilience for the entire community, looking beyond differences between males and females, thus mitigating their risk of GBV and working to improve health outcomes.

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WHO IS VULNERABLE?

Within WASH programming, vulnerable or at-risk population groups are people that require special attention and oftentimes direct support to ensure their safe, uninterrupted access to WASH facilities and services, given the added barriers they face. These barriers transcend gender and GBV risks. They include physical disabilities, discrimination from others, lack of means for generating income, unequal legal status, and poor ability to access or understand information, among others. Any community member facing these or other vulnerabilities is at risk of experiencing discrimination, abuse and violence. Therefore, targeting all groups in WASH programmes and tailoring activities to their specific needs both recognizes WASH as a basic human right and supports GBV risk mitigation. Vulnerable or at-risk groups who may be more at risk of GBV when trying to access WASH services regularly and safely are:

1. Women and girls (including adolescent girls)

Inadequate access to WASH services disproportionately affects women and girls due to their inherent gender risks, and they are often faced with additional challenges relating to personal safety and menstrual hygiene management (MHM). Special attention should be given to females due to their documented greater vulnerabilities to GBV and the overarching discrimination they experience, often rooted in culture, tradition and context.

2. Persons with disabilities (PwD)

PwD oftentimes have difficulty securing regular access to WASH facilities and services, as they may be inappropriate for their needs. For instance, water points can be hard to reach, or they may be unable physically to collect and carry water. Also, PwD often need support from a care-giver to use latrines and maintain good hygiene practices. Further to this, particularly in times of compounded crises, women and girls with disabilities face a higher risk of violence (including sexual violence) than those without disabilities⁷, so special attention should be provided to these at-risk groups.

3. Marginalized and otherwise vulnerable groups, i.e. the elderly, female-headed and child-headed households, unaccompanied children, and other vulnerable groups (people facing discrimination due to a different nationality, sexual or gender identity, sexual orientation, or other reasons). Unique barriers may hinder these groups from experiencing regular WASH access, which perpetuates marginalization and discrimination, which further perpetuates the risk of experiencing GBV. Unmet WASH needs can put vulnerable people at risk of experiencing abuse or violence, and worsens community health outcomes, so special attention should be provided to these marginalized groups.

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PART II: GBV RISK MITIGATION STRATEGY

“Crisis operations that do not take into account vulnerabilities to GBV cannot adequately adhere to common standards that promote gender equality, conflict-sensitivity and protection principles.”⁸

In the context of this Toolkit, GBV risk mitigation means taking action to reduce people's risk of exposure to harm, abuse and violence in WASH programmes. It is a minimum standard for quality WASH programming that must be led by the WASH team with support from GBV experts. IOM's [Institutional Framework for Addressing GBV in Crises](#) (GBViC, 2018) as well as Do No Harm Protection principles explain various Protection and Gender themes and outline common GBV risks. Further to this, IOM's GBV in Crises Operational Model (*p.27 of the Framework*) presents strategic interventions to address such risks, including minimum actions and multisectoral approaches. Protection principles (and AAP) are additionally promoted through IOM's Protection from Sexual Exploitation and Abuse (PSEA) poli-

cy⁹, which ultimately states that staff should provide aid/services in a manner that respects and fosters the rights of the people served. This is further-enforced by IOM's employee Code of Conduct.

These guidelines form the basis of this Toolkit, as they highlight the need for WASH programme approaches that are context-specific – giving particular consideration to aspects like conflict, culture and gender, which influence how GBV risks manifest. In each IOM response, WASH activities should not create competition for aid/services or put anyone at risk of experiencing violence or harm. Additionally, WASH programmes should not reinforce gender inequalities, which often increase the risk of GBV.

By being context and gender-appropriate, WASH activities can avoid exacerbating negative social norms and unequal power dynamics. This includes designing participatory WASH programmes that work to reduce both the risk of exposure to GBV and fear of exposure – stemming from the fact that WASH facilities will be avoided and supplies forlorn if community members believe they may be in danger while

accessing them.

Per these standards, it is every IOM WASH staff's responsibility to understand how to:

1. Mitigate GBV risks in WASH programming

Using this Toolkit, IOM WASH practitioners will be able to understand, help identify, and work to mitigate GBV risks in WASH. WASH practitioners will have the tools to design, implement and adjust WASH programmes that not only take into account local needs, preferences, risks, and barriers, but also engage and empower the community (including vulnerable groups) to take ownership of their WASH needs and services. These actions will contribute to safer, more equitable WASH services that will promote sustainable human and environmental health outcomes at both the household and community levels.

2. Uphold IOM PSEA standards and the Code of Conduct

These policies that apply to all IOM staff work to pro-

tect the community from exploitation and abuse that may stem from the inappropriate management or distribution of resources or a power imbalance between IOM staff and beneficiaries. Upholding these policies further supports Do No Harm protection principles.

3. Safely and ethically respond to the disclosure of GBV incidents

Following local GBV Referral Pathways and principles, WASH practitioners will be knowledgeable about how to safely handle reports of GBV incidents and refer GBV survivors to support services. Ask Protection/GBV experts for endorsed Referral Pathways in the area of operation, and refer to other global resources:

- a. *GBV Pocket Guide*: How to support survivors of GBV when a GBV actor is not available in your area (there is also a GBV Pocket Guide smartphone application)
- b. *GBV constant companion*
- c. *Video*: Responding to Disclosure of a GBV Incident

PART III: ABOUT THE TOOLKIT

Purpose

This Toolkit presents an approach for understanding and integrating gender considerations and GBV risk mitigation measures in WASH programming. It is designed to provide guidance to support WASH practitioners throughout their response, in both emergency and non-emergency responses and throughout all phases of the project cycle. Using the Toolkit, IOM WASH staff can achieve appropriate, effective and sustainable WASH solutions that will, by design and through adaptations, contribute to mitigate GBV risks.

Target audience

This Toolkit is aimed to all roles with WASH accountabilities, therefore incorporating WASH technical and field staff (WASH Project and Programme Officers and Assistants) as well as managerial staff (Programme Managers/Coordinators and Chiefs of Missions).

How to use the Toolkit

Each chapter provides stand-alone guidance for understanding and mitigating GBV risks in WASH programming.

Acronyms and technical terms are defined in the [Glossary](#); a full Bibliography is offered in [Annex 1](#); and [Annex 2](#) provides a practical GBV Risk Mitigation Minimum Actions Checklist for IOM WASH Practitioners.

Given the Toolkit's global focus, guidance and suggested tools should be contextualized to each Mission's context for greater effectiveness. This guidance is best if also coupled with trainings and support, and coordinated closely with IOM managerial staff as well as the WASH and Protection/GBV Clusters.

GBV RISK MITIGATION WITHIN WASH RESPONSE MANAGEMENT

By using power responsibly, delivering activities on time and safely, and giving the affected population meaningful influence over decision-making, IOM can work towards WASH solutions that mitigate GBV risks. Indicative to good programme/project management, IOM WASH can further support GBV risk mitigation by having a knowledgeable WASH team and good coordination, both internally and externally (and seeking technical support as needed). Further to this, planning relevant, flexible and coherent projects contributes to GBV risk mitigation, as it supports IOM WASH to design and adapt activities that better ensure safety, human dignity and well-being. Using both primary and secondary data sources that provide a thorough understanding of the local context – and engaging with communities early on and throughout the response – IOM can design appropriate, community-driven WASH solutions that continue to mitigate GBV risks.

The steps outlined in this chapter will guide WASH practitioners to better understand, identify and mitigate GBV risks both before and during projects, supporting overall programme quality and accountability as well as laying a framework for sustainability.

PART I: UNDERSTANDING AND SUPPORTING GBV RISK MITIGATION AT THE ORGANIZATIONAL LEVEL



1. HAVING WASH STAFF AND PARTNERS KNOWLEDGEABLE ABOUT GBV

IOM WASH staff are responsible for undertaking GBV risk mitigation measures throughout all phases of the response and project cycle. The WASH cluster, or sector, should be a first point-of-reference for additional guidance and materials. National WASH coordination platforms will have contextualized tools or approaches that highlight Protection considerations and GBV risk mitigation in the country of operation. There will be instances, though, when Protection/GBV technical support is needed – such as in carrying out a Gender Analysis or Risk Analysis or using local GBV Referral Pathways. Depending on the availability of local expertise, staff capacity-building endeavors and the IOM Mission structure, support can be sourced at the discretion of Programme Managers/Coordinators.

Maintain regular coordination with and seek technical support from GBV expertise, from the IOM mission or from local Protection sector or cluster working groups and GBV Area of Responsibility (AoR). If IOM does not have in-house GBV expertise, seek support from GBV Specialists in the Cluster system (or from Protection/GBV agencies) who may be standardizing common tools like Safety Audits, Focus Group Discussion (FGD) guides, or other assessments. Secure technical support when needed,

and follow up-to-date information from the GBV AoR about available GBV survivor services and Referral Pathways.

When working with local/national governments, community groups, WASH committees, and other organizations, encourage appropriate and sustainable programming that promotes a common understanding of GBV and GBV risk mitigation. Ensure that a **minimum training** is conducted for WASH staff, partners and other relevant stakeholders by knowledgeable experts on:

1. Protection, PSEA and Code of Conduct
2. GBV and GBV risk mitigation
3. GBV Referral Pathways

For improved programming, follow up trainings¹⁰ with refresher sessions and ensure hands-on support to encourage GBV risk mitigation actions by WASH staff and partners. Continue to check with IOM Protection/GBV staff, the WASH and Protection Clusters, and GBV Sub-cluster/AoR for up-to-date guidance and resources.

IOM GBViC Essential Action 1.A.1: *Train IOM staff, national authorities and partners on protection, GBV core concepts, principles, risk identification and mitigation measures, PSEA, AAP and Code of Conduct.*

IOM GBViC Essential Action 1.A.7: *Inform communities of IOM's Code of Conduct and AAP principles.*



2. ESTABLISHING ACCOUNTABILITY SYSTEMS

Setting up accountability systems enables the affected population to share their changing needs and concerns in real-time. Main AAP functions include the establishment of Complaint and Feedback Mechanisms (CFMs) with systems for responding to issues and handling referrals as well as good monitoring, evaluation and learning (M&E). Plan for and learn from monitoring data, taking care to coordinate with IOM M&E/data collection teams (see further [Chapter 5](#)). These processes allow the WASH team to timely respond to both urgent and non-urgent issues; hence, IOM can continue to mitigate GBV risks as they evolve throughout its WASH response.

Complaint and Feedback Mechanisms aim to keep open communication between IOM and the populations served. They should be appropriate and accessible for all, taking into account how different groups can communicate (i.e. if all people can access a phone) and allowing for anonymous reports of WASH or GBV issues. There are various types of CFMs: mobile hotlines, anonymous complaint boxes, site-specific help desks, and internet-based methods (Facebook, WhatsApp, e-mail) – and IOM staff or trusted local leaders may be approached in the field informally.¹¹ The Mission should have several types of CFMs that are appropriate to the context, and both formal and informal mechanisms require a Standard Operating Procedure (SOP) for effective and transparent management.

All feedback and complaints should be well-managed with a standard of investigation and disciplinary measures that respect PSEA and data protection policies. Help establish or follow Mission-level SOPs and dedicated lines of communication for reporting and responding to complaints and feedback. Particularly, maintain good communication and coordination with other IOM thematic sectors so WASH-related GBV risks are systematically shared with the WASH team for action (as identified through CFMs or in the field) and vice-versa. Respond to urgent

issues immediately and adapt WASH activities as possible according to the complaints and feedback received, particularly those that highlight GBV or other protection risks.

Ensure that the population is aware of IOM CFMs and local GBV survivor services. To further promote accountability, discuss WASH project timelines, activities and possible exit strategies with the population, harnessing their buy-in and promoting sustainability. These actions enable the community to understand their rights, share their views, and participate in project planning and implementation. In addition to supporting human rights, IOM will be able to understand and mitigate GBV risks in real-time, and the community is engaged to help guide WASH solutions that safely meet everyone's needs.

Recruit qualified female WASH national staff who can engage women on sensitive and empowering topics, such as gender and GBV, sanitation preferences and MHM needs, hygiene kit contents, and women's active role in leadership and WASH Operation & Management (O&M). Female WASH staff can discuss with local women at greater ease. Local women are a valuable resource, and should be engaged when planning the content and delivery of various kits, hygiene promotion messaging, and awareness and education activities.

Respect IOM Data Protection Principles

Don't share data and information that can be linked back to a group or individual, including GBV survivors.¹² This violates people's privacy and can put them in harm's way. Also, in compliance with GBV Referral Pathways, SOPs for CFMs should outline who from IOM is responsible for referring GBV survivors to other agencies, and how.

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1. INFORMING PROJECT DESIGN AND TAILORING ACTIVITIES

Understanding GBV risks within each context and planning to mitigate them starts at the project design phase when developing proposals and planning activities. Alongside technical WASH activities, plan for regularly collected data on programme quality, paying attention to WASH-related GBV risks, who is affected, when and where, and if/how these factors change over time and why. Use this data to design and adapt WASH activities and programmes over time. In addition to primary data that IOM collects (see next section), design coherent WASH programmes that are in line with Mission goals and adapted to the context, building on the following sources to be more effective:

- IOM's GBViC Operational Model as well as any Mission-level GBViC Action Plan;
- other interventions, noting that outcomes surrounding equitable WASH access, safety, health, and other components will be more sustainable if coupled with other IOM programme goals (i.e. WASH + CCCM, Shelter, Protection, GBV, etc.); and
- secondary data that other IOM units may provide independently, such as CCCM and Protection/GBV assessments and reports – as well as reports produced by other WASH and Protection/GBV agencies or Clusters. Always consider reputable reports and data – and especially in protracted crises, build on existing information to guide appropriate responses.

These sources support IOM WASH to better understand and work to mitigate GBV risks both before and during projects. Particularly in complex or fragile crises, understanding deeply the context prior to implementation can help IOM WASH design activities that are accessible, affordable and safe, thus promoting the well-being and dignity of the affected population through GBV risk mitigation.

Planning with flexible resources

Prepare to adapt around changing contexts by allocating time and resources in the proposal for activity adjustments to mitigate GBV risks, budgeting for:

- trainings for WASH staff, partners and stakeholders on GBV risk mitigation and other topics;
- adaptations in WASH projects: allocate additional funds and resources for modifications to initial WASH activities – for example, to revise hygiene or other kit contents (based on community feedback), to revise hygiene promotion campaigns, and to make repairs and design adjustments. This is especially critical in rapid onset emergencies or at other times when community engagement may be limited during the design phase. IOM WASH projects need to have the flexibility to adapt around changing needs that may demand additional or different WASH facilities, supplies and services; and
- qualified GBV/Protection expertise.



2. UNDERSTANDING WASH NEEDS AND GBV RISKS THROUGH DATA COLLECTION AND CONSULTATIONS

“Understanding the gender and age-specific nature of these risks is critical to avoiding harm and facilitating protection.”¹³

Carry out, collaborate on and learn from valuable primary data sources and consultations with the community. These actions support IOM WASH to develop appropriate WASH activities from the onset of the response and should be implemented both at the start of a project and during implementation. There are various methods for assessing and understanding GBV risks. These approaches involve collecting data – using checklists and matrices as well as consulting

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directly with communities. Engaging strategically with communities and local groups during project/programme design and implementation will guide the development of quality WASH programmes. When consulting with communities, discuss with all groups on their needs, preferences, risks, opportunities, and barriers. The data will enable IOM WASH to plan and adapt around GBV risks, in large part by addressing how vulnerable population groups can access WASH services.

1. SAFETY AUDITS

Safety Audits regularly carried out with other IOM units are vital to helping identify and monitor GBV and protection risks associated with the provision of WASH services. Safety Audits are generally multisectoral observation checklists and can be followed up with qualitative assessments such as focus group discussions (FGDs) and interviews. Understanding early on in the project how the physical layout of camps, villages and other areas can make population groups more or less vulnerable to GBV risks will enable IOM WASH to adapt activities appropriately throughout the response, promoting safety, human dignity and well-being.

Guidance

- Coordinate safety audits with the camp management agency, the protection and WASH cluster/sector, and other relevant actors in order to inform, gather feedback and avoid duplication;
- repeat safety audits as needed, such as after a change in the context, when other data suggest a change in GBV risks, or upon completion of new WASH infrastructures;
- carry them out more often in rapidly changing and fragile contexts to keep up-to-date on changing GBV risks and negative coping methods;
- when practicable, collaborate with other thematic units/sectors, whether within or outside IOM, to conduct sector wide safety audits.

- Project-based: *IOM South Sudan* Safety and accessibility audit for kit distributions, complete with a sample FGD guide and observation tool
- Programme-based: IOM South Sudan comprehensive *WASH Safety Audit guide*
- *Somalia CCCM Cluster* Safety Audit Checklist
- UNICEF Nigeria WASH Safety Audit *observation checklist*
- UNICEF Nigeria WASH Safety Audit *FGD tool for adults* and *adolescents*

2. RISK ANALYSES

A Risk Analysis is an internal review used to identify potential threats to the safety and well-being of both IOM staff and the affected population. Consult with IOM Protection/GBV experts on Risk Analyses, using the findings to help plan and adapt WASH activities accordingly, safely and swiftly. A Risk Analysis can take different forms, looking broadly (i.e. at potential changes in the conflict, and assessing risks *for beneficiaries*) or taking a *WASH activity-based focus*. Critically, the risk analysis and review process should define mitigation plans according to these risks so the WASH team can prepare to adapt activities.

Guidance

- Contribute to the analysis by discussing how potential or real-time issues related to accessibility, affordability and safety can create an environment indicative to GBV risks;
- define what mitigation strategies must be applied to WASH activities and programmes, and plan and adapt accordingly;
- collaborate with IOM Protection/GBV experts.

3. CONTEXT ANALYSES

A Context Analysis is a study used in project/programme planning and realignment that provides valuable information about the situation at hand. It should include primary data (qualitative and/or quantitative) that dissects gender-specific needs, preferences, barriers, vulnerabilities, opportunities, and risks. A context analysis dissects the crisis and how it might evolve, looking at potential migration patterns and external challenges, assessing who is most affected and how, what GBV risks exist, and what support the affected population needs to secure basic needs. The analysis can also look into the local economic, legal and educational situation, analyzing how these factors affect the availability and affordability of WASH supplies, healthcare access, and safety. Within the analysis, consider other components that may impact sustainable and equitable WASH programming, collaborating with other IOM units as necessary.

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Guidance

- Carry out a context analysis to understand how different factors can influence WASH-related GBV risks;
- consult with the population, on the risks they face and how they can be mitigated, and engage with trusted community leaders and groups;
- use the data to identify opportunities for encouraging women and girls' active participation in WASH leadership and decision-making;
- learn from the data to focus on the WASH needs of the population, promoting Do No Harm principles and appropriate WASH approaches.

Main context analysis tools are:

1. Gender analysis (or Gender barrier analysis)

A gender analysis tells who is affected by a crisis and how, who is most at risk and when, what their needs are, what resources they need to recover, and informs how IOM can provide services that the community will be able to safely access. This type of analysis provides valuable information about local power dynamics and gender roles in WASH, such as through assessing barriers to women's participation, decision-making and leadership. Learning from a gender analysis (and secondary data) early on in project planning will lead IOM WASH to better understand the context and prioritize the safety and inclusion of the affected population in activities. Refer to [IOM's guidance](#), seek support from Protection/GBV Specialists, and conduct a gender analysis periodically in protracted crises to continuously improve WASH projects around the changing context.

2. Needs assessments, Baseline survey, and Knowledge, Attitudes and Practices (KAP) survey

To effectively mitigate GBV risks, it is necessary to assess and plan around the specific needs, experiences, habits, and concerns of all population groups. If designed appropriately, these various assessments can provide critical information about the different values, needs and roles of men, women, boys, and girls, and PwD and other vulnerable groups. Assessment questions should focus on cultural practices, gender norms (like WASH roles and traditional responsibilities), existing WASH resources, health, perceptions of safety and satisfaction, and specific gender needs and preferences among other (for more information, see [here](#)).

It is more effective to complement quantitative

surveys with qualitative data collection that can help answer why something is happening (such as limited WASH access, poor sanitation and hygiene practices, or health outbreaks), how it can affect vulnerable groups and influence GBV risks, and what possible community-driven solutions are feasible or preferred.

Suggested qualitative methods for data collection and planning with communities include:

- age and sex-segregated focus group discussions (FGDs) that focus on gender-specific topics – such as MHM, water and sanitation access, norms and preferences, WASH roles and responsibilities, financial decision-making, hygiene and MHM kit contents, and distribution site accessibility, to name a few;
- Key Informant Interviews (KIs) with community leaders, heads of local women's groups, and other influential stakeholders in the WASH programme response; and
- stemming from these approaches, stakeholder meetings can be carried out with local leaders to assist specifically in project planning and activity design (including project timelines and potential exit strategies).

Best practices in consultations

- WASH staff should not ask about specific incidents of violence, and information (and reference, whether explicit or implicit) about GBV incidences should never be included in WASH assessments. If incidents of violence are mentioned during discussions, follow GBV Referral Pathways
- Avoid asking about highly sensitive topics unless relevant experts like GBV Specialists are part of the assessment team. Instead, ask questions about contextual and gender-appropriate WASH needs, preferences and solutions, disaggregating findings by respondent/ population groups
- Conduct separate women's and men's groups, or individual consultations when appropriate, and discuss with youth/children apart from adults to counter biases or stigmas that may hinder real contributions in mixed groups. Consider separate discussions as needed for other vulnerable groups
- Conduct consultations in secure settings where all individuals feel secure and safe to contribute

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- Conduct separate women's and men's groups, or individual consultations when appropriate, and discuss with youth/children apart from adults to counter biases or stigmas that may hinder real contributions in mixed groups. Consider separate discussions as needed for other vulnerable groups, such as persons with disabilities
- Have male and female staff carry out data collection (appropriately paired with the respondent group), which will help IOM acquire an understanding of culturally sensitive topics from various viewpoints
- Set meetings and events at times when men, women, youth, and children can participate, ensuring everyone is included in decisions regarding WASH activities.

4. Using Sex and Age Disaggregated Data (SADD)

To better understand how differences between vulnerable groups can impact achieving WASH project goals, collect and analyze Sex and Age Disaggregated Data (SADD) – looking beyond a “women only” or “youth only” lens, which is more effective to mitigate WASH-related GBV risks. Whether quantitative or qualitative, disaggregate results by sex, age and other factors, such as disability, socio-economic or legal status/nationality, or other minority classification that can cause vulnerabilities. This disaggregation and analysis will aide IOM to note any major differences in access, affordability, safety, health status, and other indicators of GBV risk mitigation.

Guidance

Understanding and shaping projects around valuable data derived from context analyses and consultations with the community contributes to GBV risk mitigation by assessing differences between:

- Protection considerations: attitudes towards privacy and risk, safety, the camp setting/physical space, WASH accessibility, literacy levels including digital literacy, access to information, legal risks, etc.
- Gender considerations: traditional gender roles in terms of WASH responsibilities, and women's decision-making power; gender in relation to hardware design, such as who normally shares a latrine (i.e. segregated by sex or household), and how to separate latrines from showers.

- Cultural considerations: key cultural beliefs and attitudes, such as preferred sanitation and anal cleansing materials (including MHM materials) and location/layout of WASH facilities; also, traditional and religious beliefs relating to WASH and gender.
- Financial considerations: who manages household finances and pays for WASH services and materials, and how affordable they are in the context.
- Long-term considerations: the community's capacity, interest and role in operating and maintaining WASH facilities; also, looking at environmental health, markets and livelihoods opportunities, the availability and affordability of supplies within the conflict, migration patterns, etc.

Start with these key elements, then adapt further. Involve both WASH and GBV/Protection practitioners, as they can have specific inputs on how to gather and interpret such data.



3. BEST PRACTICES IN COMMUNITY ENGAGEMENT

“A key element of success appears to be phasing: to start with basic community engagement (e.g. consultation) and then develop and adapt over time.”¹⁴

Community engagement is critical throughout the entire project cycle – both with the affected population and host/nearby communities. By engaging with all population groups using the above methods – immediately, such as in a sudden onset crisis – IOM WASH will be able to design, implement and adapt community-driven WASH solutions that will, inherently, help mitigate GBV risks (all while contributing to community health outcomes). As possible, host separate consultations with women/girls and men/boys as well as with other vulnerable groups and host/nearby communities to minimize the risk of bias in the data.

Consulting early on in the project design phase about activity plans contributes to more appropriate WASH facilities and services. Especially in sudden onset emergencies, immediately ensure some level of community engagement and use consultations to adapt WASH approaches early on.

Adapt the community engagement strategy around the context, considering how the population might

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prefer discussing with IOM staff, and when target groups are available. For instance, FGDs may not be appropriate, but a survey complemented by several interviews and other meetings can offer relevant information. In other contexts, baseline surveys might not be appropriate, whereas a gender analysis with several FGDs provides the necessary information.

Regular community engagement with all population

groups further supports more successful exit strategies and promotes the increased use and maintenance of WASH facilities over time. Hence, community engagement is vital to mitigating WASH-related GBV risks from the onset of the response, as consultations with the various population groups provide a method for understanding the context and adapting WASH approaches around local needs, barriers, opportunities, and risks.

Engage women and girls	<p>Consult with females of all ages. involving women, women's groups, girl's clubs, adolescent girls, and youth from the beginning of the response leads to greater participation and decision-making in wash, and encourages active female leadership.</p> <ul style="list-style-type: none"> Engage women in wash solutions for determining hardware design, facility locations, and the content and delivery of hygiene promotion messaging and kits. educational messaging can be developed with women's groups or key focal points/local wash stakeholders, so they can be tailored to how local women and girls can access and understand information, perhaps through radio broadcasts, theatre shows and/or targeted media campaigns; include female participation in outreach activities and wash committees, building their voice and providing them with skills to drive appropriate solutions. in this capacity, women function as agents of change in their communities, pushing for wash services that are more equitable, female-friendly and safer (also for children) – thereby working to improve their own status and well-being within their communities. Children and youth groups can furthermore be engaged as agents of change.
Engage men and boys	<p>Involving men and boys early on in the response helps them feel included. This is particularly important since their exclusion or delayed engagement in WASH activities risks reinforcing local WASH responsibilities solely unto women and girls. By engaging men and boys, IOM WASH promotes more equal participation in WASH-related household responsibilities and decision-making, in turn facilitating women's active participation. Hence, engaging males and females promotes equal participation in WASH activities which can steer away from reinforcing harmful gender norms.</p> <ul style="list-style-type: none"> Engage men and boys to collect/treat water and manage other WASH-related household chores. Discuss with men/boys separately than discussions with women/girls. Through male IOM staff, create a space where gendered WASH roles and responsibilities can be discussed with men and boys; involve everyone in hygiene promotion, education and outreach campaigns, and use appropriate hygiene promotion materials that don't reinforce harmful gender norms. For instance, show men and boys alongside women and girls, and encourage everyone to clean and maintain WASH facilities.
Engage people with disabilities (PwD) and other vulnerable groups	<p>Involving these groups in the design and implementation of WASH projects helps ensure that everyone's unique needs are met and no one is left behind.</p> <ul style="list-style-type: none"> Consult with PwD and other groups on hardware design/locations, making sure their WASH needs are being met and facilities are accessible and suitable. For instance, consider and implement latrine design adjustments for PwD, like having a toilet seat and larger superstructure that gives room for them or a caretaker to move around more easily. Additionally, the elderly and others who are not able-bodied may require added support to meet their WASH needs, particularly for water collection from communal taps. Support child-headed and other vulnerable households to have safe, regular access to WASH services, including hygiene and sanitary supplies. These vulnerable groups may be unable to afford WASH supplies without additional direct programme support. Encourage PwD, vulnerable and minority groups to participate in WASH or other management committees, whereby they can contribute more strongly to WASH solutions that meet everyone's unique needs. This also increases their voice in a community.
Engage host/nearby communities	<p>Inequitable access to WASH facilities and services can cause tension or create conflict within and between communities, which can lead to GBV risks or incidences. In certain contexts, disregarding the needs of vulnerable host or nearby communities has led some people to block access for the target population to WASH facilities.</p> <ul style="list-style-type: none"> Engage host/nearby communities in WASH projects, and expand to meet their needs where possible, defining broader project objectives and working towards more durable WASH and health outcomes. Especially in crises, this broader approach helps ensure no one is left behind.

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CORE ATTRIBUTES OF WASH PROJECTS THAT MITIGATE GBV RISKS

GBV risks are exacerbated when WASH facilities and supplies are inaccessible, delayed, inappropriate, unaffordable, or unsafe. Such issues contribute to GBV risks by creating or reinforcing inequitable, unsafe environments, especially but not exclusively in humanitarian or emergency crises. These barriers furthermore contribute to poor health outcomes.

Hence, IOM WASH must contribute to GBV risk mitigation by ensuring appropriate WASH services that are safe, accessible and affordable to crises-affected populations. Using data from CFMs, context analyses and community engagement (and other methods discussed in [Chapter 2](#)), continue to identify the changing needs of vulnerable groups, taking care to adapt activities appropriately throughout implementation.

It is important to highlight that, while aiming at mitigating GBV risks, the main objective of the WASH intervention must remain unchanged and without compromising achieving health outcomes.

The guidance in this chapter works towards improving human dignity and well-being, community resilience, programme quality, and sustainable health outcomes.



1. ACCESSIBILITY

Accessibility means placing appropriately-designed WASH facilities in ways that are gender and culturally appropriate, community-approved, and safe (especially for women and young children). Accessibility further refers to how well the affected population can access and understand information, such as hygiene promotion messaging. WASH facilities and services should be accessible by all, working towards 100% coverage of water, sanitation and hygiene needs. On top of ensuring no one is left behind, IOM WASH must work to promote an understanding of WASH and health, ultimately aiming to increase WASH facility and supply usage by reducing barriers to accessibility.

When designed appropriately, WASH facilities are more likely to be used by the population. If women and girls in particular do not feel safe using a latrine, they may go elsewhere, potentially exposing themselves to harm. Shortages of latrines and/or poor perceptions of comfort and safety have led people to defecate in the open, which leads to GBV incidents globally. Due to the GBV risks associated with them, communal WASH facilities are seen as places of potential danger to at-risk groups, particularly women and girls. However, when household-level WASH facilities are not possible, culturally appropriate and gender-segregated communal facilities are necessary to promote privacy, dignity and well-being. This approach extends beyond camps or groupings of shelter, including latrines constructed in villages, schools, public spaces, work places, and healthcare facilities.

Provide accessible Menstrual Hygiene Management (MHM)

Having appropriate, timely and holistic MHM activities will not only help mitigate GBV risks affecting women and adolescent girls, it will also promote good health outcomes, dignity and psychosocial well-being.

Women and adolescent girls need a supporting environment that allows them to manage their periods safely, without fear, embarrassment or stigma and without negative health consequences. MHM should be included in WASH programming, including attention to hardware design, and focusing on appropriate and eco-friendly options, such as introducing reusable pads or menstrual cups. Education sessions need to accompany distributions, and there should be a plan for the safe disposal of MHM materials. MHM activities can extend beyond camps, into villages, schools, public areas, and healthcare facilities. Read a summary of MHM challenges and mitigation measures [here](#), and refer also to the complete [toolkit for MHM in Emergencies](#).

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- There should be a sufficient number of WASH facilities (i.e. water taps, latrines, shower facilities, laundry points, etc.) respecting SPHERE minimum standards¹⁶ or following local WASH Cluster or national government recommendations while also considering local preferences and culturally acceptable solutions.
- WASH facilities must be placed in safe locations chosen in collaboration with the community, particularly women and girls. For instance, place water points in close, safe-to-reach locations. Also, place facilities away from areas where men or armed officials may congregate, which can exacerbate GBV risks.
- Design facilities in consultation with the population – specifically latrines. Set up facilities with an appropriate sex separation and demarcation. Use critical community input to determine whether to place latrines together or away from shower facilities and other public/shared/private spaces. Install latrines away from public spaces where access is often shameful if very visible. At the same time, avoid placing WASH facilities in isolated places where GBV incidents are known to happen or can likely occur. Where possible, place latrines in smaller groups (rather than large sections) to help limit the distance women/girls have to walk at night.
- Persons with disabilities, the elderly and young children, if facing regular WASH access barriers, are at risk of poor health consequences and further marginalization or abuse, which places them at greater risk of experiencing GBV. Consider their needs in location planning, and implement latrine design adjustments, like having a toilet seat and larger superstructure. Look into how children can safely and privately use latrines. Finally, assess how the community can be engaged to support each other (as a point of sustainability), paying special attention to the needs of the most vulnerable (i.e. looking into how the elderly can collect water from communal sources).
- Use data from context analyses to understand how the population (particularly women, girls and other marginalized groups) can access information, and ensure that hygiene promotion and outreach messaging methods are appropriate and understandable. “Use several forms of communication including written materials, visual graphics, radio and TV to establish a wider reach, given the higher levels of illiteracy among women.”¹⁷
- Assess and plan around any security restrictions

and access barriers affecting people from reaching facilities and distribution points, collecting kits/items, engaging in outreach activities, and using any vouchers in markets.

Help secure access to sanitation and hygiene materials for the most vulnerable households, including ensuring good MHM for women and adolescent girls. Plan for these specific approaches using context analyses and safety audits.

- Mitigate GBV risks through collaborative site planning and regular safety checks. Design the physical layout of camps to encourage a sense of community and promote access to clean water and sanitation for all. When there is a population influx, take steps to prevent reducing water supplies and avoid overcrowded latrines and facilities (i.e. in a camp), which increase social tensions and exacerbate the risk of GBV.



2. AFFORDABILITY

Affordability means that beneficiaries can spend for the (WASH or other) service without risking their well-being and safety. It is usually defined as being less than a certain percentage of household expenses; hence, WASH expenses above this threshold are deemed unaffordable. WASH costs should not burden the population, which can result in negative coping strategies that can exacerbate GBV risks and ultimately undermine project goals. For instance, using early marriage, prostitution or sextortion¹⁸ as a means of getting money or gaining access to WASH services goes against protection principles and leaves mainly women and girls more vulnerable.

Guidance

- Depending on the response, WASH facilities and services may be free for the target population or cost a fee. If the community needs to pay for services, decide on a range of costs with the community, considering their feedback while researching or referencing data about markets, livelihoods, access, and supply chains.
- This guidance also applies to the cost of WASH supplies. In emergencies and fragile contexts, it is important to ensure both appropriateness in the types of sanitation and hygiene materials as well as sufficiency in required quantities for people (specifically women and girls) to manage their needs.

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Stockpile materials where appropriate.

- Coordinate with IOM thematic areas to understand how different socio-economic vulnerabilities can impact affordability, and dissect how GBV risk mitigation measures can curb social tensions and increase coverage.
- Collaborate with GBV and cash-based intervention (CBI) experts when planning cash or voucher distributions and cash-for-work activities to ensure GBV risks are mitigated throughout the identification, selection and distribution process. Follow SOPs that include clear protection and GBV risk mitigation measures.
- Support income generation: if doing cash, cash-for-work (CfW) or voucher activities, target vulnerable households to provide them with options to afford WASH items. By increasing their affordability, households in need can purchase what they need (whether water, soap, or sanitary and hygiene supplies), thus working to improve WASH practices and health outcomes.
- Ensure appropriate, transparent management of both free and paid WASH facilities and services; thus, minimizing the risk of sextortion, coercion, fraud, and other types of bribes and harm. Engage with the community to develop sustainable Operation & Management (O&M) models that can empower vulnerable groups to manage resources safely (see [Chapter 4](#)).
- Mitigate GBV risks by following up accountability mechanisms to process management issues in real-time, and respond appropriately, continuously mitigating GBV risks.

WASH, Health and GBV

To further promote sustainable health outcomes, focus on activities where innovation and inclusion of all groups not only mitigates the risk of GBV, but also improves WASH programme quality and outputs:

- Taking into account local sanitation and hygiene practices and preferences, set up hand-washing facilities with soap in or near latrines for improved hygiene practices. Having a nearby water source (and privacy) also facilitates improved MHM practices.
- Install safe drainage for bath and kitchen water in camps and high-density areas, which works to keep the environment clean. Similarly, secure the regular collection or repurposing of rubbish, including safe disposal of MHM products. Having a healthy environment supports health outcomes and reduces social tensions that can contribute to GBV risks.
- Design context-specific, and if possible, cheaper ways to ensure safe excreta management, looking at various low-cost, low-tech solutions acceptable by the community. More efficient solutions may usher a shift from communal latrines and facilities to household-level latrines, particularly in protracted crises or non-camp settings. These innovative approaches can reduce the risk of GBV associated with communal WASH facilities.
- In consultation with the population identify and develop context and gender-appropriate hygiene promotion and outreach materials/items that can successfully trigger positive behavior changes. Include all population groups in hygiene promotion and outreach (males and females, adults and youth) so all groups can feel engaged and empowered. Focus some sessions on MHM, taking into account the specific needs of women and girls, as highlighted in the *IOM Hygiene Promotion Training Curriculum*. Finally, accompany distributions with education and awareness sessions, discussing the proper use of supplies to promote good health and hygiene practices.

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Organize timely and appropriate distributions

By providing timely and appropriate WASH supplies to households in need, beneficiaries are less likely to buy and sell them discreetly, which can create unintended GBV risks.

Distributions of kits, cash and vouchers can marginalize vulnerable groups and upset social norms when they are (or are perceived as) inappropriate, inequitable or insufficient. This creates tension at the household and community levels that can leave WASH needs unmet while heightening GBV risks. To mitigate some issues, target households appropriately. When possible, instead of blanket coverage, consider an equitable approach in distributions where more vulnerable households (and larger households) receive more or different WASH supplies. Deliver the assistance timely and at regular intervals, with culturally and gender-appropriate materials for hygiene, MHM and other practices. Engage with communities to identify preferred kit contents and distribution schedules, making sure that WASH activities (and kit contents) don't stigmatize anyone. Where appropriate, employ sustainable approaches by offering reusable materials. Finally, rely on post-distribution monitoring (PDM) data to understand and adapt distributions around the context. Comprehensive guidance on GBV risk mitigation during distributions is provided in this [document](#).

to improve WASH infrastructure. Feeling unsafe directly impacts how women, girls and other vulnerable groups use WASH facilities. In fact, "fundamentals of safety, privacy and dignity will always be community priorities and could be built into sanitation design much earlier in an emergency."¹⁹ Incorporate considerations for safety and security early on (including during the risk analysis), and monitor to ensure that everyone has safe access to WASH facilities and services, especially in fragile and compounded crises.

Guidance:

- Ensure that water, sanitation and distribution access routes/points are safely placed in accessible areas, as identified in collaboration with vulnerable groups, particularly women and girls. For instance, set outreach activities and distributions around the best time/location for attendees and primary recipients (often women). Engage with the communities to understand these risks, such as through *FGDs*. Mitigate as much as possible security risks, and monitor changes in safe access to further promote the regular use of WASH facilities and supplies.
- Ensure that water and sanitation facilities are managed safely and appropriately. Facilities should encourage use by being clean, well-maintained, and operational at the designated times (and when people can access them), with fee control (and transparent management) as needed. If the security context is limiting safe access, negotiate or coordinate WASH services to meet everyone's needs, following mitigation measures outlined in the risk analysis.
- Engage with the population to understand and meet their needs, and design infrastructure collaboratively and appropriately to promote safety – such as by having locks inside well-lit facilities. Having sufficient lighting at/in/on the way to well-managed WASH areas will help encourage their safe use. "Good-quality lighting interventions in camps do make people feel safer. However, many factors affect safety, especially for women and girls, and lighting can only ever be part of a comprehensive and well-coordinated strategy to reduce risks of GBV."²⁰ Hence, there are different solutions to light sanitation facilities, and the right GBV risk mitigation solutions should be assessed in a participatory manner.
- Mitigate GBV risks by including considerations for privacy and safety in sanitation facility design, building on consultations with the community and real-time data (i.e. from feedback mechanisms and monitoring and evaluations).

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3. SAFETY AND SECURITY

Different contexts create varying safety and security risks, which can translate into GBV risks through an enabled environment where incidents are more likely to occur. Promoting safety from a WASH perspective thus means working to reduce fear, threats, physical harm, and other types of violence against the target population while they are trying to reach and/or use WASH facilities and services. This is an umbrella term that refers to human safety, and within it, there can be security issues. Security issues (or restrictions) are more often found in conflict zones; they refer to external influences that can prohibit the target population's ability to move around safely and freely. These restrictions can lead to blocked access for beneficiaries to collect water, attend distributions, use cash or vouchers, and meet other WASH needs.

IOM WASH must work to improve safety and security as much as possible, targeting stakeholders involved in the issues where appropriate, and taking direct action

Design latrines that offer safety and dignity

In all instances, ensuring that WASH facilities are safely placed, well-lit and offering privacy will help encourage their use, helping to mitigate GBV risks while also promoting dignity and health outcomes.

In some contexts, installing lights in communal areas had a negative effect, leading men to congregate near latrines after dark, making women and children feel uneasy. However, distributing portable and rechargeable lamps to women and girls can promote dignity and safety, allowing beneficiaries to light their own way when nature calls. There are other context-specific methods for making latrines safely accessible and female-friendly, such as having locks, hooks, and safe disposal methods for MHM inside the facilities. Equally critical is ensuring that the routes to reach WASH facilities are safe and secure. Continue to learn from programme quality assessments to adapt WASH activities, and refer to these resources for guidance on female-friendly latrines: [Introductory guide/video](#), [briefing note](#), [IOM Turkey guide](#) for improving infrastructure, and other [best practices in sanitation](#).

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Consistent community engagement and adaptive management around the Core Attributes helps set a solid framework for sustainable WASH programming, in addition there are other steps IOM WASH can take to engage women, local groups and service providers meaningfully and early on. By engaging different stakeholders to promote activities that meet everyone's WASH needs timely and safely, IOM continues to mitigate the risk of GBV in its WASH response. For instance, planning for the sustained functionality of WASH facilities, such as regular desludging of latrines, will encourage their regular use. Depending on the context, IOM may be able to start thinking about its WASH exit strategy from project inception, which would enable staff to set a plan in advance to start working with local stakeholders.

Engage with local leaders and organizations, like women's groups, to promote capacities that will strengthen their involvement during and after projects (particularly in protracted crises). Through a solid understanding of the context, build on local power dynamics in a way that can increase women's active participation and leadership in WASH activities. In any programme, building on the female voice and strengthening women's role in WASH governance can increase community resilience, enabling the population to better absorb shocks and respond to sudden onset crises without exacerbating GBV risks. Looking long term, displacement from ongoing wars and climate change present an environment where GBV risks are heightened (for instance, due to water-related conflict or food insecurities). Hence, consider how to engage meaningfully with the population during project design to encourage sustainable WASH programming.

During and even after projects end, the affected population and other stakeholders may still need periodic support to reinforce special attention to vulnerable groups. As possible, continue to empower the community to share decision-making control over WASH facilities and services. Women's active role in governance structures helps mitigate GBV risks in large part by having sustainable WASH solutions coming from within the community itself.

PART I: SUSTAINABILITY

Sustainable WASH programmes build on best practices and a thorough understanding of the context to effectively empower and enable the population to take ownership of their WASH needs and solutions. Activities promoting sustainability should be included in a WASH project from the beginning, though often these approaches are harder to implement in rapid onset, emergency or unstable crises. Enabling the population to take ownership of WASH involves promoting multiple aspects, including their interest in WASH, understanding of WASH and GBV, and skills to implement WASH solutions that meet everyone's needs, safely and with dignity.

On top of empowering the population, implement coherent programmes that appropriately engage with different stakeholder groups, building on other work and trainings already done (perhaps by other organizations). Context analyses should inform how to design sustainable WASH approaches, and can help IOM identify key stakeholder groups, such as ministries, partners, WASH committees and focal points, community health workers, and local women's

organizations. As highlighted in [Chapter 2](#), promote local capacity and a common understanding of GBV and GBV risk mitigation by organizing trainings with identified WASH stakeholders, and support them throughout implementation. At the local and national levels, as possible, continue to raise attention to the special needs of vulnerable groups, advocating for clean water and sanitation as basic human rights.

Guidance

- Build on the capacities and networks of different stakeholders, engaging with them to help guide WASH activities that meet everyone's needs with considerations for GBV risk mitigation. For instance, engage local women's groups, youth groups, health clubs, community mobilizers, hygiene promoters, and other WASH focal points. Train them on Protection, GBV and GBV risk mitigation (see [training objectives in Chapter 2](#)), opening discussions about gender equality, norms, and WASH roles.
- Design and learn from scalable programme

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approaches that successfully engaged local stakeholders and built their interest and capacities in exercising ownership of WASH services.²¹ To the extent relevant, engage both women's and men's groups in designing, constructing, operating, and maintaining WASH facilities, ensuring that the female voice holds a space in management and governance.

- Encourage the active participation and leadership of women and youth in WASH activities, such as in leading outreach, mobilizing the community, and

PART II: GOVERNANCE

Governance refers to decision-making power; in this case, to communities' responsible use of power to ensure equitable, safe and affordable access to WASH services for all. Placing women, girls and other vulnerable groups in management and governance structures furthers GBV risk mitigation measures and promotes gender equality. Worldwide, unequal gendered power dynamics exacerbate GBV risks by limiting the control women have over their own needs and resources. This results in unsafe, unaffordable and inaccessible WASH services that in turn minimize sustainable WASH and health outcomes. Good governance thus implies the fair use of resources – led by and for women and girls, youth, and other vulnerable groups.



Active participation of women and youth

As agents of change, women and youth should be targeted to represent and support their communities in WASH coordination and management committees. By encouraging their active engagement in decision-making and leadership, IOM WASH creates a space for their voice. With IOM WASH supporting their participation in WASH committees and activities, women and youth can promote solutions that address not only their needs, but the WASH needs of their families, extending to all population groups. By enabling the community to take ownership and exercise fair control over sustainable WASH resources, IOM WASH sets a framework for continuing GBV risk mitigation even after projects end.

Guidance

- Committees should be representative of the population as much as possible, including the meaningful and active representation of youth, PwD and other vulnerable groups. Women, youth and other groups play pivotal roles in improving and sustaining WASH resources (and health outcomes) if they are supported, made heard and encouraged.

following up hygiene promotion activities. Through them, share awareness on human rights, protection and available WASH services, and encourage the inclusion of women in WASH-related financial decisions.

- Ensure community mobilizers, hygiene promoters and other WASH outreach workers have up-to-date information about WASH services as well as GBV Referral Pathways and procedures. Maintain regular contact with all WASH focal points, who can inform IOM if there are barriers in meeting WASH needs.

Methods for best engaging the community should be studied in a context or gender analysis (see [Chapter 2](#)), which highlights risks, barriers, opportunities, and community groups to target in governance.

- Including women in governance goes beyond quotas, i.e. having 50% female representation in WASH committees. It extends to promoting women's ability to be heard and influence decisions (both at the household and community levels). In Bangladesh, collaboration with other sectors, such as Protection and Site Management, helped create spaces for women's meaningful engagement in camp management, allowing their voices to be shared and heard.



Operation and Management (O&M) of WASH facilities

O&M structures for WASH facilities should include women and other vulnerable groups. With women at the forefront of water and sanitation facility management, communities can anticipate a reduction in sextortion, abuse and other GBV risks. Properly managed water sources are less likely to present GBV risks, particularly with women looking out for their own interests and risk mitigation measures. Engaging youth in O&M as agents of change can furthermore promote positive, sustainable outcomes. Engaging women in O&M committees can go a long way to mitigating GBV risks, all the while improving health outcomes. While transparent and accountable management of facilities is vital to GBV risk mitigation, cleanliness shines as a key factor promoting latrine usage. Clean, safe and accessible latrines steer people away from open defecation, which heightens GBV risks. As primary care-givers, women are more likely to promote positive WASH practices, which can translate into more attention to cleaning WASH facilities.

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- Women and youth should be targeted in the O&M of WASH facilities, as well as other groups identified in context and gender analyses. By encouraging their active participation in decision-making, maintenance and management, IOM WASH supports their ability to overcome unequal power dynamics and ensure clean water and sanitation as human rights. Some successful approaches include training women as pump mechanics and plumbers, providing marginalized groups with the skills needed to participate in management committees, and engaging men/boys in activities with women/girls that highlight necessary equitable access to safe and affordable WASH services.
- It is furthermore necessary to train WASH committees on Protection, GBV and GBV risk mitigation (see training objectives in Chapter 2). With that, IOM WASH should include components highlighting women's active role in decision-making and leadership in training materials and outreach manuals. IOM South Sudan is piloting this approach in its [*Water Management Committee Training Manual*](#) and its [*Hygiene Promotion and GBV Toolkit/Manual*](#).

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MONITORING & EVALUATION (M&E) AND LEARNING

Monitoring, evaluation and learning from programme approaches, successes and challenges are an integral part of GBV risk mitigation, as these processes support Accountability to Affected Populations (AAP) and overall programme quality assurances. Collect and use data to evaluate progress towards meeting IOM WASH project and programme goals, and include monitoring of diverse questions and indicators that assess beyond coverage – looking at safety, access, satisfaction, and other determinants that can signify GBV risks.

PROGRAMMING PART I: MONITORING AND EVALUATING

QUALITY WASH



1. MONITORING

Monitoring programme quality involves all IOM teams, as the WASH team not only collects much of its own data, but also builds on data collected by Protection/GBV teams while contributing to other data sources and indicators often (but not always) overseen by the M&E team. Hence, it is essential to define a plan outlining who collects what types of data and how often, and how the findings are shared between the teams – ultimately ensuring a way for data about WASH-related GBV risks to make their way back to the WASH team for prompt, appropriate action. Monitoring should not only assess progress towards WASH goals, it also needs to assess various determinants of GBV risks and risk mitigation, helping to provide evidence on vulnerabilities, such as by monitoring:

- changes in WASH access and affordability (and who is affected, when, why, and how);
- changes in needs, available resources, and safety and security, and what links there are between the changing context and GBV risks;
- disruptions in supply chains or markets, which limit whether or not people can secure necessary WASH supplies;
- task-sharing and decision-making between men and women when it comes to control of WASH resources, finances and facilities; and
- changes in legal status, food security or ability to meet basic needs, including WASH needs, that may worsen a household's socio-economic status and make them more at-risk both in terms of GBV and health status.

These topics can be assessed through quarterly (or at least bi-annual) project assessments undertaken usually by the M&E team, yet also often integrated within the WASH team's regular tasks. Monitoring methods include conducting FGDs (i.e. with women/girls alone), key informant interviews (i.e. with trusted community leaders), post-distribution or other regularly scheduled monitoring surveys, periodic satisfaction surveys, quality checks, and other field assessments and informal visits. In addition, beneficiary Complaint and Feedback Mechanisms (CFMs) and Protection/GBV reports are excellent data sources for better understanding changes that may contribute to WASH-related GBV risks.

Guidance

- Define and follow a plan for regularly collecting this type of data throughout implementation, collaborating with other IOM sectors as necessary, and including gender-specific topics in WASH assessments.
- When analyzing the data, follow SADD procedures (see Chapter 2) that will support IOM WASH in adapting activities around different needs and risks in order to realign activities to mitigate GBV risks.
- Use all monitoring data from all IOM teams to inform programmatic and even policy changes (for instance, if Advocacy or GBV Specialized Programming are part of IOM's Mission).

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2. DEFINING PROJECT INDICATORS

A variety of monitoring data is necessary for measuring progress towards WASH goals. In the project proposal (or for WASH programmes as a whole), develop gender-sensitive indicators that measure the context beyond basic coverage, access and reach. Such indicators allow IOM WASH to address – by understanding – gender gaps and inequalities that can contribute to or be indicative of GBV risks in WASH. These indicators can assess components like women's participation, perceptions of safety, and satisfaction. Like with SADD, be careful to avoid “women only” data and indicators; disaggregate data by sex, age and other factors, such as disability, socio-economic or legal status or other minority classification that may cause vulnerabilities. Understanding where the gaps are supports IOM WASH to adjust activities to safely meet all WASH needs timely and appropriately. Design monitoring and indicators around both project outputs and outcomes:

- **Output indicators** often look at immediate project results, such as meeting water quality standards, delivering hygiene promotion sessions, and making sure everyone has access to WASH facilities by counting the number of households and overlaying the SPHERE minimum standards. However, improved indicators should further investigate how well the different activities and approaches are working for the different population groups. This can be done by defining additional output indicators looking at who is involved in the project and how, using disaggregated data to identify which groups might be left out and what GBV risks people might be facing.
- Outcome indicators focus on measuring overarching goals and long-term project results, which could be multisectoral. Examples of outcome indicators include good community health (i.e. reduction in outbreaks), improved hygiene behaviors or positive changes, improvements in well-being

(including psychosocial well-being and dignity associated with WASH services), and increased participation of women or youth. The data collected should provide evidence to understand micro and macro changes in order to guide more efficient, effective or perhaps cheaper WASH activity adjustments that will continue to mitigate GBV risks for all population groups. Based on the specific project objectives, define outcome indicators and collaborate with other IOM teams on monitoring methods that will provide valuable data to guide evidence-based interventions.

Indicators should be SMART: Specific, Measurable, Achievable within a specified timeframe, Relevant to the context, and Timebound or timely. Adapt these indicators to the Mission and context. Measuring them as part of GBV risk mitigation will feed into having more quality WASH programmes with systematic application of Do No Harm and other protection principles. For further information, refer to IOM WASH-related M&E resources and indicators in the [WASH Community of Practice](#) group, the [UNESCO brief on gender-sensitive indicators](#), and the [UNICEF reference guide](#).



3. EVALUATIONS

Prepare to support internal and external evaluations, carried out periodically to assess and strategize on IOM's progress towards GBV risk mitigation and WASH goals. Evaluations can be project-based, i.e. at the mid-term or end of a project or ex-post (at least several months after project completion), or broader, evaluating the whole WASH programme or a multisectoral response, i.e. WASH with Health or Shelter. Include components in the evaluation that look at gendered differences in access and control of WASH resources (and other determinants of GBV risks), and learn from the results, using recommendations to guide quality WASH programming.

PART II: LEARNING, ADAPTING AND IMPROVING

Continuously learn how to improve WASH programmes and activities from CFM data, community engagement and consultations, and monitoring and evaluations. Keep track of and consider measuring the outcomes of trainings conducted for WASH staff, partners and stakeholders, remembering that having a knowledgeable team contributes to improved GBV risk mitigation. Continue to engage with the WASH Cluster and Protection/GBV AoR (or local agencies) for up-to-date guidance and resources on protection,

gender and GBV risk mitigation.

To share in inter-Mission learning, participate in IOM stocktaking workshops (every 1-2 years), focusing on lessons learned and best practices for GBV risk mitigation in WASH. Also, for Missions with a specific GBViC Action Plan, engage in stocktaking of WASH and Mission-wide commitments in close coordination with other IOM sectors. These vital actions make it easier for IOM WASH to respond appropriately and

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timely in sudden onset or compounded crises. For instance, when responding to sudden displacement or a health pandemic, continue to understand the changing context and follow WASH and GBV risk mitigation best practices.



Case study: Adapting around COVID-19

A study of how to best mitigate GBV risks within sudden onset crises

To promote sustainable WASH outcomes that can meet everyone's needs, continue to ensure that vulnerable groups can safely access WASH and health facilities and services, noting that water access and good sanitation and hygiene are at the forefront of health crisis response.

WASH, food or other insecurities brought on in sudden onset crises can derail humanitarian progress. As found during the COVID-19 pandemic (2020), sudden shocks not only exposed but also deepened existing vulnerabilities, which led to a sharp global increase in GBV risks and incidences (namely domestic violence). As supply chains are disrupted, and access restrictions or lockdowns close off access to critical outside services, women and children become stuck in fragile and potentially violent environments.²² It is increasingly clear that compounded crises create barriers for people to meet their needs, including accessing not only GBV survivor services but also WASH supplies/facilities and other humanitarian services.

Guidance

- For longer crises or when relevant, undertake new context and risk analyses to better understand and adapt activities around changing needs, barriers, risks, and available services.
- As necessary, construct additional WASH facilities to enable physical distancing policies and other health recommendations. Discuss with women/girls about

potential locations for these new facilities. If there are long water queues, consider using a collection schedule to reduce human traffic at the collection point which can expose vulnerable groups to GBV risks.

- Stockpile (in advance in fragile contexts, as guided by the context analysis) and distribute kits with any additional items, as identified by the community, to support good health and hygiene practices, especially for women and girls of reproductive age. Take into account changes in accessibility, affordability, disrupted supply chains, and any movement restrictions. Adapt distributions around any distancing guidelines and prioritize the most vulnerable households.
- Coordinate mixed-methods monitoring for programme quality, adapting methods as necessary to gather relevant sex and age disaggregated data. Learn from the data and adjust WASH activities quickly to ensure meeting all the Core Attributes. Consider revising indicators as well to capture the impact of adapted and new activities.
- Maintain coordination with the affected population, and provide information in ways that women/girls can access and understand. Ensure hygiene promoters and other WASH outreach workers have up-to-date information about GBV Referral Pathways, health services, and any crisis response plan, and work to curb rumors or misinformation. Share information about GBV risks and survivor services alongside COVID-19 or other WASH communications; this can be tailored appropriately with support from GBV Specialists and in direct consultation with women in need.²³
- Check which feedback mechanisms remain functional, and coordinate any adjustments in communication methods if CFMs become limited in the context. For instance, due to the COVID-19 lockdown, many women found themselves unable to visit Centers or call Hotlines privately. Work closely with the Protection/GBV Cluster/AoR, and consider innovative methods that enable the community to silently ask for support without alerting abusers.

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3. IOM, Department of Operations and Emergencies (DOE). (2018). **Institutional Framework for Addressing Gender-Based Violence in Crises** (GBViC Framework), p.7
4. Cone, D. (2020). **Gender matters: COVID-19's outsized impact on displaced women and girls.** Refugees International. Section: Targeted Data Collection, para.4
5. IOM/DOE, **GBViC Framework**, p.7
6. IOM. (2019). **Global WASH Strategic Plan 2019–2022**, p.4
7. UN, Department of Economic and Social Affairs. (2020). **Policy Brief 69: Leaving no one behind: The COVID-19 crisis through the disability and gender lens.**
8. IOM/DOE, **GBViC Framework**, p.5
9. Refer to [this entry](#) for more details on IOM's PSEA policies and their relevance to operations.
10. There are some training tools available in this [folder](#).
11. Refer to the [IFRC Feedback Starter-Kit](#) for help deciding what types of CFMs could be most relevant for IOM WASH.
12. IOM. (2009). **Data Protection Principles**, Control no. IN/00138
13. IOM/DOE, **GBViC Framework**, p.7
14. Oxfam. (2018). **Community Engagement in Sanitation: A landscape review.** Humanitarian Innovation Fund, p.3. Also, refer to a guiding summary [video](#) about how community engagement works in practice.
15. Recognizing how information is shared within households and in communities, many programmes target women and children as **agents of change** who can adopt and promote positive practices. For instance, targeting children in hygiene promotion activities has been found to increase household-level understanding and adoption of good hygiene practices over time. Women also serve a vital role, as they can adopt and promote concepts related to more gender equal sharing of WASH chores, good hygiene and health practices, and their active participation in WASH decision-making (see further [Chapter 4](#)).
16. SPHERE standards should be viewed as **minimum standards** since they need to be contextualized around local preferences to be most effective in reaching project outcomes.

For instance, if water tastes too much like chlorine, some communities won't drink it, though it meets minimum requirements. As well, women and girls will often refuse to use latrines installed in camps because they are not culturally or gender appropriate, despite meeting SPHERE standards.

17. Cone, **Gender matters**, Section: Recommendations, para.7
18. Sextortion occurs when people (mostly women and girls) must endure assault, harassment, sexual violence, abuse, fear, or coercion in order to collect water or access WASH facilities.
19. Oxfam. (n.d.). **We're listening: An evaluation of user-centred community engagement in emergency sanitation**, p.2
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31. IOM. (2016). **Guidance note on how to mainstream protection across IOM crisis response**, p.3
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ACRONYMS

AAP	Accountability to Affected Populations
AoR	Area of Responsibility
CBI	Cash-Based Interventions
CCCM	Camp Coordination and Camp Management
CFMs	Complaint and Feedback Mechanisms
CfW	Cash-for-Work
DOE	Department of Operations and Emergencies
FGD	Focus Group Discussion
GBV	Gender-based Violence
GBViC	Gender-based Violence in Crises (IOM Framework)
IASC	Inter-Agency Standing Committee
IOM	International Organization for Migration
KAP	Knowledge, Attitudes and Practices
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MHM	Menstrual Hygiene Management
O&M	Operation and Maintenance
PDM	Post-distribution Monitoring
PSEA	Protection from Sexual Exploitation and Abuse
PwD	Persons with Disabilities
SADD	Sex and Age Disaggregated Data
SDG	Sustainable Development Goal
SOP	Standard Operating Procedure
UN	United Nations
WASH	Water, Sanitation and Hygiene

DEFINITIONS

Accountability to Affected Populations (AAP):

An organization's active commitment to use power responsibly by taking account of, giving account to, and being held accountable by the people humanitarian organizations seek to assist.²⁴

Equality (Gender equality): The equal rights, responsibilities and opportunities of women/girls and men/boys. Equality between women and men is both a human rights issue and a precondition for, and indicator of, sustainable people-centered development.²⁵

Equity: In terms of humanitarian and development work, the distribution of aid based on the needs of the population, i.e. proportional to the extent by which they are missing them.²⁶ An **equitable approach** to WASH services provides aid (for instance, hygiene and sanitary kits) to different households based on their different needs, rather than an equal amounts of everything to everyone, which does not consider the needs of vulnerable groups.

Gender: The socially constructed classification of men/boys and women/girls, which are changeable over time, though they are deeply rooted in every culture and have wide variations both within and between cultures. Gender determines the roles, responsibilities, opportunities, privileges, expectations, and limitations for men/boys and women/girls.²⁷ Different than **sex**, which is the biological identification of someone as male or female. In terms of sanitation, communal latrines are often separated by sex; however, their design/location needs to include gender considerations.

Gender-based Violence: 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.²⁸

GBV Risk Mitigation: Reducing the risk of exposure to GBV by addressing GBV contributing factors. Intended to prevent IOM programmes from overlooking GBV risks and failing in their ultimate objective of promoting the safety, dignity and well-being of crisis-affected persons.²⁹

Persons with disabilities (PwD): People with sensory, physical, psychosocial, intellectual or other impairments that, in interaction with various barriers, prevent them from participating in or having access to humanitarian programmes, services or protection.³⁰

Protection: All activities aimed at ensuring full respect for the rights of the individual in accordance with the letter and the spirit of relevant bodies of law; for example, human rights law, international humanitarian law and refugee law. Humanitarian protection thus has various dimensions and levels of responsibility.³¹

Protection mainstreaming: Inclusion of humanitarian protection principles into crisis response by ensuring that any response is provided in a way that avoids any unintended negative effects (Do No Harm), is delivered according to needs, prioritizes safety and dignity, is grounded on participation and empowerment of local capacities and ultimately holds humanitarian actors accountable vis-à-vis affected individuals and communities.³²

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