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USAID's Collective Action to Reduce Gender-Based Violence (CARE-GBV)

Foundational Elements for Gender-Based Violence Programming in Development

Addressing GBV through Water Security, Sanitation, and Hygiene Programs

ACRONYMS AND ABBREVIATIONS

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CARE-GBV	Collective Action to Reduce Gender-Based Violence
GBV	Gender-based violence
IOM	International Organization for Migration
IPV	Intimate partner violence
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, and intersex people, and those of other diverse sexual orientations and gender identities
MHH	Menstrual health and hygiene
SEA	Sexual exploitation and abuse
SOGIESC	Sexual orientation, gender identity, gender expression, and sex characteristics
STEM	Science, technology, engineering, and mathematics
UNDP–SIWI	United Nation Development Programme–Stockholm International Water Institute
USAID	United States Agency for International Development
WASH	Water, sanitation, and hygiene
WHO	World Health Organization
WSSH	Water security, sanitation, and hygiene

Introduction

This document describes why USAID's water security, sanitation, and hygiene (WSSH) programs should integrate programming to address gender-based violence (GBV) and details specific strategies for doing so. Program examples are provided to illustrate how the strategies can be incorporated into WSSH programs, and links to tools and resources are provided for additional information.

This document is part of the *Foundational Elements for Gender-Based Violence Programming in Development*, which include core principles, program elements (prevention, risk mitigation, response, enabling environment), and process elements. Ideally, readers will familiarize themselves with these sections of the *Foundational Elements* before reading this brief. At a minimum, readers should be familiar with the following sections before reviewing this brief:

- Section 1.0. Introduction

- Section 3.2. Program Elements: Risk Mitigation

- Section 4.0. Process Elements

    - Values, Organizational Culture, and Leadership (Program Example: A Framework for Safeguarding Program Participants)

    - Strategic Planning and Design (Gender Analysis and Referral Network Mapping))
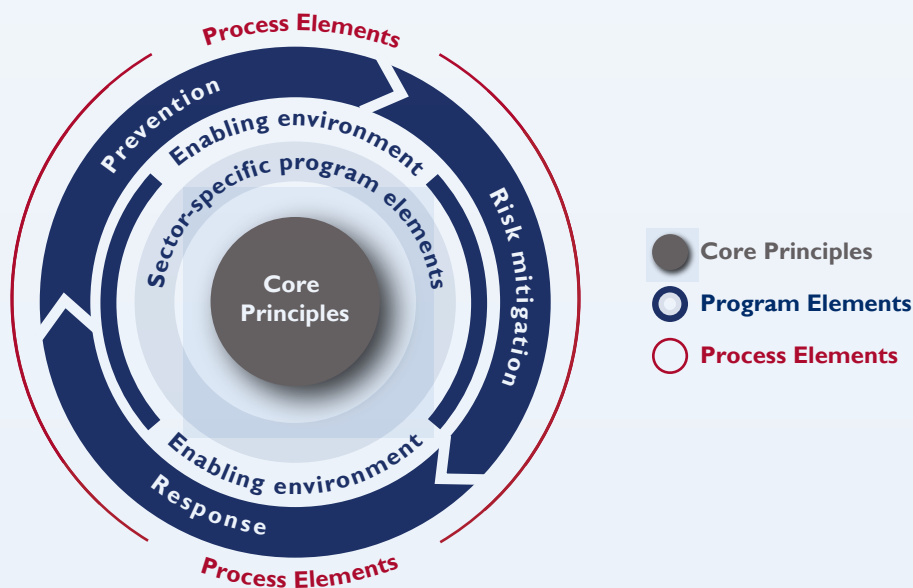
The strategies described in this brief are organized by levels of the socio-ecological model: individual, interpersonal, community, and structural. Effective GBV interventions typically include strategies that address multiple levels of the socio-ecological model.
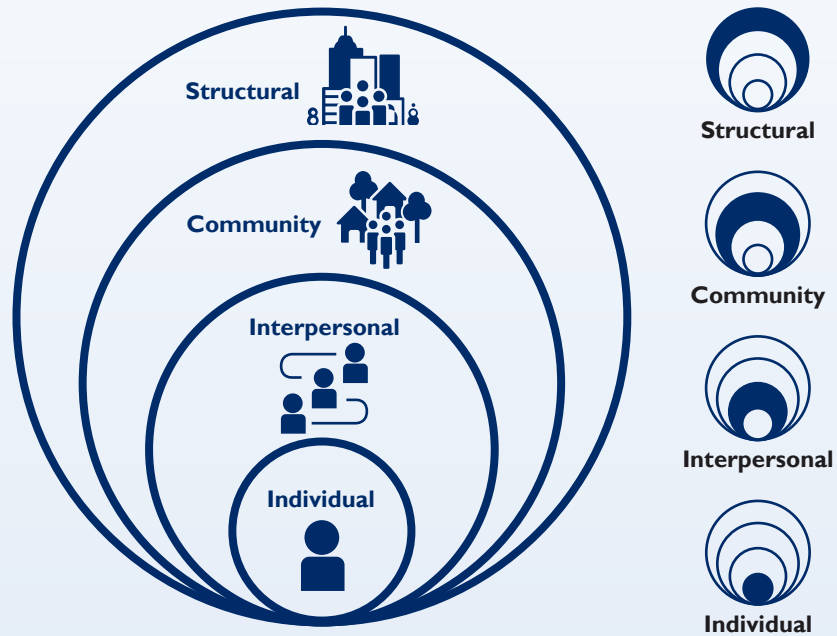
Each strategy is also labeled as prevention, risk mitigation, response, or enabling environment.

Why WSSH Programming Should Address GBV

Improving WSSH in the communities where USAID works is a key development goal of the Agency. WSSH programming cannot be effective if GBV considerations are not addressed in program design and implementation. Excluding GBV concerns from WSSH programming may also result in unintended negative consequences, including increased risk and incidence of GBV among the communities USAID aims to help (USAID 2015). Further, as people modify their behavior in response to GBV risks and incidents, their access to and benefits from WSSH governance, conservation, and economic opportunities, as well as their use of water and sanitation facilities and effective hygiene behaviors are often affected. As a result, WSSH conservation, governance, and public health outcomes are hindered and program sustainability is reduced.

Water Security

Addressing water security requires ensuring safe access to clean drinking water and equitable systems for water resource governance, allocation, and use. Where water for household needs is not available in the home, in 8 out of 10 households, due to social and gender norms and roles, it is the responsibility of women and girls to fetch it (WHO 2017). Because of the effects of climate change and unequal distribution of water infrastructure, especially in rural settings, women and girls often need to walk or transport water supplies longer distances than before. The increased risk of sexual harassment, assault, and rape for women and girls when collecting water is well documented in both rural (House 2014c, 4; Zaman 2020) and urban settings (Mehrotra 2010).

These risks for women and girls increase when they travel long distances through remote areas and are further exacerbated by the predictability of water-fetching routines, which makes it easier for perpetrators to plan and execute attacks, particularly against adolescent girls (Pommell et al. 2018). When schools do not have adequate water infrastructure, girls miss out on school time and may be at risk of sexual violence when collecting water for use in schools.

In rural areas, women use water for both domestic and agricultural activities, while men use it primarily for agricultural purposes. Men's position of greater power in relation to women and girls creates tension and the potential for conflict between men's and women's water use, increasing the risks of physical violence against women and girls at water points. Because women and girls are primarily responsible for water collection, if there are challenges or delays in fulfilling this role, water insecurity can trigger shame, psychological distress (Stevenson et al. 2016, Brewisa et al. 2019), and physical and psychological punishments by family members (House et al. 2014c, 34; Sommer et al. 2014). These GBV risks can increase during the dry season or with increasing climate-induced variations in water supply, especially among those with reduced physical energy to carry water, such as pregnant and lactating women (Pommell et al. 2018).

The right to water is enshrined in several international human rights treaties, with governments being the primary duty bearer for the fulfillment of this right. However, with some governments opting to privatize water supplies, the focus is often on areas where people are willing and able to pay, which excludes many rural areas and poorer communities (ActionAid 2013). This exclusion has a gendered dimension, because there are well documented risks in several countries of sexual exploitation and abuse (SEA) by water service providers in poorer neighborhoods or areas public water utilities do not serve (Avello 2018, Kiwaset 2018, Pommell et al. 2018, UNDP–SIWI Water Governance Facility 2017, Potts et al. 2020). For example, a study of

water utilities in Bogota, Colombia and Johannesburg, South Africa found examples of water utility staff sexually or financially extorting women who tried to get water for their household (UNDP–SIWI Water Governance Facility 2017). Water vendors and truckers exploit the situation of women and girls who are coerced into providing sex or sexual favors to gain access to water or advance their position in a water queue. This is especially the case during the dry season and increasingly, during climate-exacerbated droughts. Women also report SEA by men who offer to fetch water or provide transport in exchange for sex. These risks can particularly affect poorer women and women with disabilities or chronic illnesses, who may be physically unable to carry water for long distances. This risk extends to management of community-based water systems, where there have been documented cases of guards or committee members responsible for locking water facilities taking advantage of women and girls who arrive around closing time by offering to open water taps in exchange for sex (Potts et al. 2020).

While water infrastructure development can bring important social and economic opportunities to a community, it may also increase the risk of GBV among women and girls due to an influx of male workers for construction projects (see Section 3.5. Sector-Specific Program Elements: Energy and Infrastructure). Because these men commonly congregate around water points, the risk of violence increases for women as they collect water for their small-scale businesses that depend on water (e.g., women use water from communal sources to make beverages to sell).

Women are often engaged in WSSH programming as end users of water, whereas men hold the majority of leadership positions because of their technical knowledge. This reinforces women's subordinate position and increases the risk of GBV. Recent studies have shown that programs that include women in the early stages of development tend to have a long-term sustainable impact on water and sanitation service delivery (Gross et al. 2000). One multi-country study found women's participation in key water committee positions of leadership to be a significant predictor of functional and sustainable water systems (Foster 2013). However, programs that support these opportunities, but do not offer strategies to change the structural nature of women's care work, may shift the burden of domestic responsibilities—including the responsibility for fetching water—to other women and girls in the household, which has implications for girls' right to education (ActionAid 2013).

Additionally, the risks of GBV increase substantially when women and girls engage in water conservation, governance, and income-generation opportunities, as well as activities outside of narrowly defined gender roles (Domingo et al. 2015). A study conducted in South Sudan on the gender gap in the water, sanitation, and hygiene (WASH)[1] workforce and governance structures found substantial evidence that both the experience and fear of violence in public and private spheres—including intimate partner violence (IPV), harassment by family members, and SEA by potential and current employers and work colleagues—hindered women's choices and ability to safely enter or continue their career within the sector (Denman and Lipscomb 2020).

Women in agrarian contexts are frequently more dependent on common property resources for survival and income generation due to a lack of functional legal rights over private land ownership; this makes them especially vulnerable to climatic changes and shocks (UN Women 2014). Women and girls from marginalized communities affected by water scarcity engage in

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[1] USAID is transitioning from using "water, sanitation, and hygiene (WASH)" to using "water security, sanitation, and hygiene (WSSH)" to be more inclusive of water protection, conservation, and management. This brief uses WSSH, except when discussing program examples that focused specifically on WASH.

communal water conservation, water rights, and climate change activism (UN Women 2016), particularly in Latin America and among Indigenous peoples. Corporate-led land grabbing and violent and patriarchal criminalization of Indigenous peoples and women mean that those who take up leadership roles in these risky and hostile contexts face increased risk of physical and sexual violence (Sequeira 2017) (see Section 3.5. Sector-Specific Program Elements: Climate Adaptation and Mitigation; Land and Property Rights).

Sanitation and Hygiene

People of all ages and gender identities have a right to safe, adequate sanitation and hygiene facilities. An individual's age, gender identity, and other factors affect their perception and risks related to accessing sanitation and hygiene facilities. Inadequately designed or implemented facilities may be inaccessible or unsafe, severely limiting their use, especially for women and girls (House et al. 2014c,14; USAID 2015; Root 2021) and people of diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC) (UN Women 2017). Informal and formal workplaces often have limited access to age-, gender-, and diversity-appropriate hygiene and sanitation facilities, which can increase the risk of GBV. As sexual harassment and assault by men and boys are common around communal latrines, women and girls also practice open defecation; this increases GBV risk, because social stigma against open defecation means that they often wait until nightfall (USAID 2015, WaterAid 2015, Schmitt et al. 2017). This affects their full and safe participation in public life, including education and access to other services, and has a public health impact in terms of increasing the risk of waterborne diseases.

While household latrines improve safety and access for women, girls, and people of diverse SOGIESC, the construction of these sanitation facilities is often both costly and risky, because traditional gender norms often require women to gather construction materials from remote and dangerous areas, where they may be exposed to GBV risks. In addition, if families cannot afford or are not physically able to construct latrines themselves, SEA risks are a concern, particularly among persons with disabilities, female- and child-headed households, and chronically ill people. At the household level, women and girls often face violence at bathing units or rivers when bathing or washing clothes (House et al. 2014c).

Menstrual health and hygiene (MHH) practices vary across cultures and regions, but significant shame, fear, and taboos surrounding menstruation are common and linked to multiple forms of GBV (WoMena 2020). Women and girls, particularly school girls, as well as transgender boys and men and people of diverse SOGIESC who menstruate, are often at risk of various forms of violence—including IPV and non-partner physical, psychological, and sexual violence—when accessing communal latrines that do not address their MMH needs (Cardoso et al. 2018). For example, one study reported that some husbands beat their wives because they had cut blankets to make pads to manage their periods (CARE International 2018).

Lack of access to MHH products, especially in areas of poverty or crisis, has increased adolescent girls' risk of exposure to SEA by exchanging sex for money to pay for MHH

products so they can remain in school (CARE International and WoMena 2018, Tellier and Hyttel 2018). A rapid assessment conducted in 2020 by WoMena Uganda found that 14 percent of the respondents had experienced or knew someone who had experienced violence after using household finances to get MHH products. In addition, 12 percent had experienced or knew someone who had experienced being restricted from using household finances to obtain MHH products (CARE International and WoMena 2018). These concerns have been documented as affecting girls' participation at school and increasing dropout rates (House et al. 2014c, 42).

Menstrual taboos and associated harmful cultural practices can affect the involvement of women, girls, and other menstruating individuals in public life, including education and livelihood opportunities. In many cultures, menstruation is considered dirty, and menstruating individuals are often excluded from social, economic, spiritual, and family life. Variations of these seclusion and exclusion practices exist in several cultures; for example, in the *chhaupadi* practice common to rural areas of Nepal, menstruating women and girls frequently stay in a livestock shed. These practices result in significant, lasting, negative effects on personal well-being, engagement in education, and safety, including putting menstruating individuals at risk of sexual abuse and assault at night (Aro 2015).

In some societies, the onset of menarche indicates readiness for marriage, and early menarche is associated with early marriage, early sexual debut, and early pregnancy. This especially holds true for girls from poorer households, because the financial responsibility of taking care of the girl shifts to the husband. In addition, the high cost of MHH products has been found to, in some cases, increase the risk of early marriage, as parents aim to transfer the financial burden associated with menstruation to the husband (Tellier and Hyttel 2018).

Household, community, and often municipal promotion of sanitation and hygiene relies heavily on women's labor, which is often poorly paid or unremunerated, reinforcing women's and girls' subordinate status, a point frequently not visible to policymakers and practitioners (ActionAid 2013). When women and girls do engage in these activities outside the home, the risks of GBV, including IPV, SEA, and other forms of sexual violence, increase (Denman and Lipscomb 2020, House et al. 2014c).

How WSSH Can Address GBV

Strategy #1: Mitigate GBV risks in accessing public water, sanitation utilities, and menstrual health and hygiene utilities

Program elements:
risk mitigation

Levels of socio-ecological model:
interpersonal, community, structural

Addressing the perceptions and risks of GBV is important for improving access and use of WSSH services. Engaging with GBV specialists at every phase of WSSH programming can help its design and implementation to go beyond the do-no-harm approach, actively contributing to creating safer communities and improving safe access to water resources, sanitation, and hygiene (House et al. 2014a). This can be done using the following strategies:

- Work with GBV specialists to train WSSH program and partner staff on GBV core concepts, risks, and approaches to mitigation, including the use of safety and accessibility audits. Also, integrate prevention, response, and risk mitigation considerations into the program strategy, theory of change, development of approaches, standard operating procedures, and the monitoring and evaluation system (see Section 2.0. Core Principle: Do No Harm).

- Engage a variety of user groups, especially diverse groups of women and girls, including persons with disabilities, in consultations on the design of public WSSH infrastructure. The design should address cultural and contextual considerations and integrate the safety, dignity, and accessibility issues these groups identify (House et al. 2014f). Considerations include:

  - Follow USAID guidance to ensure that "female-friendly toilets" meet international standards, and the biological and cultural needs specific to women and people of diverse SOGIESC: safety, privacy, accessibility, availability, affordability, well-maintained and managed, waste bins on the premises and water nearby, and space to care for children, the elderly, and MHH. Also, consider the social and cultural norms around sanitation and hygiene, such as menstruation taboos (USAID 2020).

  - Consult end users on possible lighting options to support use of the facilities and on possible risk mitigation measures (Oxfam and Water, Engineering and Development Centre 2018).

  - Integrate universal design features for accessibility for persons with disabilities, young children, and the elderly into the design, and engage these users directly for their inputs.

  - Consult with people of diverse SOGIESC directly on MHH and other relevant issues if it is safe to do so; otherwise, engage organizations that provide services to people of diverse SOGIESC (USAID 2015).

- Strengthen the capacity of community-based WSSH governance committees, market-based WSSH service providers, and government authorities to engage with end users to identify and mitigate the risks of GBV related to public WSSH services. In training and monitoring visits, focus on accountability and skills for ensuring safe access to public WSSH facilities, including:

  - Strengthen relevant legal frameworks that protect users from SEA, establish codes of conduct for committee or business members, and institute and implement relevant bylaws.

  - Establish a system of water and sanitation tariffs to ensure access for poorer households. For public water facilities, ensure that households unable to carry water can access water without the risk of SEA.

  - Create a mechanism for gathering and confidentially processing user feedback, especially for SEA violations.

  - Ensure non-specialist support for disclosure of GBV so that survivors can safely access services.

- Measure the impact of WSSH-related risk-mitigation strategies on perceptions of safety among diverse women and girls and people of diverse SOGIESC on a regular basis (USAID 2015).

- Focus the expansion of WSSH infrastructure to poor and underserved areas, including rural communities. Consider investing in household water connection rather than public collection points, because this minimizes women's exposure to various forms of GBV. Include infrastructure options to reduce the risk of SEA by water vendors, especially in drought-prone areas (USAID 2015). Consider investments in WSSH infrastructure that expands women's and girls' access to schools, markets, workplaces, and health facilities.

- Develop strategies to address risks associated with MHH products by working with women's associations and groups to support locally made solutions that are hygienic (where materials are available), invest in national-level or local production of pads or other menstrual solutions, and engage with policymakers on locally appropriate solutions to address barriers to accessing MHH materials.

Box 1.

A WASH safety audit (House et al. 2014h) can be used to identify and address risks and fear of GBV in the sanitation and hygiene sub-sectors. Conduct WASH safety audits with specific focus on addressing GBV, such as:

1. Observe the proximity to living areas: Where in-house facilities are not possible, WASH facilities should be as close to living areas as possible. Observe whether women are empowered to use any in-home facilities. These considerations should be balanced with ensuring that facilities in and near homes are constructed to deal with waste properly, so as not to present additional health risks.

2. Observe the lighting: Is there sufficient lighting so that women, lesbian, gay, bisexual, transgender, queer, and intersex people, and those of other diverse sexual orientations and gender identities (LGBTQI+), and other vulnerable and underrepresented groups can feel safe using WASH infrastructure at night?

3. Observe the location of male-dominated spaces: Is the building to be sited close to these areas? Will women, people of diverse SOGIESC, and other vulnerable and underrepresented populations feel safe when using this WASH infrastructure?

4. Observe pedestrian walkways: Are there sufficient pathways to and from the WASH infrastructure for people to feel safe accessing it during different times of the day?

Source: UNICEF Nigeria 2020

Strategy #2: Mitigate GBV risks for women and girls to engage in WSSH, including hygiene promotion, and water conservation and governance efforts

Program elements: risk mitigation, response

Levels of socio-ecological model: interpersonal, community, structural

Gender norms that limit women's and girls' engagement in WSSH to the domestic sphere create significant barriers and GBV risk for women and girls who participate in WSSH programs and governance. Women may not be able to participate in meetings or other activities due to threats, violence, or other forms of exclusion by their husbands, family members, or powerful elites (Domingo et al. 2015, Denman and Lipscomb 2020). To address these risks, the following measures may be implemented and adapted as appropriate:

• At the community level, communicate the importance of women's and girls' involvement in the program. Clarify the timing and level of effort that engaging in the program would require and whether the participants would be remunerated for this work.

- Orient all staff, contractors, and daily workers involved in WSSH activities on the program's SEA code of conduct and require them to sign it. Promote accessible and confidential reporting mechanisms at the community level and ensure accountability mechanisms are in place.

- Provide adequate and safe WSSH facilities for women staff and staff of diverse SOGIESC, including at the community level.

- Engage women in WSSH activities on days and at times that do not disrupt their domestic responsibilities or support them to balance WSSH activities with their domestic responsibilities (IOM and RedR UK 2020).

Strategy #3: Promote women's and girls' empowerment and leadership in WSSH

Program elements:
prevention

Levels of socio-ecological model:
community, structural

There is ample evidence that women's engagement at all stages of programming positively affects the sustainability of WSSH outcomes. For example, empowering women to make sanitation decisions can enhance performance outcomes for the household and community. Research in Kenya revealed that strengthening women's decision-making power for major household purchases was positively associated with households owning latrines (Hirai et al. 2016). USAID's *Gender Equality and Female Empowerment in WASH* technical brief recommends ensuring that women and girls are engaged as consumers, customers, influencers, professionals, household deciders, and keepers of traditional knowledge and solutions (USAID 2020). The following approaches can be used to address barriers and promote women's empowerment in WSSH. However, it is essential that women's empowerment strategies be used in tandem with strategies to mitigate women's and girls' risks of participation and, where possible, strategies to transform harmful gender norms:

- Conduct women's leadership and skills-building training in women-only safe spaces. Women and girls have often not had an opportunity to learn together and imagine themselves as leaders. In addition, they are socialized to not speak up or contribute their ideas during community or family meetings (Putsoa 2020).

- To build a more inclusive workforce, promote the participation of women in science, technology, engineering, and mathematics (STEM) by investing in scholarships and internships for women civil engineers, geologists, and climate scientists within tertiary learning and vocational training programs and institutions.

- Engage women WSSH role models in speaking in schools and communities to challenge gender stereotypes.

- Engage women's associations in the development and operation of WSSH public and private utilities. Market-based solutions for the provision of communal sanitation facilities can provide opportunities for women's skill building and economic empowerment, and can contribute to reducing women's risk of GBV when accessing sanitation facilities (House et al. 2014e). For instance, women waste-picker associations should advocate for government protection and contracts to provide this essential service (Dias and Fernandez 2015).

- Link WSSH programming to initiatives to promote women's access to and tenure rights over land and property, which has been shown to promote women's ability to make decisions regarding the sustainable use of water resources (USAID 2020).

- Work with women defenders of environmental human rights, women's rights organizations, and groups working with people of diverse SOGIESC to advocate for rights and access to safe water, and address water scarcity issues and "sextortion" related to the use of water resources, including for MMH.

- Support women's rights organizations and other local groups engaged in human rights, particularly organizations working with persons with disabilities, to select women and people of diverse SOGIESC to WSSH governance committees, invest in building their skills, and promote women's selection in water and sanitation construction, operation, and maintenance roles.

Strategy #4: Transform harmful gendered attitudes, beliefs, and norms that affect WSSH outcomes, including engaging men and boys

Program elements:
prevention

Levels of socio-ecological model:
community, structural

WSSH programming has many important entry points for social norms change programming that can effectively contribute to public health, water resource management, gender equality, and GBV outcomes. The following approaches can be used and adapted to transform harmful gendered attitudes, beliefs, and norms within WSSH programming. It is important that these initiatives be led by gender and GBV specialists to ensure the effectiveness of social norms change programming on these sensitive topics and minimize risk of harm (see Section 2.0. Core Principle: Do No Harm). Entry points and evidence-based approaches include:

- Engaging with girls, boys, and teachers as part of WSSH in school clubs. This involves engaging club members in regular and structured sessions developed to address gender and GBV dimensions of WSSH, such as MHH and child marriage. These groups are then engaged in WSSH, gender equality, and GBV prevention campaigns within schools that have been supported to develop a campaign strategy and contextualized messages.

- Engaging members of water and sanitation governance or WSSH-focused businesses, as well as local authorities in individual and group GBV-prevention dialogues. Examples include adaptations of evidence-based approaches to GBV prevention, such as *Engaging Men in Accountable Practices to End GBV* or *Stepping Stones* (example of adaptation in Kenya by Action Aid) (House et al. 2014g).

- Strengthening change at the community level to engage WSSH actors as community activists on public health and water scarcity by addressing the gendered dimensions of their exclusion, such as women's exclusion from decision making, and the risks of IPV and SEA when water availability is limited. IOM's adaptation of *SASA!* by Raising Voices in South Sudan is an example of this.

Strategy #5: Support the creation of an enabling environment for women's and girls' access to and participation in WSSH facilities and structures

Program elements:
prevention

Levels of socio-ecological model:
individual, interpersonal, community, structural

In addition to transforming social and gender norms and promoting women's empowerment, creating an enabling environment through cross-sectoral collaboration can be key to addressing GBV in WSSH. This can include measures such as:

- Ensuring that all employers adopt policies that prohibit discrimination, exploitation, and harassment, as well as a code of conduct on protection from SEA. Including a mechanism for accountability in the contracts of construction companies and the workers they engage to deliver WSSH public utilities. Providing ongoing training and messaging, and establishing of an accessible and confidential reporting system on sexual misconduct.

- Leveraging policy-level initiatives for the development, operation, and governance of water and sanitation public utilities to strengthen local-level GBV risk mitigation efforts (Kelly et al. 2021).

- Supporting women's and girls' engagement in WSSH-related STEM nationally through national STEM strategies and analysis of gender budget allocations and advocacy to invest in women's and girls' opportunities in STEM.

- Engaging with equivalent ministries of water resources, women, or youth. Such engagement could offer an effective way to be involved in national-level communications to challenge these harmful norms.

- Engaging at the policy level to address gaps in access to MHH supplies, including taxation regimes and the effects of inflation on these essential products. Working with the education sector on the provision of MHH materials in schools as an important entry point. Finally, investing in MHH in workplaces to support women's participation in formal and informal workplaces as a cost-effective solution (USAID 2022).

Program Examples

Example #1: USAID/South Sudan Gender-Based Violence Prevention and Response Roadmap

USAID/South Sudan, together with Banyan Global, developed a roadmap to prevent and respond to GBV across all sectors (Gardsbane and Aluel 2019). This 2-year plan provides specific and measurable recommendations focused on communities where USAID projects and activities are implemented.

Building on learning from USAID/South Sudan's multi-year project to integrate GBV prevention and response into WASH programming (USAID Water Team 2019), the roadmap addressed this as a key sector, including through an intermediate result focused on increasing the use of health and WASH services. Within this goal, there is a particular focus on adolescent- and women-friendly services; integrating a focus on GBV prevention and response; and improving safe access to WASH services. Strategies to accomplish this include sufficient lighting and lockable, sex-segregated toilet facilities. To incorporate this into measurable and trackable monitoring and evaluation, the following indicator was proposed: *percentage of women and girls reporting an increased sense of safety while accessing WASH services.*

Example #2: Women's Safety Audit for WSSH in Low-Income Resettlement Areas in New Delhi, India

A strong example of a women's safety audit used in the WSSH sector to mitigate risks of GBV is a program in New Delhi, India that was implemented by Women in Cities International and Jagori, a women's rights group. The program focused on women and girls who had been displaced from slums in the city center to peripheral areas of the city. They reported experiencing and fearing harassment and abuse while accessing unsafe water collection and sanitation facilities. The women's safety audit approach brought together local women and girls who were regular users of a space or facility to walk through that space to identify environmental factors that rendered the place unsafe for them. The process also called for the participation of local government representatives. After the walk, community members wrote down the factors that made the space unsafe and listed the issues that could be resolved with government agencies. Women played a crucial role in the subsequent negotiations with the government for the implementation of these changes. The women's safety audit helped increase local government officials' and service providers' awareness of safety and accessibility issues (Castañeda Camey et al. 2020, Mehrotra 2020).

After conducting the safety audits, the project worked with the municipal government to develop a strategic framework that aimed to respond to issues of sexual harassment and violence against women and girls in public spaces in New Delhi. The section on the management and provision of urban infrastructure and services covered issues around street lighting; poorly located, dirty, and badly designed public latrines; and blocked pathways and drains. Specific strategies provided included: (1) the development of women's safety guidelines by those responsible for providing and managing public infrastructure, services, and amenities; (2) undertaking safety audits across the city; (3) improving the safety aspects of night shelters for homeless women; and (4) providing a detailed checklist on women's safety to all service providers, and requiring their compliance and certification (House et al. 2014b).

Example #3: Participatory WASH and Learning Circles for Gendered Change, Fiji and Vanuatu

In the Pacific, most policies and frameworks developed with respect to WASH either rarely mention gender or do so only in relation to practical gender needs and program efficiency. Women are generally excluded from community decision-making and have a limited voice, despite facing high levels of GBV.

One project in Fiji and Vanuatu used WASH as an entry point to empower women and shift men's attitudes, beliefs, and behaviors to contribute to preventing GBV in tandem with improving WASH outcomes. The BIAAG Urban Programme (2013–2017) was a collaboration between Plan International, Women in Cities International, UN-Habitat, the Institute for Sustainable Futures, World Vision Vanuatu, and Live and Learn Environmental Education Fiji. Two different approaches were studied in 2009 on the islands of Fiji and Vanuatu to assess the practical and strategic gender-related changes that had been achieved through each, as well as the practical WASH outputs. In Fiji, Live and Learn used the learning circles approach. In Vanuatu, World Vision adapted the Participatory Hygiene and Sanitation Transformation approach. Both used water as an entry point to talk about governance, leadership, and inclusion. The learning circles—an inclusive, deliberative, group-based approach to dialogue and decision-making, with separate discussions with men, women, and youth—specifically addressed the involvement of women in decision-making.

Research results on these gender-related dialogues on WASH governance included positive changes in gender relations at the family or household level, including enhanced respect for women, men increasing their role in hygiene-related responsibilities in their home, and reduced violence at the household level. Gender relations at the community level also improved in both locations: Women's efforts to promote community sanitation and health were recognized in the community and their involvement in decision-making improved, including women taking on leadership roles for the first time.

The positive WASH and gender outcomes were achieved due to the use of evidence-based development approaches, the strong commitment of the organization's staff members (both men and women from the local area) to the project, as well as regular engagement and follow-up with the communities involved. In Vanuatu, explicit efforts were made to undertake planning and other project activities at times and in locations that facilitated women's participation in the activities and decision-making. In addition, staff advocated for women's representation on development committees and trained male hygiene promoters. In Fiji, formative research on community attitudes and perceptions related to women's inclusion in water governance contributed to effective adaptation of the approach. Staff also reported that men's engagement and the use of discussions and debates prior to decision-making were critical for allowing women's voices to be heard (House et al. 2014d).

Tools and Resources

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The goal of the Collective Action to Reduce Gender-Based Violence (CARE-GBV) activity is to strengthen USAID's collective prevention and response, or "collective action" in gender-based violence (GBV) development programming across USAID. For more information about CARE-GBV, click here.

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