

GENDER AND POWER ANALYSIS REPORT
WATER FOR WOMEN PROJECT, TIMOR-LESTE



CARE INTERNATIONAL IN TIMOR-LESTE

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This Gender and Power Analysis report was prepared by Sabitra Dhakal, Global Gender Cohort member of CARE, on behalf of CARE International in Timor-Leste. The research was undertaken to inform and validate the design of Water for Women project which will be implemented in Manufahi, Liquica, Ermera and Covalima municipalities of Timor-Leste from July 2018.

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ACRONYMS

WfW	Water for Women
WASH	Water Sanitation and Hygiene
SDP	Strategic Development Plan
SRMH	Sexual Reproductive and Maternal Health
GESI	Gender Equality and Social Inclusion
SAA	Social Analysis and Action
GMF	Water Users' Group
AGMF	Water Users' Association
SEIGIS	Secretary of State for Gender Equality and Social Inclusion
SMASA	Municipal Water Service
FORMOSA	Moris Foun Fundasaun
GFP	Gender Focal Point
PDIM	Municipal Integrated Development Plans
PNDS	National Program for Suco Development
PSF	Promoter Saude Familiar
MSG	Melanesian Spearhead Group
VSLA	Village Saving and Loans Associations
CLTS	Community-Led Total Sanitation
PAKSI	Community Action Planning for Sanitation and Hygiene
DGE	Direcção Geral Estatística
ALFA	Open Defecation Free Area
SISCa	Integrated Community Health Services
CDC	Communicable Disease Control
NTF	Naroman Timor Foundation
FHTL	Fundasaun Hafoun Timor-Lorosae
DSS	Department of Social Solidarity
MSS	Ministry of Social Solidarity
ALFELA	Assistência Legál ba Feto no Labarik
DNSB	National Directorate of Basic Sanitation
DNSA	National Directorate for Water

RHTO	Ra'es Hadomi Timor Oan
ADTL	Timor-Leste People with Disabilities' Association
BESIK	Bee, Saneamentu no Ijiene iha Komunidade
SDFs	Sub-Municipality Facilitators
DTOs	Municipality Technical Officers
CAP	Community Action Planning
VAW	Violence Against Women
PSEA	Protection from Sexual Exploitation and Abuse
APSCTL	Asia Pacific Support Collective Timor-Leste

INTRODUCTION

BACKGROUND AND RATIONALE

This is a Gender and Power Analysis for the Australian Aid DFAT funded, Water for Women (WfW) Project commencing July 2018-December 2022. The project will be implemented in Manufahi, Liquica municipalities of Timor-Leste by a consortium of Water Aid and CARE International, who both have strong country presence.

The project will equip each municipality to lead gender transformative, nutrition-sensitive, inclusive, sustainable WASH services to contribute to improvements in health, gender equality and social inclusion. The project will mainstream gender equality and social inclusion approaches by developing and implementing gender and inclusion responsive national and sub-national platforms. Addressing gender inequalities and social exclusion is fundamental to WASH and is embedded in each of the four outcomes of the project:

- Gender equality and social inclusion integrated into effective national WASH systems.
- Women and men share roles and responsibilities in decision making in the household and at the community level, with a particular emphasis on WASH.
- Municipalities use gender transformative approaches to deliver nutrition sensitive, inclusive, sustainable WASH services.
- Strengthened National WASH sector knowledge management and learning systems, including effective exchange between relevant sectors.

The purpose of Gender and Power Analysis (GPA) was to validate the activities already considered for the project but also to identify gender equality and social inclusion gaps within the WASH sector that could be further strengthened by the project.

COUNTRY CONTEXT

Timor-Leste is one of the poorest countries in the Asia Pacific region, however, considerable progress has been made in improving living standards. The proportion of Timorese living in poverty declined from 50.4% in 2007 to an estimated 41.8% in 2014. The population is one of the youngest in the world; 74% of people are under the age of 35¹. The majority of youth are economically inactive, lack adequate education opportunities and are ill equipped to participate

¹ Direcção Geral Estatística 2015

in the socio-economic and political life of the nation. The economy is supported largely by oil revenues, and the Petroleum Fund of Timor-Leste was valued at \$16.2 billion at the end of 2015².

The Strategic Development Plan 2011-2030 (SDP) of Timor-Leste has defined three key areas for improvement: social capital, economic development and infrastructure development. Social capital development includes policies to improve education, health, social inclusion, the environment, and culture and heritage. Infrastructure development encompasses building and maintaining roads, bridges, water and sanitation facilities, and ports, and improving telecommunications and electricity services. With regard to economic development, the government of Timor-Leste seeks to boost rural development through supporting agriculture, the petroleum industry, tourism, and private-sector investment.

GENDER CONTEXT IN TIMOR-LESTE

Timor-Leste is a patriarchal society with strong cultural and social norms, gender roles and practices that often result in gender inequality. In the UN Gender Inequality Index (GII), Timor-Leste ranks at 111 out of 187 countries, indicating high gender inequality. Timor-Leste's high GII is exemplified in the country's severe rate of maternal mortality and the high difference in male and female labor force participation.

Gender inequality and violence against women and girls remains widespread in the country³. The lack of access to secondary education and to sexual and reproductive health services among girls and women is both a result and a driver of gender inequality. In addition, women often lack decision-making power and have limited financial autonomy. Harmful gender norms resulting in the lower status of women in society also negatively affect the opportunities among women.

Rural areas have a much lower level of access to a range of services, including water and sanitation, health (especially sexual, reproductive and maternal health – SRMH), education, law and justice, agriculture and finance⁴. People in these areas have poor access to markets and limited cash earning opportunities, low levels of human, social and financial capital, poor access to information, lack of water and sanitation infrastructure and poor political representation in decision-making centers. These challenges are compounded in rural areas that are disadvantaged by lack of transport and communication infrastructure, further inhibiting access to basic services and information. People in these areas also face greater vulnerability to the impacts of natural disasters and extreme weather events. Poverty here is characterized by extremely low cash

² IMF 2016

³ UNDP, National Human Development Report 2018

⁴ UNICEF, *At a glance: Timor-Leste*, access 2015

incomes, very high rates of malnutrition, maternal and infant mortality, low levels of education, and limited participation in local governance structures.

Women and girls are disproportionately affected by these challenges. They have less access than men and boys to services and cash income, greater workloads and higher rates of malnutrition. In comparison to their urban counterparts, women in rural areas have 50% more children and much higher rates of disability and death as a result of complications in childbirth. They also experience high levels of gender based violence (GBV) and are less likely to seek justice in response⁵. Their participation in decision making at household and community levels is limited, and their political 'voice' is extremely constrained. Restricted mobility and the competing demands of women's many home-based roles (agricultural work, housework and caring for family members) reduce opportunities for productive activities beyond the household and are additional barriers to their participation in local governance structures.

A key underlying cause of the poverty among women and girls in rural disadvantaged areas is deep-rooted gender inequality⁶. Despite Timor-Leste's progressive policies and laws, unequal treatment of women continues. This is due in part to poor implementation of laws and policies and in part to deeply embedded cultural norms that discriminate against women. Gender inequality is a strong factor underlying women's limited involvement in decision making in the home and community, their small numbers in leadership positions and the subsequently poor representation of women's needs at all levels of government from local to national. Gender inequality and women's limited participation in decision making cut across and exacerbate all other underlying causes of rural poverty.

RESEARCH FRAMEWORK

Primary goal of this gender and power analysis was to gain a broader understanding of gender and power dynamics for the Water for Women project in municipalities of Liquica and Manufahi and at the national level. This research adopted the Best Practices Framework of CARE International, which has specific areas of inquiry with standard guiding questions (*Annex 3*). The Gender and power analysis for Water for Women was focused on WASH system strengthening so areas of inquiry were contextualized by considering the expected outcomes of the project.

⁵ Elizabeth Cowan, *Gender and Power Analysis: Timor-Leste*, CARE international in Timor-Leste, April 2013

⁶ Women and Girls in Rural Disadvantaged Areas Long Term Program, CARE International in Timor-Leste, 2015 – 2018

Areas of Inquiry

1. Household Decision Making
2. Sexual/gendered Division of Labor
3. Institutional Decision Making
4. Planning Process and Community Engagement
5. Accessibility and Utilization of WASH Services
6. Perceptions Towards People with Disability and Disability Inclusion
7. Violence and Restorative Justice
8. Claiming Rights and Meaningful Participation in Public Decisions Making
9. Knowledge Management and Interagency Collaboration
10. Control Over Productive Assets
11. Aspirations and Interests of Specific Groups of Peoples
12. Stakeholders, Current Services and Program
13. Existing GESI and WASH Knowledge and Previous Good Practices

METHODOLOGY AND TOOLS

The consultant (CARE Global Gender Cohort member) worked closely with program staff of Water Aid and CARE International in Timor-Leste and jointly developed research questions on each area of inquiry. The research team composed of one CARE Global Gender Cohort member and national staff of Water Aid and CARE International in Timor-Leste. Training research team members was a key step for the Gender and Power Analysis and had two purpose: 1) build skills in data collection, and 2) understand the level of knowledge of the staff around gender and disability. CARE's Social Analysis and Action (SAA) tools were used to facilitate personal reflections and to gain knowledge and skills to undertake the field surveys (the Training Facilitation Guide is included in *Annex 4*). A total of 15 staff (6 from CARE, 3 from Water Aid and 5 from NGO partners) were trained, of which 11 were female.

A secondary data review included the project proposal, gender studies reports previously published by CARE and Water Aid, CARE's long-term program strategy and country presence review report, gender mainstreaming framework of water and sanitation program, and policy documents of the Timor-Leste Government. In addition, the National Human Development Report 2018, USAID's Country Development Cooperation Strategy 2013 –2018, the Strategic Development Plan 2011-2030 of Timor-Leste were also referred to. Household and community level gender and power dynamics drew on previous research by Water Aid.

Water Aid and CARE jointly identified the groups and stakeholders to be targeted for the research (*Annex 1*). Data collection tools used in the GPA were: Focus Group Discussions (FGDs), Key Informant Interview (KII), and Institutional/ Social network/ Services mapping. **FGDs** were held

with Water Users' Groups (GMF), Water Users' Associations (AGFM), Women's Groups and male and female community members. The FGD guide (*Annex 5.1*) included and Social Analysis and Action tools and a visioning exercise (*Annex 5.4*) was used to assess aspirations and strategic interests of adult women, adult men, young girls and young boys. **KIIs** were held with 25 national and municipal Government of Timor-Leste (GoTL) officials and stakeholders.

During field research daily team debriefs were held for data sense-making. A participatory data analysis process was used to contribute to staff capacity building, enrich the findings and ensure the contextual relevance of recommendations.

ETHICAL CONSIDERATIONS

Participation in the research was entirely voluntary and informed consent was given by participants before discussions commenced. Interviewers informed interviewees of what the research entailed, how their data would be used and how confidentiality would be assured. Focus group members were asked to keep information confidential and not share outside the group. Participants were encouraged to only answer those questions that they felt comfortable responding to, particularly around sensitive issues such as GBV.

SAMPLE SIZE AND RESPONDENTS' DESCRIPTION

The research reached 141 respondents (54 Female and 87 Male), as described in the table below.

National, municipal and community level interviews and FGDs were carried out. Three FGDs were conducted in Manufahi and five were conducted in Liquica, with GMF, AGMF and community men and women. A discussion with a women's economic group in Liquica was also included. FGDs were held in Feriksare of Manufahi and Metir of Liquica where adult women and men, young women and men were interviewed separately and joint dialogue was carried out at the end to get collective perceptions.

Eight total KII were carried out in Manufahi, with representatives of Municipal Education Department, Municipality level Gender Focal Point, Municipality Administration Office, Municipality Department of Environmental Health, Municipal Department for Water, Sanitation & Hygiene and Women Association were interviewed in Manufahi. Chief of Suco of Holarua, and Chief of Aldeia of Fatuco (Aldeia of Holarua Suco) of Manufahi were also interviewed.

Nine KIIs were conducted in Liquica with Municipal Education Department, Municipal Health Delegate, Secretary of State for Gender Equality and Social Inclusion (SEIGIS), Women's

Association, Municipal Water Service (SMASA) and Moris Foun Fundasaun (FORMOSA). Chief of Suco in Fatumasi village of Liquica was also interviewed.

Eight KII were carried out at the national level, with the National Department of Environmental Health under Ministry of Health, National Directorate of Basic Sanitation under Ministry of Public Works, Transport and Communication, National Department of Program and Technical Support under Ministry of Public Works, Transport and Communication and Secretary of State for Gender Equality and Social Inclusion (SEIGIS). Women's organizations (Asia Pacific Support Collective Timor-Leste, Rede Feto and FOKUPERS), and organizations working with people with disability (Ra'es Hadomi Timor Oan) were also interviewed at national level.

DETAILS OF RESPONDENTS

Type of informant/ participant	Number of participant	Sex		Of which people with disabilities*		Location		
		Female	Male	Female	Male	Manufahi	Liquica	National
Community Members	70	19	51	NA	NA	Taitudac, Feriksare	Aldeia Metir	-
Local Government Leader	3	NA	3	NA	NA	Aldeia Fatuco, Suco Holarua	Fatumasi	-
Water Users' Group Members	21	15	6	NA	NA	Futuk Maromak	Lisa Telo, Tibalau and Panderi	-
Water Users' Association Members	10	2	8	NA	NA	Same	Liquica	-
Women and People with Disability Rights Organization (Municipality Based)	7	6	1	NA	NA	Manufahi	Liquica	-
Women and People with Disability Rights Organization (National)	4	3	1	NA	NA	-	-	Dili
Municipal Government Officials	13	2	11	NA	NA	Same	Liquica	-
National Government Officials	4	1	3	NA	NA	-	-	Dili
Water Aid Staffs	3	2	1	NA	NA	-	-	Dili
CARE Staffs	6	4	2	NA	NA	-	-	Dili
Totals	141	54	87					

Note: All respondents were adult besides 4 young women and 6 young men FGD participants in Feriksare village of Manufahi.

LIMITATIONS

The short time available to complete the Gender and Power Analysis limited the number of research respondents. Only one rural community of each municipality was visited, and the research sample did not include the municipalities to be targeted by CARE International in Timor-Leste. Ermera and Covalima will be targeted in the last two years of the project and CARE intends to use information from already existing Gender and Power Analysis conducted in these municipalities. Field tests of research tools and techniques were not carried out, and some key stakeholders (i.e. religious and cultural leaders, police, law and justice) were not reached. Household level gender and power dynamics were not explored in detail since Water Aid has been conducting household level dialogues through its manual and it was felt that enough information already exists around household dynamics within these two municipalities.

Field research did not include people with disability as they were not identified or selected for participation by CARE and Water Aid. A one-day workshop at the national level with the members of disabled people's organizations was planned, but did not proceed due to limited research time and the time of the national election. While FGD participants informed about the presence of people with disability in their communities, the lived experiences of people with disabilities were not captured.

There was also limited exploration of intersectionality, although the unique needs and experiences of young women were surfaced during FGDs with young women. The analysis also touched on women with a disability's vulnerability to violence.

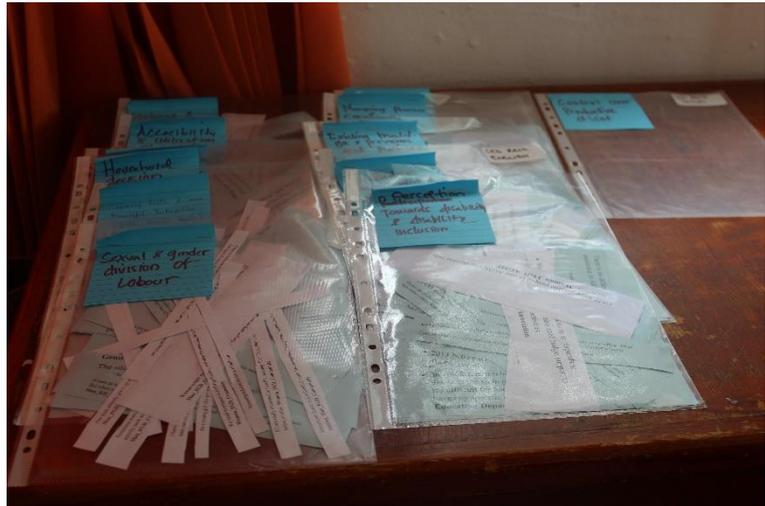
While efforts were taken to limit group size to 10-15 participants, high levels of community interest meant that group sizes became very large but most attendees did not participate actively.

The number of women compared to men in community FGDs was lower. During community discussions in Manufahi, a group of women were assigned to preparing food for participants, rather than participate in the research themselves. Following the FGDs an informal discussion was held with these women, who confirmed that this exclusion of women from meetings to attend to food preparation was common. Among government representatives included in the research, women's participation was lower as they are not occupied in the positions targeted by the research.

FINDINGS

HOUSEHOLD DECISION-MAKING

Culture is the key source of gender disparities and unequal power relations in the Manufahi and Liquica communities. **Culturally men are the head of household and have more decision making power than women.** Men control land resources and assets. Women can have land rights only after the death of their husband. They have to return the property to husband's family if they want to divorce and remarry.



Women respondents perceive that control over land and physical property supports men to take the lead in household decision-making, and there are few cases where women can make decisions. However, there are some cases in which women can exercise decision-making power. Women who earn income and provide for their family are accepted as a leading member of the family and their decision-making role is accepted. Women who lead local NGOs and represent women's groups have a leading position in the household. After the death of a husband, a widowed woman is the household head and she becomes the decision maker for her children.

Despite these exceptions, **women in decision-making roles are not widely accepted.** Female respondents in the community felt that neither men nor women see them as role models for enhancing women's decision-making roles.

SEXUAL/GENDERED DIVISION OF LABOR

The role of men and women is guided by cultural norms and values, which are very rigid. Majority of female and male respondents think women are primarily responsible for household activities. Traditionally women are responsible for taking care of children, cooking for the family, collecting water, washing clothes and are required to complete other tasks as requested by family members. In addition to domestic work, women's time is also spent on agriculture work,

community meetings and cultural events. Women and girls also bear the work burden of fetching water, which was a burning issue for research respondents considering the physical labor involved and water scarcity. Women's heavy workload due to responsibility for multiple household tasks is accepted amongst men and women within communities. Women are obliging, as they believe it is their role in order to keep harmony in the family. Majority of women do not think their domestic roles add burden to them, and view men's work as 'hard' and 'heavy'.

Most of the respondents believe the primary role of men is providing for their family, with few women reported to be earning an income and financially providing for their husband and children. Very few men are engaged in household work and men seem reluctant to change their gender roles. Male respondents believe as they return home after a hard day at work they deserve to come home to a meal and the house in order and this is their wife's, or a woman's responsibility.

Socialization of gender division of labor is very strong. These cultural norms are promoted when men and women socialize with boys and girls. Mothers have greater freedom to attend community meetings and similar events, because their daughters are the ones taking care of household chores. Young girls also fetch water, even at night, in order to manage water for family use. While girls are engaged in these chores and activities, boys are engaged in various types of sports.

As a household head, men freely engage in all kinds of public events such as community meetings, training and skill building, and in contrast, both men and women respondents advised that women need authorization from their husbands and family members to participate in community meetings. Women can attend meetings and training only when they have formal invitations from stakeholders. **Male respondents said** "women's role at cultural events, community meetings and other events (such as workshops organized by the government and non-government organizations) is usually cooking and serving food and drinks".

INSTITUTIONAL DECISION MAKING

Men dominate the work force of national and municipal government structures. Out of 153 staff in six Manufahi government offices, 41 are women (26%) and out of 58 staff in four key departments of Liquica, 18 are women (31%). At the national level, amongst 22 staff in the National Department of Environmental Health and Ministries of Public Works, Transport, Communication, and Basic Sanitation, 7 are women (31%). **This higher percentage of female staff is due to the Women's Association and SEIGIS Gender Focal Point persons, however, most of the female staff are in non-decision-making positions.**

Few women are in mid-level leadership positions, which are mainly in government led projects and funded by bi-lateral and multi-lateral donors. Both male and female government officials and local leaders felt that Gender Equality and Social Inclusion (GESI) related ministries and departments are 'women's offices'. While women hold positions of Secretary of State for Gender Equality and Social Inclusion at the national level, and SEIGIS Gender Focal Point and Women's Association at municipal level, they have limited budget and decision-making authority. There is a belief that some roles are 'women's roles', such as Finance, Human Resources, and office administration roles such as secretary. The majority of respondents said that Finance, Human Resources and office secretary roles are easy task domains.

In government structures, men occupy almost all higher-level decision-making positions. Collective decision-making processes are adopted at early meeting stages, followed by recommendations issued to Heads of ministries and departments, who are typically male, for authorization and final decision. Men also participate in driving, logistic and security roles in these ministries and departments.

At Suco and Aldeia level, representation of men and women is almost balanced, but the majority of Aldeia and Suco Chiefs are men. Comparatively GMFs are inclusive structures; however, the AGMF is male dominated. Male traditional leaders in the community hold a powerful position in these structures. They are included in Suco Councils as a member, and traditional rules and regulations are acknowledged by the government structure. Very few women work as water system maintenance technicians in the community, however, the SAS-WASH sector is promoting women to participate and engage in these technical roles. They also encourage GMF to promote women's engagement as technicians.

While government offices represented in the research said that they don't have staff with disability, research team members observed staff with physical disabilities in a few offices.

PLANNING PROCESS AND COMMUNITY ENGAGEMENT

Planning processes of the government is mostly top down and guided by a national budget plan. Municipal plans completely rely on national investment strategy, with limited opportunity to involve community input in developing municipal integrated development plans (PDIM). There is a clear lack of local mechanisms to ensure the participation of specific groups of people (women, young girls and boys, people with disability etc) and include their needs in national and municipal planning processes. Regarding the National Program for Suco Development (PNDS), the administrative post level office is authorized to prioritize development agendas and finalize endorsement of plans. There is opportunity to involve local communities to develop suco plans

but municipal and local governments do not have the experience to undertake bottom up planning processes.

Municipal departments have a set of criteria for the selection of communities for their sectoral activities. However, women's associations, gender focal points and gender working groups are not authorized to be allocated budget and develop a plan separately. Criteria to select the communities for community WASH initiatives are guided by population numbers within the community, water scarcity and community contribution to implement WASH activities.

Women have limited voice in shaping local development planning processes. Representatives from volunteer community groups (such as women's groups, GMF, AGMF, PSF, and MSG) are involved in collecting demands from the community which feed into proposals to be submitted to the Suco Council. However, women are often less active in these volunteer groups because they lack time, capacity and permission from their family members to participate. As such, women's needs are rarely reflected in the planning process.

Government has provisions to increase participation of women but this again is mostly in volunteer roles so it is difficult to get women to participate and/or husbands do not allow them to join. For the women that are involved in community structures i.e. GMF, government has capacity-building initiatives to increase the number of women in community and government activities and is a government GESI indicator; although no consideration of disability inclusion is built into this structure. Male government leaders hold traditional gender views and capacity building on gender issues is largely ignored. The general sentiment from male government officials in interviews was that they are not interested in enhancing their gender equality and social inclusion capacity.

Given their greater community decision-making capability, in rural areas it is mainly men who visit government offices to seek services. Given their decision-making power over household expenditure, men have authority to incur transportation costs associated with traveling to municipal centers. Young girls do not visit government offices, except for an urgent cause like GBV, and when a parent, typically their mother would accompany them.

In Manufahi, the analysis found that there were 37 community women's groups with valuable amount of participation from women. Data on the number of women's groups was not available for Liquica. In both municipalities, community members engage in a range of groups, including GMF, AGMF, Suco Council, religious groups, Village Saving and Loans Associations (VSLA), women's groups and youth groups. Men and women both participate in GMF, AGMF and Suco Councils but men are in key decision-making positions and technical roles. Overall, people with disabilities are excluded from these community-based groups. Women's groups play crucial roles

to empowering women, and findings showed that women in community-based organizations and entrepreneurship had capability to challenge traditional gender roles. The findings also showed that women would like to build a safe meeting place.

Meetings, training and cultural events are common community engagement events. Public decisions that affect suco and aldeia populations are made in the meetings. While all community members are theoretically able to participate in the meetings, the majority are men. Male public decision makers are accustomed to conducting community meetings without women and people with



disabilities and have neither the will nor skill to involve women and people with disabilities. Mostly women are too shy to speak at public events, however, they are given the opportunity to participate. Occasionally women will make suggestions in meetings and these are take on board, but ultimately men make the final decisions. Culturally women are not able to disagree with men’s decisions. Finally, women’s heavy household burdens mean that they do not have sufficient time to concentrate on public events and meetings.

Print and social media are popular methods for the Suco Council to receive feedback. Municipal departments do media monitoring and concerned departments provided responses where concerns are related to the rural communities. All municipal officials interviewed responded that they use social media to provide feedback. They acknowledged that social media is not accessible for rural people, particularly women, many of whom are illiterate. Therefore, the reliable method for accessing information and community consultation is community meetings, where women and people with a disability have limited ability to contribute. Sometimes municipal departments bring a group of journalists to the field for communication purposes; however, on most occasions this is used for collecting and disseminating achievements and good practices.

ACCESSIBILITY AND UTILIZATION OF WASH SERVICES

WASH is a national priority. Just 74% of rural households of Timor-Leste have access to an improved source of drinking water and just 43% of households have access to an improved

sanitation facility, including latrines and hand-washing facilities⁷. The Ministry of Public Works, Transport & Communications, Department of Program and Technical Support, National Directorate of Basic Sanitation and Municipal Service of Water, Sanitation, and Environment have the mandate to provide WASH services. Water Users Groups (GMFs) and Association of Water Users Groups (AGMFs) are functional at local levels mainly for rural water system maintenance.

In 2007 Water Aid introduced The Community-Led Total Sanitation (CLTS) approach and it is the leading approach to sanitation in Timor-Leste. In 2012 the National Basic Sanitation Policy was adopted, which establishes the Ministry of Health as the lead national agency for rural sanitation with technical guidance from the Ministry of Public Works. The national Community Action Planning for Sanitation and Hygiene (PAKSI) guidelines provide steps for participatory planning processes, including the engagement of women and men and people with disabilities. CBM and RHTO have provided training to government WASH teams on disability inclusion. However, women's organizations, disability organizations and other agencies have not been systematically involved in WASH sector. As such, the specific needs of women, adolescent girls, people with disability and other vulnerable groups are generally absent from national and municipal planning process.

National and municipal government officials acknowledged that health and education are closely linked with WASH. Immunization programs, health promotion, and family planning are common health services for rural and urban communities. Still WASH in health facilities was found to be neglected. Respondents said that health facilities are not equipped with disability friendly services including toilets, water taps and disposal facilities. Gender-sensitive WASH in health care facilities, such as hygiene and sanitation for women and newborns post-birth is also under resourced. Young women reported they would like to have rubbish disposal facilities in every public place for proper disposal of menstrual pads to maintain hygiene. They also expressed their interest in proper distribution of drinking water facilitates (every four houses to one storage tank), particularly since they spend a lot of time collecting many gallons of water for household use.

Most of the schools in Manufahi and Liquica have constructed toilets. However, sustainability is an issue and apart from those supported by WaterAid, schools in Manuhfai and Liquica do not have separate toilets for girls and boys or sanitary disposal facilities. Since 2014 (after the implementation of the inclusive education scheme), schools are considering the needs of children with disabilities in the education system. Accessible infrastructure including toilets and water taps in the schools, skilled and responsive teachers to support children with disabilities, and

⁷ Timor-Leste DHS 2016

positive collective perceptions towards people with disabilities to highlight their strengths are the major barriers identified for disability inclusion in education.

Participants of community FGDs shared their dreams for ideal WASH facilities including proper pipeline system, clean drinking water, storage tanks (including water source protection), toilets in every house, separate toilets for women and men (including rubbish disposal facilities) and water taps in schools, hospitals, market, Church, and other public buildings. Women and men community members demonstrated an awareness of existing WASH service providers including WaterAid, the ALFA program against open defecation, the Integrated Community Health Services program (SISCA), K-link company, Luta Ba Futuro, Ministry of Health, Naroman Timor Foundation, and Fundasaun Hafoun Timor-Lorosae.

Some communities have limited water sources, for example, one water spring between two Aldeias, and the research found evidence of water source conflict in some communities. Manufahi community members shared that it is difficult to build a water supply system because of conflict between two villages, and government does not support to build water system where community conflict exists. While there are toilets in rural communities, they are not in use due to water scarcity. Community members don't have household-level access to clean drinking water, and research participants shared that practices such as cutting pipes, digging water supply lines, making holes and stealing materials exist in targeted communities. This is becoming a critical challenge for community WASH. A common interest and need of women, men, girls and boys is water source protection, bridge and riverbank protection, greater water tap accessibility in community and public places, water storage tanks, road, schools, and electricity.

Community WASH has not recognized and integrated the needs of people with disabilities. While the government's inclusive health program mandates that health personnel should provide home outreach to people with disabilities, this was not mentioned by any respondents, suggesting that implementation is not consistent. A small number of members from GMF responded during the FGD that technical design of water taps and toilets are not consistent, and these facilities do not consider disability friendly provisions in their design.

Diarrhea amongst children is a common public health issue in rural communities; poor hygiene, water scarcity, water source contamination and poor nutrition are identified as common causes. Contributing to water source contamination is community unmanaged waste, whereby, they burn dry rubbish and pigs consume wet rubbish.

In both municipalities the school dropout rate and irregularity of girls in schools is higher than boys, however, the Department of Education does not have statistics to support this. Girls reported that fetching water for family use, and a lack of water availability and disposal facilities

at school during menstruation are common cause for girls' irregular school attendance. This sentiment was widely shared by young girls during visioning exercise. Schools give permission to go home during menstrual periods, allowing girls three days off school; however, there is no extra session provided for this deficit. Participants stated a key reason for school dropout was early pregnancy, and pregnant girls are discouraged from continuing their education due to stigma and shame associated with early pregnancy. The Manufahi representative from the Ministry of Education recognized that prohibiting pregnant girls from attending early grades of pre-secondary school including final exams is a human rights issue. Girls and women voiced their dreams to complete secondary education and would appreciate school facilities in the community to enable them to do so.

Challenges to improved household-level WASH include low awareness among family members of sound WASH practices, household gendered division labor, and a lack of income to construct toilets and buy soap. Menstrual hygiene is considered an issue for women and girls, and there are a range of cultural taboos associated with menstruation which impact on women's lives. For example, women who are menstruating are discouraged from making certain foods (there is a belief that if women bake bread/cake during menstruation the bread will not take its proper shape), and they must not touch certain vegetables and herbs. Menstruation taboos must be considered in menstrual hygiene management interventions.

PERCEPTION TOWARDS PEOPLE WITH DISABILITIES AND DISABILITY INCLUSION

The Government of Timor-Leste has social security provisions for people with disabilities. The Ministry of Social Solidarity (MSS) is responsible for providing welfare allowances to people with disabilities. Inclusive health and education programs acknowledge the specific needs of people with disabilities.

In reality, people with disabilities are largely excluded from WASH decision-making processes and management. AGMF members in Manufahi reported that there are only few members with disability in GMFs. Local government leaders are unaware of their accountability to ensure representation of people with disabilities in government structures. Men and women in communities, government officials and representatives of non-governmental organizations including consortium partners of Water for Women believe that people with disabilities require protection and support from family members and the government. There was limited awareness on the linkage of rights-based approach and disability inclusion.

WASH services and infrastructure are not friendly for people with disabilities although government endorsed an inclusive health and education program in 2014. Limited budget for community development means that most government officials are open to financial and

technical support from national and international organizations to assist the progression and potential of these inclusive health programs.

Representatives of women's organizations in Liquica responded that women's organizations and Disabled People's Organizations are not engaged actively in the WASH sector program. However, rights-based organizations like women's organizations and disability organizations are involved more in policy-making process at national level. At the WASH implementation level, most of water supply services are implemented by private companies, which do not employ people with disabilities or engage with women's organizations. Regarding sanitation and hygiene, national and international organizations are actively involved and they involve women and people with disability.

VIOLENCE AND RESTORATIVE JUSTICE

Representatives of the government department heads and women rights organizations are aware of laws against domestic violence and the zero-tolerance policy on sexual harassment. Representatives of departments and government institutions reported that violence cases pertaining to their staff should be addressed internally, and only physical violence cases that involve staff should be referred to police. It was unclear as to what extent action is actually taken when staff are involved in violence. FOKUPERS and Rede Feto also have a zero tolerance for violence policy, and have established internal mechanisms to deal with violence cases. FOKUPERS and MSS are key bodies working against violence. ALFELA (legal assistant for women and children) is a government program for gender-based violence. Municipal government stakeholders have limited ideas about appropriate mechanisms to address gender-based violence in the work place.

196 cases of violence have been registered in FOKUPERS during last 9 months, which includes domestic violence, sexual violence, and incest cases. Organizations working in Gender Based Violence (GBV) have witnessed that much fewer cases of harassment are reported by people with disabilities. The level of reporting is lower because they need the accompaniment of family members to visit the organizations in order to register cases. In most cases, they personally do not want to expose their experiences, as family members generally discourage them to report the cases. Rede Feto and FOKUPERS have good collaboration and a referral mechanisms for responding to GBV, no services were identified during the research that provide specialist targeting and support for GBV survivors who have a disability.

Different types of violence exist in the communities. Violence between brothers, neighbors and husband and wife are common. Community conflict (i.e. fights with neighbors in rural communities, cases of disagreement between two villages over a single source of water) because

of water scarcity is emerging issue in both municipalities. Abandonment of children due to early pregnancy (as a result of both consensual sex and sexual abuse) is very common in the community.

Both women and men research respondents reported that men commit GBV in both municipalities. Quarreling, using abusive language, and even slapping are considered 'simple' types of violence; physical injury that produces wounds and blood is considered severe violence. It is similar in schools and government structures as well. There is lack of data and information regarding violence, community members and government members staff did not refer to data when talking about violence. Government officials responded that violence cases are not common in the government system, while violence cases in the community are quite common. Men's control over land and other productive assets, women's economic dependency, the cultural power of men, women's cultural roles for keeping harmony in the family, and wives' acceptance in following the cultural rules of a husband's family are some of the key causes of GBV identified during this gender and power analysis.

During the FGD with community members, women shared their experiences and possible risks of sexual abuse during water collection. Women and girls are required to manage water for family use and undertake this task at night. There are long distances between a village and water source (more than one hour's walk in some communities) and young girls collect more than 10 gallons of water per night. These circumstances for water collection are perilous and put them at risk of GBV. Young girls showed their wish to have streetlights on every road so that they can walk safely at night during water collection. Getting permission from husbands and family members to walk at night is cultural norm for girls and women and this is established as a social norm. Male members explained that it is for the security of women and girls.

Although there is legal provision to report violence, traditional mechanisms for responding to GBV is the first preference of the community because the formal legal system is difficult to access and the reporting mechanism is lengthy. The process is to report cases to (usually male) Suco and Aldeia Chiefs who can take the lead for addressing violence cases in the community, although they only have the authority to solve the so called 'simple' cases. As a result of the traditional beliefs held by Suco and Aldeia Chiefs, the traditional system works to suppress violence cases as they often perceive that both the victim and perpetrator interrupt peace and harmony of the society so both of them should be penalized. They each have to pay a penalty and make an agreement that they will not repeat this again. Men receive additional charges in cases of domestic violence if they are proven as perpetrators. Given the penalties involved with reporting violence, women tend to keep silent.

Further issues pertaining to women's ability to report GBV are cultural beliefs that speaking out about violence is an issue of family dishonor. Furthermore, women are dependent on men and are afraid they will lose their security if they go through the legal system, therefore, going to police is the last option. Access to police is limited, with only one police officer in each Suco. Women and girls would prefer to have access to a physical police station for more efficient access to government legal services especially legal treatment of violence against women.

KNOWLEDGE MANAGEMENT AND INTERAGENCY COLLABORATION

A sex disaggregated data management system exists in government and non-government organizations, however, gender and power analysis is not part of knowledge management. There is a big gap in analyzing existing data and using knowledge for planning, targeting and budget allocation. Information and knowledge sharing between relevant sectors is insufficient, and national and municipal departments rely on the national census for demographic and other information.

WaterAid is well recognized as a 'gender organization' in both the municipalities and has experience in GESI sensitive WASH, including women's engagement in technical roles in water system maintenance; awareness of young girls, boys and teachers in menstrual hygiene; representation of women in GMFs; and training for female members. While these initiatives provide positive examples of gender sensitive WASH programming, they are not documented for sharing or scale-up.

SEIGIS, women's associations, gender working groups and gender focal points have collaborative responsibilities to mainstream GESI in policies, programs and practices. We did not find any evidence regarding working relations between DNSB, Department of Environmental Health and SEIGIS, although these organizations did show their interest to be engaged in the WASH sector and they have an understanding about the requirements of GESI integration in WASH.

There are interagency forums, for example, gender working groups, and inter-ministerial/departmental meetings. Coordination meetings of line ministries occur every three months, with agendas including budget allocation for ministry level planning and Gender Responsive Budgeting. Inter-ministerial/departmental programs (e.g. School Feeding Program, Health Promotion, and ALFA) have been implemented. SEIGIS collaborates with ministries to promote GESI agenda. SEIGIS, gender working group and GFP ensure that planning of ministries is GESI sensitive and with proper budget allocation. Some national departments do not collaborate with women's organizations, including the National Department for Basic Sanitation and DNSA.

GESI in WASH is seen as having low importance for inter-ministerial/departmental collaboration meetings. Lack of working relationships between WASH sector and SEIGIS, inter-ministerial/departmental gender working groups, women’s association, gender focal points was highlighted as a constraint during KII. The Women’s Association, Gender Focal Points, Gender Working Groups are the facilitating bodies but they do not have decision-making and spending authority. Suco and Aldeia Chiefs are less aware on the roles of female delegates of local government (women representative of Sucos). Community members have witnessed the engagement of female delegates for providing food and refreshments to the guests during meetings.

STAKEHOLDERS, CURRENT SERVICES AND PROGRAMS

The below table outlines key gender, disability and WASH stakeholders and their roles. This information was collected through KIIs with government representatives, NGOs and FGDs. These stakeholders should be involved in systems strengthening around gender and inclusive WASH.

<i>Suco level woman representative</i>	<i>Roles not clear due to a lack of official guidance</i>
<i>Traditional Leaders</i>	Represent Suco Council, deal with violence cases, promote and protect social norms and values
<i>GMF, AGMF</i>	Collect water revenue, water system maintenance, collect community demands, conduct meetings and general assembly, water quality assessment, conduct training for the members, management of local water systems
<i>Municipal Service of Water, Sanitation, and Environmental</i>	Technical assistance for water system maintenance, build drinking water supply system, develop annual WASH plan, technical design of water supply system, linkage with national government, capacity building of AGMF and GMF, develop and mobilize technicians
<i>Women's Association</i>	Capacity building of women's groups, take lead to address GBV cases, increase the political participation of women, capacity building for elected women members of local and municipal government, represent gender working group, networking meeting with social solidarity department, vulnerable peoples' unit of police, local NGO
<i>Administrator Office - SEIGIS Gender Focal Point</i>	Socialization of legal roles and responsibilities of municipal departments, capacity building of women leaders, increase political engagement of women
<i>Municipal Health Delegation</i>	Health promotion, immunization
<i>Municipal Education Department</i>	Inclusive education, implement the special provisions for girls and differently abled students
<i>Ministry of Public Works, Transport & Communications</i>	Water resource management, water supply, sanitation and hygiene improvement, annual planning
<i>Ministry of Public Works, Transport & Communications - National Directorate of Basic Sanitation</i>	Improve drainage system, liquid waste management and sanitation

<i>National Department of Environmental health</i>	Health promotion, Sanitation improvement (ALFA declaration), improve water quality, waste management to prevent diseases.
<i>Secretary of State for Gender Equality and Social Inclusion</i>	Gender Equality and Social Inclusion mainstreaming, policy works, socialization of legal roles and responsibilities of ministries and departments
<i>ALOLA Foundation/FMFL</i>	Advocacy on WASH
<i>Rede Feto</i>	Working in women's issues
<i>Ministry of social solidarity</i>	Subsidy, disaster victims, people with disabilities, elderly people
<i>RHTO, DPO</i>	Promotion of the rights of people with disabilities including advocacy and engagement with government and civil society
<i>ADTL</i>	Rights of people with disabilities
<i>FOKUPERS</i>	GBV referral services, rehabilitation center in Dili and in some municipalities

EXISTING GESI AND WASH KNOWLEDGE AND PREVIOUS GOOD PRACTICES

Municipality and national government stakeholders are aware of WASH systems and multi stakeholder engagement for implementing WASH initiatives is in practice. Almost all stakeholders stated water access as a key element of WASH. Community men and women have a fair knowledge on WASH. It is acknowledged that: proper pipeline system, storage tanks including water source protection in villages, clean drinking water, a toilet in every house, and separate toilets for women and men in public spaces, rubbish disposal and water tap in schools, hospitals, markets, Churches, Suco/Aldeia offices and community buildings are inclusive WASH objectives for women, men, girls and boys in communities.

There are networks e.g. Rede Feto working on gender and inclusion issues and authorized by ministries and departments to mainstream GESI objectives in policies, planning and practices. National and municipal governments are working to reach 20% women's participation (as in parliament).

The majority of the respondents reflected that gender is a difficult issue to address. Male leaders and decision makers in government have not received any gender training, although DFAT/BESIK conducted a series of trainings in the past. The government organizes gender training for male and female staff but gender trainings are considered as women's capacity building events. Male staff choose not to attend gender trainings. The local Suco and Aldeia leaders interviewed have not received any training yet.

Local leaders and department representatives see gender as a type of "cultural discipline" which mandates women and men's roles and behavior. Many of them perceive that gender is about

women and see the employment of women and engaging women in gender training as GESI achievements. The majority admitted to having no idea about gender and gender transformative approaches.

RECOMMENDATIONS

RECOMMENDATION 1: INCLUDE GESI ADVISOR IN MANAGEMENT AND DECISION MAKING BODIES AND STRUCTURES OF THE PROJECT

Addressing gender and power roles and relationships is a ‘mission critical’ agenda in the design and implementation of the Water for Women (WfW) Project . To achieve this, mainstreaming of Gender Equality and Social Inclusion (GESI) in all interventions is essential to ensure the dignity and rights of women and girls in the WASH sector.

In addition to this GPA which will inform the design of the project, GESI expertise is required to guide the activity implementation, the development of GESI sensitive indicators, collection and analysis of GESI disaggregated data, and monitoring and evaluation across the project cycle. In addition, implementation partners should also have GESI expertise to ensure mainstreaming GESI issues in project implementation.

RECOMMENDATION 2: DEVELOP TRAINING AND LEARNING PROCESSES ON GESI FOR PROGRAM STAFF

During the gender and power analysis data collection training, self-reflective methodologies were used to assess the knowledge and perception of CARE and Water Aid staff. While the Water for Women project aims to use gender transformative approaches for establishing inclusive and sustainable WASH systems, during the training it was apparent that the majority of staff demonstrated discriminatory cultural norms and values regarding gender and disability inclusion. Personal transformation is the precondition to deliver a gender transformative project so that implementers can recognize and challenge exploitative patterns of behavior, norms and practices in formal and informal systems.

CARE should take lead to develop and deliver a capacity strengthening package right from the beginning, based on CARE’s Social Analysis and Action approach⁸. CBM should provide inputs to incorporate disability inclusion in this package, the support of CBM during package delivery is

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http://familyplanning.care2share.wikispaces.net/file/view/SAA_Toolkit_FINAL.pdf/624425629/SAA_Toolkit_FINAL.pdf

essential. GESI staff should support the program team to continue iterative reflection sessions and carry out follow up trainings to facilitate personal gender transformation among the project team. Some staff involved with the project have very strong GESI knowledge. It is recommended to acknowledge and promote them as role models. This helps to create institutional discourse on GESI and establish knowledge sharing culture.

RECOMMENDATION 3: DEVELOP AND DELIVER A MULTI-LEVEL GENDER TRANSFORMATION AND INCLUSION PACKAGE

Create community level safe discussion spaces and facilitate to conduct multi-level dialogues

Women, adolescent girls and peoples with disabilities are the target groups for this initiative. Having safe spaces is important for them to ensure that they feel comfortable to reflect on their condition and position, discuss problems openly and share their experiences of oppression in an environment of trust. Separate discussions help them to critically reflect on and gain conceptual clarity on gender inequality, poverty, discrimination and social exclusion and the barriers they impose on accessing resources and services including WASH. Understanding gender and power dynamics allows them to explore solutions and take collective action, which in itself is an empowering process and helps to forge solidarity among different groups of people.

It is recommended that the project creates safe spaces in the communities to facilitate discussions with existing women's groups, groups and networks of peoples with disabilities. Considering the internal power dynamics and hierarchy among the group members, it is recommended to create separate discussion spaces for different groups of marginalized community members where there are significant power imbalances. This is particularly important for those groups affected by intersectional disadvantages, such as women with a disability, illiterate women, and young women and men with a disability. Combining the use of CARE International's SAA tools in the Water Aid's Facilitators' Guide to facilitate regular discussions among these groups represents a strategic intervention in raising the consciousness of beneficiaries. Building on this, multi-level gender dialogue discussions need to be expanded. The following is an example of dialogue in logical order:

Dialogue 1: husband and wife

Dialogue 2: husband, wife and other family members including young girls and boys

Dialogue 3: husband, wife, other family members, local leaders including government officials and traditional leaders

SAA community dialogues on gender and disability will lead to a cohort of community members who have a better understanding on gender inequality, poverty, discrimination and social exclusion. These people can become role models who challenge stereotyped gender roles and cultural norms in their home, communities and social structures in a self-motivated way, and can lead community actions on gender and inclusion issues. This should include the engagement and leadership of young women and people with a disability who are particularly marginalized.

Engaging men and boys

GPA identified men and boys as key actors of WASH, who also hold harmful beliefs and cultural norms which perpetuate gender-based inequalities and discrimination against people with a disability. The benefits of engaging men and boys in transforming gendered division of labor and gender stereotypes is immense; for example, men who have seen their own fathers engage in domestic work are themselves more likely to be involved in household work and care giving⁹. Additionally, involved fatherhood contributes to boys' acceptance of gender equality, girls' sense of autonomy and empowerment, and lower rates of violence against children.

During the visioning exercise of GPA, young boys were found to be more liberal (than adult men) to carry on discussion around gender roles and discriminatory social norms and values. It is worthwhile to identify and mobilize young men as the agents of change because they are found to be more open to challenge harmful gender roles and social norms and values.

It is recommended that CARE leads the development of a community dialogue approach to engaging men and boys (EMB), using CARE's SAA approach. This should aim to change gender roles (including gendered division of labor) and cultural norms and values which challenge inclusive and sustainable WASH. EMB activities should target male community members (including young men), local government officials (Aldeia Chief, Suco Chief and male representatives and traditional leaders), and WASH sector municipal government officials. These SAA dialogue activities can address both gender and disability.

The GoTL has already started designing and delivering GESI training to staff. CARE and CBM should work jointly to develop and deliver this package in collaboration with SEIGIS, inter-ministerial/departmental Gender Working Groups, GFPs and Women's Associations.

Upgrade the list of WASH stakeholders and available services (with quality and accessibility) on a regular basis.

⁹ CARE Nepal Gender Equality and Social Inclusion Strategy, 2016-2020

Explore possible avenues to establish linkages between community members and WASH stakeholders to improve the quality and accessibility of WASH services. This GPA has identified some useful practices/processes to increase the participation of women and peoples with disabilities that includes the Community Action Planning process of WASH sector, the planning process of National Program for Suco Development, and the community dialogue process introduced by Water Aid. Linking these practices with the Community Score Card approach which has already been included as a core activity of the WfW project will bring added value in quality assurance of participation and services.

RECOMMENDATION 4: DEVELOP A CONSORTIUM POSITION PAPER ON GESI AND WASH FOR ESTABLISHING STRATEGIC INTER-LINKAGS BETWEEN GESI AND WASH OUTCOMES

A consortium of well recognized and experienced international organizations is implementing the project. Water Aid brings high value expertise in WASH and CARE in Gender Equality. Expected outcomes of the project are inter-related and inter-dependent. Therefore to achieve synergy and coherence with all the four results (outcomes) of the project establishing the correlation among the four results with GESI as a cross cutting (with special consideration on disability inclusion) thematic issue with WASH is imperative. In order to establish the intersectionality of GESI across all the four outcomes, it is important to develop a consortium position paper to identify strategic leverage points from the beginning.

Consortium of WfW including implementing and strategic partners will be the primary users of this strategic paper which will guide program planning, implementation, monitoring and evaluation to mainstream GESI in WASH.

RECOMMENDATION 5: STRENGTHEN WASH SECTOR KNOWLEDGE MANAGEMENT AND LEARNING SYSTEM

Develop a project learning agenda on WASH, gender equality and social inclusion

During the FGDs and KIIs, a few respondents were concerned that a women-focused project (as they understood from the name Water for Women) might generate resistance from men. Male respondents asked, “Why Water for Women?” Questions were also raised about the link between GBV and water (and mitigation measures), and how WASH can contribute in achieving Gender Equality and Social Inclusion outcomes.

The project provides an opportunity to generate knowledge and document evidence about links between water and gender, water and women, GBV and water issues, and how WASH

interventions can contribute to positive GESI outcomes. Improved knowledge in these areas will help to convince stakeholders about the importance of women focused WASH initiatives, enhance WASH service quality, and inform future WASH programming that is better able to transform gender roles and responsibilities. A specific learning agenda on the links between WASH, gender equality and social inclusion should be developed as an element of the Monitoring Evaluation and Learning plan, including a plan for documenting and disseminating learning.

Undertake analysis of sex disaggregated WASH data

WASH stakeholders currently are currently gathering sex disaggregated data, however analysis and use of this data is limited. Given the range of gender and power dynamics that impact on WASH, the collection and *analysis* of gender disaggregated data is critical for effective project implementation. A gendered analysis of this data is required to reveal the nature and extent of gender inequality and exclusion, help identify targeted interventions, and support WASH stakeholders to establish a GESI responsive MEL system. At the same time, it will support WASH stakeholders to practice analysis-based planning, targeting and budget allocation.

Build on the previous GESI and WASH Experience and Knowledge

Upscaling a GESI responsive beneficiary selection process which is already a practice of WASH stakeholders will ensure the participation of women and people with disabilities in community structures i.e. the GMF. Promoting women's engagement as technicians is a gender transformative approach promoted by Municipal Services of Water, Sanitation, and the Environment. Multidimensional changes are already observed in the field, and gender norms are changed because of women's engagement in technical roles. It is recommended to upscale this approach, invest resources to train and mobilize women technicians. Conduct a rapid assessment to identify successful WASH initiatives and document the contribution of WASH in promoting gender equality and social inclusion.

RECOMMENDATION 6: PARTNERSHIP WITH RIGHTS BASED ORGANIZATIONS AND GOVERNMENT AUTHORITIES

Partnership with Civil Society Organizations

WfW is an integrated project with GESI and WASH objectives which requires multidisciplinary inputs for achieving multiple outcomes (gender transformative, nutrition-sensitive, inclusive, sustainable WASH). Water Aid and CARE in Timor-Leste have limited expertise and exposure working with people with disabilities. Disability inclusion is a diverse approach which should be mainstreamed at all levels of project implementation. Working with specialized organizations to provide regular inputs for disability inclusion is a requirement.

For sustainable and inclusive WASH systems, the organizational strengthening of women's and people with disabilities' organizations and networks is equally critical. Roles of women and people with disabilities' organizations are reaching to women and peoples with disabilities through their existing mechanisms, organizing and networking of women and peoples with disabilities, advocacy for the accessibility of WASH services and implementation of existing policies. It is recommended to form partnerships with women's rights organizations (such as Rede Feto and FOKUPERS) and organizations for people with disabilities (such as ADTL, RHTO and CBM) to implement the project.

Partnership with Government Authorities

Working with government authorities for WASH system strengthening is at the core of the WfW design. Government of Timor-Leste has policies and acts including GESI and WASH; SEIGIS, inter-ministerial/departmental Gender Working Groups, Gender Focal Points and Women's Associations are authorized to orient ministries and departments about these policies. These government authorities are responsible to mainstream GESI in different sectoral programs including WASH. It is recommended to work with these authorities to effectively mainstream GESI in the WASH sector sustainably beyond the project period.

A twin track approach for this partnership is recommended which would involve: 1) capacity building of government authorities on GESI mainstreaming tools and techniques. CARE and CBM should work jointly to build the capacity and 2) promoting ownership of the government in mainstreaming GESI in WASH sector. Partnering with SEIGIS, inter-ministerial/departmental Gender Working Groups, Gender Focal Points, Women Associations and Women Representatives of local government will help to leverage Water Aid's leadership in promoting WASH interventions in a GESI responsive manner.

RECOMMENDATION 7: STRENGTHEN COMMUNITY STRUCTURES AND PROMOTE MEANINGFUL PARTICIPATION OF MARGINALISED GROUPS IN DECISION MAKING

Develop Community Engagement Mechanism Existing community groups and structures (including women's groups, VSLAs, GMFs and AGMFs) provide platforms for implementing household and community WASH activities. To identify other such groups, a mapping exercise should be carried out alongside the community selection process. A community engagement mechanism, such as a combination of SAA and the Community Score Card at the local level, will facilitate the engagement of community groups and structures in planning, budgeting and their involvement in program implementation.

The project should conduct multi-level dialogues to identify WASH priorities of target communities and promote bottom up planning process. The current community feedback mechanisms (mostly meetings and visits) of the municipal government could be linked with the Community Score Card approach.

Develop and deliver a combined package of CARE’s Gender Equity and Diversity (GED) training¹⁰ and leadership training for the members of above mentioned groups, networks and community structures. It is recommended to include people with disabilities as participants and facilitators, as well as equal numbers of women and men. CARE and CBM should work jointly to develop and deliver this training package.

Work with GMFs and AGMFs. These existing community structures are responsible for community WASH strengthening and are recognized by the government. GMFs are formalized and inclusive, while AGMFs are functional but not yet formalized. It is recommended to advocate for AGMF formalization with the legal provisions of an inclusive structure.

Working with GMF and AGMF provides an opportunity to achieve GESI responsive results. Therefore, collaborating with the Municipal Service of Water, Sanitation, and the Environment to integrate gender equality and disability inclusion in their training package for capacity building of GMFs and AGMFs would be strategic. Also working with Sub-municipality Facilitators and Municipal Technical Officers (DTOs) of Municipal Service of Water, Sanitation, and Environment and use of the SDF's Manual of National Directorate of Water Services will contribute to increasing the participation of women and peoples with disabilities in Community Action Planning process.

Clarify women’s roles in governance and advocate for their leadership in local government. Women representatives of local government are important leaders at the local level but the local government is unclear about their roles. It is recommended to clearly identify their roles in governance and advocate for promoting their roles in local government. CARE should work with the Administrator Office - SEIGIS Gender Focal Point to promote the roles of women delegates of local government. Working with women delegates on the issue of women's participation and leadership roles within community groups and WASH structures at local level will help the gaps between elected leaders and citizens on the one hand and on the other bring the government closer to the citizens especially women and people with disabilities for ensuring delivery of essential services of the government.

¹⁰ <https://www.care.org/our-work/womens-empowerment/cares-gender-training-expertise-best-best/gender-equity-and-diversity>

RECOMMENDATION 8: DEVELOP AND IMPLEMENT GBV AND VAW STRATEGY

There is a huge knowledge and understanding gap about GBV and VAW among community members and government officials. The Gender Analysis found that VAW, perpetrated by men, is normalized in the project's target locations. It is recommended to develop and implement a GBV strategy for the WfW project, with a focus on VAW. This should be based on CARE's *Guidance for GBV Monitoring and Mitigation within Non-GBV Focused Sectoral Programming*¹¹.

The following steps are recommended to consider while developing the strategy:

1. Develop an awareness package on GBV/VAW and link with WASH. Link this with disability inclusion measures, given women with disabilities are likely to be particularly at risk of violence.
2. Conduct awareness training with different groups at multiple levels (i.e. women, men, young boys and girls, traditional leaders). Use Social Analysis and Action tools of CARE international to conduct awareness training.
3. Establish linkage with protection and services delivery mechanism; work for establishing and strengthening referral mechanisms.
4. Build capacity of WASH stakeholders to address GBV/VAW and sexual harassment in the work place and working areas. Work with SEIGIS, Women's Associations and Gender Focal Points to socialize country policies and strategies for combating GBV i.e. law against domestic violence, and the 2017-2021 National Action Plan against GBV.

RECOMMENDATION 9: DEVELOP DEMONSTRATION SITES IN THE COMMUNITIES AND DEMONSTRATE INCLUSIVE WASH MODEL

STEP 1: Areas and actions suggested by the community members during the envisioning exercise are presented in the matrix below, it is recommended to consider these areas and other actions while implementing community WASH.

WASH Elements	Suggested Criteria
<i>Water</i>	<ul style="list-style-type: none">• Water Source Protection (water source dried off, water conflict already observed)• Proper (equitable) water distribution (government criteria for rural drinking water is one public tap for more than 10 households but the preference of the community is one tap for 4 households with a water reservoir/ tank)• Efficient water use method and technology• Promote time and labor-saving technologies to reduce the workload of women and girls

¹¹ https://www.care.org/sites/default/files/documents/CARE%20GBV%20M%26E%20Guidance_0.pdf

	<ul style="list-style-type: none"> • Initiatives to transform gender roles related to water (e.g. water related gendered division of labor)
<i>Toilet</i>	<ul style="list-style-type: none"> • Toilet in each household • Accessibility of water and soap • Separate toilets for girls and boys in public places including markets, schools, health facilities, Churches • Disposal facility • Include security concerns of girls while constructing toilets (generally toilets of girls and boys in schools share a common main door, doors of the toilets are together or facing each other, lack of proper locking systems etc) <p>Note: Add accessibility criteria</p>
<i>Menstrual Hygiene</i>	<ul style="list-style-type: none"> • Availability of sanitary pads in schools, health facilities • Running water and soap facilities • Separate toilet bins with disposal facility • Menstrual hygiene education
<i>Public Health and nutrition</i>	<ul style="list-style-type: none"> • Health and nutrition promotion campaign (include food taboos, food consumption habits; consuming contaminated foods without reheating, consuming imbalanced foods are common food habits) • Promote active SISCA program • Economic activities for women to improve nutrition consumption (Kitchen gardening, organic farming)
<i>Waste Management</i>	<ul style="list-style-type: none"> • Collect bio-degradable and non-bio-degradable waste separately • Compost making training • Protection measures to keep water sources non-contaminated
<i>Gender Based Violence</i>	<ul style="list-style-type: none"> • GBV/VAW awareness • Child Protection training in schools • Community mechanism to address GBV/VAW cases • Provision of street lights
<i>Representation, leadership and community engagement</i>	<ul style="list-style-type: none"> • Inclusive GMF and AGMF • Strengthen existing groups and networks of women and people with disabilities • Increase the number of women technicians • Increase the number of women leaders in local WASH structures • Increase the number of supportive men

STEP 2: Gender transformative, nutrition-sensitive, inclusive, sustainable WASH services are the heart of what the project is trying to achieve. Develop a strategy in demonstrating gender transformative, nutrition sensitive, inclusive and sustainable WASH by focusing resources and actions at sites that have potential to show how this approach looks. Develop demonstration sites in Manufahi and Liquica municipalities, learn and document lessons from those sites that will show the synergistic results. Use this knowledge and evidence to influence municipal government to push for service level improvement.

RECOMMENDATION 10: USE MULTIPLE APPROACHES OF POLICY ADVOCACY

STEP 1: Explore the possibility of forming a policy group comprising of officials of government authorities, representatives of civil society organizations and non-government organizations. Identify WASH sector policies and strategies to be formulated/revise and work with policy officials of National Government Authorities to formulate/revise WASH policies and strategies by incorporating GESI provisions.

STEP 2: Build and expand the partnership with SEIGIS, Women's Association and GFPs to socialize the legal provisions of existing policies and roles of WASH authorities. This step is really important to ensure implementation of the existing policies of the WASH sector.

STEP 3: Policy awareness is the key for the community with a special focus on rural women, adolescent girls and people with disabilities. Review WASH sector policies and guidelines, identify the linkages with State's GESI commitments and sectoral gaps in mainstreaming GESI in WASH sector. Develop GESI and WASH policy briefs and facilitate local communities and groups to influence duty bearers for implementing policy provisions. Link this with the Community Score Card approach.

ANNEXES

Annex 1: Groups and Stakeholders Interviewed

No	Group/Stakeholder	Position	Level	M/F	Sector
1.	Ministry of Public Works, Transport & Communications	Chief of Department of Program and Technical Support	National	M	WASH - Water
2.	Ministry of Public Works, Transport & Communications	National Director of Basic Sanitation	National	M	WASH - Sanitation
3.	Ministry of Health	Chief of Department of Environmental Health	National	M	WASH - Sanitation
4.	Secretary of State for Gender Equality and Social Inclusion	National Director of Department for promotion	National	F	Gender, Disability Inclusion
5.	Women's Network (Rede Feto)	Director/President	National	F	Gender Equality and Social Inclusion
6.	Ra'es Hadomi Timor Oan (DPO)	Director	National	M	Disability Inclusion
7.	FOKUPERS	Director	National	F	Gender Based Violence and Violence Against Women
8.	APSCTL	Program Manager	National	F	Gender-based Violence
9.	Municipality Administration Office	Municipal Administrator	Manufahi	M	General

No	Group/Stakeholder	Position	Level	M/F	Sector
10.	Women Association at Municipal level-Director: Gender and General	President	Manufahi	F	Gender Equality and Social Inclusion
11.	Local Government Representatives: Suco Holarua and Aldeia Fatuco	Chief of Suco Chief of Aldeia	Manufahi	M	General
12.	Municipality Administration Office - SEIGIS Gender Focal Point	Chief of Gender Focal Point	Manufahi	M	Gender Equality and Social Inclusion
13.	Municipality Department of Environmental Health	Chief of Department (One more member had attended the interview)	Manufahi	M	WASH in Health Facilities
14.	Municipal Service of Water, Sanitation, and Environment	Director	Manufahi	M	WASH
15.	Municipal Education Department	Chief of the Department for basic education of the municipality	Manufahi	M	WASH in Schools
16.	AGMF	Executive Members	Manufahi	F, M	WASH
17.	GMF, Same	Executive Members	Manufahi	F, M	WASH
18.	Municipal Administration Office	Director	Liquica	M	General
19.	Women Association at Municipal level	Interim President	Liquica	F	Gender Equality and Social Inclusion
20.	Local Government Representative: Fatumasi Village	Chief of Village	Liquica	M	General

No	Group/Stakeholder	Position	Level	M/F	Sector
21.	Administrator Office - SEIGIS Gender Focal Point	Gender Focal Point	Liquica	F	Gender Equality and Social Inclusion
22.	Municipal Health Delegation	Farmer Deputy Director	Liquica	M	WASH in Health Facilities
23.	Municipal Service of Water, Sanitation, and Environmental	Director	Liquica	M	WASH
24.	Municipal Education Department	Director	Liquica	M	WASH in Schools
25.	AGMF	Executive Members	Liquica	F, M	WASH
26.	GMF, Panderi and Lisa Telo-Tibalau	Executive Members	Liquica	F, M	WASH
27.	Fundasaun Hafoun Timor Lorosa'e (NGO)	Director	Liquica	M	General
28.	Women Group Representative: Fundasaun Moris Foun	Director	Liquica	F	Gender Equality and Social Inclusion
29.	Women Economic Group	Group Members	Liquica	F	Women's Economic Empowerment

Annex 2: Schedule of GPA

SN	Phase	Steps	Timeline	Resources/support required from CARE
1	Development Research Protocol and Tools	<ul style="list-style-type: none"> Research Protocol drafting, sharing for feedbacks 	Second Week of March 2018 (4 Days)	<p>Provide Reference Documents to design the study i.e. project proposal, scope of work; TOR and other relevant documents</p> <p>Consult Gender Cohort Coordinator for joint work</p>
2	Adapting and Detailing the Study	<p>Share the draft Protocol with country team, get feedbacks</p> <p>Gender Cohort member makes final decisions in collaboration with research team members appointed by CARE International in Timor-Leste and Water Aid Timor-Leste</p>	<p>Fourth Week of March 2018</p> <p>(2 Days)</p>	Country team provide inputs and feedbacks on time
3	Document review Project-related and country context specific documents	Gender Cohort member undertakes desk review; project documents, gender and power analysis reports, related policies of the country including assessment of gender policy implementation	<p>Last Week of March 2018</p> <p>(2 Days)</p>	Provide electronic and hard copy of relevant policies and reports to be reviewed

SN	Phase	Steps	Timeline	Resources/support required from CARE
				Translate the study reports into English if they are in local language
	In-country briefing and detail preparations		First Week of April 2018 (3 days)	
4	Train/orient Enumerator Socialize Research Protocol	Consultant develops contents and conduct orientation for technical staffs.	First Week of April 2018 (2 days)	<ul style="list-style-type: none"> • Appoint and invite technical staffs for the training • Logistic support to conduct training
5	Field Research/data collection	<ul style="list-style-type: none"> • Data collection; provide questionnaire, tools using guide, information collection templates and equipment (recording equipment and camera) • Participatory data analysis • Key findings presentation • Debrief & next steps 	Second Week of April 2018 (6 days)	<ul style="list-style-type: none"> • Participants selection and communication for FGD, KII and IDI • Logistic support to carry out field study including lodging, foods, local transportation, stationaries and required equipment • Logistic support for validation workshop • Provide Translator for the field

SN	Phase	Steps	Timeline	Resources/support required from CARE
	Participatory Analysis and Sharing the Preliminary Findings	<ul style="list-style-type: none"> • Sense Making Workshop • Prepare brief notes of preliminary findings and share with senior management team of CARE International in Timor-Leste and Water Aid 	Third Week of April 2018 (5 Days)	
	Report Writing	<ul style="list-style-type: none"> • Prepare first draft • Back and forth for edits • Finalize the analysis report • Submit the final report to CARE International in Timor-Leste 	May 2018 (6 Days)	Provide inputs and feedbacks on time

Annex 3: Gender and Power Analysis Research Framework with guiding questions

Agency	Structures	Relations	Related Tools
Area of Inquiry 1: Household Decision Making			
In what kinds of decisions do women in the household participate particularly in household	What are household norms and community expectations in terms of decision making processes?	In non-typical households in our impact group (women headed household, household with people living with	Document Review

Agency	Structures	Relations	Related Tools
Area of Inquiry 1: Household Decision Making			
<p>WASH/Disaster Preparedness and Response chores? Or decide on their own?</p> <p>What strategies do women engage to influence household decisions?</p> <p>What information or competencies do men and women require?</p>	<p>What social and cultural norms and formal policies regulate how WASH/Disaster Preparedness and Response related household decisions are made?</p> <p>Are there civil society organizations focused on promoting cultural norms and policy changes on these regulations?</p>	<p>disability...), how are household decisions made?</p> <p>Who is involved in key decisions concerning the household?</p> <p>How are negotiations about these decisions managed? What happens if there is a disagreement?</p> <p>Collectively – how do women and men mobilize or advocate around the issue of household WASH/Disaster Preparedness and Response and with whom?</p>	
Area of inquiry 2: Sexual/gendered division of labor			
<p>What are the roles of women, girls, men and boys for household level WASH/disaster preparedness and response? community and broader family network?</p>	<p>How the gendered division of labor is shaping value in the communities and community based structures?</p> <p>Are working conditions safe for both women and men?</p>	<p>What kind of support mechanisms exist for the benefits of women? How women are contributing and getting support?</p> <p>How do women, girls, men and boys interact/negotiate in household management? communities? service providers and officials?</p>	<p>Document Review</p> <p>FGD</p> <p>Institutional/social network/services mapping</p> <p>KII, IDI</p>

Agency	Structures	Relations	Related Tools
Area of Inquiry 1: Household Decision Making			
<p>Time required per day for women and men, girls and boys for WASH/Disaster Preparedness and Response related household chores</p> <p>What personal skills, abilities, knowledge and attitude does a man or women need to be able to negotiate division of labor?</p> <p>What skills and strategies are women and men using to negotiate gendered division of labor? (collective attitude of men and women)</p> <p>What types of positions do women and men occupy at sub national and national structures of</p>	<p>Are there any special provision for women and people with specific condition?</p> <p>What WASH, Disaster Preparedness and Response related services, laws and policies exist to support men and women's condition and position?</p> <p>How accessible are WASH and Disaster preparedness and response services? What is quality and budget of these services?</p> <p>What kinds of civil society organizations are advocating for changes in gendered division of labor? What changes are they seeking?</p>	<p>How do women, men, girls and boys mobilize or advocate around the issues of division of labor in WASH/Disaster Preparedness and Response and with whom? (collective relations)</p> <p>How are these groups related to other key stakeholders /institutions?</p>	

Agency	Structures	Relations	Related Tools
Area of Inquiry 1: Household Decision Making			
WASH/Disaster Preparedness and Response? What roles they are playing?			
Area of Inquiry 3: Institutional Decisions Making			
<p>How many staffs does your organization have? Men? Women? people with disabilities?</p> <p>Who is in leadership position in your organization?</p> <p>How gender aware these decision makers are?</p> <p>Do women work in your organization in leadership or technical roles? If yes, how efficient are they?</p>	<p>How does your organization make decisions?</p> <p>What are the structural barriers to women working within this organization?</p> <p>What village, regional and national level decision making structures exists in WASH sector?</p> <p>Who are in decision making structures? Who represents from your organization?</p>	<p>What are the relationship barriers to women working within this organization?</p>	
Area of Inquiry 4: Planning Process and Community Engagement			
Skill of planners and decision makers about participatory and bottom	How does the organization develop plans?	How does the organization communicate to the communities and peoples about planning process?	

Agency	Structures	Relations	Related Tools
Area of Inquiry 1: Household Decision Making			
<p>up planning tools, techniques and processes</p> <p>Knowledge of planners and decision makers about gender and social inclusion</p> <p>Knowledge of planners and decision makers about the gender and social inclusion provisions of the organization</p>	<p>How does the organization involve community people/voices of community people (women, men, youth, and people with disability) in planning process?</p> <p>What are the policies and procedures of your department? What special provisions are specifically mentioned for women, youth, differently able people and marginalized groups?</p> <p>How do policies and procedures address gender and inclusion?</p> <p>Does your organization conduct social analysis before planning?</p> <p>How does your organization set annual priorities and target? How do you influence the national planning process to increase investment for the priorities of your organization?</p>	<p>Do community people come to your office for seeking support?</p> <p>What are the provisions of your department to reach and benefit the left out population?</p> <p>What communication tools and methods are popular in your region? Are they equally accessible to men and women? Which are popular among men? Women? Girls? Boys?</p>	
Area of Inquiry 5: Accessibility and Utilization of WASH Services			
<p>Knowledge of the staff of WASH organizations</p>	<p>What are the government and non-government organizations working in</p>	<p>Do the community peoples come alone And/or with company? Who is</p>	

Agency	Structures	Relations	Related Tools
Area of Inquiry 1: Household Decision Making			
<p>about inclusive, nutrition sensitive and sustainable WASH</p> <p>Knowledge about gender transformative WASH approaches and gender transformative tools and techniques</p> <p>Knowledge of community peoples about WASH organizations and available services</p> <p>Service seeking attitude of community people</p> <p>Who come to WASH organizations for the services? Men? Women? Adolescent girls? Adolescent boys? People with disabilities?</p>	<p>WASH and available services of the organizations</p> <p>What are the village, municipal and national structures related to WASH</p> <p>Are there women's rights organizations and people with disabilities' organizations active in WASH sector?</p>	<p>accompanied with women? Men? Adolescent girls? Boys? People with disabilities?</p> <p>Do the service seekers feel comfortable to come to your office for demanding and receiving WASH services?</p> <p>What is the relationship between rights based organizations and WASH organizations?</p>	
Area of Inquiry 6: Perceptions Towards People with Disability and Disability Inclusion			

Agency	Structures	Relations	Related Tools
Area of Inquiry 1: Household Decision Making			
<p>Knowledge of community peoples, local leaders and government officials about different types of disabilities</p> <p>Peoples with disability in decision making positions in different organizations including community structures</p> <p>Knowledge of community leaders and government official about disability inclusion</p>	<p>Organizations working for the inclusion of peoples with disabilities</p> <p>Groups and networks of peoples with disabilities</p> <p>Plans, policies and procedures to ensure the rights of peoples with disabilities</p>		
Area of Inquiry 7: Violence and restorative justice			
<p>What attitudes, information, knowledge or skills will an individual need to prevent or address violence?</p>	<p>What are the forms and characteristics of violence by sex and age group?</p> <p>What are men’s and women’s attitudes or beliefs toward violence, and what is considered “normal”?</p>	<p>How do women, girls, boys or men negotiate to avoid violence, or seek protection? And with whom?</p> <p>What groups exist to support survivors of violence and prevent future violence?</p> <p>How do family and other extended networks monitor and influence violent</p>	<p>FGD, KII, Institutional/social network/services mapping</p>

Agency	Structures	Relations	Related Tools
Area of Inquiry 1: Household Decision Making			
<p>What choices do individuals have when faced with?</p> <p>How are individuals – or collective groups – already acting to prevent and respond to violence?</p>	<p>What are responses to different forms of violence by community and justice mechanisms?</p> <p>What support is available for survivors of violence?</p> <p>How does custom compare with law in the case of community response to sexual violence?</p> <p>How accessible and sensitive to survivors are the local health, psychosocial, legal or protective services in providing information and services, whether government-sponsored or private?</p> <p>What discrimination or stigma do survivors of violence face? How does the community react when survivors seek restorative justice?</p>	<p>behaviors in the household, family, communities or schools?</p> <p>Collectively – how do women and men mobilize or advocate around this issue and with whom?</p> <p>How are these groups related to other key stakeholders /institutions?</p>	
Area of Inquiry 8: Claiming rights and meaningful participation in public decision making			
<p>What specific attitudes, information, knowledge, skills and capacity are</p>	<p>What village, regional or national levels decision making WASH/Disaster</p>	<p>Do family members or neighbors encourage or support women and girls'</p>	Document Review

Agency	Structures	Relations	Related Tools
Area of Inquiry 1: Household Decision Making			
<p>necessary to claim rights and meaningfully participate in public spaces and community decision making process?</p> <p>And how do men and women compare?</p> <p>What roles are taking by women in community structures?</p> <p>Are women and girls in leadership positions?</p> <p>Collectively what are women's groups and organizations doing to support women and girls to participate in the public sphere?</p>	<p>Preparedness and Response structures exist?</p> <p>How are women and men represented as participants within diverse structures i.e. markets, community forums, cultural rituals, government etc.?</p> <p>To what level are women and women's interests represented in each of these spaces?</p> <p>What are policies, programs or strategies that promote women's and girls' participation in public policy, planning and decision-making?</p> <p>How is it budgeted, staffed, funded or advertised?</p>	<p>participation? Do husbands support wives? Do parents support daughters?</p> <p>How do power dynamics in the household or community prevent or facilitate meaningful participation in community forums?</p> <p>Do women support one another?</p> <p>Which social support networks facilitate meaningful participation and leadership opportunities in public forums by members of the marginalized group?</p> <p>How effectively do women and girl leaders negotiate their interests and remain accountable to those that they represent?</p> <p>Collectively – how do women and men mobilize or advocate around this issue and with whom?</p>	<p>FGD, KII, Institutional/social network/services mapping</p>
Area of Inquiry 9: Knowledge Management and Interagency Collaboration			

Agency	Structures	Relations	Related Tools
Area of Inquiry 1: Household Decision Making			
<p>Knowledge and skill of the staff to manage, analyses and use the data and information</p> <p>Knowledge and skill of the staff about gender and power analysis</p> <p>Knowledge and skill of the staff about qualitative and quantitative data collection and analysis tools and techniques</p>	<p>Does the organization have tracking system to keep the record of beneficiary?</p> <p>Does the organization disaggregate data by sex/gender?</p> <p>Where does the organization use this data and information?</p> <p>Are there rights based organizations active in this Country? Are they involved in WASH or health advocacy or programming?</p> <p>What are the interagency forums available? what is the purpose of these forums?</p>	<p>Relationship between rights based organizations and WASH sector?</p> <p>How does your ministry/department engage with SEIGIS?</p> <p>How does the organization collaborate with other ministry and Department like WASH?</p>	
Area of Inquiry 10: Control Over Productive Assets			
<p>What are the WASH/Disaster Preparedness and Response related productive assets?</p>	<p>What are household norms on the management of productive assets between men and women?</p>	<p>What community groups and networks do women benefit from or contribute to?</p>	<p>Document Review, FGD, KII, Institutional/social network/services mapping,</p>

Agency	Structures	Relations	Related Tools
Area of Inquiry 1: Household Decision Making			
<p>What strategies do women employ – individually or as a group – to gain control over productive assets? And over their own labor and income? Who do they negotiate with?</p> <p>What personal skills, abilities, information, knowledge or attitudes does a man or woman need to be able to negotiate control over productive assets?</p> <p>What have women done collectively to promote equality in control over productive assets?</p>	<p>How do available WASH services favor men or women? What about women or men with a disability?</p> <p>How do societal norms, policies or programs influence accessibility of productive assets for women?</p> <p>Which civil society organizations are working to support equal access to and control and productive assets including WASH services?</p>	<p>What is the influence of community groups and networks in control over productive assets by men or women?</p> <p>What are the positive and negative consequences for women who successfully control assets?</p> <p>What are the positive and negative consequence for men, when women successfully control assets?</p> <p>How do women negotiate control of productive assets? How does this compare with men?</p> <p>Among women, are some groups not as successful, and why?</p> <p>Collectively – how do women and men mobilize or advocate around this issue and with whom?</p>	
Area of Inquiry 11: Aspiration and strategic interests of specific groups of people			

Agency	Structures	Relations	Related Tools
Area of Inquiry 1: Household Decision Making			
<p>What are the aspirations of men and women that are articulated for themselves?</p> <p>What are collective aspirations of men and women that are articulated for themselves as a group?</p> <p>What limitations do they place on their dreams in terms of who they want to be, what they can achieve and what can change?</p>	<p>How do women or men’s aspirations reflect social and cultural norms?</p> <p>How do men, women, boys and girls see the environment around them changing within these aspirations or priorities?</p>	<p>How would men and women, boys and girls envision their relationships evolving?</p> <p>How are these envisioned shifts different from the current status of relationships that men, women, boys and girls currently hold?</p>	<p>Visioning Exercise</p>
Area of Inquiry 12: Stakeholders, Current Services and Program			
	<p>What are the state, legal, military, administrative organizations working in WASH sector?</p> <p>What are the available services of these organizations?</p>	<p>Community</p> <p>Family/Kinship</p> <p>Household, extended families, lineage groupings</p>	
Area of Inquiry 13: Existing GESI and WASH Knowledge and Previous Good Practices			

Agency	Structures	Relations	Related Tools
Area of Inquiry 1: Household Decision Making			
<p>Knowledge of community people, local leaders and government officials about 'gender transformation'</p> <p>How well equipped are WASH/health staffs to address gender inequality (e.g. have you had training in the past?)? Where do you think the gaps are?</p>	<p>Who provides GESI training? to whom?</p>		

Annex 4: Facilitation Guide of Staffs' Engagement in Gender and Power Analysis

Objectives:

- 1) To surface staffs' knowledge, beliefs and attitude regarding gender, disability and power

2) To introduce the approach and tools to the WFW gender, disability and power analysis mission

DAY 1: Surfacing staff attitudes, beliefs and knowledge and identifying capacity strengthening needs			
Time	Activity & objective	Guidance	Materials
9:00-9:30 Sabitra	<p>Introductions</p> <p>To get to know one another and begin reflecting on how we are all affected by gender norms</p> <p>To have first experience using a SAA tool</p>	<p><u>SAA tool: Experience being a Man and Woman</u></p> <p><u>Follow instructions in the tool</u></p> <p>Go around the circle with each participant sharing their name and roles</p> <p>Each participant shares their response to the questions:</p> <ul style="list-style-type: none"> • What is one thing you like about being a woman/man? • What is one thing you find challenging about being a woman/ man? 	<p>Colored cards</p> <p>Markers</p>
9:30-9:45 Floriano	<p>Establish group norms/rules</p> <p>To agree on rules for the training</p>	<p>Lead a brainstorming discussion to agree on rules of conduct for the training. Write the rules on flipchart.</p>	<p>Flipchart</p> <p>Colored Markers</p>
9:45-10:00 Grishma	<p>2-days overview</p> <ul style="list-style-type: none"> • To introduce the objectives of the Gender and Power Analysis Mission <p>To provide an overview of the 2-day agenda</p>	<p>Training objectives:</p> <ol style="list-style-type: none"> 1. To learn about our own attitudes, beliefs and knowledge regarding gender, disability and power, and how these impact on our work with community members 2. To understand why it is important to address gender and power in the Water for Women project 3. To prepare for the field research to be conducted over the coming 6-days 	<p>Workshop objectives written on flipchart</p> <p>Workshop agenda</p>

		<p><u>Explain:</u></p> <ul style="list-style-type: none"> • The WFW project concept commits us to being gender transformative and inclusive of the needs of women and men, and people with disability. Gender and power analysis mission is designed to explore contextual knowledge on gender and power; analysis based designing and planning is important to understand the gaps and address those gaps. Staffs' transformation is the key for inclusive WASH services, this is an excellent effort to enrich the understanding of staffs • <i>Don't worry if this is unclear now – we will explore these concepts more during our time together over the next week. We will learn more during the field survey in coming weeks</i> • Over the next 2-days we will explore our own gender and social values using participatory tools, some of which we will use during the field research. • Through using participatory tools, we will develop personal experience and understanding of how our own attitudes influence both our lives and the work we do. • Then we will learn how to use these tools during the field research, and prepare for the research itself. <p>It will be a busy two days!</p>	written on flipchart
10:00-10:30 Livia	Water for Women Project Introduction	Short Presentation and Buzz groups discussion Questions for Buzz Groups	PPT Presentation

		<p>What did you know already?</p> <p>What new things did you learn about the project?</p> <p>What do you want to learn more?</p> <p>Explain:</p> <p>Link the responses of participants with Gender and Power Analysis which is designed to explore more knowledge for the project</p>	<p>Colored Meta Cards</p> <p>Flip Charts</p>
10:30-10:45	Break		
10:45-11:45	<p>Values clarification</p> <p>To learn about ourselves through reflection and dialogue</p> <p>Nelina and Floriano</p>	<p><u>SAA tool:</u> Vote with Your Feet</p> <p>This exercise focuses on the crossover between norms and values in our personal lives and how these reflect norms and values in our professional personal lives.</p> <p>Follow instructions in the tool. (8)</p> <p><u>Values clarification statements (to be updated for Timor context):</u></p> <ol style="list-style-type: none"> 1. A man should have the final word about decisions in his house 2. It is a man's responsibility to provide for his family 3. Menstrual hygiene is the responsibility of women 4. It is a woman's responsibility to avoid getting pregnant 5. A person with a disability could not perform public responsibilities 6. A woman deserves to be beaten if she has an affair 7. Women with a disability do not have right skills to be leaders 8. A person with disability should be looked after by their family 	<p>Signs with 'agree' and 'disagree' posted at opposite ends of the room</p>

		<p>9. A man with disability shouldn't marry, he couldn't provide for his family</p> <p>10. Changing diapers, giving the kids a bath, and feeding the kids are only the mothers' responsibility</p>	
11:45-12:00 Floriano	Introduce data collection protocol	<p><u>Introduce:</u></p> <ul style="list-style-type: none"> • Objectives of the research • Who we will be targeting and how (stakeholders, methodology) • Roles and responsibilities of research team members 	PPT presentation
12:00-1:00	Lunch		
1:00-2:30 Sabitra	Introduce data collection tool	<p>Focus Group Discussion (FGD)</p> <p>Women's Group, AGMF, GMF, Adult Men and Women</p> <p><u>It may be useful to probe:</u></p> <p>What information we expect from this research? What is our focus to collect primary data?</p> <p>Who are Key Informants for collecting data on system strengthening component of WASH?</p> <p>Who are specific group of peoples for FGDs and why?</p>	Tool Guide and Questionnaire
2:30-2:45	Break		

2:45-3:30 Sabitra	Practice on gender analysis tool <i>To prepare for exploring the Aspiration and strategic interests of specific groups of people</i>	<p>SAA tool: Visioning Exercise</p> <ul style="list-style-type: none"> Envision what we hope change looks like for the lives of women and men, girls and boys (menstrual hygiene practices, health services and facilities, drinking water, toilet facilities etc) Ask the participants to close their eyes and imagine that they have gone to sleep and when they awake, 15 years have passed and we have really achieved social change. What does the attitude and behavior of the service providers look like for men, women, boys and girls to provide WASH services? for disable people? <p>Ask the participants to split into two groups, include disable people of each category in all groups</p> <ul style="list-style-type: none"> Men Women <p>Request each group to develop a poster with pictures and words to communicate their vision. Once completed, groups come together and share their visions.</p>	Tool guide with instructions
3:30-5:00 Sabitra	Data Entry and Coding	<ul style="list-style-type: none"> Note-taking (note book, recording device, recording template) Schedule, including daily debriefs Data entry and coding 	Data Template
5:00-5:15 Grishma	Daily Reflection	Ask participants to sit in a circle. Offer a special object to be passed around the room. Ask each participant to share just one sentence to summarize their feelings about the day.	Special object
DAY 2: Preparing for field work & practicing facilitation skills			
Time	Activity & objective	Guidance	Materials

9:00-9:30 Nelina	Day 2 introduction	Share the Day 2 agenda <u>Explain:</u> <ul style="list-style-type: none"> • Today we are going to start thinking more about the WFW project's approach to gender, disability and power, starting with the scoping mission. • We will go over the approach to field work 	
9:30-10:30 Sabitra	Introducing additional data collection tools	Key Informant Interview and In-depth Interview (KII and IDI)	Tool Guide and Questionnaire
10:30-10:45	Break		
10:45-11:30 Sabitra	Introducing additional data collection tools	Continue KII and IDI	Tool Guide and Questionnaire
12:00-1:00	Lunch		
1.00 – 1:30 Sabitra	Introducing facilitation skills	Facilitate a quick brainstorming exercise on the characteristics of good facilitation skills. Write participants' contributions on a flipchart. These should include: <ul style="list-style-type: none"> • Active listening • Suspending judgement (make sure people know what this means) • Surface out the assumptions (ask questions) • Creating a safe space 	Flipchart, markers

		<ul style="list-style-type: none"> • Ensuring the space is accessible • Establishing trust • Asking probing questions (ask for examples of probing questions) • Confidentiality • Consent • Etc. <p><u>Explain</u></p> <p>Facilitation skill is key for the research to explore knowledge. This is important to understand the facts, people are the source of knowledge and experiences. To understand this, value each member and provide opportunity to all to speak/communicate</p>	
1.30 – 1:45 Grishma	Overview consent protocols for research	<ul style="list-style-type: none"> • Consent protocol (including for photos) • Child protection, Prevention from Sexual Exploitation and Abuse (PSEA) • What to do if people disclose violence 	
1:45 – 2:45 Sabitra	Practicing Facilitation Skill	<p>GED Tool: Triad discussion</p> <ul style="list-style-type: none"> • Explain that we are now going to spend some time practicing the facilitation skills that we will be using during our field research. • Ask participants to divide into groups of three. Make sure the groups are as diverse as possible. • Ask participants to designate roles for each team member: 	Flipchart paper with Triad diagram and role written on it.

		<p>Teller: Will tell the seeker a real story about when they found themselves in a position where they felt powerless. They will describe the situation and what it felt like.</p> <p>Seeker: Will listen carefully, put judgements aside, keep the focus on the teller, avoid interruptions, ask probing questions and engage with curiosity.</p> <p>Observer: Must not speak, but just observe the interaction between the seeker and teller. The Observer watches for the following:</p> <ul style="list-style-type: none"> • How well is the Seeker suspending judgment, putting his/her own stories and reactions aside? • Asking open-ended questions of curiosity? • Considering the teller is giving a gift and offering a precious treasure? • Not interrupting the Teller <p><u>Tip:</u> Ask each triad member to explain their responsibilities to ensure that they understand the activity</p> <ul style="list-style-type: none"> • After the groups have assigned their roles, give the teller 7 minutes to tell their story, with questions from the Seeker throughout. After the Teller has told their story, the Observer gives feedback for 3 minutes. • After each round ask (5min), “How was that? How was it for the Teller? The Seeker? The Observer? What did you notice?” <u>Tip:</u> 	
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		<p>Ensure that people don't share the Tellers' stories during this plenary discussion.</p> <ul style="list-style-type: none"> • Then switch new roles and follow the same pattern, so that each team member has a chance to practice in each role. • Close by asking, "How are these skills relevant for our field work this week?" 	
2:45-3:00	Break		
3:45-5:00	Field Plan	<ul style="list-style-type: none"> • Finalize visit and field survey plan and responsible team for each municipality 	
Grishma	Final clarifications & logistics	<ul style="list-style-type: none"> • Work through plan for each day of the research, or at least for the first day • Confirm groups and the activities that they will each be leading on 	

Annex 5: Sample interview and tool guide

Annex 5.1: FGD Guide for GMF

HOW TO USE THE TOOL?
Follow the steps outlined below and take notes from the discussion.
MATERIALS REQUIRED
<ul style="list-style-type: none">• Colored cards• Markers• Note book• Camera and recording device
WHO SHOULD BE INVOLVED?
<p>The focus group should involve a minimum of 4 and maximum of 15 participants. The focus group discussion should take 2 hours.</p> <p>Focus group discussion roles:</p> <ul style="list-style-type: none">• The facilitator makes sure everyone has a chance to speak and that the discussion stays focused• The note-taker writes notes and takes photographs of the group (with the group's permission) <p>If there is a 3rd person, this person observes what is happening and the dynamics of the group; takes photographs as needed etc.</p>
STEP 1: INTRODUCTION
<p>Each member of the team introduces him/herself and clearly explain the purpose of the visit:</p> <ul style="list-style-type: none">• We are working together to design a new project that will aim to improve water, sanitation and hygiene in this municipality. To do this, we want to work with women, men, girls and boys – including people with a disability – to make sure that our project benefits everyone.

- We would like to ask you some questions to help us make sure that our project meets your needs. Please don't be shy – there are no right or wrong answers and your opinions are very important!
- This discussion will take about 2 hours. Is this ok with you?
- **Ask participants if they have any questions.**

STEP 2: INFORMED CONSENT

Before starting the discussion **explain the following** to participants:

- All of the information that you share will be **confidential**. Our notes will be kept secure and we will not share personal details or personal views with anyone else. Is that okay?
- Because you will be sharing your thoughts and experiences together in a group, other people in the discussion will know what each person has said. So that other people in your community do not find out about what people in this group said, please do not talk about the details of this discussion once the discussion has finished. In this group you should feel comfortable to speak openly. Is that clear?
- Some of the information you give me may be included in a **report** that will be used to design a new project to improve water, sanitation and hygiene in this municipality. It will not be possible from this report to identify you as individuals. Is that okay?
- Participation in the group discussion is **voluntary**. If you want to leave the discussion at any time you can. After the discussion, you can tell us if you do not want us to use what you have said. You do not have to give a reason why. If you decide not to participate, we will not use any of the information you have given us unless you tell us you want us to. If there is anything you tell us that you do not want us to mention in the report, tell us and we will keep this confidential. Do you understand? Is this OK?
- If you have any **complaints** about the discussion you can tell us. If you don't feel comfortable sharing your concerns with us, you or someone representing you can make contact with Grishma Bista. Is this clear?
- Do you understand what we have told you? Can we start the discussion now?

STEP 3: CONDUCTING THE FOCUS GROUP DISCUSSION – QUESTIONS

EXPLAIN to participants that we would like to learn more about their group and their community, including issues to do with water, sanitation and hygiene.

About your group

1. Can you please tell me about your group? We are Facility Management Group- GMF

- 1.1 What is the purpose of your group / why does it exist?
- 1.2 When was your group formed, and who was it formed by?
- 1.3 Who are the members of your group? How many men? How many women? Are there any members with a disability?
- 1.4 Who chose the people to join this group? Why did you choose to join?
- 1.5 If members are mostly older able-bodied men, why? Why don't women participate? Why don't younger people? Why don't people with a disability participate?
- 1.6 What is the structure of your group? E.g. is there a Chairperson, Secretary, etc.? Who is in these different roles? Women? Men? People with a disability?
- 1.7 How often does your group meet, and where does it meet?
- 1.8 Since it was formed, what has your group done?
- 1.9 What are the best things about your group? What is really working well?

About your community,

2. In your community, how are decisions made about things that affect everyone? For example, construction of infrastructure, local rules, etc.?

- 2.1 Who is involved in making these decisions most of the time? Is it usually men? Women? Old people or young people? Are people with a disability involved?
- 2.2 Can you describe how gender aware these decision-makers are?
- 2.3 If it is mostly older able-bodied men, why? Why don't women participate? Why don't younger people? Why don't people with a disability participate?
- 2.4 Where are these decisions made?
- 2.5 If community decisions are made during meetings, where are these meetings held?
- 2.6 Who speaks most of the time? Do people listen to women's ideas?

3. Do women work in your community in technical roles for providing and maintaining WASH services? What are barriers to women working in technical roles?

3.1 What would happen if women, younger people or people with a disability attended and spoke up? How might this affect the decisions that were made?

3.2 What would people think if women, younger people or people with a disability attended and spoke up? Would anything bad happen to them?

Participation in public life,

4. Do women participate in things like training activities in your community? Probe: Is this common? Who usually participates – women or men?

4.1 If not, why not? Are there consequences if women attend?

4.2 What do people think if women attend these types of activities?

4.3 What could be done to help more women attend these types of activities?

General

5. In your opinion, what are the most important needs in your community to improve water, sanitation and hygiene?

6. Is there anything else that you would like to add? Any questions that you have for us?

STEP 4: ENDING THE SESSION

At the end of the session,

- Give a brief summary of what has been said in case anyone has something to add
- Remind participants of the purpose of the discussion and explain how we are going to use the information – what the next steps are.
- Explain what the next steps are with the project; when can people expect to hear from us again?
- Check if participants have any questions

- Thank participants for their time
- Check the written record has captured the main points and reflected the level of participants' involvement in the discussion.
- Collect up materials

Annex 5.2: KII Guide of Ministry of Public Works, Transport & Communications - National Department of Program and Technical Support

HOW TO USE THE TOOL?
Follow the steps outlined below and take notes from the discussion in the Recording Format.
MATERIALS REQUIRED
<ul style="list-style-type: none">• Copies of the recording template• Camera and recording device
WHO SHOULD BE INVOLVED?
The KII and IDI should involve the representatives of WASH related service providers, networks, committees and community leaders
KII and IDI should be held individually to ensure that they feel comfortable to speak freely. It takes around 2 hours per individual.
ROLES OF INTERVIEWER
<ul style="list-style-type: none">• The interviewer makes sure interviewee has a chance to speak and that the interview stays focused• The note-taker writes notes and takes photographs of the individual (with the individual's permission)• If there is a 3rd person, this person observes what is happening and observe the facilities by using observation guide; takes photographs as needed etc.
TEP 1: INTRODUCTION
Give opportunity to give her/his introduction and clearly explain the purpose of the visit:
<ul style="list-style-type: none">• We are working together to design a new project that will aim to improve water, sanitation and hygiene in this municipality. To do this, we want to work to strengthen the systems– to make sure that WASH sector provides inclusive services.• We would like to ask you some questions to help us make sure that our project meets your needs. Please don't hesitate – there are no right or wrong answers and your opinions are very important!• This interview will take about 2 hours. Is this ok with you?

- There may need of some office related documents to review, that will be great help if you provide electronic or hardcopy documents
- **Ask the individual if she/he has any questions.**

STEP 2: INFORMED CONSENT

Before starting the discussion **explain the following** to participants:

- All of the information that you share will be **confidential**. Our notes will be kept secure and we will not share personal details or personal views with anyone else. Is that okay?
- Because you will be sharing the information based on your knowledge and experiences.
- Some of the information you give me will be included in a **report** that will be used to design a new project to improve water, sanitation and hygiene in this municipality. It will not be possible from this report to identify you as individuals. Is that okay?
- Providing information in the interview is **voluntary**. If you want to pass the question, at any time you can say no. After the discussion, you can tell us if you do not want us to use what you have said. You do not have to give a reason why. If there is anything you tell us that you do not want us to mention in the report, tell us and we will keep this confidential. Do you understand? Is this OK?
- If you have any **complaints** about the discussion you can tell us. If you don't feel comfortable sharing your concerns with us, you or someone representing you can make contact with Grishma Bista. Is this clear?
- Do you understand what we have told you? Can we start the interview now?

STEP 3: CONDUCT KII/IDI

Name of the Respondent:

Date of KII:

Name of the organization:

Position:

General Questions,

1. How many staffs does your Department have? Men? Women? Differently able people?
2. Who is in leadership position in your department? How does your department make decisions?
3. Can you describe how gender aware these decision-makers are?
4. Do women work in your department in leadership or technical roles? If yes, how efficient are they?
5. What are barriers to women working within this department?
6. What village, regional and national level decision making structures exists in WASH sector?
7. Who are in these structures? Who represents from your department?

Technical Questions,

8. What are the role and responsibility of your Department?
9. How does your Department develop plans?
10. How does the Department involve community people/voices of community people (women, men, youth, and differently able people) in planning process?
11. What are the policies and procedures of your department? What special provisions are specifically mentioned for women, youth, differently able people and marginalized groups?
12. What are the provisions of your department to reach and benefit the left out population?
13. How do plans/policies of the government or department address gender?
14. What is the mechanism of your department to address any kind of discrimination and harassment?
15. What is the institutional mechanism of your Department to address GBV and VAW?

16. How does your Department set annual priorities and target? How do you influence the national planning process to increase investment for the priorities of your Department?
17. What communication tools and methods are popular in your region? Are they equally accessible to men and women? Which are popular among men? Women? Girls? Boys? How does your office communicate to the communities and peoples about your support?
18. Does your department have tracking system to keep the record of beneficiary?
19. Do you disaggregate data by sex/gender?
20. How does your department get feedbacks from the public and other stakeholders?
21. How does your ministry engage with SEIGIS?
22. How does your Department collaborate with other ministry and Department like WASH
23. Are there women's rights organizations active in your Country? Are they involved in WASH or health advocacy or programming?
24. What is the relationship between women's rights organizations and government structures?
25. What do you think the term 'gender transformation' means?
26. How well equipped are WASH/health staffs to address gender inequality (e.g. have you had training in the past)? Where do you think the gaps are?

STEP 4: ENDING THE SESSION

At the end of the session ...

- Give a brief summary of what has been said in case s/he has something to add
- Remind her/him of the purpose of the KII and explain how we are going to use the information – what the next steps are.
- Check if s/he have any questions
- Thank the respondent for her/his time
- Check the written record has captured the main points and reflected the level of her/his response in the interview.
- Collect up materials

Annex 5.3: KII guide of municipal level Women Association

HOW TO USE THE TOOL?
Follow the steps outlined below and take notes from the discussion
MATERIAALS NEEDED
<ul style="list-style-type: none">• Note Book• Camera and recording device
WHO SHOULD BE INVOLVED?
The KII and IDI should involve the representatives of WASH related service providers, networks, committees and community leaders
KII and IDI should be held individually to ensure that they feel comfortable to speak freely. It takes around 2 hours per individual.
ROLES OF INTERVIEWER
<ul style="list-style-type: none">• The interviewer makes sure interviewee has a chance to speak and that the interview stays focused• The note-taker writes notes and takes photographs of the individual (with the individual's permission)
If there is a 3rd person, this person observes what is happening and observe the facilities by using observation guide; takes photographs as needed etc.
STEP 1: INTRODUCTION
Give opportunity to give her/his introduction and clearly explain the purpose of the visit:
<ul style="list-style-type: none">• We are working together to design a new project that will aim to improve water, sanitation and hygiene in two municipalities. To do this, we want to work to strengthen the systems– to make sure that WASH sector provides inclusive services.• We would like to ask you some questions to help us make sure that our project meets your needs. Please don't hesitate – there are no right or wrong answers and your opinions are very important!• This interview will take about 2 hours. Is this ok with you?

- There may need of some office related documents to review, that will be great help if you provide electronic or hardcopy documents
- **Ask the individual if she/he has any questions.**

STEP 2: INFORMED CONSENT

Before starting the discussion **explain the following** to participants:

- All of the information that you share will be **confidential**. Our notes will be kept secure and we will not share personal details or personal views with anyone else. Is that okay?
- Because you will be sharing the information based on your knowledge and experiences.
- Some of the information you give us will be included in a **report** that will be used to design a new project to improve water, sanitation and hygiene in these municipalities. It will not be possible from this report to identify you as individuals. Is that okay?
- Providing information in the interview is **voluntary**. If you want to pass the question, at any time you can say no. After the discussion, you can tell us if you do not want us to use what you have said. You do not have to give a reason why. If there is anything you tell us that you do not want us to mention in the report, tell us and we will keep this confidential. Do you understand? Is this OK?
- If you have any **complaints** about the discussion you can tell us. If you don't feel comfortable sharing your concerns with us, you or someone representing you can make contact with Grishma Bista, CARE International in Timor-Leste. Is this clear?
- Do you understand what we have told you? Can we start the interview now?

STEP 3: CONDUCT KII/IDI

Name of the Respondent:

Date of KII:

Name of the organization:

Position:

General Questions,

27. How many members does your Association have? Men? Women? Differently able people? People from marginalized groups?
28. Who is in leadership position in your Association? How does your Association make decisions? Can you describe how gender aware these decision-makers are?
29. Do women work in your Association in leadership roles? What are barriers to women working in leadership roles?
30. What village, regional and national level decision making structures exists in WASH sector? Who are in the structures? Who represents from your organization?

Technical Questions (Gender),

31. What are the roles of your Association? What kind of supports does your association provide?
32. Who come to your office for the services? Men? Women? Adolescent girls? Adolescent boys? Differently able people?
33. Do they come alone? And/or with company? Who is accompanied with women? Men? Adolescent girls? Boys? Differently able people?
34. Do the service seekers feel comfortable to come to your office for demanding and receiving services?
35. Who are left out? Why? How do you know who are left out? What kinds of mechanism exist to understand the causes and address those causes?
36. What are the provisions of your organization to reach to those left out population?
37. Does women, girls and differently able people have secured environment to move freely? If not why? Do you think this is a barrier to get available service? How?
38. What are the policies and procedures of your Association? What special provisions are specifically mentioned for women, youth, differently able people and marginalized groups?
39. How do plans/policies address gender?
40. What is the mechanism of your Association to address any kind of discrimination and harassment?
41. What is the institutional mechanism of addressing GBV and VAW?

42. How does your Association develop plans? Who involved in the planning process? How do you access community needs to incorporate in your plan?
43. How do you set priorities? From where you get budget for your priorities?
44. How do you influence the whole planning process of the government for increasing investment in gender equality and social inclusion?
45. What communication tools and methods are popular in your region? Are they equally accessible to men and women? Which are popular among men? Women? Girls? Boys? How does your office communicate to the communities and peoples about your services?
46. What types of support you provide to differently able people? How do you reach to differently able people?
47. Does your office have tracking system to keep the record of service receivers/seekers and beneficiaries? Do you disaggregate data by sex/gender?
48. How does your Association get feedbacks from the public and other stakeholders?
49. How does your Association engage with other Departments? What is your relation with WASH and Health sector?
50. Are there women's rights organizations active in your Municipality? Are they involved in WASH or health advocacy or programming?
51. What is the relationship between women's rights organizations and government departments in your Municipality?
52. What do you think the term 'gender transformation' means?
53. How well equipped are the members of your Association to address gender (e.g. have you had training in the past)? Where do you think the gaps are?

STEP 4: ENDING THE SESSION

At the end of the session ...

- Give a brief summary of what has been said in case s/he has something to add
- Remind her/him of the purpose of the KII and explain how we are going to use the information – what the next steps are.
- Check if s/he have any questions
- Thank the respondent for her/his time
- Check the written record has captured the main points and reflected the level of her/his response in the interview.

- Collect up materials

Annex 5.4: Tool Guide Community FGD using institutional mapping and visioning exercise

HOW TO USE THE TOOL?
Follow the steps outlined below and take notes from the discussion in the Recording Format.
MATERIALS REQUIRED:
<ul style="list-style-type: none"> • Coloured cards • Markers • Note book • Camera and recording device
WHO SHOULD BE INVOLVED?
<p>The focus group should involve a minimum of 4 and maximum of 15 participants. Focus group discussions should be held with <i>women and men separately</i> to ensure that they feel comfortable to speak freely. The focus group discussion should take 2 hours.</p> <p>Focus group discussion roles:</p> <ul style="list-style-type: none"> • The facilitator makes sure everyone has a chance to speak and that the discussion stays focused • The note-taker writes notes and takes photographs of the group (with the group’s permission) • If there is a 3rd person, this person observes what is happening and the dynamics of the group; takes photographs as needed etc.
STEP 1: INTRODUCTION

Each member of the team introduces him/herself and clearly explain the purpose of the visit:

- We are working together to design a new project that will aim to improve water, sanitation and hygiene in this municipality. To do this, we want to work with women, men, girls and boys – including people with a disability – to make sure that our project benefits everyone.
- We would like to ask you some questions to help us make sure that our project meets your needs. Please don't be shy – there are no right or wrong answers and your opinions are very important!
- This discussion will take about 2 hours. Is this ok with you?
- Ask participants if they have any questions.

STEP 2: INFORMED CONSENT

Before starting the discussion explain the following to participants:

- All of the information that you share will be confidential. Our notes will be kept secure and we will not share personal details or personal views with anyone else. Is that okay?
- Because you will be sharing your thoughts and experiences together in a group, other people in the discussion will know what each person has said. So that other people in your community do not find out about what people in this group said, please do not talk about the details of this discussion once the discussion has finished. In this group you should feel comfortable to speak openly. Is that clear?
- Some of the information you give me may be included in a report that will be used to design a new project to improve water, sanitation and hygiene in this municipality. It will not be possible from this report to identify you as individuals. Is that okay?
- Participation in the group discussion is voluntary. If you want to leave the discussion at any time you can. After the discussion, you can tell us if you do not want us to use what you have said. You do not have to give a reason why. If you decide not to participate, we will not use any of the information you have given us unless you tell us you want us to. If there is anything you tell us that you do not want us to mention in the report, tell us and we will keep this confidential. Do you understand? Is this OK?
- If you have any complaints about the discussion you can tell us. If you don't feel comfortable sharing your concerns with us, you or someone representing you can make contact with Grishma Bista, CARE International in Timor-Leste. Is this clear?

- Do you understand what we have told you? Can we start the discussion now?

STEP 3: CONDUCTING THE FOCUS GROUP DISCUSSION – QUESTIONS

Activity 1: Institutional, social network and services mapping (Areas of Inquiry:All)

1. Introduce the exercise, inform the participants about the four key institutional sites; the state, the market, the community and family/kinship
2. Introduce institutional analysis of each institutional sites

The state	legal, military, administrative organizations
Community	NGOs
Market	firms, financial corporations, farming enterprises, multinationals
Family/Kinship	Household, extended families, lineage groupings

3. Divide the participants into two groups (men and women)
4. Key Questions for each analysis

a. Rules; how things get done in the community

- ✓ Are you the member of any community group and committee? Which position?
- ✓ Do you represent as participants of group and community meeting?
- ✓ How do you put your voice in the meeting? Do the members of the community meeting encourage you to speak up?
- ✓ What support are you getting from community groups? Committees?
- ✓ What are the challenges for women to join group meeting and community discussion? What about people with disability?
- ✓ How do women manage household chores and community work? Who does women's work at home when they go to group and community meeting?

- ✓ What are the key social norms, values, laws, traditions and customs in your society which aren't favorable for women's mobility?
 - ✓ How do you access legal and protection services when you require?
 - ✓ How do you access health service? Clean drinking water service? Sanitation service?
 - ✓ What are the challenges for women and people with disability to access government services?
 - ✓ How do you receive information about the government services? How do you know who does what?
 - ✓ How do you contribute for developing plan of local government? Do you participate in the meeting for developing Aldeia/Suco level plan of the government?
 - ✓ Do you participate the planning meeting of any service provider? Which service provider? How?
 - ✓ How do you provide feedbacks to the local government? Service providers?
 - ✓ What do you know about the government's policies and laws? Do you know what does constitution says about the representation of women in different structures?
- b. Activities; what is done, what services are provided**
 - ✓ Please list the name of service providers from where you get health, sanitation, clean drinking water, education, information?
 - ✓ Which organizations and networks are working in your community for changing gender inequality and social inclusion?
 - ✓ Which organizations are working for ending/reducing GBV and VAW?
 - ✓ What village, regional or national levels decision making and response structures exist in your region?
 - ✓ Who are getting services easily? Why?
 - ✓ For whom, getting services is hard? Why?
- c. Resources; what is used, what is produced (outline human resources, materials resources, intangible resources like social networks)**
 - ✓ What groups and networks exist in your community which benefits women?
 - ✓ What groups and networks are available for peoples with disability?
 - ✓ What kind of informal support system/mechanisms (cultural leaders, religious leaders, and change agents) exist in your community? What supports they provide to women and people with disability?
 - ✓ Are women who are getting support happy with these services? Why?
 - ✓ What are the complaints of women and people with disability about groups and networks working for them?
 - ✓ What kinds of violence against women exists in your society?

- ✓ When women suffer from violence, where do they go? Is there any justice mechanism exist in your community?
 - ✓ What groups and networks exist in your community to support survivors of violence and prevent future violence?
 - ✓ What are responses to different forms of violence by community and justice mechanisms?
 - ✓ Women: If a small problem, sometime police just send back the cases to the community to solve between families.
 - ✓ Are women who are getting support happy with these services? Why?
 - ✓ Which groups/social support networks/organizations facilitate women's participation and leadership in community spaces?
 - ✓ What do you know about the committee and networks which are responsible for community WASH?
- d. People; who is in, who is out, what does what (who is allow in and who is excluded; Why? who is assigned various resources, tasks and responsibilities, who is positioned where in the hierarchy?)**
- ✓ Who are in leadership position in different groups and structures in your community?
 - ✓ What roles are taking by women and people with disability in those groups and structures?
- e. Power: Who decides, and whose interests are served**
- ✓ Who decides on resource allocation and why?
 - ✓ Who are mostly benefitted?

Activity 2: Visioning Exercise (Area of Inquiry: Aspiration and strategic interests of specific groups of people)

This exercise offers a guiding point of what world do we seek? This is anchored by our understanding of the current context laid out by the gender norms and trends exercise. This helps to explore strategies toward reaching the vision.

- 1. Introduce visioning exercise, envisioning what we hope change looks like for the lives of women and men, girls and boys (menstrual hygiene practices, health services and facilities, drinking water, toilet facilities etc)**
- 2. Ask participants to close their eyes and imagine that they have gone to sleep and when they awake, 15 years have passed and we have really achieved social change. What does empowerment look like for men, women, boys and girls in this new world? Ask participants to keep in mind all that empowerment entails: change across agency, structures and relations. Ask them to be focused on the achievements of inclusive WASH system.**
- 3. Split the participants into two groups; men and women**

4. Ask each group to develop a poster with pictures and words to communicate their vision of empowerment.

Questions for discussion

- ✓ What are the aspirations of men/women/young girls/young boys that are articulated for yourselves?
- ✓ What are collective aspirations of men/women/young girls/young boys that are articulated for yourselves as a group?
- ✓ What limitations do you place on your dreams in terms of who you want to be, what you can achieve and what you can change?
- ✓ How social and cultural norms do affects your aspirations?
- ✓ How do you see the around you changing within these aspirations or priorities?
- ✓ How would you envision your relationships evolving?
- ✓ How are these envisioned shifts different from the current status of relationships you currently hold?

Activity 3: Is there anything else that you would like to add? Any questions that you have for us?

Activity 4: Bring women and men together to share

Visioning Exercise

Once completed the exercise, groups come together and share their visions. Useful probe questions for plenary discussion,

- ✓ Looking across these visions, what are commonalities and differences?
- ✓ What are the key relationships that have influence on establishing inclusive WASH?
- ✓ What are key changes that are required to reach this vision establishment of inclusive WASH system?

STEP 4: ENDING THE SESSION

At the end of the session with women and men or young girls and boys together...

- Give a brief summary of what has been said in case anyone has something to add
- Remind participants of the purpose of the discussion and explain how we are going to use the information – what the next steps are.
- Explain what the next steps are with the project; when can people expect to hear from us again?
- Check if participants have any questions
- Thank participants for their time
- Check the written record has captured the main points and reflected the level of participants' involvement in the discussion.
- Collect up materials