

WASH MATCHING MATRIX


Risks, Barriers, GBVRM Measures and Matching Indicators.





Background



This matrix was developed – based on requests from multiple cluster coordination teams in the field – to help match barriers and risks faced by women and girls with concrete GBV risk mitigation measures and indicators. The information below is not an exhaustive list of risk mitigation interventions. Rather, it captures examples that were collected during the UNICEF-led clusters' HPC review exercise in 2021. This is a working document that will be continuously reviewed and updated.

How to use the matrix

Cluster coordination teams and/or GBV focal points in countries can use the matrix when developing their humanitarian needs overviews (HNOs), humanitarian response plans (HRPs); assessments; M&E processes/tools; funding allocation criteria; and cluster capacity building plans. The matrix should be used in conjunction with other core tools identified in the HPC toolkit for GBV risk mitigation (AAAQ, safety audits, tip sheet on consultations with women and girls, etc.). It can also be used to generate in-country reflection on GBV risk mitigation, identify priority needs/gaps in this area, etc.

Risks, barriers and other concerns with potential linkages to GBV	Possible GBV risk mitigation measures	Corresponding indicators
 <p>Sub-standard WASH facilities. Examples:</p> <ul style="list-style-type: none"> • Lack of privacy/safety in WASH facilities (e.g. lack of lighting, doors, locks). • Lack of gender segregated/sensitive facilities. • Poor or unsafe access to facilities. <p>» These concerns can exacerbate open defecation and increase protection concerns.</p>	<ul style="list-style-type: none"> ✓ Consultations with women and girls on barriers and risks in accessing WASH facilities. ✓ Safety audits; GBV risks analysis; AAAQ framework. ✓ Improvement / tailored design of infrastructures and facilities to increase safety and privacy (adding locks, lights, doors, etc.). ✓ Gender-balanced and inclusive WASH committees to ensure adequate operation and maintenance of facilities. ✓ Gender-segregated latrines. ✓ Collaborations and consultations with other sectors to identify safe placements of WASH sites (e.g. education for schools). ✓ Working with women-led organizations to identify barriers and opportunities. ✓ Training of WASH staff on GBV guidelines/PSEA. ✓ GBV referral pathways available for sites; working closely with GBV specialist/sector. 	<ul style="list-style-type: none"> ① #/% of women and girls consulted in design, implementation, and M&E of WASH facilities. ① #/% of sites with WASH safety audit conducted. ① #/% of people with access to improved WASH facilities (disaggregated by sex and age). ① #/% of gender-segregated facilities; %of affected population with access to gender-segregated sanitation facilities. ① # of WASH staff trained on GBV risk mitigation, including how to safely and appropriately respond to a disclosure of GBV.

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 <p>Distance to water points and insecurity on the way (related to social norms). Examples:</p> <ul style="list-style-type: none"> • Remote locations or barriers that increase time spent fetching water. • Unsafe placement of facilities/water points. • Lack of containers for water storage, increasing trips to water points and exposure of girls/women. 	<ul style="list-style-type: none"> ✓ Placement of water points identified after GBV risk analysis, safety audit, or focus group discussion led by female staff. ✓ Gender-balanced and inclusive water committees to ensure adequate operation and maintenance of facilities. ✓ Distribution of water storage containers. ✓ Partnerships with women-led organizations to identify barriers and opportunities. 	<ul style="list-style-type: none"> ① #/% of women and girls consulted in design, implementation, and M&E of water points. ① #/% of water points placed in consultation with women and girls. (See SPHERE standards). ① #/% of women and girls actively participating in water committees. ① #/% of sites with WASH safety audit conducted. ① #/% measures identified through safety audits implemented.
 <p>Social norms / gender roles exacerbating risks faced by women and girls. Example:</p> <ul style="list-style-type: none"> • Expectations towards women and girls to fetch water. 	<ul style="list-style-type: none"> ✓ Partnerships with women-led organizations to identify barriers and opportunities. ✓ Cooperation with Gender/GBV specialists to identify underlying causes and drivers of GBV, as well as entry points to advance more gender-equitable norms. 	<ul style="list-style-type: none"> ① # of women-led organizations engaged/trained; # of partnerships between WLOs and cluster/AoR; # of WLOs actively engaged in clusters/AoR's work. ① # of women, men, girls, boys reached with key messages on social norms.
 <p>Lack of MHM (access, content, knowledge). Examples:</p> <ul style="list-style-type: none"> • Poor or limited access to MHM knowledge and products triggering unhygienic practices and exacerbating vulnerabilities to diseases and infections. • Items of dignity kits not appropriate to contexts/not reflecting what women and girls want. 	<ul style="list-style-type: none"> ✓ Hygiene promotion and awareness mainstreamed across sectors. ✓ Distribution of dignity kits. ✓ Training of women/adolescent girls to produce and sell sanitary pads (resilience focus). ✓ Consultations with women and girls on content of hygiene/dignity kits. ✓ Partnerships with women-led organization on sustainable MHM strategies. 	<ul style="list-style-type: none"> ① # of dignity kits distributed to women and girls; # of women and girls who received such kits. ① # / % of women and girls consulted. ① # of partnerships with WLOs. ① # of women/ adolescent girls benefiting from Menstrual Hygiene Management promotion education and support. ① # of women/adolescent girls trained in pads production/selling. ① #/% of women and girls consulted in design, implementation, and M&E of MHM.
 <p>Lack of women participation in WASH activities.</p>	<ul style="list-style-type: none"> ✓ Consultation of women/girls in WASH activities, facility design, programs design etc. ✓ Involvement of women/girls in crucial program roles to ensure their participation (via management, focus group leaders, committees etc). ✓ Work with women-led organizations. ✓ Prioritization of female recruitment in WASH sector. 	<ul style="list-style-type: none"> ① # / % of women and girls consulted. ① # of partnerships with WLOs. ① % of female recruitment in WASH.

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	<p>Poverty / economic hardship. Examples:</p> <ul style="list-style-type: none"> • Women of lower socio-economic status disproportionately affected by protection concerns due to increased distances to water points/WASH services. • Inability to afford hygiene items. 	<ul style="list-style-type: none"> ✓ Joint programming with CASH programs. ✓ Construction of water points that consider women's and girls' realities through safety audits and consultations. ✓ Placement of WASH services chosen after GBV risk analysis, safety audit, or focus group discussion led by female staff. ✓ Training of women and adolescent girls to make and sell sanitary pads, soaps and other hygiene items. ✓ Partnerships with women-led organization on sustainable MHM strategies. 	<ul style="list-style-type: none"> ① # of sites where safety audits were conducted and that led to improved programming. ① # / % of women and girls consulted. ① # of partnerships with WLOs. ① # of women trained in making sanitary pads.
	<p>Insecurity / conflict / displacement. Examples:</p> <ul style="list-style-type: none"> • Long queues for water services in drought-affected areas increasing exposure of girls and women to risks of violence. • Lack of privacy/safety/dignified access to WASH facilities in displacement camps. • Risks related to humanitarian workers. 	<ul style="list-style-type: none"> ✓ Risk sensitive programming and consultation with communities. ✓ Water committees including women. ✓ Placement of WASH services chosen after GBV risk analysis, safety audit, or focus group discussion led by female staff. ✓ Gender-balanced teams to monitor rush hours at water sites. ✓ PSEA training for WASH staff, and PSEA mechanisms in place. 	<ul style="list-style-type: none"> ① # of WASH staff (m/f) trained in PSEA. ① # of PSEA mechanisms in place.



[Link to more detailed descriptions of country examples/
good practices from the 2021 HPC.](#)