

# VIOLENCE GENDER & WASH

## A PRACTITIONER'S TOOLKIT

Making water, sanitation and hygiene safer through improved programming and services

## Toolset 3-B

Linking WASH and protection

### TS3-B-1 – Linking water, sanitation, hygiene, health and protection: Democratic Republic of the Congo

<b>Context</b>	<p>The programme was initially undertaken in Beni District of North Kivu Province, in the Democratic Republic of the Congo (DRC). The district has large numbers of internally displaced populations due to inter-ethnic conflicts in Ituri District. Sexual violence is a common tragedy facing women and children in DRC, including risks for the transmission of HIV. WASH-related diseases are also commonplace, with limited access to safe water and sanitation. Links between sanitation and gender-based violence became apparent due to lack of private latrines. Women faced no choice but to find private places to defecate, often at night and a considerable distance away from their homes, increasing their risk to sexual violence. Women also faced violence including rape when collecting water from springs outside of the village.</p>
<b>Implementing organisations</b>	<p>Programme de Promotion de Soins Santé Primaires (PPSSP), a partner of Tearfund, which was created in 2002 from a consortium of three faith-based organisations: Evangelical Medical Centre of Nyankunde, the Evangelical Community at the Centre of Africa, and the Panafrican Institute for Community Health.</p>
<b>Description of good practices</b>	<p>The programme was initially implemented in 2009/10 as a pilot in 17 or 18 communities, which had an average of 50 to 70 households per village. However following its success, the integration of the WASH, protection and other elements are now also being implemented into all PPSSP-supported projects in other districts.</p> <p>The programme included three areas of focus:</p> <ul style="list-style-type: none"> <li>• <b>Health</b> – Focused on preventative measures including community-based nutrition, reproductive health, school medicine, HIV/AIDS prevention, endemic and epidemic disease prevention.</li> <li>• <b>Water, sanitation and hygiene (WASH)</b> – Focused on water source protection and improvement; construction of basic sanitation infrastructure and showers and washing basins in public places (such as schools, hospitals, health centres, markets); and promotion of household sanitation, all accompanied by health promotion. Waterpoint committees were also established.</li> <li>• <b>Protection and trauma counselling</b> – Protection committees were established involving men, women, a community leader, church members, a representative from the local authority and the police. Their aim was to raise awareness on sexual violence and its impacts in the community, connecting GBV and HIV/AIDS, denouncing any abuses of human rights and sharing knowledge on how people can protect themselves. They also formed the first point of contact in the community for rape allegations and assisted, with the help of PPSSP, to get medical and psychological help for the person who had experienced violence and in getting the local judiciary involved.</li> </ul>

Linkages between the WASH and protection elements:

- The WASH (9 members) and protection committees (12 members) sometimes have some of the same members on each. These include 'link people', who are volunteers working on health issues in the community such as sanitation and hygiene promotion. Each committee is made up of approximately of the same numbers of women and men.
- Behaviour change awareness interventions include: sanitation and hygiene, public health issues, human rights awareness, gender-based violence awareness and HIV/AIDS awareness. These are discussed in the same sessions as part of a participative process. For example when discussing WASH, high-risk times for GBV are highlighted, such as when collecting water or using toilets, and strategies are debated as to how to reduce the vulnerabilities. Gender roles and responsibilities with respect to WASH are also discussed, and how these heighten risks for women and girls; men are encouraged to assist with these tasks.
- Communities where women and children are most vulnerable to GBV are prioritised for programme support, including psychosocial, WASH and health support.
- Women are involved as a fundamental part of all processes, including identifying the springs to be protected and as members of waterpoint committees and protection committees. Their views are listened to the most when siting household latrines and identifying which way the door should face. Households used to prefer their latrines to be further away from houses, but because of the vulnerabilities to GBV they have started bringing them nearer – to around 10 to 15 meters from the house; they are also tending to no longer locate them at the back of the house, where it would be easier for GBV to occur.
- The protection committee makes recommendations to reduce vulnerabilities related to WASH, and also monitors the facilities. The water committee ensures that the water facilities are managed and kept in good order. WASH and GBV-related interventions include: recommendations made that women and girls should not go to the waterpoint alone; monitoring the pathway to the waterpoints (springs), ensuring that long grasses and bushes are kept cut down and the paths remain clear; the protected spring is fenced off to keep animals out and to make the area safer for women and girls to use while waiting for containers to be filled; if someone does enter the fenced area, the design of the fencing is such that there is a gap left in addition to the main entrance so that a woman or girl can escape if necessary. In some places where springs are found in an area above the village, pipes were installed to bring the water nearer to the village to protect women and young girls from sexual violence. This technique is more expensive than ordinary spring protection, but was much more valuable in terms of GBV risk reduction than the alternative.



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Left: Spring before protection

Right: The gap in the fence with the plank is the second exit from the waterpoint

	<ul style="list-style-type: none"> <li>• The programme activities and issues raised are also discussed with the General Assembly of the village so that everyone is aware of the vulnerabilities.</li> <li>• Refer to the two checklists at the end of this document to see how the protection elements are assessed and monitored.</li> </ul>
<b>Results</b>	<ul style="list-style-type: none"> <li>• There has been an increase in use of household latrines, with a number of communities becoming open-defecation free; an increase in the number of people using improved water sources; and an increase in the positive hygiene behaviours being practiced.</li> <li>• Some men are now helping to collect water instead of leaving the task to their wives and daughters.</li> <li>• Survivors of sexual violence have increased confidence to speak out.</li> <li>• Seventy per cent of women said that they could now express their views and actively participate in decision-making in community meetings.</li> <li>• Community mechanisms have been put in place to discourage early marriage; domestic violence has decreased; child rapes are now being reported; and all survivors of rape are receiving medical and psychosocial support.</li> </ul>
<b>Challenges</b>	<p>The programme areas remain highly insecure, especially where there are militia in the area. While there are risks of violence by the militia, there are also high risks of violence from civilian perpetrators. People are sometimes frightened of reporting human rights abuses, because of the possible implications of retribution. But even with these challenges, women have become much more confident in speaking out. The PPSSP staff and the protection committees have also been trained in protection and handle cases confidentially, including where information on abuses by the militia is reported.</p>
<b>Lessons</b>	<ul style="list-style-type: none"> <li>• Integrating WASH, health and protection programmes can have a range of positive impacts. Such impacts have resulted in this approach now being replicated in other areas.</li> <li>• Participatory discussions on issues around WASH and violence are valuable and can lead to the development of community-based strategies to reduce the risks.</li> <li>• Careful design and attention to maintenance of waterpoints (appropriate fencing, cleared pathways, a good flow of water) and appropriate siting of latrines relative to houses, can help to reduce vulnerabilities to violence.</li> <li>• The involvement of women in all aspects of the programme and with programme support has given them increased confidence to speak out about the abuses they are facing.</li> </ul>
<b>References/links</b>	<p>Programme de Promotion des Soins de Santé Primaires and Tearfund (2011) <i>Hope out of Conflict – How sanitation plays a vital role in protecting women and children from sexual violence in the Democratic Republic of Congo</i>. DRC: Programme de Promotion des Soins de Santé Primaires. (<a href="#">on USB stick</a>)</p>

### Protection mainstreaming checklist – WASH

Evaluated area: \_\_\_\_\_ Name of the village or site assessed: \_\_\_\_\_

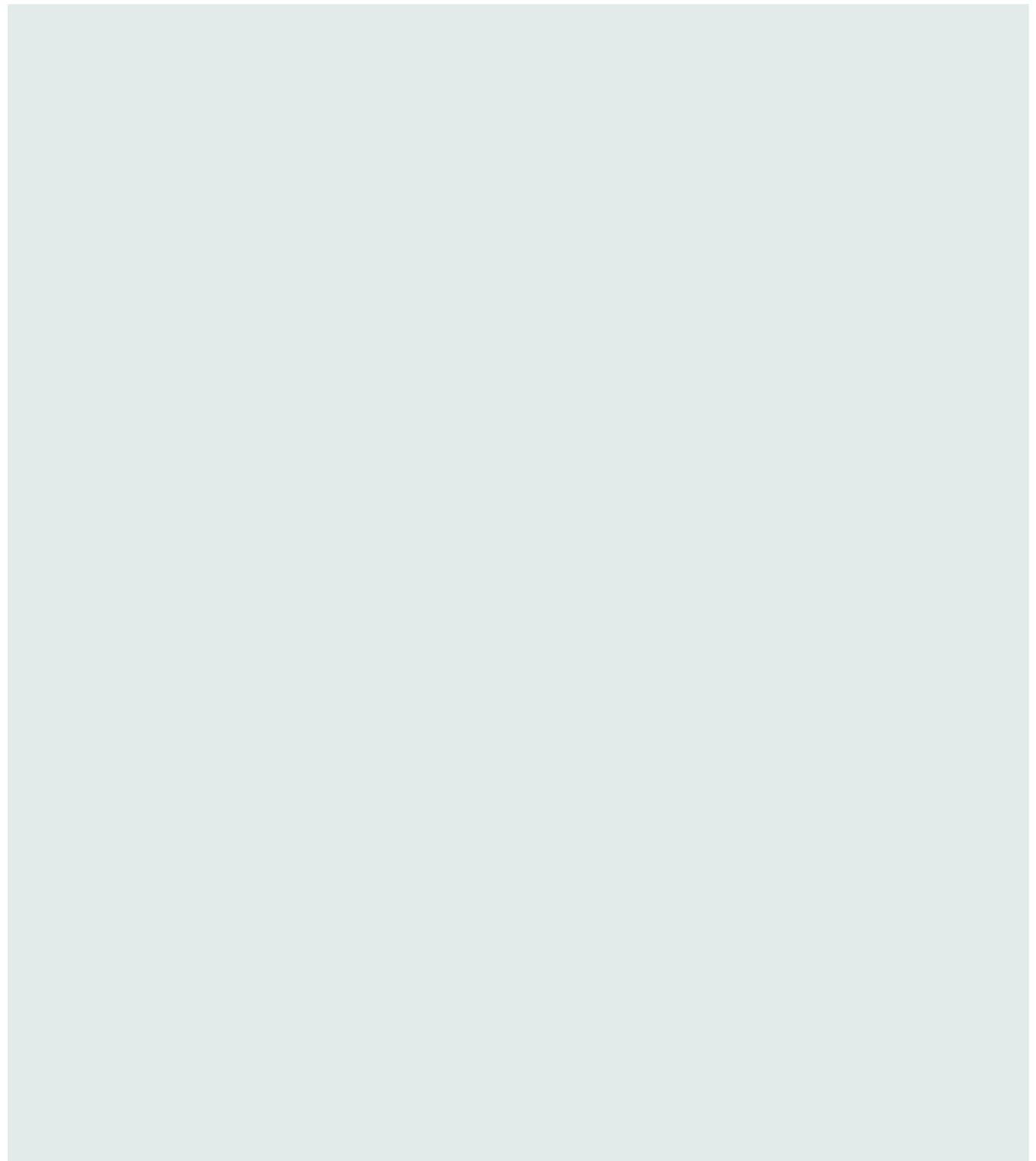
Date: \_\_\_\_\_

Name of the person making the assessment: \_\_\_\_\_

Criteria	Good		Bad	Comment
	3	2	1	
Girls and women, as main users of health infrastructure, are specifically involved in the choice of the type of facilities, as well as their location				
There are separate male/female focus groups and consideration of proposals by women				
Women have been involved in decisions concerning construction				
The provision of a waterpoint does not create tensions between communities and villages, displaced people (IDPs) and host families, or between returning people and indigenous communities				
There is no discrimination in access to water for specific groups, displaced people or returning people				
Beneficiaries are not required to pay or provide other services before accessing water that is provided for free by aid				
Women and members of the community are systematically consulted to decide on the location of waterpoints				
Access to water does not expose people (particularly women and children) to attacks, harassment or violence				
The most vulnerable have access to water				
Is there someone who prevents access to water?				
Are there armed men near waterpoints? Observe whether armed men use water or ask children to collect water for them				
The waterpoint committees monitor and report all threats observed at waterpoints. Waterpoint committees are trained to report problems				
The water collection points are close enough to where IDPs live				
There is respect for the separation of latrine blocks, and a maintenance committee exists that includes men and women				
Observe whether access to water creates tensions between communities				
Latrines are separated by sex				
Showers and latrines address the need for privacy and security of women and men and have an internal lock				
Overall, are beneficiaries satisfied with the works?				

Protection monitoring tool – WASH, Gender, HIV

1. Protection	Less safe			Safer			Observation
	Men	Women	Total	Men	Women	Total	
Feeling of security							
What are the threats that you know of around the WASH installations and in the community?	Threats	No of cases/ frequency/ perpetrators	Vulnerable people	Comments and observations			
What do you do when faced with these threats/self-protection mechanisms?	Threats	Protection mechanisms		Comments and observations			
<b>2. Gender</b>							
Who are the members of:	Men	Women	Total	Observations			
WASH committee							
Local leaders							
Local paid attendants/operators							
Who participated in the site selection and planning of this installation?							
<b>3. HIV/AIDS</b>							
Quote methods of prevention of HIV and STIs that you know							
Who knows where to get an HIV test?							



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