



Closing the Gender Gap in the Humanitarian Water, Sanitation and Hygiene Sector in South Sudan

Abridged Research Report

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The authors of this report are Kate Denman and Leigh-Ashley Lipscomb. Kate is an independent researcher and trainer working in international development and humanitarian practice, specializing in gender, inclusion, gender-based violence (GBV), capacity-building, and using creative participatory practices for attitudinal and behavioural change. Kate holds an MA in Education, Gender, and International Development and has worked in numerous countries, including the Syrian Arab Republic, Lebanon, India, the Bolivarian Republic of Venezuela, the United Republic of Tanzania, Sudan and South Sudan.

Leigh-Ashley is a GBV specialist and humanitarian professional. Previously she was the GBV sub-cluster Coordinator in South Sudan from 2016-2017, collaborating with sub-cluster members and the Camp Coordination and Camp Management Cluster (among other clusters) to enhance implementation of the Interagency Standing Committee GBV guidelines.

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Publisher: International Organization for Migration
17 route des Morillons
P.O. Box 17
1211 Geneva 19
Switzerland
Tel: +41 22 717 9111
Fax: +41 22 798 6150
E-mail: hq@iom.int
Website: www.iom.int

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Abstract

This Cluster-wide study in South Sudan examines the gender gap in women's participation in the WASH sector at leadership, technical and community levels, and identifies how to create better conditions for equitable participation to occur. The paper identifies barriers and good practice in South Sudan, and provides a list of key recommendations for Water, Sanitation and Hygiene (WASH) Cluster and its members, Gender-Based Violence (GBV) Sub-Cluster, individual agencies WASH Programmes, Human Resource departments and security advisors. This is an abridged version of the full report.

Kate Denman, Leigh-Ashely Lipscomb on behalf of the International Organization for Migration and RedR United Kingdom (UK)

Abridged version March 2020

Original report March 2019

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List of Acronyms

AAP	accountability to affected populations
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CRSV	Conflict-Related Sexual Violence
DFID	United Kingdom's Department for International Development
GBV	gender-based violence
GBV SC	Gender-Based Violence Sub Cluster
HCT	Humanitarian Country Team
HIV	Human Immunodeficiency Virus
HR	Human Resources
HR WG	Human Resources Working Group
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
IOM	International Organization for Migration
INGO	International Non-Governmental Organization
KIIs	Key Informant Interviews
MHM	menstrual hygiene management
NNGO	National Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OPDs	Organizations of Persons with Disabilities
PEP	Post-Exposure Prophylaxis
PGDs	Participatory Group Discussions
POC	Protection of Civilians
PSEA	Protection from Sexual Exploitation and Abuse
SEA	Sexual Exploitation and Abuse
SSP	South Sudanese Pounds
TWG	Technical Working Group
STIs	Sexually Transmitted Infections
UNCT	United Nations Country Team
UNMISS	United Nations Mission in South Sudan
UNDSS	United Nations Department for Safety and Security
USD	United States Dollar
WASH	water, sanitation, and hygiene
WASH DoG	Water, Sanitation, and Hygiene Donor Group
WHO	World Health Organization



Women and men hand pump mechanics work together to repair a borehole in Wau, Western Bahr el Gazal, South Sudan. ©IOM 2020 / Andreea CĂMPEANU

Introduction

In order to deliver effective water, sanitation and hygiene (WASH) services to more than three million people in need in South Sudan,¹ humanitarians and agencies must actively support more women to enter the WASH sector at all levels; only then will WASH programming effectively meet the needs of different genders. Improving women's participation in the WASH sector puts existing policy into motion and fulfils commitments made by the WASH Cluster in the South Sudan Humanitarian Response Plan (HRP) and the Inter-Agency Standing Committee (IASC) standards.

Guided by a commitment to ensure gender equality and promote women's empowerment, the International Organization for Migration (IOM) identified persistent challenges with implementation of such commitments. As a response, in 2019, IOM and RedR United Kingdom (UK) carried out field research to examine the participation of women in the WASH sector in South Sudan. Specifically, the research looked at how and why better conditions can

and should be created to promote equal participation for women within this sector at the leadership, technical, and community levels. The United Kingdom's Department for International Development (DFID) funded the project.

This research² emphasizes the role women play as active participants in humanitarian assistance, rather than examining their engagement from the perspective of passive "beneficiaries". The research examines current initiatives, challenges, and opportunities to enhance women's participation. **The core question for this research was: What factors impact women's ability to actively participate in the provision of humanitarian WASH services in South Sudan in paid and unpaid roles, and how can these factors be addressed in a practical, conflict-sensitive manner?**

The current WASH sector commitments to women's participation are:

South Sudan HRP 2020:
Sectoral Objective 4: Mitigate WASH-related GBV based on safety audits conducted by female staff with women, girls and children for WASH activities adequately planned.

IASC Gender Handbook WASH:
Identify opportunities to challenge structural inequalities between women and men, and to promote women's leadership within the WASH programme.

South Sudan accountability to affected population (AAP) WASH Checklist:
2.7 Partners have agreed strategic actions or policy to improve equity of women WASH staff and community members in WASH programming.

IASC gender-based violence (GBV) Guidelines for WASH:
Involve women and other at-risk groups as staff and leaders in the siting, design, construction and maintenance of WASH facilities and in hygiene promotion activities.

¹ South Sudan Humanitarian Response Plan 2020 www.humanitarianresponse.info/en/operations/south-sudan/document/south-sudan-2020-humanitarian-response-plan-12-dec-2019.

² This version is an abridged version of the full research report. A *Programme Guide*, created as part of this research, further supports staff and agencies to implement the recommendations.

Research Methods

IOM and RedR UK conducted this research with the endorsement of the South Sudan WASH Cluster and Gender-Based Violence Sub-Cluster (GBV SC) from November 2018 to March 2019. A total of 366 respondents participated in the research through various data collection methods, including Key Informant Interviews (KIIs), Participatory Group Discussions (PGDs), surveys of South Sudanese students in the public health and engineering departments at universities in South Sudan and Uganda, and an online survey of staff³ working in the WASH sector in South Sudan.

Type of respondent	Women	Men	Of the total persons with Disabilities
University Students in Public Health and Engineering Departments survey respondents	52	82	2 (women)
WASH Sector survey respondents	30	55	1 prefer not to say
Key Informant Interviews	17	20	2 (1 women, 1 men)
PGD respondents	63	61	10 (4 women, 6 men)
Overall percentages	43%	57%	4%

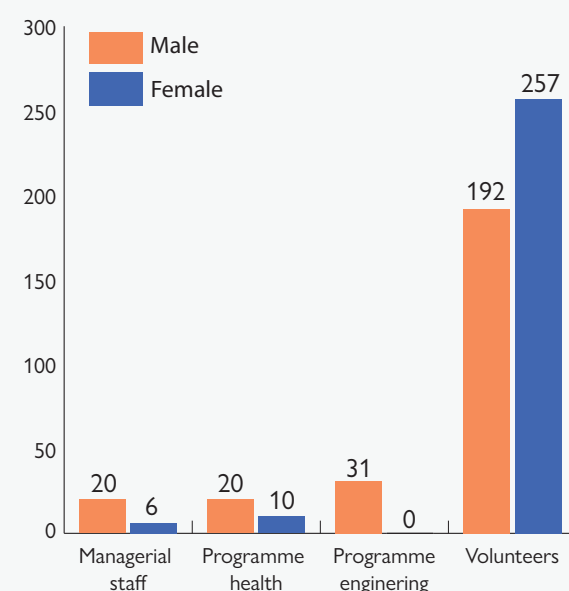
A qualitative approach to the research included a ‘photo dialogue’ that enabled the exploration of sensitive subjects and facilitated in-depth discussions around experiences, perceptions of others and self in relation to opportunities, violence, and identity among participants. Researchers also analysed secondary sources and primary documents, such as job advertisements and workplace communications.

Gaps

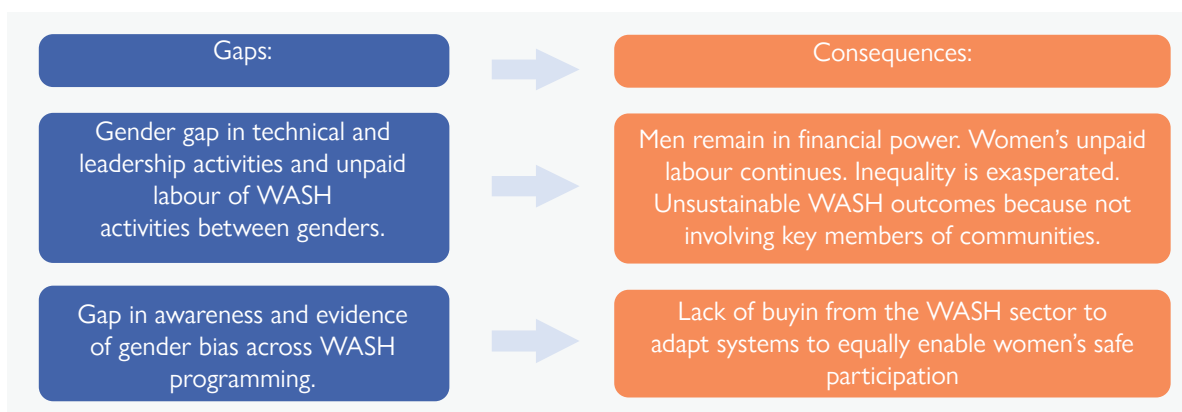
Women’s involvement in the WASH sector in South Sudan appears to be growing, but there is a significant gender gap in their representation and ability to participate equally across the different job categories and between field and headquarters level. Women are under-represented in higher level and higher paid positions. While expansive data is not available across the sector, a snapshot can be seen through the analyses across three different organizations (see figure 1). There are over triple the number of male managerial staff when compared to females, and no female staff within the engineering programmes, yet, 33 per cent more female volunteers when compared to male. In addition, when analysing a snapshot of WASH workers for one WASH organization at a field site, it was found that there were no women employed on the higher paid rationalized contracts.

The insufficient data collection systems to monitor and promote the equal participation of women across the WASH sector, and the lack of evidence of such participation, contributes to the gender gap.

Figure 1: Gender breakdown of WASH teams across 3 humanitarian organizations



³ The surveys for WASH staff and University students were collected through the Kobo application using smart phones with the questionnaire pre-loaded. IOM enumerators supported translation (where necessary) and directly collected data at the University.



Barriers to Women's Participation in WASH

The inequitable environment created by barriers limits women's ability to enter, sustain, and progress in employment in the WASH sector. Based on the data collected, the research identified barriers across three levels; structural, institutional, and individual – often with overlaps between the three categories.

The charts below (figure 2 and 3) highlight the top barriers faced by women working in WASH, identified by WASH staff and community and site-level discussion groups.⁴

Figure 2. Most frequently identified "Top 3" barriers to women working in WASH in Online Staff Survey (n=84 persons, 29 female, 55 male)

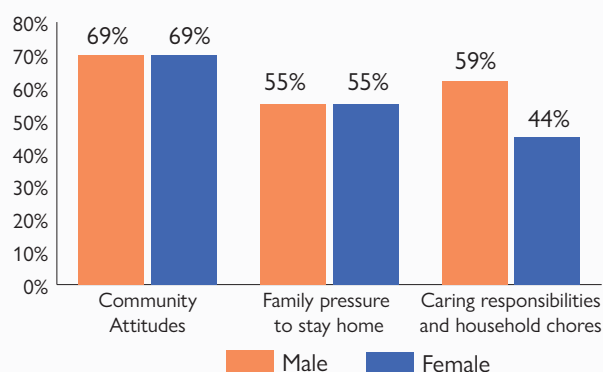
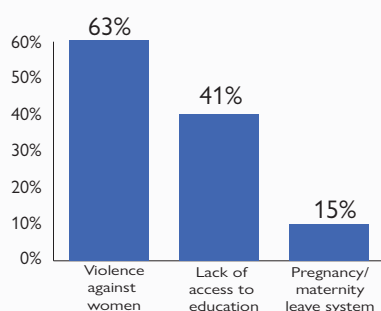


Figure 3. Barriers to women working in WASH frequently cited by community and site-level discussion groups (n=68 persons, 40 female, 28 male)



Participatory focus group discussion on who is mostly likely to work in the WASH sector - discussing gender, age and disability. @IOM 2018 / Anis SARWAR CHOWDHURY

⁴ For further details of the graphics see full report. Closing the Gender Gap in the WASH Sector in South Sudan, IOM and RedR UK 2019.

1. Structural Barriers Identified

- 1.1. **Violence against women in public and private spheres**, including sexual exploitation and abuse (SEA), sexual harassment, domestic violence and intimate partner violence, child marriage, and conflict-related sexual violence (CRSV).

From the data gathered, there was substantial evidence that the experience of such violence hinders women's choices and ability to safely enter or continue their career within the WASH sector. For example, a number of respondents reported that women experienced domestic violence if they entered into employment as their husbands assumed the woman will likely be forced into sexual relations with their managers. Similarly, abuse was documented within the daily worker recruitment systems, with employers exploiting their power by requesting sex from women in exchange for employment.

- 1.2. **The fear of experiencing violence** was equally identified as a limiting factor. For example, female respondents noted that the fear of experiencing GBV by family members and potential work colleagues/managers was a factor that prevented their participation. Additionally, this fear also extended for the girls in their family; if a young girl was left behind at the shelter whilst women go to work, they felt there would be greater risk of GBV, particularly rape.

- 1.3. **Rigid gender norms and stereotypes** within communities, institutions, and among humanitarian staff that block or limit women's opportunities to pursue work outside parameters of traditional roles and career fields.

This is particularly prominent in the WASH sector where women's roles are often constrained to caring, hygiene, and collection of water for home consumption. Attitudes around harmful gender norms among staff were commonly expressed through notions that the work is 'just too hard for women'. The perception is that the labour behind WASH roles is only possible for men, despite women's heavy unpaid labour on a daily basis to collect water. As a result, there is an unconscious bias in the design of WASH programmes, which places women as passive beneficiaries, utilizing their unpaid labour, and men as active decision-makers engaged in paid work for WASH. See table 1 below for further clarification of bias and language used to describe 'women's jobs' and 'men's jobs'.

Table 1: Language used by respondents to describe women's suitability/likely roles in WASH

Most likely / suitable roles for women	Most likely / suitable for men
Unskilled jobs	Skilled jobs
"Soft" jobs	"Hard" jobs
"Office" jobs	"Field" jobs / deployments
Cleaning latrines	Positions that require "speech-giving"
Collecting garbage	Latrine construction
Water point work	Jobs that require travel
Hygiene promotion	Pump mechanic

Traditional roles of men associated with 'hardware' and leadership in WASH are always remunerated. By comparison, programmes often rely on women's unpaid or very low paid labour in WASH activities, such as volunteer hygiene promoters and carers, and the upholding of WASH practices in families and communities. This exploits harmful gender norms for programmatic gains.

1.4. Inadequate legal and policy frameworks, and insufficient access to justice for survivors of GBV and work-related discrimination, and inadequate human rights protections for persons with disabilities and persons living with Human Immunodeficiency Virus (HIV).

This research provides evidence that this particularly affects participation in WASH programmes (although it may be the case for other sectors too), as men and women, particularly on remote deployments, face increased risks of incidental conflict-related sexual violence and other forms of GBV, and they do not have confidence in the justice system or response to such incidences. Respondents cited the legal systems inability to adequately prevent or address incidents of sexual violence committed within daily work sites – for example, the risk of rape of women working in latrine areas or alone in other high-risk areas, as well as sexual harassment and sexual exploitation by employers against female job applicants or employees. Despite the fact the South Sudan Labour Act (2017) prohibits the act of sexual harassment, as well as places an obligation on the employer to ensure that no employee experiences sexual harassment, the systems are not yet in place to ensure the enforcement of these national labour laws at governmental and operational level.

Similarly, through discussions with Organizations of Person's with Disabilities (OPDs), there were reports that the National Disability and Inclusion Policy is not enforced despite it being in place since 2013. South Sudan has not yet ratified or acceded to the Convention on the Rights of Persons with Disabilities (2006), which further limits people with disabilities to participate and hold employers to account.

Another significant legal barrier to participation evidenced in the interviews is the restriction of women's rights through the dowry systems. South Sudanese dowry systems and early marriage is a significant systemic barrier to women entering the workforce. Respondents cited the dowry system as one of the root causes for women experiencing GBV and restriction of opportunities to work outside the home. One group of men explained in a discussion that many parents don't let daughters leave home for fear of losing the dowry,⁵ and even when they get married, husbands may not allow them to leave. As such, this system permits legalized control of women in marriage as financial assets, and underscores many of the obstacles to their education and employment, whilst endorsing violence against women.

1.5. Lack of access to education for girls is well documented.⁶ This occurs due to a lack of prioritization for girls to attend and finish school, early marriage, pregnancy, and risks of other forms of GBV. In addition, there is unequal access to instruction and credentialing in English language curricula, further restricting women's formal labour opportunities, especially in semi-and skilled-work categories. University professors, university students, and community members cited that more women have certificates and education in Arabic, but that certificates in Arabic later block access to higher education and is a barrier in recruitment for WASH jobs, which often request both certificates and a level of proficiency in English. In the student survey, 29 per cent of female respondents selected language as one of the top three barriers they perceive they will face when looking for professional employment. By contrast, only 13 per cent (less than half) of male students perceived language as a barrier.

⁵ Parents fear their daughter with either lose virginity and therefore lose 'value' or will marry out of terms agreed by her family.

⁶ Only about 19 per cent of girls finish school. Source: World Bank, "Country Engagement Note for the Republic of South Sudan for the period of FY 2018-2019", February 2017, p.9. 50 per cent of men are likely to be able to read, versus 29 per cent of women. Source: OXFAM, South Sudan Gender Analysis, March 2017, p. 42.



Sanitation committee team leader preparing for distribution of digging kits in Magwi, Eastern Equatoria, South Sudan. This kind of leadership responsibility is traditionally given to men. ©IOM 2020 / Andreea CĂMPEANU

2. Institutional Barriers Identified

- 2.1. **Institutionalized inequalities in recruitment, job classification, payment and entitlement systems** impact women's abilities and rights to work within the sector. The review of pay categories and positions held by men and women revealed that there are unequal and insecure systems of pay. Women are not provided with equal opportunities for compensation in higher or paid categories of work⁷ in proportion to men and are not equally compensated for their time, skills and work-related dangers.⁸ The technical (or "hardware") roles are dominated by men and receive more secure contracts with higher pay (also see barrier 1.3 and table 1). This occurs at leadership levels for engineers and at community level for handpump mechanics and drillers. In one Protection of Civilians (PoC) site, the 'rationalized' contracts that receive payments in United States Dollars (USD) were entirely held by men, whereas women workers held 56 per cent of the 'rotational' jobs that receive a lower payment in South Sudanese Pounds (SSP) that are rotated each month within each block in the PoC (see figure 4 below). Humanitarian agencies and government do not uniformly apply job categories and payment systems. For example, in some areas Hygiene Promoters (with a high representation of women) receive payment or incentives, and in others they are volunteers.
- 2.2. **Lack of access to information** throughout work life, including access to job information in local languages, in forums and locations where women can physically locate the information, and the length of time the information is available and relevant were cited by interviewees at community level. Application challenges were reported as a barrier for women by 14 per cent of all staff respondents to the online survey. In addition, finding the correct information about the jobs was an expected barrier reported by 41 per cent of male and 29 per cent of women students.
- 2.3. **Lack of access to documentation** (education/training certificates, residence, nationality) was reported through participatory group discussions. Access to formal documents is a protection issue faced by many South Sudanese trying to enter the humanitarian sector. It often disproportionately affects women since they have lower literacy levels. In addition, women are often not issued with the documentation directly as they are not always recognized by traditional and formal legal systems as the legal 'holder' of documentation. To obtain documentation from government departments and institutions or translate them is often associated with fees, which women are less likely to be able to pay (see financial barrier 3.2).

⁷ Please note there is no common classification of casual labour across the sector which hinders comparable data across sites and organizations.

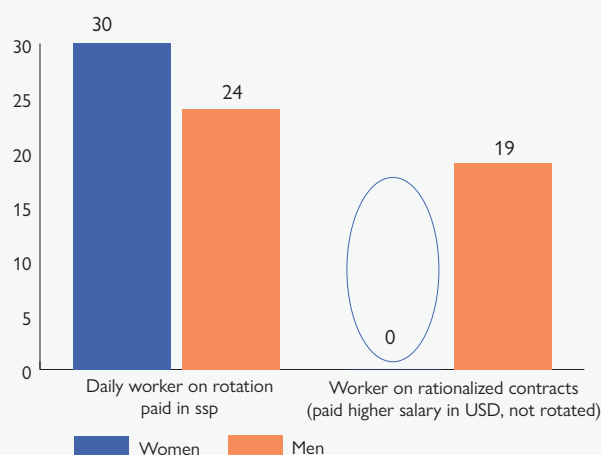
⁸ For example, risks of contracting communicable diseases during the cleaning of latrines or risks of GBV.

2.4. **Pregnancy, breastfeeding and maternity leave policies, practices and attitudes**, particularly for field deployments and deep field missions. about 15 per cent of all group discussions cited this as a barrier, some relayed stories of internal “off the record” decisions blocking pregnant women from employment due to fear they would not perform well, or avoiding hiring women of certain ages due to fear they would become pregnant and require maternity leave. Although South Sudanese law requires employers to provide maternity leave (as well as UN, INGO, and some NNGO policies), several respondents explained that the nature of these policies can differ across organizations, and in themselves, are not sufficient to remove the barriers to women’s participation in the sector.

2.5. **Lack of internal policies and guidance to support managers** to recognize and respond to staff when they appear to experience violence at home. Agencies reported incidences where women experience violence at home as a result of their employment, on occasion with the husband requesting the employment of his wife be terminated. While there was evidence of some good practice in dealing with this situation, there was no formal guidance or policy to support managers to respond appropriately, ensuring the safety and rights of the staff member.

2.6. **Workplace safety, including access to safe and lockable latrines, safe work sites, safe accommodation, and timely and gender-sensitive access to Post-Exposure Prophylaxis⁹ (PEP) kits and emergency contraception** were all cited as barriers, especially during field and deep field missions and employment. In the staff surveys, the workspace was perceived as 17 per cent less safe for women

Figure 4. Snapshot of WASH workers by gender for one WASH organization at a field site



compared to its safety for men. During key informant interviews, female staff expressed immediate concern for the lack of PEP kits and a system where they have to request the kit from a male colleague. There are a lack of mechanisms to mitigate and respond to specific concerns raised by women during deployment. Organizations responsibility to reduce both the probability and the impact of threats for all staff are not being upheld, thus failing in their duty of care. This is a result of a lack of appropriate gender analysis in security assessments and entrenched attitudes¹⁰ that ‘deep field is just too dangerous for women’. As expressed by female respondents, this has resulted in many women staff feeling that they have to ‘put up with’ the situation and the lack of security measures rather than be able to hold organizations to account to their duty of care.

⁹ Post-exposure prophylaxis (PEP) is short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure, either occupationally or through sexual intercourse. (WHO, www.who.int/hiv/topics/prophylaxis/en/).

¹⁰ Such attitudes are rooted in the structural barriers regarding rigid gender norms and stereotypes.



Water management committee member sharing household hygiene responsibilities at home, Warrap State, South Sudan. © IOM 2020 / Andreea CÂMPEANU

3. Individual Barriers Identified

- 3.1. **Unequal division of caring and household responsibilities**, which limits women's time, access, and power to pursue and continue work outside of the home. This was selected as one of the top three barriers for women to work in WASH in the staff survey (59% of women and 44% of men perceived this barrier to be in the top three – see figure 2).
- 3.2. **Financial barriers for job applicants.** The student survey revealed that 44 per cent of women and 38 per cent of men felt that the financial restrictions to spend time looking for work would be the most significant barrier when they start to look for professional employment. They also cited the expenses associated with accessing and completing job recruitment processes like investing in preparation, documentation, translation, and transport costs.
- 3.3. **Lack of access to Menstrual Hygiene Management (MHM)** materials to allow women to work in a dignified and healthy manner during remote deployment, for training opportunities at community level, and for volunteers and daily or casual workers was reported in all field locations. At the community level, this barrier was more prominent as some women were blocked from seeking employment because they were concerned that without the necessary menstrual hygiene supplies, they could not keep their dignity at work. Consequently, some women without necessary supplies do not seek employment because they are concerned about maintaining hygiene and appearance at work during their periods. Other women who are employed are absent during menstruation, impacting on their employer's perceptions of reliability and job performance.

"If you don't have the materials [sanitary products] to keep yourself clean then it interrupts your work, you feel disrupted, mentally bad too, you can't concentrate and maybe you have to go home to wash in the middle... There is a feeling of intimidation if your colleagues are men and your clothes are stained. Men will mock you, laugh at you, sometimes they abuse you. There is a fear of not being clean."

Female field level respondent commenting on the barriers to working in WASH.

3.4. **Lack of professional support and confidence**, which enables women to enter the field and develop their skills for career advancement. Among the staff survey respondents, “lack of support or encouragement”, was identified as the fifth most reported barrier to women’s entry into the sector (26% of respondents select the barrier as one of the top three). At community level, several respondents discussed the lack of feedback from humanitarian organizations about their applications or job performance, demotivating them from further applications.

3.5. **Stigma related to sexual and reproductive health issues** as an institutionalized and individual level barrier, related to sexually transmitted infections (STIs), including HIV, which particularly affect women’s opportunities to be employed and to deploy to the field. Discussions amongst male groups highlighted a deep-rooted attitude of blaming victims rather than perpetrators. For example, they believed that women were more promiscuous when employed, especially if they were working away from home and that this promiscuity leads to STI infections. This attitude denotes that women are the cause of STIs and avoids holding men accountable to their role in sexual intercourse (whether consensual or non-consensual). It also supports the dangerous assumption that women’s increased participation in WASH also increases infidelity, and such assumptions contribute to husbands not allowing their wives to work and/or domestic violence. One security manager felt that women should have mandatory STI tests before deployment, while another respondent working for an NGO felt that women living with HIV should not be hired to work in roles related to hygiene or to work in kitchens in schools.

Many of these barriers and their negative consequences disproportionately affected women working in unpaid or “volunteer” roles and low-paid “un-skilled” roles where women are most represented in the sector. Furthermore, women with disabilities or those living with HIV experience additional barriers such as further stigmatization and abandonment, causing multiple discriminations as well as those noted above.

Socioeconomic factors and other inequalities intersect with gender to create different experiences of marginalization, which affect how these barriers were prioritized and discussed by respondents in the research. While there was consensus across all the data collection methods about what the barriers to participation were, emphasis on certain barriers varied according to the data collection method, as well as socioeconomic factors, nationality, and urban/rural representation among the respondents.

Enabling factors

Some organizations in South Sudan are actively implementing initiatives to increase women's participation in WASH, and they are proving effective. Best practices identified were present in organizations where there was commitment and messaging from upper management, and when there were female role models within agencies. In addition, positive male role models and male allies supporting women's engagement in WASH had significant impact on individuals and institutions. Role models contributed to attitudinal

change towards women's ability to work in WASH in non-traditional roles, and placed a larger emphasis on putting WASH standards and guidance into practice.

Best practices identified are organized into five broad categories as demonstrated in table 2 below. For a complete list of best practices see the best practice section in the programme guide.

Figure Table 2. Example of good practices

Category	Example
Capacity-building of female staff	<ul style="list-style-type: none"> Support women to progress into leadership positions through mentoring, support networks, leadership training, coaching and shadowing schemes.
Operational	<ul style="list-style-type: none"> Promote women's safety at work through adjustment to office layout, provision of lockable and segregated latrines with dignified MHM disposal. Mandatory training of all staff on Protection from Sexual Exploitation and Abuse (PSEA) and GBV, with operational risk mitigation plans.
Programmes	<ul style="list-style-type: none"> Train staff on and monitor use of IASC Gender Handbook and GBV Guidelines. Collaborate with Gender/GBV specialists to create gender awareness-raising activities with men and communities, integrated with WASH programmes that hire women. Provision of PEP kits for all staff when deploying to remote, high risk locations. Require 50 per cent women's representation in committees, including women in decision-making roles within committees to ensure meaningful participation.
Human Resources	<ul style="list-style-type: none"> Include quota systems for recruitment and hiring across all levels of employment. Provide childcare during field trips.¹¹ Promote flexible working hours for women. Use weighted scoring system for women at short list and interview stages to provide more equal evaluation of candidates. Weighted scoring helps to rebalance the fact that men are more likely to have more experience and qualifications due to male bias in education and professional opportunities. Include a competency question at the interview stage to assess understanding of gender mainstreaming in WASH.

¹¹ Reports from organizations included paying for a nanny to accompany staff members who are still breastfeeding or reimbursing additional childcare costs as a result of field trip.

Key recommendations

While there are many key actions that the WASH Cluster members can take within the humanitarian context, there are also structural issues that will require humanitarian-development collaboration. Therefore, cross-sector cooperation with development actors will be required to address some of the most critical barriers identified in this

research, including GBV, legal and policy reform, behavioural change around gender norms, and education. While the following recommendations focus on the WASH sector, they encompass a much wider sectoral shift in South Sudan. The recommendations address the structural, institutional, and individual barriers to women's equal participation.

Recommendations	Who is involved
Risk Mitigation	
Short-to medium-term recommendations	
Reassess daily worker and volunteer systems used to deliver WASH and other humanitarian services to ensure stronger measures to mitigate the risks of violence in the workplace and Sexual Exploitation and Abuse (SEA), and ensure women have equal opportunities.	Cluster-wide collaboration with the Protection Cluster and GBV SC, approved by United Nations Office for Coordination of Humanitarian Affairs (OCHA) / Inter Cluster Working Group (ICCG).
Mitigate domestic violence risks, including intimate partner violence, ensure clearer explanation of payment systems and procedures in local languages (picture based, audio and written forms), for all workers to understand.	All WASH implementing agencies.
Mandatory implementation and accountability for Code of Conduct and PSEA awareness sessions, specifically targeting daily workers and volunteers, as well as universities, ensuring that these populations demonstrate improved knowledge and have access to misconduct reporting systems. Include annual refreshers for staff, vendors, and partners.	WASH partners, GBV SC / South Sudan PSEA task force.
Develop policy in consultation with the Sexual Reproductive Health Working Group (SRH WG) and women humanitarian staff that mandates that all humanitarian field offices and deployments, including inter-cluster assessments and rapid response missions in South Sudan, must have access to medical supplies to treat rape of staff members at all times, including PEP and emergency contraception. ¹²	Humanitarian Country Team (HCT), United Nations Department for Safety and Security (UNDSS) and agency security focal points to increase number of kits available. SRH WG
If women are deploying, women staff to be custodians of the PEP kits. All custodians must have adequate training on how to facilitate access and administer PEP kits in remote field locations, in accordance with World Health Organization's (WHO) Clinical Management of Rape protocols, to ensure that staff have access to the kits in a timely, safe, and dignified manner. Provide all humanitarian staff clear guidance on what to do if they experience sexual violence.	UNDSS, WASH agencies security focal points engaging Health and GBV specialists.
Collaboration	
Short to medium term	
Initiate consultations and develop agreements with Organizations of Persons with disabilities (OPDs) and women's organizations to increase their participation in WASH programmes, promote recruitment opportunities and provide training to increase skills and knowledge of the sector.	WASH cluster members and ICCG with (including Human Resources members). OPDs and women organizations. Work with donors to support initiatives.

¹² These supplies are sometimes referred to as "post-rape" treatment kits, which should include Post-exposure Prophylaxis (PEP) for HIV, as well as other supplies to address exposure to Sexually Transmitted Infections (STIs), pregnancy and injuries sustained from the rape. For more information on standards and contents for reproductive health kits for post-rape treatment in humanitarian contexts, see https://unfpa.org/sites/default/files/resource-pdf/RH%20kits%20manual_EN_0.pdf (see information on Kit 3).

Provide training for OPDs and women's organizations on humanitarian principles, WASH standards, and inclusion mainstreaming to increase their competitiveness in WASH. Consider projects to support them that implement WASH projects alongside skills training.	WASH cluster members and ICCG with (including Human Resources members). OPDs and women organizations. Work with donors to support initiatives.
Develop agreements with OPDs and women's organizations to better integrate their members into activities and help raise awareness within the WASH sector of the needs and capacities of people with disabilities, especially women and women's networks.	WASH Cluster Coordination and members, ICCG with (including HR members). OPDs and women's organizations.
Integrate awareness workshops into WASH programming, including for WASH staff, and community-level training and outreach to address harmful social norms restricting women to be in decision-making roles, such as in water committees. Include awareness-raising sessions and dialogues for men and women in community (sessions should be held separately and together) on benefits of women participation in paid work, sharing household chores to provide more time for them to enter into paid work, and income management at household level. Link awareness-raising dialogues to WASH-related opportunities for women, for example hand pump mechanics.	WASH Cluster, key WASH Cluster members with GBV SC members.
Medium to long term	
Collaboratively design and implement stronger gender mainstreaming and gender responsive/transformational programming. Ensure complementarity of gender technical skills and document and share learning.	WASH Cluster Coordination and members and GBV SC members, donors.
Re-evaluate job categorization and pay systems using a gender equitable approach to empower women, including: <ul style="list-style-type: none"> Analyse the threats to women working in the WASH sector, including exposure to environmental hazards and disease, and threats of sexual and domestic/intimate partner violence for daily and volunteer workers within the categorization. For example, reassess the pay bracket of latrine cleaners, taking into account the risks to communicable diseases, GBV, and the real value of the work. Analyse how traditional roles are being performed and exploited. For example, Hygiene Promoters, a role mainly assigned to women, is often given little or no remuneration. There is a possibility that this exploits women's traditional roles as carers and further entrenches inequality and the gender gap in WASH. Re-evaluate the categorization to value women's caring role within communities as equal to that of other roles dominated by men, such as guards. 	Human Resources Working Group (HR WG) and ICCG / WASH Cluster Coordinators with consultation from GBV SC and Protection Cluster. Include advice from security specialists on threat analysis. ¹³
Develop sector-wide guidelines for daily worker and volunteer systems for WASH based on the review (detailed above) by the HR WG, ICCG/WASH cluster coordinators, Protection cluster and GBV sub-cluster.	ICCG and HCT with the Protection cluster.
Strengthen joint development/humanitarian advocacy to support implementation and accountability to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) commitment and the Convention on the Rights of the Child (CRC) to combat child marriage and impunity for GBV, including conflict-related sexual violence. Incorporate information from this research about how these impact on women's ability to participate in humanitarian action and the longer term affect on safe water and sanitation.	HCT and United Nations Country Team (UNCT), GBV SC, United Nations Mission in South Sudan (UNMISS) Human Rights, donors.

¹³ Utilizing EISF Gender and Security guide (2012) for support: <https://reliefweb.int/report/world/gender-and-security-guidelines-mainstreaming-gender-security-risk-management> and Managing Aid Workers with Diverse Profiles (2018) <https://gisf.ngo/resource/managing-the-security-of-aid-workers-with-diverse-profiles/>

Consult and determine the best actors and methods to collaborate with Ministry of Labour, Ministry of Justice, and Ministry of Gender, Child and Social Welfare to develop systems for timely disciplinary and legal action against perpetrators of SEA and other forms of GBV (including child and forced marriage) related to the workplace. Pay particular attention to monitoring and ensuring complaint mechanisms address these acts in localized recruitment systems that involve government and humanitarian actors. Ensure funding and protection systems are in place to protect whistle-blowers and survivors.	UNCT, South Sudan PSEA Task Force, UNMISS Human Rights, donors.
Communication and Advisory	
Short-medium term	
Develop a sectoral communication campaign on “Role Models”. Include women working in technical and leadership roles in WASH and positive male allies (men championing equality and working in non-traditional roles). Share Role Model outreach at community-level, with secondary schools, universities and donors, and develop internal campaigns to combat negative attitudes regarding women’s ability to work in WASH.	WASH Cluster Accountability to Affected Populations Technical Working Group (AAP TWG) and GBV SC (GBV prevention technical reference group), Education Cluster.
Develop and disseminate sector and agency messaging, for example within newsletters and forums, on value and urgency of women’s active participation in WASH teams at delivery and leadership levels to achieve effective Humanitarian response and adhere to sector standards.	WASH Cluster Coordination and members, WASH DoG (donor group).
Medium to long term	
Advocate for donors to request lessons learned and best practices on women’s participation in WASH for each funded project.	WASH Cluster Coordination, WASH DoG.
Promote further exchange of lessons learned and best practices on women’s participation in WASH in South Sudan. Disseminate learning during the Humanitarian Programme Cycle planning and project proposal periods.	WASH Cluster Coordination/ WASH AAP TWG, ICCG and WASH DoG.
Seek organization and donor formal commitments to expand and protect budgeting to increase women’s participation in WASH. A budget line ¹⁴ should be specifically allocated for women’s participation and empowerment (including women with disabilities and HIV) and should be used for capacity-building, additional HR costs (for example childcare support during field trips – see HR checklist), ¹⁵ monitoring costs associated for reporting on team diversity or implementing any actions from these guidelines and report.	WASH Cluster members & Coordinators, NGO forum, with donors and OCHA.
Strengthen advocacy for passage of pending legislation and policies on protection of people with HIV in the workplace, national WASH implementation frameworks and the ratification or accession to the Convention on the Rights of Persons with Disabilities to enhance legal protections and combat work and gender-related discrimination.	HCT, UNCT, Health sector partners, Protection Cluster and WASH Cluster.
Assessments	
Short-medium term	
To monitor progress and remain accountable, regularly report on assessment team composition including enumerators disaggregated by sex, age and disability in all humanitarian WASH (and other sector) assessments, in accordance with IASC Gender handbook and GBV guidelines. ¹⁶	WASH Cluster Coordinators, OCHA, and WASH Cluster members agencies.

¹⁴ The recommended programme budgeting is at least an additional 0.5-1 per cent of overall cost in line with the Inclusion Standards. This is in addition to any budgeting for gender-specific response.

¹⁵ IOM/RedR UK (2020) *Closing the Gender Gap in Water, Sanitation, and Hygiene: Programme Guidance*. <https://publications.iom.int/books/closing-gender-gap-water-sanitation-and-hygiene>

¹⁶ IASC Gender Handbook (2018) https://interagencystandingcommittee.org/systemfiles/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf
IASC GBV Guidelines (2015) <https://gbvguidelines.org>

Medium to long term	
Develop a cluster roster of women trained in WASH assessment methods and other WASH operations who are able to deploy for emergency assessments to field locations. Training and regional collaboration may be required to develop this roster.	WASH Cluster Coordinators and OCHA.
Human Resources	
Short-medium term	
Develop and share guidance on regional and international best practices for development and dissemination of job information, affirmative action strategies, building supportive work places (including provision of breastfeeding and MHM accommodations), mentoring and coaching, and inclusion of persons with disabilities in the workplace. Identify mechanisms to create safe spaces for women to talk about their workplace challenges to be addressed by senior management, for example women's groups at work or across the WASH sector with 'Women in WASH' to have quarterly meetings. Also, refer to HR checklist for further details.	Human Resources Working Group, NGO forum and WASH agency HR.
Work with gender specialists to create dialogues and workshops to address harmful social norms in the workplace and home spheres with men and women staff and managers. Address areas of unconscious bias, women's participation in public paid work, redistribution and hiring of unpaid work at home, and income management at household level through trainings and dialogues.	WASH agencies with GBV SC members with gender /GBV primary prevention expertise, NGO forum.
Deliver annual presentations/workshops at local universities dealing in public health and engineering, specifically highlighting the role of women in WASH and role models in the sector.	WASH members HR and Local Universities.
Plan annual "job fair" and outreach events for secondary schools and universities that feature national and international women working in WASH.	WASH members HR and NGO forum.
Initiate paid WASH internship programmes and training for students at universities and vocational schools for women to enter WASH at different levels and with different types of qualification (not only tertiary educational qualifications).	WASH members HR and Local Universities, Vocational schools.
Develop guidance and indicators on monitoring women's participation, including persons with disabilities, across the sector in all job categories, which can be used to track and report on progress. Indicator should monitor pay bracket and classification disaggregated by sex, age and disability, with the aim of reducing the gender pay gap and increasing participation year by year. Link targets to quality monitoring snapshot being developed by the AAP TWG and 5W monitoring tool.	WASH Cluster Coordinators/ Accountability to Affected Populations TWG.
Increase monitoring and reporting on the delivery and change in knowledge and attitudes for continuous staff training and development on GBV, IASC GBV guidelines, sexual harassment, PSEA systems and HIV awareness (as opposed to requiring and reporting training only at entry/orientation). Develop guidelines for staff competencies in these areas contextualized for South Sudan, to be made part of leadership and staff performance evaluations.	WASH cluster members.
Security	
Work with gender specialists, and between agencies, to analyse gender gaps within agency security frameworks, with the aim of bettering security risk management to enable secure access for women to field and deep field locations. ¹⁷	UN/NGO security managers, NGO forum.
Deliver training for security personnel in South Sudan on gender, inclusion and unconscious bias to address attitudinal barriers.	GBV SC in collaboration with UNDSS, OCHA and NGO Forum.
Conduct in-depth research of the gender gap in security personnel in South Sudan to further evidence the gap and identify best practices and recommendations.	GBV SC, UNDSS.

¹⁷ The following EISF guides are recommended to support the process: *Gender and Security: Guidelines for mainstreaming gender in security risk management 2012* and the *Managing the Security of Aid Workers with Diverse Profiles, 2018*.



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