



MASSACHUSETTS
GENERAL HOSPITAL

GLOBAL INITIATIVE TO END
GENDER-BASED VIOLENCE



GBV Training for Disaster Responders

Seminar 3: Water, Sanitation and Hygiene (WASH)



MASSACHUSETTS
GENERAL HOSPITAL

GLOBAL HEALTH
DISASTER RESPONSE

Water, Sanitation and Hygiene (WASH)

Learning Objectives

Upon completion of this activity, participants will be able to:

- Define WASH and identify relationships between WASH and GBV
- Recognize GBV in the context of disaster and humanitarian crisis settings
- Discuss planning of WASH programs and strategies for GBV prevention
- Understand how to create women-friendly and safe spaces for WASH

Target Audience

This activity is intended for all professionals and students who are currently working or are interested in the fields of global health, humanitarian aid, and disaster relief operations. All participants will have an interest in learning about gender-based violence and developing strategies to address this complex issue in their current or future work and practice.

Course Directors/Speakers

Annekathryn Goodman, MD, MPH - Course Co-Director

Gynecological Oncology, *Massachusetts General Hospital*;
Professor of Obstetrics, Gynecology, Reproductive Biology,
Harvard Medical School

Lynn Black, MD, MPH - Course Co-Director

General Internal Medicine, Associate Faculty, Center for Global Health,
Massachusetts General Hospital;
Assistant Professor, *Harvard Medical School*

Lindsey Martin, NP

Director, Global Disaster Response and Humanitarian Action,
Center for Global Health
Nurse Practitioner, Blake 12 ICU,
Massachusetts General Hospital

Kristen Giambusso, MPH

Deputy Director, Global Disaster Response and Humanitarian Action,
Center for Global Health,
Massachusetts General Hospital

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Agenda

12:00pm	Introductions
12:05	Didactic Review of Material
12:15	Case Study Discussions
12:45	Case Summaries and Conclusions
1:00pm	Adjourn

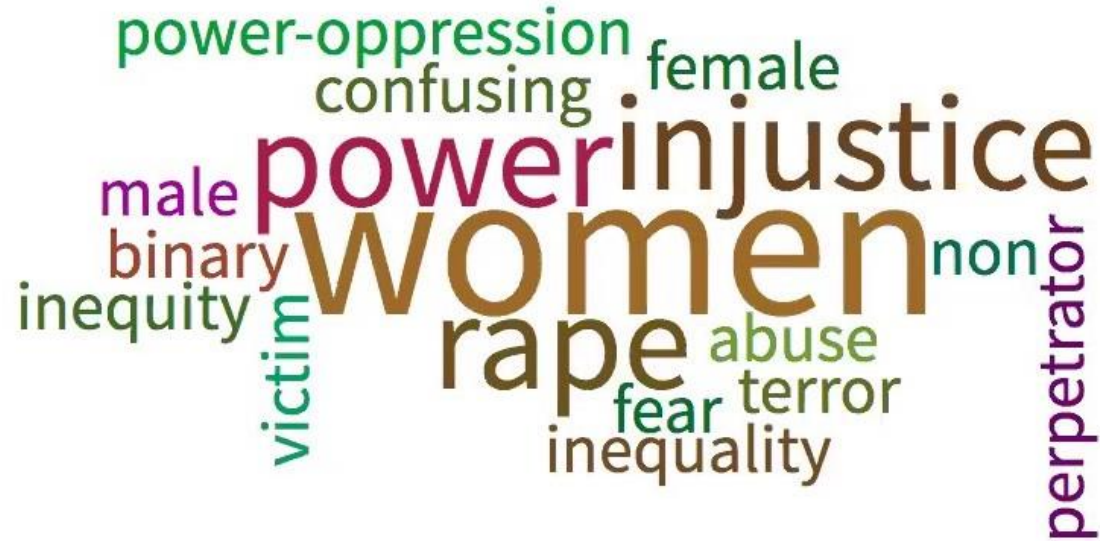
Agenda

1. Quick Summary of Previous Training
2. Cluster system review
3. What is WASH?
4. Case Study

POLL RESULTS

(from previous session)

What words do you associate with “Gender-Based Violence”?



Summary Slide: Session 1 – GBV Screening

GBV takes on **different forms**, including subtle acts with invisible psychological and emotional scars.

Absence of **legal and social frameworks** in disaster settings increases the occurrence of GBV and complicates interventions .

The **four pillars** of screening are:

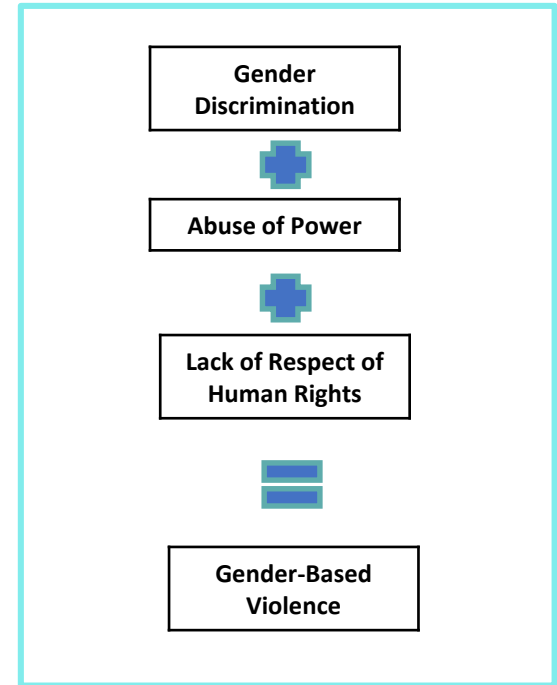
- Confidentiality
- Respect
- Safety
- Non-Discrimination

Screening **systematically** is an important public health intervention

- Should be part of routine disaster response
- Reduces stigma for survivors

Use a screening questionnaire suitable (**tailored to the context and culture**) for the humanitarian crisis and the public you are interacting with.

Only screen after **physical safety** and **privacy** of survivors are established.



Summary Slide: Session 2 – GBV Interventions

A single organization cannot provide all resources, and support may be outside the scope of your organization/team.

Referral System: a coordinated, multi-sectoral response by which a survivor gets access to comprehensive support

Referral Pathway: Flexible mechanisms that link survivors to resources (medical, psychological, security, legal, economical)

How to refer:

- 1) Collect up to date written information on referral resources for care and support,
- 2) Ensure training on how to supportively engage with survivors,
- 3) Abide by safety and ethical standards

A **survivor-centered approach** aims to create a supportive environment in which survivors' rights are respected. It ensures dignity, safety, confidentiality, respect and non-discrimination, and **reinforces survivors' capacity to make decisions about potential interventions**

Psychological First Aid (PFA): Human, supportive response to a fellow human being who is suffering and may need support

PFA Action Plan: **LIVES**

Listen (closely, without judgement)

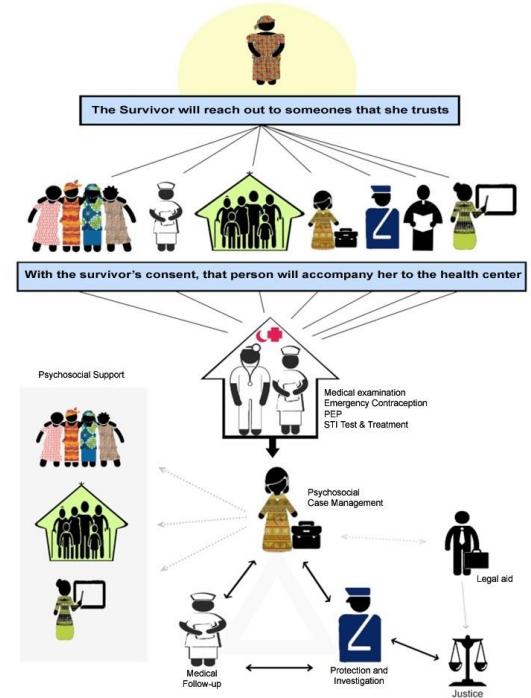
Inquire (about various needs)

Validate (show you understand and believe survivor)

Enhance safety (through a plan to protect from further harm)

Support (by connecting to other resources)

Take care of yourself to
better care for others!



GBV GUIDING PRINCIPLES

Preventing and mitigating GBV involves promoting gender equality and respectful, non-violent gender norms

Safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk must be ensured

GBV related interventions should be context-specific

Participation and partnership are essential for effective GBV prevention

PSYCHOLOGICAL FIRST AID : ACTION PRINCIPLES

PREPARE

- > Understand the context in which you work (conflict, vulnerable groups, etc.)
- > Understand the available services and supports
- > Understand safety and security concerns

LOOK

- > Check for safety
- > Check for people with urgent basic needs
- > Check for people with serious stress reactions

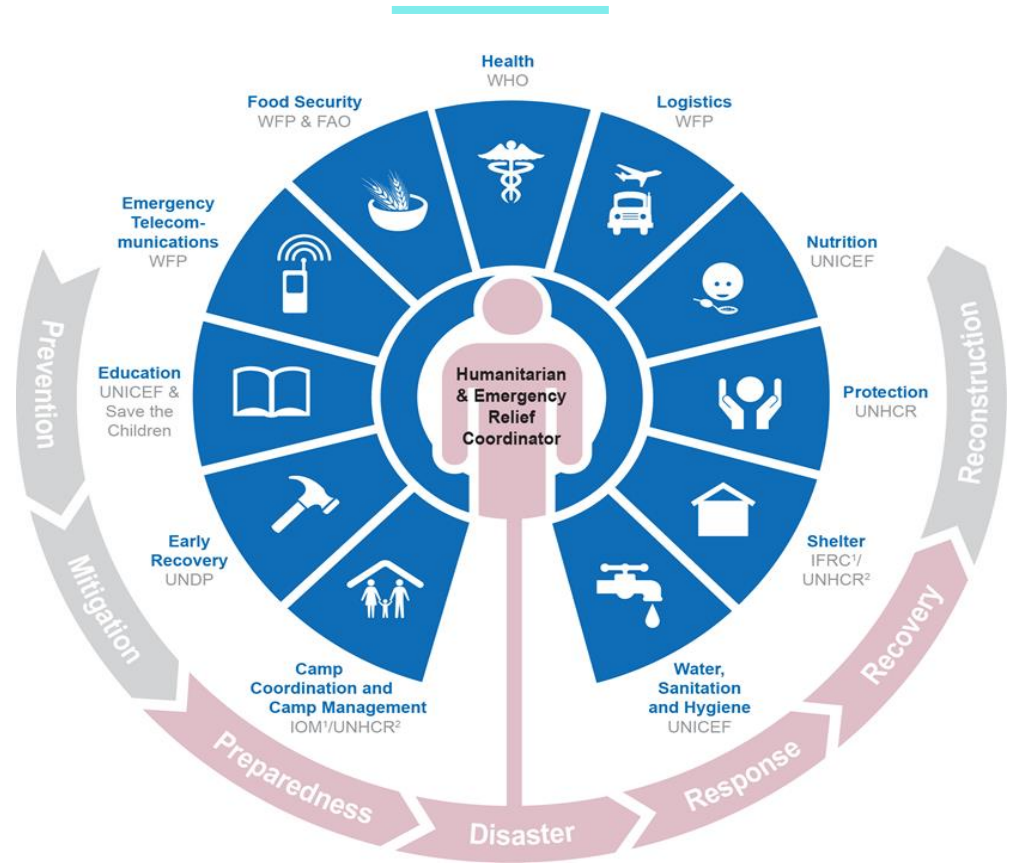
LISTEN

- > Approach people who may need support
- > Listen to people to help them feel calm
- > Do not ask details about GBV
- > Ask about people's needs and concerns

LINK

- > Help people address basic needs and access services
- > Help people cope with problems
- > Give information
- > Connect people with loved ones and social support

The Cluster System



WASH

Water Sanitation and Hygiene

OBJECTIVES

1

To understand the relationship between WASH and GBV

2

Recognize GBV in the context of disaster and humanitarian crisis settings

3

To learn planning of a WASH Program and WASH Strategies for GBV Prevention

Context



Source: <https://www.mercycorps.org/sites/default/files/WASH%20Guidelines.pdf>

CASE STUDY PART 1

Most recent estimates by the EPA suggest at least 15% of the population on the Navajo Nation still do not have access to piped water to their homes.

Residents who lack access to piped clean water must “haul water” from regulated watering points OR from unregulated sources, e.g., livestock wells or natural springs. These unregulated sources are of variable quality and inconsistently provide water. For instance, some are in abandoned uranium mines.

Other water sources contain bacteria, e.g., coliforms like E.coli or life legionella, posing significant threat to the elderly and immunocompromised.

#1 What predictable negative consequences do shared water points have during a pandemic?

#2 What limitations does this pose to basic sanitation?

Women and Girls' Vulnerabilities

Poorly planned WASH infrastructure, insensitive to gender dynamics, ***can exacerbate the risk of GBV***

Lack of clean water and sanitation is not the root cause of gender-based violence, but it increases their vulnerability

Women and girls are disproportionately affected by WASH issues

Vulnerability Examples

Taboos around defecation/lack of
privacy

- Leads to using WASH facilities in the dark
- Increases the risk of harassment and sexual assault

WASH facilities that are limited in
number, distant from homes or
placed in isolated locations
increase the risk of sexual assault
and violence

Disrupted family, social and
communal structures

Discriminatory social, cultural or
religious laws, norms and
practices

Lack of confidence and trust in
social or public institutions

CASE STUDY PART 2

A 73-year-old woman who is the legal guardian for her 3 grandchildren (females 5, 7, 14) lives in a remote area of the Navajo Nation. There are several other family members and residents living on the same plot of land. All the homes lack piped water and share sanitation facilities.

The woman must haul water at least twice per week to ensure adequate access to drinking, cooking, and cleaning water. Normally her nephew will assist her in hauling but during the pandemic has decided to social distance with his family because he has diabetes and has heard he is at high risk.

The closest water point is on a neighboring farm and is unregulated by the Navajo EPA. The next closest is a regulated water point 1 hour from her home and controlled by a non-native religiously affiliated organization that has been doing a “water project” on the Nation for the past year.

#3 What considerations must this woman make as to when, where, and how to collect water?

#4 How does this woman’s lack of access to water increase her overall vulnerability?

WASH PROGRAM: RESPONSIBILITY AND LEADERSHIP

What is the ratio of male to female WASH staff in leadership positions?

- Systems in place for training female staff
- What cultural or security issues may increase the risk of GBV?

Are women and other at-risk groups actively involved in community activities related to WASH?

Are the lead actors in WASH response aware of international standards?

- Mainstreaming GBV prevention
- Mitigation strategies

WASH Program: Cultural & Community Norms & Practices

What are gender and age-related responsibilities related to WASH?

- Water collection, storage, treatment
- Waste disposal and laundry
- Children's hygiene

What are different uses of water?

- Drinking, cooking, sanitation, gardening, livestock

What are the patterns of water allocation among family members and community?

Who makes decisions about water use?

Preferences and cultural habits?

- Different post-defecation cleansing practices
- Washing facilities close to prayer rooms

WASH Program: At-risk Group's Access

- > How does it affect their personal hygiene practices as compared to pre-emergency?
- > What are barriers to using toilets, bathing, collecting water?
 - Lack of privacy, fear of harassment, taboos, etc.
- > Has the crisis created new or additional WASH needs?
 - Physical injuries, trauma
- > How often do women, girls, and other at-risk groups collect water or use WASH facilities?
 - Time of the day and time spent traveling
- > Do they exacerbate the risk of exposure to GBV?
- > Are WASH related responsibilities barriers to school for children?

WASH Program: Infrastructure

- What is the current source of water?
- In situations where water is rationed or pumped at given times
 - Timing is convenient & safe?
 - Availability of enough water points?
 - What is means of transporting water? Who is given access?
- If trucking water, are drop-off points convenient and safe?
- What is distance to water points, toilets and other WASH facilities?
 - System of safety patrolling or community surveillance

Two Working Groups Made up of Partners and co-chaired by WHO and international NGO



ARE WASH FACILITIES SECURE?

Lighting, privacy, doors with locks; Family latrines;
Separation of facilities by gender



WHAT TYPES OF SANITARY SUPPLIES AND HYGIENE MATERIALS FOR MENSTRUATION ARE AVAILABLE?

Are materials available and supplied regularly?
Does the timing of distribution put women at higher
risk?

Adequate mechanism for cleansing and disposal?
Types of supplies required by female and male survivors
of sexual assault?

WASH Program: Communication and Information Sharing

Have WASH staffs been trained on following issues?

Gender issues, GBV, women/human rights

To support survivors in ethical, safe and confidential manner

Do WASH-related outreach activities improve awareness on general safety and GBV risk reduction?

Age, gender, and culture sensitive

Survivor rights, reporting incidents and accessing care

Male community leaders involved in information mobilization

Discussion forum?

Accessible to women, girls and other at-risk groups

Structure of WASH Cluster

UNICEF leads WASH coordination in humanitarian crises.

For more details on structure, roles and decision-making:

<http://washcluster.net/sites/default/files/inline-files/GWC%20Working%20Arrangement%20Revision-2017.pdf>

Strategic Advisory group: 3 INGOs, 1 International Organisation, 1 UN , UNICEF as CLA, 1 Representative of national cluster coordinators

The Cluster Advocacy and Support Team (CAST): Global WASH cluster Coordinator and Deputy

FST consortium (ACF, Oxfam, NCA (Consortium lead), REACH, Solidarite International, SDC): 10 FST

Assessment Technical Working Group

Market Based Programming Technical Working Group

Global WASH Cluster Partners (INGO, UNs, Research centre, Universities, foundations, etc...): 73 members

Global WASH Cluster: Resources

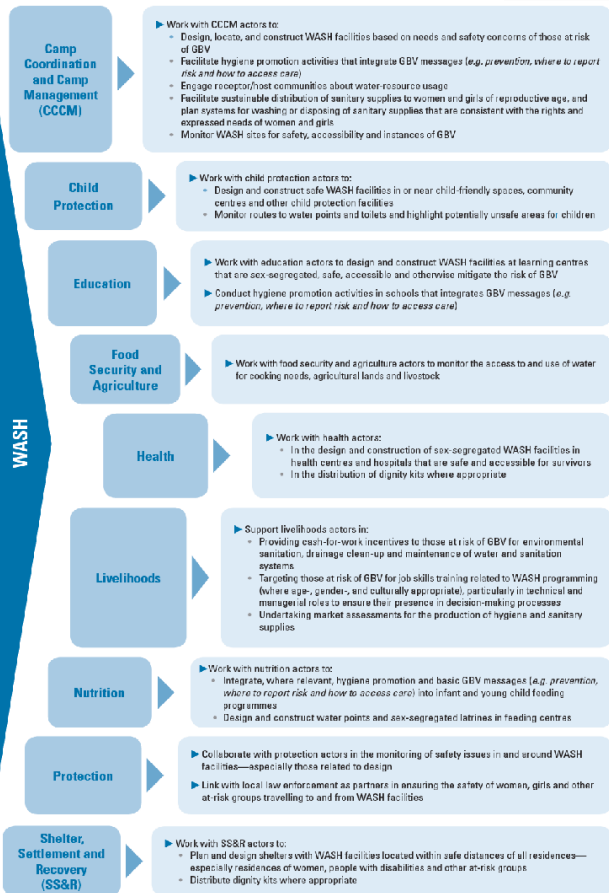
- ❓ WASH Coordination Toolkit is a collection of resources to support an effective coordination during an emergency response.
 - <https://washcluster.atlassian.net/wiki/spaces/CTK/overview>

- ❓ WASH Cluster Resource Center
 - <https://wrc.washcluster.net/search>

WASH Coordination

COORDINATION

WASH



WASH STRATEGIES

Involve women and other at-risk groups in the planning and implementation of WASH programs (ideally 50% representation)

Potential tensions due to attempt in changing women's role in the community

Improve the accessibility and availability of water for women and other at-risk groups

Water points less than 500m from the households (Sphere standards)

If water is rationed/scheduled: timing/location safe and convenient for women, girls and at-risk groups; ensure they are well-informed of the schedule

Maximize the safety, dignity and privacy of WASH facilities

Construct age, gender and culturally sensitive WASH facilities

Toilets \leq 50 m away from household/ \leq 20 people per toilet (Sphere standards)

Ensure adequate lighting inside/outside WASH facilities/provide torch lights

Family-based or sex-segregated toilets/bathing facilities, clearly labelled with texts and pictures, with sturdy internal locks, privacy fencing and other safety measures

WASH STRATEGIES CONT.

If WASH facilities are distant from households, plan safety measures: safety patrol, escort system, surveillance system, etc.

Consider provisions at households if vulnerable groups feel unsafe to use WASH facilities after hours (potties, bucket latrines, etc.)

Transgender men/women may experience resistance while using shared WASH spaces

Consults with local LGBTIQ organizations and WASH experts
Separate WASH facilities if permitted by national law and local culture

WASH STRATEGIES CONT.

Ensure dignified access to hygiene products

Culturally acceptable materials for
absorption and disposal of menstrual
blood

Distribute menstrual hygiene and sanitary
supplies at regular interval

Ensure convenient distribution process and
timing to reduce the risk of GBV

Dignified/confidential access to
incontinence pads for female
and male survivors suffering
from urethral, genital and rectal
damage

CASE STUDY PART 3

Due to the pandemic, strict curfews and travel restrictions are imposed on the residents of Navajo Nation. They can only travel for essential purposes, including water hauling between 6am and 8pm each day, and are asked to remain on “lockdown” for the entire weekend.

#5 Who are the main actors in regulating access to water on the Navajo Nation? What power dynamics are in play?

#6 If you were put in charge of a project to deliver water to those facing water insecurity during the pandemic, how would you design your project? What cultural practices would you consider most vulnerable? What populations would you target? Who would you partner with?

#7 What new or additional WASH needs are created by the pandemic?

Unfortunately, this woman develops moderately severe symptoms of COVID-19, requiring hospitalization at the regional health facility, which is a 1-2-hour drive away. Her 3 grandchildren must relocate to their uncle’s home to live with several unfamiliar family members. They are unable to return to school and must help the family to haul water and secure food.

#8 What major issues do you see in this scenario? Are they at increased risk of GBV? How is this similar or different from other contexts you have encountered (International? Sudden onset?)?

#9 How will this insecurity complicate the disposition of the grandmother when she is ready to be discharged?

CONCLUSIONS

People require spaces where they can bathe in privacy and with dignity.

If this is not possible at the household level, separate central facilities for men and women should be planned.

The number, location, design, safety, appropriateness and convenience of facilities should be decided in consultation with the users, particularly women, adolescent girls and persons with disabilities.

GBV survivors require exceptional access to WASH facilities as a result of urethral, genital and/or rectal traumas.

Items such as incontinence pads, should be dispensed in confidential and non-stigmatizing manner.

The location of facilities in central, accessible and well-lit areas with good visibility of the surrounding area can contribute to ensuring the safety of users.

References

- <https://www.refworld.org/pdfid/563713544.pdf>

Thanks!

**Next session on Sexual Exploitation and Abuse by Aid-Workers
is tentatively scheduled for February 16, 2021.**

For more information, contact agoodman@mgh.harvard.edu