There is universal acceptance that humanitarian assistance must meet the distinct needs of women, girls, boys and men to generate positive and sustainable outcomes. However, evaluations of humanitarian effectiveness show that gender equality results are weak.

The IASC Gender Marker is an international tool used to measure the gender sensitivity of humanitarian project proposals, to assess how well projects are designed to respond to the different needs of women, men, girls and boys. Gender Markers have been used for all Consolidated Appeals Process’ (CAP) and other humanitarian appeals and funding mechanism project submissions since 2010. Gender Markers strengthen programming and analysis by focusing on the different needs, concerns, capacities and contributions of women, men, girls and boys. It ensures the humanitarian response is appropriately designed and targeted and therefore effective.

CARE has expanded on the IASC Gender Markers to provide a tool that can be used by all CARE CO’s to develop and review WASH proposals with a gender lens. CO’s are strongly advised to seek the support of the Emergency WASH team when preparing proposals to ensure quality and coherency with CARE International’s Humanitarian and Emergency Strategy and Emergency WASH sub-strategy.

- Include gender analysis in WASH emergency preparedness planning. Consult with existing gender-focused development programs to obtain quantitative and qualitative, gender disaggregated, baseline information on gender differences, needs and priorities relating to WASH. Include social and cultural analysis – for example, do men and women have different acceptance of water treatment methods, or preferred hygiene items?
- Consider the impact of gender dynamics on the disaster scenarios identified in the risk analysis: what are the planning implications of these for the Emergency Preparedness Plan?
- Develop and pilot assessment tools and forms before the emergency which include analysis of the impacts of emergencies on women, men, girls and boys, and which collect sex and age disaggregated data as a standard.
In areas where temporary displacement to Evacuation Centres is a standard approach, work with local authorities to conduct WASH assessments in these locations. Invest or undertake O&M in, for example, sex-segregated latrines, as a preparedness measure.

Work with logistics to identify quality WASH supplies (hygiene items, materials for water and sanitation facilities), which meet the needs of women and girls. Advocate for a common gendered-approach with other NGOs and in government standards.

Pre-test WASH materials such as hygiene kits and IEC with women, girls, men and boys before an emergency to gauge acceptance and relevance of the materials amongst different groups.

CARE Emergency Response Teams and partner staff should include qualified men and women with training and experience on gender in emergencies. Identify humanitarian partners and women’s organisations that have specific gender expertise, including gender-based violence (GBV), before an emergency.

CARE staff and partners agree a Code of Conduct that will be an Annex to all agreements with WASH contractors and implementers. The Code clearly states there will be zero tolerance of sexual exploitation or abuse. An orientation should be provided to contractors to make it clear that violation of the Code of Conduct will result in contract cancellation.

**Gender in WASH project needs assessment**

- Undertaking the assessment: CARE and partner assessment teams must include female staff - ensure a ‘critical mass’ - enough women and men to create a socially comfortable environment for each to express their needs and ideas for solutions. Sex and age disaggregated data (into Males/Females under 5; 6-11; 12-17; 18-60 and over 60) must be collected to allow identification of the particular needs of female and male infants, children, youth, adults and elderly.

- What are the roles and practices of women, girls, boys and men in collecting, handling, managing, storing and treating water? How has this changed since the emergency? Is water allocated evenly, or do some groups have less access to water?

- How are women and men involved in maintenance and management of WASH facilities? Do women and men have equal access to, and influence on, decision forums such as community WASH committees? Has this changed since the emergency?

- What are the protection risks for women, girls, boys, men and vulnerable people in relation to water and sanitation? What is needed to ensure that access to and use of water points, toilets and bathing facilities is safe, especially for girls and women? Has this changed since the emergency?

- Are water points, toilets and bathing facilities located and designed to ensure privacy, security, and cultural sensitivity?

- What are the local practices of women and girls for menstrual hygiene management? How has this been affected by the emergency and what should be done to ensure proper MHM?

- Which groups require specific support or arrangements to ensure they have adequate, dignified access to water, sanitation and hygiene? (E.g. the elderly, people with disabilities or living with HIV/AIDS, etc.)

- Are the physical designs for water points and toilets appropriate to the number and needs of women, girls, boys and men who will use them?
**Gender in WASH project activities**

- Organise single-sex focus group discussions, thus involving women, girls, men and boys equally in choosing the **location and design** of water points, latrines and bathing facilities.
- In response to consultation (above), design separate, and lockable (from the inside) latrines and bathing facilities for women and men.
- Design **hygiene promotion activities and materials** that target specific needs of women and men.
- **Hygiene kit contents** should be focused on priority WASH needs and include materials to address the specific needs of women and girls (for example sanitary materials). Ensure that women, as primarily responsible for hygiene within the household, are specifically targeted to receive hygiene kit distributions.
- **Program information and communications** must be accessible to both women and men.
- Provide **on-the-job training** for both women and men in construction, operation, maintenance and management of all types of water and sanitation facilities.

**Gender in WASH projects outcomes**

- Women, men, girl and boys have improved access to WASH facilities and hygiene promotion activities; and this leads to **reduced levels of diarrhoea and other WASH-related disease**.
- The **burden on women and girls of WASH tasks** at a household level is reduced.
- The ability for **women and men to equally engage in decision-making and take responsibility** for management of water, sanitation and hygiene is increased.
- **Safety of WASH facilities** has been enhanced.
- Awareness and practices relating to hygiene priorities, for example **hand washing at key times**, is improved for women, girls, boys and men.
- [Number] CARE and local partner staff implementing teams have **demonstrated greater capacity to integrate gender issues** into WASH emergency response and preparedness (% M/F trainees).

For more information on the IASC Gender marker refer to: [https://www.humanitarianresponse.info/themes/gender/the-iasc-gender-marker](https://www.humanitarianresponse.info/themes/gender/the-iasc-gender-marker)

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**References**

1. CARE Humanitarian and Emergency Strategy 2013-2020

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**CARE International's Emergency WASH Team** supports Country Offices and their Implementing Partners in maintaining the right of disaster affected populations to timely and effective emergency WASH interventions which afford dignity and protection, while contributing to the empowerment of women, and long-term poverty and vulnerability reduction.

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