



Shifting Social Norms for Transformative WASH:

Guidance for WASH Actors

Guidance at a glance

What is this guidance for?

To support water, sanitation and hygiene (WASH) actors to implement approaches to shift social norms that underpin WASH behaviours for marginalised and vulnerable groups.



Who should use this guidance?

Program managers and technical advisers working to ensure WASH projects leave no one behind.



Why use this guidance?

It will help to:

- focus outcomes on harmful WASH behaviours underpinned by social norms
- assess the opportunities to include a focus on social norms in WASH programs
- plan new interventions supporting social norms shifts and consider how to scale out, scale up and scale deep existing initiatives.

About this guidance

This guidance note refers to social norm change in, and through, WASH programs. It is not a comprehensive “how to” guide for designing successful social norm initiatives, but the checklists below provide guiding questions and practical examples that can be used to increase understanding of how to implement a social norms initiative as a component of WASH programs. This guidance primarily draws from the literature on shifting social norms that sustain gender-related harmful and exclusionary practices; there is less documented experience on shifting social norms that perpetuate the exclusion of people with disabilities and people with diverse gender identities and sexual orientations. Key definitions can be found in [Annex 1](#).

Changing social norms in and through WASH programs is a growing field with a small evidence base, and therefore the guidance incorporates first-hand practitioner and researcher reflections. The guidance is based on an accompanying [review of concepts, literature and practice](#) and collaborative expert input and review process involving Water for Women’s advisers, academics and program designers.

This guidance reflects Water for Women’s aim to strengthen WASH programmers’ understanding of how to implement social norms interventions for the benefit of those likely to be harmed by certain social norms, and which reduce their access to appropriate WASH services as well as their agency to participate meaningfully in WASH decision-making structures and processes. Vulnerable people include women and girls in all their diversities, people with disabilities, from sexual and gender minority communities, low-income households, people from remote communities and ethnic minorities.

Examples from projects supported by Water for Women in Timor-Leste, Papua New Guinea, Solomon Islands, Indonesia, Nepal, Bhutan and Vanuatu are presented. They describe interventions that employ different approaches to engaging on social norms and the projects’ successes and challenges.

About Water for Women

Water for Women supports improved health, gender equality and wellbeing in Asian and Pacific communities through socially inclusive, sustainable and resilient WASH projects and research. It is the Australian Government's flagship WASH program, delivered as part of Australia's aid program, investing AUD 118.9 million over five years. Water for Women is partnering with civil society organisations and research organisations to deliver 33 projects in 15 countries. Knowledge and learning are central to Water for Women and partners, positioning the Fund as an important contributor to global knowledge development and sharing in inclusive WASH. Water for Women's Learning Agenda promotes collaboration and learning between all partners to support long-term changes to inclusive and resilient WASH policy and practice. This guidance is a product of a dedicated learning initiative focused on shifting social norms within WASH programs under Water for Women's Learning Agenda.

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Front cover: A representative of the East Sepik Provincial Health Authority, and Wewak District WASH Coordination Body Member, provides training for enumerators as part of the Wewak District WASH baseline, in Wewak, East Sepik Province, Papua New Guinea. Credit: WaterAid PNG

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Abbreviations

CFAR	Centre for Advocacy and Research, India
CFM	Child Faeces Management
CSO	Civil Society Organisation
GBV	Gender-Based Violence
GEDSI	Gender Equality, Disability and Social Inclusion
GWMT	Gender and WASH Monitoring Tool
IRC	International Rescue Committee
LGBTIQ+	Lesbian, Gay, Bisexual, Trans, Intersex and Queer
M&E	Monitoring and Evaluation
MHH	Menstrual Health and Hygiene
NGO	Non-Governmental Organisation
ODI	Overseas Development Institute
OPD	Organisations of Persons with Disabilities
PNG	Papua New Guinea
RHO	Rights Holder Organisation
SGM	Sexual and Gender Minority
UNICEF	United Nations Children's Fund
UTS-ISF	University of Technology Sydney's Institute for Sustainable Futures
WASH	Water, Sanitation and Hygiene
YPPI	Yayasan Plan International Indonesia

Introduction

This guidance note shows how water, sanitation, and hygiene (WASH) actors can support social change for people experiencing marginalisation, discrimination and exclusion. It provides practical guidance on how to shift social norms that underpin behaviours preventing people – particularly women, girls, people from sexual and gender minority (SGM) communities and people with disabilities – from participating and benefiting equally from WASH programs. Certain social norms, in their perpetuation of inequalities, can also prevent optimal WASH behaviours and sustainable WASH outcomes.

What are social norms?

Social norms are rules “of behaviour that people in a group conform to because they believe: (a) most other people in the group do conform to it; and (b) most other people in the group believe they ought to conform to it” (Alexander-Scott et al., 2016, p. 9). Social norms affect voice, agency and power (Cislaghi et al., 2018). Norms on gender or disability are a subset of social norms. Social norms can lead to harmful behaviour such as gender-based violence (GBV), child marriage, female genital mutilation/cutting, and the exclusion of people with disabilities and people from SGM communities. Other sectors have been working to change norms for a long time, and we need to learn from them: for instance, social norms change is a cornerstone of work on gender equality. Social norm interventions work to shift social norms that sustain harmful practice and may be one focus of a multi-component initiative. Preventing harmful practices may require engagement with individual attitudes and/or material and structural conditions (Cislaghi et al., 2018).

Examples of how harmful social norms affect WASH programs

The following examples of assumptions, attitudes and opinions connected to WASH roles demonstrate how social and gender norms about who does what in society permeate all facets of life, including WASH:

- “Water collection is a woman’s and children’s role.”
- “The father is the one to have the final say on where water points are installed.”
- “Women are responsible for managing their children’s handwashing.”
- “Men are better leaders of WASH committees than women.”
- “Women do not need to know how the latrine works and how to fix it.”
- “We don’t need to ask people with disabilities about latrine design.”
- “Boys don’t need to understand menstruation.”
- “Having women in WASH leadership positions is not important.”
- “Women are responsible for the hygiene of their family.”

Why are social norms relevant to WASH?

Social norms that sustain harmful behaviours (such as gender inequality and exclusion of women, children, people with disabilities, people from SGM communities and other groups marginalised from community activities) also hinder the uptake of improved WASH behaviours and practices ([Table 1](#)).

Table 1. Social norms that affect better WASH behaviours and practices

	Norms	Strategies
Household	- Men are not expected to take on WASH-related care roles/decision-making in the household - All households/couples/families are assumed to contain both men and women - Women are responsible for unpaid WASH work - Domestic violence against women who do not adhere to gender norms, such as by speaking in public	Improving the voice of women, people with disabilities and people from SGM communities in household and community WASH decision-making processes, and their ability to work outside the home
Community WASH decision-making processes	- Whether families of people with disabilities, or male partners, support women and people with disabilities to participate in community WASH processes and decision-making - Whether people with disabilities or people from SGM communities are permitted to use the same WASH facilities as others - Portraying people with disabilities as helpless, and that disabilities result from curses or wrongdoings that mean affected people should be segregated from others in the community	- Building the capacity and confidence of women and other marginalised people to advocate for themselves (e.g., enhancing leadership and participation of women, people with disabilities and people from SGM communities to participate in community WASH meetings) - Increasing the capacity of people living with vulnerabilities to generate the evidence they need to hold others to account - Sexually and gender diverse people are enabled to take on WASH-related care roles or decision-making in community spaces without discrimination or violence
Organisations institutions	- Deciding not to partner with rights holder organisations (RHOs) and GBV referral services – “What have they got to do with WASH?” - Under-representation of marginalised groups in WASH CSOs and on WASH decision-making bodies - Lack of menstrual hygiene facilities for women, girls and people from SGM communities at workplaces and schools	- Improving coordination/interaction between RHOs in a country and its WASH sector - Partnering with RHOs and GBV referral services
WASH systems	- Policies are largely designed by, and (consciously or unconsciously) in the interests of, those who belong to more powerful groups - The needs of marginalised groups are often deprioritised in planning, and marginalised people face barriers to advocating for fairer policies and systems - Failure to institutionalise gender equality, disability and social inclusion (GEDSI) in government budget support: “WASH systems are about delivering on infrastructure, and need to focus on technical aspects, not social aspects”	- Triggering decision-makers - Improving the capacity of decision-makers to ensure WASH policies and practices support GEDSI - Supporting policy reviews and training in evidence-based advocacy - Mobilising additional resources from government, family, and other networks

How do we change the impact of norms?

Water for Women partners¹ are engaging with social norms change as a step towards broader GEDSI, as well as improved WASH outcomes in a range of ways, including:

- **Political level:** the Fund has a policy focus on women and girls and other marginalised groups.
- **Institutional level:** examples include active involvement of people with disabilities in WASH processes – as staff members/volunteers, data collectors, stakeholders, and trainers – and evidence of civil society organisations (CSOs) and RHOs working on organisational change to influence programming. Seeking to understand and change norms/attitudes relating to disability requires integrating inclusion into capacity development efforts with a range of WASH stakeholders and communities and creating space for the testimonials of people with disabilities. The International Rescue Committee (IRC) in Pakistan and the Centre for Advocacy and Research (CFAR) in India are employing staff members from SGM communities. CFAR is developing inclusive organisational policies and IRC is creating facilities inclusive of transgender staff (e.g., latrines). Transgender inclusion within IRC was understood as a necessary first step toward engagement with people from SGM communities in IRC’s project in Pakistan. All of these initiatives lead to norms change.
- **Household level:** Water for Women partners are helping to challenge gender norms via relationships with GBV organisations designed to support women experiencing violence.

Changing and ending discriminatory norms and harmful practices may be achieved by extending the reach and/or improving the effectiveness of strategies focusing on social norms within WASH programs. To date, Water for Women has small-scale examples with minimal opportunity for analysis of impact, because this is an emerging area for both programming and monitoring, evaluation and learning. Social norms are by nature fluid and dynamic, and causality is difficult to ascertain through monitoring. [The Water, Sanitation, and Hygiene – Gender Equality Measure \(WASH-GEM\)](#) developed by the University of Technology Sydney’s Institute for Sustainable Futures (UTS-ISF) is an example of monitoring norms change at household and community levels. More broadly, there are few documented experiences of changing social norms in WASH programs, and fewer evaluations of impact. This is most likely due to the long-term nature of social norms change, and that it involves going beyond the specific WASH program with a broader and longer-term approach. It is also important to acknowledge that WASH programs are one factor among many.

When we look at the scale of norms change, it is important to think about it as “deep” work, for the reasons described above. Scaling deep is about focusing on the “hearts and minds” of people, and if done well, it should complement scaling “up” initiatives (policies and systems) and scaling “out” initiatives (achieving access for more people) ([Figure 1](#)).

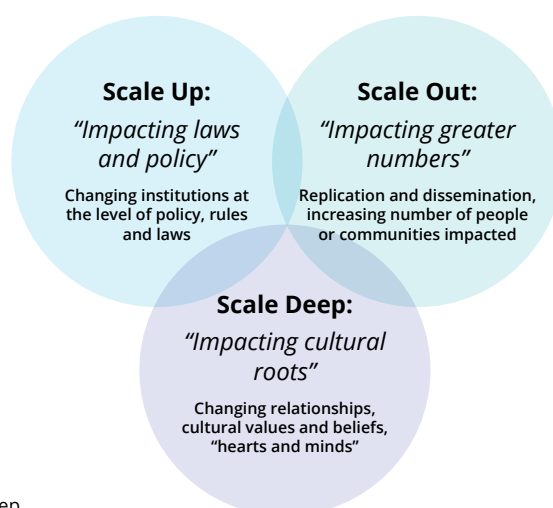


Figure 1. Scaling out, scaling up, scaling deep

Riddell & Moore (2015)

Social norms influence all parts of community, household and individual life. This makes it difficult to monitor and evaluate social norms change through WASH programs and to identify causality, though this guidance provides suggestions on indicators for adaptation.

¹ Water for Women is partnering with WaterAid, Thrive Networks/East Meets West Foundation, SNV Netherlands Development Organisation, Plan International Australia, iDE, CFAR, RTI International, IRC, World Vision, Habitat for Humanity, UTS-ISF, the International WaterCentre of Griffith University, London School of Hygiene and Tropical Medicine, Monash University and the International Water Management Institute.

Water for Women partners developed the principles shown in [Table 2](#) at inception in 2018. They can support social norms change by helping WASH program implementers to both assess their own value systems and implement more successful and sustainable interventions.

Table 2. Principles for social norms change within WASH

Water for Women principle	How it applies to social norms
Principle 1: Hold ourselves accountable We must recognise and address our individual biases, be honest about our own power and privilege, and listen deeply and respectfully to the lived experience and perceptions of others. We must challenge the attitudes, cultures and behaviours within ourselves and our organisations, and systematically mainstream GEDSI practices within WASH programming. This can only happen if our transformative capacity, expertise, work, and partnerships are prioritised and resourced.	Transforming social norms can only happen if we are prepared first to challenge and change ourselves, individually and collectively, and then embed these learnings in our programming.
Principle 2: Do No Harm and address inevitable resistance and backlash To Do No Harm requires a deep understanding of the complex dynamics of people's lives. It requires robust program monitoring systems responsive to unintended consequences. Resistance can be seen as active or passive avoidance of change, while backlash is often understood as more extreme and aggressive forms of resistance. Understanding that resistance is inevitable and being prepared for it is the starting point for developing effective strategies to overcome it, such as partnering with GBV response organisations and RHOs.	People who challenge norms may be at risk from stigma and discrimination initially from friends, peers, family, and community members. Targeting norms change can generate resistance, making it important to engage with individuals and groups who are likely to oppose norms change, such as community norm setters, "custodians of culture", and potential resisters (e.g., religious authorities, village heads/chiefs/ local officials, political party leaders, as well as female opinion leaders).
Principle 3: Understand and challenge norms around power and privilege Social norms must be understood in the context of multiple hierarchies of power based on gender, class, race or religious superiority, colonialism, age, ability, sexuality and others. These hierarchies have deep historical roots, and are reinforced by deeply entrenched attitudes and norms, discrimination and violence. A transformative approach will challenge the unequal distribution of privilege and power, shifting from "power over" to "power with and within". This links with the concept of allyship.	Understand and minimise power inequalities that maintain the status quo and constrain marginalised groups to challenge harmful norms and tackle root causes of inequality (e.g., heteronormativity [specific gender roles], patriarchy and racism), rather than symptoms such as GBV and violent discipline.
Principle 4: Place the right people at the centre Useful concepts here include "nothing about us without us", intersectional inequalities and allyship. This principle requires the availability of supported and sufficient skilled expertise and that we work closely with, and resource, rights-holders and their organisations that represent marginalised people. It means using both mainstream and targeted (also known as twin-track approaches) and recognising the different capacities, situations and needs of people at various stages of their lives.	Projects should employ strengths-based approaches with a focus on diversity. Avoid blaming, stigmatising, or negative portrayals when depicting social norms. For instance, avoid showing all men as violent or all women as victims, or people with disabilities as helpless. Instead, show people who are taking positive actions, such as fathers who share household responsibilities, people from SGM communities participating in a variety of activities in society and disrupting binary gender roles, and women who are in leadership positions. Interventions must avoid portraying harmful and exclusionary norms as only affecting certain groups of people. Instead, highlight effects that cut across groups or locations (an intersectionality lens).

Source: Adapted from Water for Women (n.d.)

How can WASH influence norms for achieving greater gender and social equality?

Understanding how social norms change happens is important for determining the effectiveness of programs. The following section covers resourcing, how to identify an opportunity for social norms change, and how to embed, scale, maintain and monitor a social norm initiative in a WASH program.

[Figure 2](#) shows the visible behaviours and the invisible underlying norms (and attitudes) that drive them. The iceberg shows that deep culture – relationships and roles, beliefs and values, attitudes and norms, and language and communication – is unseen. The surface depicts the visible expression of deep culture.

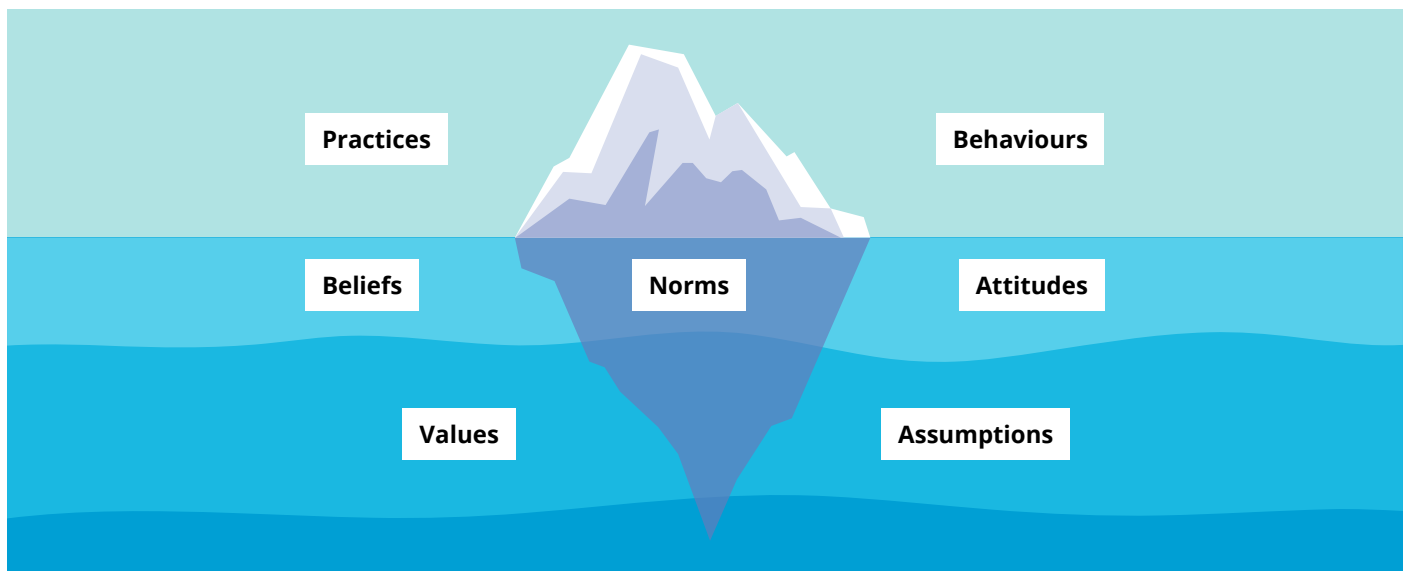


Figure 2. The culture iceberg model

Adapted from Hall (1976)

[Figure 3](#) illustrates the process of social norms change. Following is further detail on these five steps for incorporating social norms change into WASH programs.



Figure 3. Process for supporting social norms change

A process for social norms change in WASH programs

Step 1: Resource

- Perform a strengths-based analysis (or an appreciative enquiry approach) to affirm the strengths of what you are already doing to shift harmful norms. Team members will then be better resourced to understand their own attitudes and examine difficult issues.
- Ensure that staff are resourced to work on social norms; this requires institutional support, including funding for staff or programs, time for staff to reflect on and be sensitised to the impacts of social norms, and institutional approval of the content of training or program approaches.



Step 2: Map

- Diagnose social norms – what is practised, by whom, how and why, and how roles uphold harmful and restrictive practices.
- Learn how social norms affect WASH contexts, and how they interact with WASH programs; this can be done using participatory methods, discussion sessions and mixed-methods research.
- Community and institutional mapping can include identification of influential reference groups and communication patterns to help in defining a baseline for monitoring and informing program design.
- Identify ongoing GEDSI interventions within WASH and how to build on them through social norms work. Examples might include acknowledging that gender is more than men and women, boys and girls; that a person's gender assigned at birth may not be the same as their gender identity; that gendered roles can be undertaken by people of any gender; enhancing women's leadership work; partnering with rights groups; men's awareness raising/changing attitudes; alleviating women's household work; and/or menstrual health and GBV referral services.
- Gender and rights holder groups are very experienced at norms change, so WASH actors are more likely be effective if they partner with them. WASH actors may already partner with RHOs and religious communities, but the approach to engagement is limited to specific sectors, siloed, not systematic, and often instrumentalist in nature.
- RHOs might include women's groups, organisations of persons with disabilities (OPDs), SGM groups, and ethnic minority groups. When partnering, ensure that RHOs are resourced and engaged in meaningful ways to inform strategies to engage communities and combat harmful norms.



Step 3: Embed

Facilitate discussion of social norms, related practices and how they change

- Catalyse social change to shift harmful social norms, thereby leaving no one behind.
- Community dialogues (with trained local facilitators) can be used to stimulate reference groups' reflection on shared community values and beliefs and encourage debate about beliefs and norms that are harmful for some people, highlight positive social norms and cultural values, and deliberate on the alternatives. For instance, a discussion about women's leadership activities might reveal the norms that women should not speak up, and that men are more confident leaders/decision-makers, a discussion about disability could raise the norm that people with disabilities need to be taken care of, that people from SGM communities are unnatural as opposed to the traditional norm.
- When facilitating discussions of norms that are accepting of GBV, engage with GBV specialist agencies to lead sessions and provide support for participants. Similarly, involve RHOs when discussing norms affecting people with disabilities or people from SGM communities and other marginalised groups.
- When facilitating discussions about disability, ensure that people with disabilities are invited to share their knowledge and skills.

Support norm questioning, discussion of new norms, harmonisation with religious and legal norms

- Facilitate groups to reaffirm positive social norms and identify positive alternatives to harmful norms and practices.
- Collaborate with respected local community leaders and religious leaders to publicly support new norms and practices and condemn discriminatory practices.

Support public commitments to new norms and practice

- Organise community/public events to bring more people into the activities and show commitment to abandon harmful norms and practices, such as through declarations, oaths, pledges and celebrations, using mass and social media.
- Encourage government officials at local and national levels to publicly express support for positive social norms.
- Connect people and publicise their actions in the community.
- Support role models to tell their stories of change in support of new/positive social norms and commitment to behaviour change.



Step 4: Spread

- Support broader norm questioning and facilitate discussions beyond the program implementation area.
- Create a critical mass to support the spread of new social norms and practices beyond the immediate community.
- Connect people to support collective action, and publicise their actions through public commitments to new norms and practices.



Step 5: Monitor and maintain

- Follow-up processes in communities are needed to keep new norms and practices stable; through continued dialogue and spreading of positive norms, these activities can go deeper into norms within households and communities.
- Monitor short-term attitude and behaviour changes and backlash to determine whether norms are changing.
- Document changes in attitudes and commitment to behaviour change.

Adapted from UNICEF (2019)



A person with a disability sells pads to women in Bangladesh, after participating in training through World Vision's Water for Women SHOMOTA project
Credit: World Vision Bangladesh / Devashish Ranjan Sarker

Do No Harm: Overarching strategy

Backlash, resistance, and unintended consequences are associated with norms change. Supporting norm shifts as an external actor requires a Do No Harm approach. The organisations involved have a safeguarding duty of care to beneficiaries, staff and volunteers, including children and vulnerable adults in the community. The thought of backlash and other unintended consequences can make programmers feel nervous and reluctant to focus on norms change work. However, it is important to note that “doing nothing” is “doing harm”, because gender and social inequalities can be reinforced unintentionally, including the risk of increasing work burdens for women, if a program does not include a norms change component. This is why having a robust Do No Harm lens in all WASH programming is critical.

[Table 3](#) offers guiding questions and points to consider with respect to implementation of a Do No Harm approach.

Table 3. Checklist: Do No Harm

 Checklist: Do No Harm		
Guiding question	Points to consider	
What are the possible harms?	• Shifting social norms involves working on personal biases as well as addressing power structures. • Any WASH program can result in negative consequences, particularly for marginalised people, who may inadvertently be exposed to increased stigmatisation or risk of gender-based or other targeted violence or discrimination. • People at risk include children, adults in the community who live with vulnerabilities to abuse and stigma (such as women, people with disabilities, and people from SGM communities), people affected by the WASH program, staff and volunteers, social norms change agents and other frontline workers. • Understanding that resistance is inevitable and being prepared for it is the starting point for developing effective responses. It is also important to recognise the Do No Harm aspect of “outing” early adopters in social norms change. • Research with people from SGM communities that is not confidential and lacks specific data protection mechanisms may increase violence and discrimination if shared within the community. Unintended harms of social norms change require mitigation and include (either as a sign of positive change or because of failure to produce the intended positive impacts): - in the initial stages of change, early adopters may be at risk from stigma and discrimination from family and community - social norms interventions might aggravate exclusion and marginalisation for “harder-to-reach” groups - pushing harmful practices underground or into private spaces makes it harder for people (e.g., those affected by GBV and other types of violence) to seek help - unless a program secures men’s commitment to greater equality in the household, programs that support women’s empowerment and leadership can unintentionally increase women’s burdens (e.g., by requiring them to attend meetings despite unchanged housework and childcare responsibilities) - community leaders may feel exposed and react negatively to social norms change interventions that are externally driven - local violence referral services may not be equipped to cope with more women or marginalised people seeking help, or may not have the expertise to support people from SGM communities.	

How do we identify and understand the harms?	• Undertake thorough preparatory work (using a participatory approach and a gender and power analysis) to understand the community, how the harmful behaviour is mitigated, how risky it is to talk about it, the possible consequences for the most marginalised and vulnerable (e.g., women and girls; children and adults with disabilities; or people from SGM communities experiencing or at risk of violence), as well as for the whole communities involved. • Never make stereotypical assumptions, because these could degrade, victimise, or shame people; promote dignity and respect instead. • Avoid using a Do No Harm approach as a resistance mechanism to deny the inclusion of people from SGM communities. • Evoke a Dignity of Risk modality to ensure that marginalised groups such as people with disabilities and people from SGM communities can define appropriate risk in relation to changing social norms, and participate in risk assessments and mitigation strategies that affect their communities. • Identify, with local stakeholders, potential flashpoints for backlash during interventions and the support services available. • Implement robust data collection and protection mechanisms to ensure that information is not shared without explicit informed consent; this is especially relevant for people in SGM communities.	
How do we reduce harm?	• Develop a risk matrix that shows how risks/harms will be mitigated. • Involve marginalised communities to share locally appropriate risk mitigation strategies relevant for their local context. • Ensure that Do No Harm is not used as a way to perpetuate discriminatory social norms. • Make support services and referral mechanisms available. Keep the contact details of referral services (such as health, disability, or protection related services) handy. Ensure that staff are trained on how to refer people to these services. • Collaborate with support services to assess the capacity of existing response services and predict the potential impact on service demand. Set up partnerships for effective coordination on Do No Harm between all organisations involved and develop safety plans for staff/volunteers. • If support services and referral mechanisms do not support intersecting groups (e.g., women's services do not support transgender or lesbian women, or disability services do not support people from SGM communities with a disability), work with the relevant RHOs to provide alternative support mechanisms. • Equip the WASH program team to add a social norm component to an existing program. Ensure staff, and those leading community activities, are well trained and mentally prepared for any challenges that emerge and know how to respond. • Embed a rapid feedback and accountability mechanism for the community and frontline workers, with periodic check-ins with women and marginalised sections of the community. • Monitor expected and emerging risks throughout implementation and document the mitigation activities undertaken.	

Water for Women project spotlight: Strengthening the GBV referral network reach and messaging

Lead: WaterAid

Country: Papua New Guinea (PNG)

Type of norms being addressed: Rigid notions of masculinity, gender roles and responsibilities, acceptability of GBV and violence against children.

Target/reference group: Survivors of violence, women and men in communities.

Promising practices: WaterAid's [Water for Women supported project](#) in PNG has assisted with incorporating gender awareness messaging into community mobilisation activities, as part of the Healthy Islands trainings, COVID awareness sessions and soap-making workshops. These activities reach women and men who would otherwise not be reached. An existing family violence services referral pathway (including emergency accommodation, shelter, and counselling) has been supported and had extended reach to communities.

Results: The referral pathways have been strengthened through counselling and housing women temporarily, referring them to the courts through the village magistrate, or to the police. The numbers of survivors seeking and receiving services/assistance has increased, which the East Sepik Council of Women partly attributes to referrals through the Healthy Islands training and COVID awareness sessions since July 2019.

Water for Women project spotlight: Partnerships with rights holder organisations in Indonesia

Lead: UTS-ISF and Yayasan Plan International Indonesia

Country: Indonesia

Type of norms being addressed: Women's voices being marginalised in WASH programming, gender roles and responsibilities.

Target/reference group: Women's organisations – state-sponsored organisations, non-governmental organisations (NGOs) and coalitions.

Promising practices: WASH organisations are increasingly interested in partnering with women's organisations to enhance their reach into communities, be supported with skills and expertise of women's RHOs, and more meaningfully incorporate GEDSI into advocacy and programming.

Results: The [Water for Women supported research](#) into partnerships and collaborations between WASH and gender equality CSOs in Indonesia, found that there are compelling drivers to collaborate, and important benefits of doing so. Drivers to partner included improved skills, increased knowledge and power to advocate, increased resources, and more integrated activities towards shared goals. Benefits were found to be learning from each other, complementary skills, and an integrated approach to the interrelated issues of WASH and gender equality. Challenges were differences in organisational priorities and structures, different skill levels in organisations' staff, communication issues, varying organisational definitions of gender equality, and concerns about long-term sustainability of partnerships due to different levels of financial resources between partner organisations.

Source: Siscawati et al. (2021)

Further resources

- SNV. (2019). *Developing approaches to 'Do No Harm'*. This practice brief shares SNV Bhutan's experiences in the iterative development of staff competencies in Do No Harm as well as sensitive and responsive systems, partnerships, programmatic approaches, and tools and processes that minimise the unintended harm that may result from program activities and institutional processes, particularly to the most vulnerable people. https://snv.org/assets/explore/download/2019-do-no-harm-approach-snv-bhutan_web.pdf
- Water for Women. (2019). *Do No Harm for Women's empowerment in WASH*. This note reports learning on the application of Do No Harm in WASH programs, with a focus on understanding and addressing barriers relating to women's participation and empowerment. <https://www.waterforwomenfund.org/en/learning-and-resources/resources/GSI/WfW-DNH-learning-brief-final.pdf> Violence against women is a specific barrier that the International Women's Development Agency's *Do No Harm* toolkit can be used to overcome. <https://iwda.org.au/resource/do-no-harm-toolkit-briefing-note/>



Members of the SNV team in Bhutan celebrating Menstrual Hygiene Management Day 2020

Credit: SNV Bhutan

Guiding questions to support social norms integration

This section sets out key guiding questions for planning whether and how to support social norms change (Carter et al., 2019). The guiding questions will need to be adapted to respond to setting-specific aims and context. This section also provides practical examples from Water for Women projects that illustrate specific norms change.

Step 1: Resource

Working on social norms requires enough resources/time/commitment to sustain the momentum to reach the tipping point where social norms change. It also requires organisational backing and planning. The checklist in [Table 4](#) provides useful guiding questions and points to consider.

Table 4. Checklist: Getting resources right

 Checklist: Getting resources right		
Guiding question	Points to consider	
What resources does a social norms initiative require?	• Shifting social norms involves working on personal biases as well as changing power structures. • Staff and facilitators should apply the gender equality and inclusion principles that they are promoting in their own lives, and with their own families. • WASH staff and partners will need additional time and expertise, as well as financial resources, for new/expanded activities.	
What kind of investment is needed in organisational capacity?	• Conduct a capacity assessment of staff and partners (values, ability to implement the initiative and management capacity, training, and technical support). This can help us to recognise our own implicit biases, and the social norms we utilise and challenge them. It can also train us to think about/ask whose perspective is included, and how? • Conduct an inclusion assessment of your own organisation. This can help ensure that your organisational policies and tools do not perpetuate the social norms that exclude people in marginalised groups through the norms present in such policies and tools. • Resources will be needed for program teams to internalise norms change concepts, learn how to implement components, and for continuous support (mentoring and coaching) so that staff and partners live the values of equality and rights they promote in the community. • Investment is required in staff capacities in safeguarding, risk management and program development in social norm-shifting methodologies. Resources, capacity and buy-in are needed for ongoing monitoring and evaluation. • Identify local partners who champion social norms and build them into program design. A range of partners are required, including community-based organisations; local/national/ international NGOs, RHOs, self-help groups, private sector organisations, social marketing companies and the media, and these partners require funding for their work.	

Water for Women project spotlight: Changing “untouchability”-related social norms during menstruation

Lead: SNV

Country: Bogati hamlet, Thatikandh rural municipality, Dailekh District, Nepal

Type of norms being addressed: Age-old taboos associated with menstruation: women's banishment to *chhaupadi* (menstruation huts) and prohibition on using toilets during menstruation.

Target/reference group: Women and girls, men and boys, government, and the Toll WASH Improvement Committee, Chhiuri Sain Krishi Aama Samuha self-help group.

Promising practices: Banned since 2005, in 2017 the chhaupadi practice was formally criminalised during the country's open defecation-free campaign. In these locations there is also discrimination against Bogati and Thapa castes. SNV and its project partner initiated behaviour change communication with the Chhiuri Sain Krishi Aama Samuha self-help group. This started by providing information about the importance of hygiene and sanitation, especially during menstruation, and the need for menstrual health and hygiene (MHH) products. In time, women started drying reusable cloth pads in the sun and burying disposable sanitary pads.

A particular focus of SNV Nepal's behavioural change initiative was garnering men's and boys' support for menstruating women and girls. This included sensitising male members of the family about menstruation, and changing societal norms related to chhaupadi. Male members of the community were particularly encouraged to participate in MHH-related meetings.

Results: The [project's](#) work with the local government and the Toll WASH Improvement Committee helped garner support and raise awareness. Although this was not easy to begin with, in time women and girls were allowed access to toilets and to remain living in their homes during menstruation.

As a result of these efforts, male family members have begun setting aside finances for the women and girls in their houses to buy MHH products. Educating the younger generation (boys) has been one way to influence social norms around “untouchability”. Investing in the capacity-building efforts of the self-help group on MHH led to collectivisation for a common cause and their transformation into change agents.



A facilitator speaks to women about MHH in rural Dailekh, Nepal

Credit: SNV Nepal / Srijana Kathayat Bogati, Chhiuri Sain Krishi Aama Samuha

Water for Women project spotlight: Strengthening transformative leadership for inclusive WASH in a post-COVID world

Lead: SNV

Country: Bhutan

Type of norms being addressed: Social and gender norms.

Target/reference group: Local and national government WASH sector leaders of Bhutan, CSO representatives, OPDs (Ability Bhutan Society and the Disabled Persons' Association of Bhutan), women's groups and institutions (National Commission for Women and Children, and the Bhutan Network for Empowering Women) and the broader health sector.

Promising practices: SNV Bhutan is taking a multi-pronged action research approach to enabling transformative leadership for inclusive WASH. The [project](#) is combining leadership and partnership development initiatives with rigorous processes for participatory reflection and knowledge co-creation. The research aims to address both the partnership level (exploring how partnerships can effectively facilitate leadership development) and the participant level (identifying outcomes for participants involved in capacity development or networking activities).

Key components of the project are:

1. formation of a steering group of women (including trainers) with disabilities to inform learning and recommendations on supporting women with disabilities in leadership
2. leadership training and mentoring of people with disabilities and health workers
3. ongoing coaching and mentoring of district-level government officials who have been identified as inclusion champions.

The first key challenge for the project was recruitment of women with disabilities to the leadership training opportunities. Community and family social norms around women with disabilities mean that there is shame associated with disability. The Disabled Persons' Association of Bhutan is supporting recruitment of women with disabilities through sharing networks (because women with disabilities are often invisible in communities), as well as modelling of women with disabilities in public life, and targeting activities to build their self-esteem and confidence. They are also strengthening government capacity in behaviour change communication to avoid exacerbating harmful norms and practices, reinforcing gender, disability and other exclusion and discriminatory factors that limit people's range of opportunities.

Results: Current activities are focused on the following intended results, supported by documentation of approaches that will be disseminated through existing platforms and networks:

- Transformative leadership capacities strengthened for 56 health workers in eight districts, 24 local government district officials and 10 people with disabilities within CSOs/OPDs through training, further sensitisation, coaching and mentoring to build skills, knowledge and confidence.
- Re-convergence workshop with 26 strategic leaders at national and sub-national levels facilitated to strengthen their commitment to inclusive sanitation and hygiene, sensitisation on disability inclusion and engagement in a more inclusive professional network.
- A peer-to-peer learning platform actively engaging 24 local government officials and one CSO/OPD demonstrating more inclusive practices, advocacy efforts and alignment to national approaches.
- A learning brief on pathways to transformative leadership in the WASH sector for women with disabilities, including recommendations to WASH sector about supporting opportunities for women in leadership and guidance to OPDs on supporting women in leadership (together with CBM Australia and Ability Bhutan Society).



A Gup (local leader) in Dagana, Bhutan, and SNV partner (centre), visits a person with disability in her community

Credit: SNV / Tshechu Dorji

Further resources

- CARE. (2020). *Social norms design checklist*. This checklist provides examples of questions to ask while designing activities, examples of how to fill in any gaps identified, and what norms-shifting interventions look like in action. The checklist should be used after the program identifies the harmful social norms that act as barriers to positive behaviours and outcomes and thus the context in which norms operate. <https://www.care.org/news-and-stories/resources/social-norms-design-checklist/>
- Grant, M., & Megaw, T. (2019). *Review of the implementation of WaterAid's gender manual and facilitated sessions*. In Timor-Leste, WaterAid led facilitated discussions with communities on gender issues for over two years (2016 – 2018) as part of its rural integrated WASH programming approach. WaterAid wanted to know what had changed in those communities as a result of this program and use this knowledge for continuous improvement. This evaluation of an initiative undertaken in Timor-Leste is a good example of how to assess the impact of a social norms change process. https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/review-of-the-implementation-of-wateraids-gender-manual-and-facilitated-sessions-in-timor-leste_0.pdf
- Institute for Reproductive Health. (2019). *Social norms and AYSRH: Building a bridge from theory to program design*. This document is intended to bridge the theory-to-practice gap for program designers and managers. The insights here are culled from practice-based evidence, from the experience of Learning Collaborative members, and from empirical results of social norms research. https://prevention-collaborative.org/wp-content/uploads/2021/08/LearningCollaborative_2019_SocialNorms_AYSRH_Bridge_theory_to_program_design_final-1.pdf
- Mott, J., Brown, H., Kilsby, D., Eller, E., & Choden, T. (2021). *Gender equality and social inclusion self-assessment tool*. This guidance, developed by Water for Women and the Sanitation Learning Hub, is for WASH staff implementation and research projects and organisations, who are committed to improving the practice of GESI in their projects and organisations. <https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/16810/Gender%20Equality%20and%20Social%20Inclusion%20Self-Assessment%20Tool%20-%20Water%20for%20Women%20Fund%20and%20SLH.pdf?sequence=1&isAllowed=y>

Step 2: Map

The next step is to identify the social norms that need to be addressed to influence the uptake of more equitable, effective and sustainable WASH behaviours. Several strategies and activities, applied using a strong Do No Harm lens, can be employed to do this. [Table 5](#) offers a checklist for this process, with guiding questions and points to consider.

Table 5. Checklist: Understanding and identifying the social norms to change

 Checklist: Understanding and identifying the social norms to change		
Guiding question	Points to consider	
What are the different types of social norms?	Understand the different social norms, including gender norms, heteronormativity, cisnormativity, gender binarism and ableism.	☐
How can the norms that impact stakeholders and the context overall be mapped?	- Use a range of approaches, including participatory methods, formative (mixed-methods) research, and discussion sessions to understand the role social norms play in WASH programs. - Can any existing positive practices support a shift in social norms? - Is support growing at national or local level to change a particular norm? - Conduct a contextual gender and power analysis. Map out intersectionality issues in relation to the groups of people.	☐
Who are the stakeholders? Who will support and who will oppose change to the social norms identified?	- Identify key stakeholders: - those directly and indirectly affected by the harmful or exclusionary practices, including women and girls, men and boys, people with disabilities, people from SGM communities – the most vulnerable and marginalised as identified by gender and power analysis and/or intersectional analysis of inequalities - community, religious and informal justice leaders, local rights organisations and other community organisations, service providers, legal authorities, and government representatives, NGOs, the media, the research community, and the private sector. - Identify who is likely to oppose change; who are the gatekeepers and local influencers? - What likely resistance and backlash can we expect? How can we plan for and mitigate these responses?	☐
What partnerships and support do we need from RHOs, GBV services and others?	- Are there local agencies already engaged in tackling the issues? Do you have partnerships with and support from RHOs (of persons with disabilities, women's rights organisations, and SGM groups) to provide expertise and technical input to support inclusive WASH activities? Could these partnerships support risk assessment and mitigation and improve staff capacity, knowledge, and attitudes around inclusion? - Do you have truly equitable partnerships with local agencies that include attention to power as well as funding? - Is there support for participation of women and other marginalised groups to ensure their concerns are reflected in decision-making processes at community levels? Has this elevated the importance of inclusion in WASH organisations, their programs, and forums? - Do CSOs and partner organisations have links to referral services to provide additional support? - How can we foster engagement with government and duty bearers to support social norms change?	☐

Will the community support the norm change? How will long term community ownership be sustained?	• Undertake in-depth participatory analysis of the context, the actors and their reference networks underpinning social norms that may support or hinder change. • Identify readiness of communities to engage with social norms approaches, local drivers/priorities for change, potential for supporting and generating ownership for change within communities. • Is there potential for supporting capacity and ownership of community groups from the outset? • What groups exist in the communities that support marginalised groups, and how can we engage with them? • Respond to advice from communities about how to make the norms approaches most effective in their context; for instance, how to broach particular topics or make the discussion sessions more inclusive.	
Will the government support this norm change? Is there lack of interest, or opposition?	• Estimate the level of government support for norm change (e.g., involvement in implementation, technical engagement or providing an enabling environment) using a political economy analysis. • Establish which part of government (national politicians, ministries, subnational, local government officials, services) will be involved, at what point, in what roles. • The terminology used for social norms change should be considered, particularly when interacting with government. The language of “social norms change”, or language that privileges externally driven action/values, may have negative connotations.	
How might the enabling environment support interventions and what might constrain it?	• How is the social norm and associated behaviour change linked to the national agenda, laws, achieving the United Nations Sustainable Development Goals and national priorities and policies, including leaving no one behind? • To be transformative, initiatives should challenge stigma and discrimination related to both gender and disability identities embedded in policies, politics, laws, regulations and budgets.	
What further information or analysis is needed to inform program design?	• Harmful social norms can be perpetuated by laws, religion, ethnicity, poverty level and community power dynamics, geographic characteristics such as remote and/ or scattered communities, as well as intersecting inequalities (e.g., women and girls with disabilities). • Involve program designers, communities and a wide range of stakeholders in designing the initiative (its core components and delivery mode).	



Water for Women project spotlight: Working with husbands to encourage support of their wives' leadership roles

Lead: World Vision

Country: PNG

Type of norms being addressed: Women's inability to take up leadership opportunities, lack of support from husbands for wives to undertake roles outside of the home.

Target/reference group: Couples, women and men in communities, leaders and role models, male community leaders.

Promising practices: World Vision's [WASH Voices for Empowerment project](#) implemented in PNG has held training sessions with couples, helping husbands to be more supportive of their wives' roles on WASH committees. The sessions encouraged men to support their wives with activities at home while the women are serving in committee leadership roles. The project collaborated with influential community members, leaders and role models to advocate on sensitive issues that are viewed as taboo or against strong social norms. For example, on issues of menstrual hygiene, male community leaders were encouraged to talk about the importance of proper management and the need for husbands to support their wives and daughters. Having male staff conduct most of the sessions made a huge difference.

Results: Engaging men as partners for change contributed to the empowerment of women in several communities. The project also sensitised people in community gatherings so that both men and women advocating for change were supported. Men were actively engaged as partners for change and included in the process, to avoid them feeling threatened and to reduce the potential for backlash and resistance. A key learning is that using male staff to facilitate gender and social inclusion training sessions maximises impact, because it challenges men to acknowledge the need to support women more if their communities are to develop. This contrasts with using female staff to talk to men about women's rights, gender roles/responsibilities, and empowerment, which may not be as well received.

Further resources

- Donnelly, P. (2020). *How to do a gender analysis: Practical guidance for the UN community*. Guidance on how to do a gender analysis. The steps include: asking questions; tracing power dynamics; recognising intersectional identities; accounting for context; and challenging existing knowledge and conventions. <https://reliefweb.int/report/world/how-do-gender-analysis-practical-guidance-un-community>
- Institute for Reproductive Health. (2020). *Social norms exploration tool*. A participatory guide to translate theory into practical guidance to inform a social norms exploration. <https://irh.org/social-norms-exploration/>
- Petit, V. (2019). *The behavioural drivers model: A conceptual framework for social and behaviour change programming*. This conceptual framework gathers in one place a wide variety of theories and presents the behavioural drivers model, which informs a set of research and programming tools developed and used by UNICEF. https://www.unicef.org/mena/media/5586/file/The_Behavioural_Drivers_Model_0.pdf.pdf
- Davin, C. (2021). *Getting practical: Integrating social norms into social and behaviour change programs*. This tool was developed for country-level program planners, designers, and monitoring/research staff to address the gap between formative social norms research and the other phases of the program design cycle to allow for adaptive programming. <https://www.alignplatform.org/resources/getting-practical-integrating-social-norms-social-and-behaviour-change-programs>
- UNFPA & UNICEF. (2016). *Manual on social norms change*. This manual provides guidance to program managers working to prevent female genital mutilation/cutting. <https://www.unfpa.org/publications/manual-social-norms-and-change>

- UNICEF. (2016). *Addressing social norms and gender in support of equity in education*. This brief explores the influence of social and gender norms on education, with particular focus on equity. Through the brief, UNICEF presents policy and programmatic recommendations to address challenges and inequities that stem from harmful social and gender norms. <https://www.unicef.org/esa/media/1741/file/UNICEF-ESA-2016-Program-Brief-Education-Social-Norms.pdf>
- UNICEF. (n.d.). *Reducing stigma and discrimination against children with disabilities*. On this page, UNICEF showcases examples of research and evidence that focus on children with disabilities. <https://www.unicef-irc.org/children-with-disabilities>
- UNICEF. (2020). *Technical note on gender norms*. This note provides practical guidance on planning, implementing, and monitoring initiatives for promoting change in gender norms. <https://www.unicef.org/media/104816/file/Gender-norms-technical-note-2020.pdf>
- Petit, V., & Zalk, T.N. (2019). *Everybody wants to belong: A practical guide tackling and leveraging social norms in behaviour change programming*. The guide gathers 24 tools and provides concrete examples, step-by-step instructions, tips and techniques that have been employed successfully in real-world settings. It is adaptable across a wide range of contexts and topics. <https://www.unicef.org/mena/media/4716/file/MENA-C4DReport-May2019.pdf.pdf>
- WaterAid. (n.d.). *Political economy analysis toolkit*. This toolkit provides a structured approach for analysing how change happens, from the national to the local level. It can help shape country strategies, programs, and even everyday decisions. [https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/PEA complete toolkit.pdf](https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/PEA%20complete%20toolkit.pdf)



A woman participates in an economic mapping activity in Sarlahi, Nepal

Credit: SNV Nepal

Step 3: Embed

Social norm-shifting interventions can be developed and integrated into WASH programs using a variety of exercises to diagnose norms and their importance in upholding a particular practice, identify reference groups, and determine activities for social norms change. [Table 6](#) contains a checklist with guiding questions and points to consider.

Table 6. Checklist: Embedding a social norms initiative in WASH program approaches

 Checklist: Embedding a social norms initiative in WASH program approaches		
Guiding question	Points to consider	
What are the aims of social norms change in WASH programs?	- How will the social norms component be integrated into the WASH programs and services? What is the implementation model? Which elements need to be adapted for a social norms component? - What is possible from technical, logistical and financial perspectives, given the level of intensity needed to support social norm shifts? - Social norms interventions often need more time, more extensive analysis of knowledge, attitudes and practices, flexibility to adapt and skills to understand reference networks and power dimensions. How will this be resourced? - How will the WASH program and the social norms component benefit from synergies in aims and activities?	☐
What types of program approaches are required, in what combination, sequence and phasing?	- How will work on social norms build on ongoing GEDSI interventions within the WASH program? For instance, how will a social norms focus enhance the work of WASH actors in ensuring that people with disabilities and people from SGM communities are included, supporting women's leadership, partnering with RHOs, increasing men's awareness raising or changing attitudes, alleviating women's household work, promoting menstrual health and access to GBV referral services? - Which strategies and tools will be used: behavioural change communications (e.g., mass media campaigns), social marketing methods, behavioural insights, decision-making, personal transformation, community dialogues and local change agents (activists, role models, local leaders and early adopters)? - Will the activities be implemented across domains – family, community, institutions and the WASH system (legislative and political structures) in a coordinated way? Will a range of activities be implemented at the same time? - What support is needed to implement these approaches? For instance, is the program training facilitators to ensure they are skilled, gender equitable and inclusive (especially important when using community dialogue as a tool to allow participants to express their views)? Skilled facilitation is needed to ensure this is done in respectful ways. In addition, safe, respectful and supportive spaces are needed for people in marginalised groups who want to explore and address social norms issues that are unique to their own experiences (rather than with the whole community). - Does any imagery uphold the dignity and privacy of people featured and those it is intended for? Have people in the images given their consent and do they know how their image will be used?	☐
What reach is feasible within the program to achieve norm change?	- Some activities may be best suited to smaller settings to reach a “tipping point” of coverage to achieve norm change; i.e., scaling deep within a single community, and piloting and learning before moving on – scaling out – to larger-scale initiatives. - In other cases, simultaneous scaling out and scaling up are necessary to reach many people, households, communities, districts, regions to achieve the tipping point required for widescale change.	☐

What length of time is required for social norms to shift and behaviours to change and be sustained?

- Some harmful practices and associated social norms have been around for hundreds of years (e.g., GBV), and some social norm shifts have taken decades. Therefore, ask:
 - What can we measure in the shorter term that indicates that norms are shifting?
 - How well are our strategies working? What should we adapt, where and how?
 - Have we built in enough opportunities for ongoing reflection and process monitoring?



Examples of tools for social norm change

Community mapping

This exercise can help program planners to identify vulnerable people and influential reference groups. Map out intersectionality issues in relation to the groups of people.

Community dialogues

Various groups of community members gather for a series of six to eight sessions (each approximately two hours long) led by a trained pair of facilitators (male and female) from their own community on shared community values and beliefs. The dialogues are conducted separately for adults and adolescents; when considered appropriate to facilitate a safe space, they are also split by gender. Other participatory tools can be used to engage community members in exploring specific issues (e.g., HIV and GBV), empowering them to act for change.

Role models

Amplify good behaviours by champions (both the “powerful” and the “powerless”), such as opinion leaders and respected members of the community who support the abandonment of a harmful norm by sharing personal stories.

Public declarations

This helps people realise they are not alone in supporting the abandonment of a norm, make norm change seem possible, allay fears of sanctions for non-compliance, and allow groups or communities to change together and to hold each other accountable for maintaining the change.

Diffusion

Person to person and/or community to community, this promotes a shared understanding or consensus about a new idea or practice. For instance, people can be reached via public service announcements on radio and television, radio talk shows, music or social media.



A village leader carries his granddaughter in rural Isabel Province, Solomon Islands
Credit: International WaterCentre and Griffith University / D. Gonzalez-Botero

Water for Women project spotlight: Shared responsibilities, shared care

Lead: International WaterCentre of Griffith University

Country: Solomon Islands

'Type of norms being addressed: Burden of responsibility on women for child faeces management (CFM).

Target/reference group: Mothers, fathers, families, community members, community-led total sanitation implementers.

Promising practices: The International WaterCentre of Griffith University, Solomon Islands National University, and London School of Hygiene and Tropical Medicine are partnering on an applied [research project](#) that seeks to understand the behavioural determinants of CFM practices in rural Solomon Island communities. The research is exploring the types of behaviour change interventions that might support parents to increase their practice of safe CFM and improve inequitable gender norms associated with safe CFM. Targeted behaviour change activities are being piloted within several rural communities in Guadalcanal province.

The project has explicitly recognised that promoting changes to how families manage their children's sanitation could, if not considered and enacted appropriately, increase women's domestic workloads and/or contribute to the risk of GBV perpetrated by men if domestic gender norms are challenged. The formative research explored how fathers were involved in CFM and the social, environmental and epistemological barriers that might hinder their involvement. Based on that research, the behaviour change activities were designed to target a mixed audience of mothers and fathers.

Results: Formative research activities were conducted separately with mothers and with fathers. It was determined that safe CFM can be promoted as an issue for both parents because nurturing and looking after their children was considered a high priority for both mothers and fathers. For the second phase of the project, behaviour change campaign activities are targeting fathers and mothers by using peer-to-peer learning, role plays and a testimonial video produced in communities based on the findings of the formative research. The effects of the behaviour change campaign on fathers' direct involvement in CFM are currently being measured and evaluated.

While the research suggested that CFM in families is primarily the responsibility of mothers and that a strongly gendered division of household labour exists in rural villages, there was a parallel narrative that suggested in the locations where the research was conducted, there is general support for men (fathers) to care for their children, and many men are involved in managing their children's sanitation needs. Promoting safe CFM by fathers in Solomon Islands means raising a double-taboo topic (sanitation and gender roles). Nonetheless, the research to date suggests this is not an insurmountable issue in some rural areas. A key applied finding has been to consider these behaviours as a part of a father's role, not explicitly a role for men in conflict with women's roles. A safe CFM initiative that promotes active participation of both mothers and fathers offers an opportunity to improve gender inequalities relating more broadly to domestic caring duties.

Water for Women project spotlight: Changing norms within communities – WaterAid Timor-Leste Community Engagement program

Lead: WaterAid (UTS-ISF conducted evaluation)

Country: Timor-Leste

Type of norms being addressed: Roles and responsibilities in the home and communities, women's leadership opportunities, community gender norms.

Target/reference group: Communities engaged in WaterAid's WASH programs.

Promising practices: The WaterAid Timor-Leste Gender Manual is used to deliver gender awareness and reflection training at the community level, to shift gender norms overall, and in support of the [WaterAid WASH program](#). The manual consists of five modules or components delivered in separate sessions.

Results: In an evaluation conducted in 2019, communities reported that the modules they remembered as being most influential were related to women and men's roles in the household. These modules were seen as effective in helping men and women recognise each other's workload and roles, with men in particular reporting newfound understanding of the work that women did in the home. Eight communities reported that the gender sessions had resulted in men and women being more willing to share household tasks and work better together. The session that addressed the rights of women and men was also seen as influential, with five communities noting that it helped women to seek education and employment opportunities as a result of increased awareness that women and men were equal (e.g., men recognising women's right to work helped women to seek employment).

The evaluation found that the community gender awareness sessions led to positive changes reported by women and men in communities, such as women taking up new roles, including in the WASH committee structure and technical and construction roles in WASH projects. Communities also reported increased decision-making opportunities for women, with men and women from eight of ten communities reporting that women were more involved in household-level decision-making. The research also indicated that more women now shared responsibility for controlling resources with men (such as financial and property resources), and/or had control of household finances and livestock.

Source: Grant & Megaw (2019)



Challenging gender norms in Timor-Leste, the chief of the Lualisa Water User Group facilitates discussions
Credit: CARE International in Timor-Leste / Joaquin Marques

Further resources

- GIZ. (2019). *A manual for generation dialogue sessions*. This toolkit was developed for the staff of GIZ projects to implement the Generation Dialogue, and for local organisations, coordinators, and facilitators with whom they work. It includes interactive group work activities and role-play exercises. <https://health.bmz.de/toolkits/generation-dialogue-toolkit/>
- Sood, S., Kostizak, K., & Stevens, S. (2020). *Participatory research toolkit for social norms measurement*. This toolkit is a practical “how to” document for researchers, program planners, program implementers and evaluation experts, and is intended to enhance their social norms-related program efforts. <https://www.unicef.org/documents/participatory-research-toolkit-social-norms-measurement>
- UNICEF. (2020). *Addressing GBV-related social and gender norms through the communities' care programme in Somalia*. UNICEF Somalia's flagship program for GBV prevention activities, specifically designed for emergency settings. <https://www.unicef.org/esa/reports/c4d-works-gbv-somalia>



A man in Hoa Binh, Vietnam, cleans a latrine
Credit: Water for Women / Nôi Pictures

Step 4: Spread

This stage involves broadening norm questioning and facilitating discussions beyond the communities in the program area. Often social norm initiatives are piloted as small-scale trials. Scaling up pilots involves adapting the original small-scale initiatives to reach more people in new locations. People who are promoting a new social norm and practices can be connected to form a critical mass, with their actions publicised through public commitments to new norms. Spread can be horizontal – scaling out (e.g., when communities advocate for the change in neighbouring communities) and vertical – scaling up (e.g., amplification through institutionalising new norms in WASH systems). A “good” program involves scaling up, out and deep. [Table 7](#) offers a checklist with guiding questions and points to consider.

Table 7. Checklist: Spread of new social norms

 Checklist: Spread of new social norms		
Guiding question	Points to consider	
How will the initiative to promote new social norms be scaled?	• Create a critical mass to spread new social norms beyond the community. • Program design will need to be adapted for scaling out – working in new locations, more communities, people with varying characteristics, and working with new organisations. • Program design must also scale up social norm shifts (e.g., embedding the new social norm into institutions, policies)? • What skills, capacities and resources are available for scaling deep to transform norms that contribute to discrimination and people and groups being left behind? See Riddell & Moore (2015) for further information.	

Water for Women project spotlight: Tackling taboos for better menstrual health and hygiene in WASH

Lead: World Vision

Country: Vanuatu

Type of norms being addressed: Menstrual health and hygiene is shameful and a private issue for women and girls; taboos and cultural myths prevent women's participation in social and economic activities during menstruation.

Target/reference group: Men and boys, staff of the Department of Water Resources (a male-dominated department), key stakeholders and national decision-makers.

Promising practices: Through the [Laetem Dak Kona project](#), World Vision Vanuatu staff delivered a train-the-trainer session to equip participants with the skills and knowledge to deliver MHH training appropriately and sensitively to men and boys in a community setting. The training covers basic information on the functioning of both male and female reproductive organs, the menstrual cycle and how it affects women both physically and socially within their household and in relation to community roles and expectations. The training also emphasises how men and boys can support women and girls during menstruation, and support women as key stakeholders in WASH decision-making. To date, 118 men, including 15 male staff from the Department of Water Resources, have attended World Vision Vanuatu's MHH training.

Results: A pre- and post-evaluation of the participants' knowledge, understanding and attitudes is used to assess the impact of the training. As a result of the training, male participants reported:

- a greater understanding not only of menstrual health, but of puberty and its effect on men and boys
- increased awareness of how they can better support their wives and daughters.

Department of Water Resources staff commented that the training was eye-opening and made them consider the importance of meeting women and girls' MHH needs, particularly in an emergency response context.

As part of the training, participants brainstorm ways they can better support menstrual health for women and girls in their community, including by supporting caregivers of women and girls with disabilities. This has resulted in plans for more safe and secure latrines and bathing structures, and highlighted the importance of access to water for women and girls during menstruation.

Further resources

- Stepping Stones. (n.d.). *Stepping Stones* is a package of participatory activities on gender, HIV, communication and relationship skills. It includes a training program and related materials on gender, generation, HIV, communication, and relationship skills. <https://steppingstonesfeedback.org/>
- Raising Voices. (n.d.). *SASA!* is a toolkit providing participatory approaches to engage communities to think about and act against HIV and violence against women and girls. Raising Voices develops methodologies to prevent violence and supports partners around the world to adapt and apply these approaches in their communities. <https://raisingvoices.org/women/the-sasa-approach/>
- World Vision International. (2013). *Channels of Hope* is a methodology and a process focused on partnering with local faith leaders, their congregations and communities for sustainable solutions to community needs. There are Channels of Hope curricula around child protection, gender, Ebola, HIV and AIDS, and maternal newborn child health. For each area, Channels of Hope starts with a series of workshops for faith leaders and community members equipping them with factual information, scriptural reflection and an understanding of community impact and opportunities to engage, which lead to new attitudes and actions that contribute to child wellbeing. <https://www.wvi.org/health/publication/channels-hope>

Step 5: Monitor and maintain

Monitoring of small-scale initiatives can help us understand what works where, for whom and in what circumstances. Several tools for program planners, implementers and monitoring and evaluation (M&E) staff provide guidance on monitoring social norms change, behaviours and reference networks. They also provide guidance on the data collection approach. These learnings and tools can be adapted to different contexts to suit specific norms. [Table 8](#) contains a checklist with guiding questions and points to consider. Furthermore, suggested indicators for monitoring social norms are provided in [Annex 2](#).

Table 8. Checklist: Monitoring and maintaining change

 Checklist: Monitoring and maintaining change		
Guiding question	Points to consider	
Are there mechanisms in place to maintain social norms after the lifetime of the program?	• As with efforts to end open defecation, follow-up is required to ensure new social norms scale deep such that invisible parts of social structures and culture are changed, enabling new norms to be maintained within communities. • Make plans to ensure the initiative will have a lasting effect. Think about how the norm shift and behaviour change will be sustained after the lifetime of the program. How will we know that the change is being sustained? • Is funding available for long-term, sustainable programming, or else consecutive programming year after year in the same communities? • Is there a plan for government to take-up the initiative (e.g., mainstreaming in policy, budget or by training frontline workers)? Will it be mainstreamed in another (government) program? • Will follow-up be provided by community activists, rights groups, women's or youth groups, or referral services? • What accountability mechanisms can the RHOs and community groups implement to maintain social norms?	
What type of monitoring and evaluation is required for social norms change? How do we know norms have changed?	• Monitoring should cover the impact of implementation as well as the drivers and constraints on social norms change. • Will RHOs and WASH partner organisations conduct monitoring to ensure that the norms changes are embedded in partners' policies, tools and practices? • Ensure that data collection processes are inclusive of people from SGM communities. • Monitoring can demonstrate successful change and support further adaptation and improvement. • Data collection requires a mix of quantitative and qualitative approaches and participatory research to provide evidence of the impact on people's lives. • Qualitative participatory assessments (such as the qualKit developed by UTS-ISF) can be used to support community dialogues, and to assess social norms change. • Methods should be based on the needs of the initiative and suited to the context. The scale and resourcing of M&E should be commensurate and proportionate with the overall investment, e.g. between 3-10% of budget should be set aside for M&E depending on the scale and maturity of the initiative. Often more M&E is budgeted for innovation or pilot initiatives. • The benefit of community monitoring of norms is that the discussion itself is a form of community dialogue. • Communities themselves are best placed to assess change if all segments of the community are involved in the assessment. However, evidence of change is difficult to establish accurately due to overreliance on self-reporting. Triangulation of community reflection data with other monitoring data is needed to detect positive change accurately.	

Which indicators and methods will be used to measure the change in social norms?	• Using a mix of M&E approaches and tools, such as indicator-based (performance measurement) and question-based (inquiry) approaches, is appropriate. Indicators should also include disaggregation (by disability status, age, sex and impairment type) and consider intersectionality where possible. • Prioritising indicators is important so that efforts focus on what matters for the initiative rather than being spread too thinly. • Vignettes are often used in social norms initiatives to promote community dialogue as well as for monitoring purposes. Vignettes can be discussed at the beginning and end of the community dialogue cycles to assess changes in attitudes, norms and commitment to change. See Annex 3 for examples. • Feed M&E back into strengthening program design and implementation through iterative participatory processes such as reflection workshops, and linking to Do No Harm to ensure unintended negative effects are not taking place.	
How will you identify the successful programmatic approaches/initiatives?	• Identify which components of the process are having what impact, how and on whom. This can be done throughout the program using rapid studies, participatory workshops with stakeholders, regular beneficiary feedback and an accountability mechanism. Keep a focus on the most marginalised people. • Any information disclosed verbally (self-reported) on shifts in gender roles/ contributions to domestic duties as a result of training and other initiatives should be supplemented with more objective evaluations and verified by both men and women in a household. • National stakeholders can assist in interpreting the findings and understanding whether and how change is happening.	
Will the monitoring data be used to course correct the program?	• Will the data be used to test the assumptions within the theory of change, make judgements of contribution to norms change, and adjust the theory of change as needed? • Process monitoring may assist in understanding how components of the initiative are working together to create change (multi-dimensionality; e.g., public pressure, with individual motivation and awareness) and test assumptions about how the initiative would work. Process monitoring can highlight what works where, for whom and in what circumstances. This information can then be used to create a more evidence-based theory of change. • Feedback mechanisms can show how activities are functioning and be used to make course corrections. For instance, use of more real-time data can provide timely and accurate performance information and unearth any challenges. • Identify the appropriate learning and research activities on social norms.	



Has Do No Harm been incorporated into program monitoring?	• We do not recommend that WASH programs undertake monitoring regarding violence or collect disaggregated data on people from SGM communities without an initial risk analysis conducted in partnership with a local GBV or SGM RHO and a GBV or SGM disaggregated data expert: - Data collection on girls and women (in all their diversities) reporting sexual violence is a very specialised area; it is best done by people with relevant technical expertise. - It is often hard to find and talk to people from SGM communities without creating an unsafe environment or posing risks by identifying them. Working with local SGM RHOs and other technical experts in this area is important. • Holding separate discussions with groups of people according to their gender identity (and ideally by age and disability status) is an effective way to make sure multiple perspectives about changes in gender roles, such as household work, are heard. This is helpful for monitoring and can also allow people to speak more freely, honestly and privately. • Monitor unintentional outcomes such as women taking on extra work through additional WASH service or community roles. • Although you may not ask questions directly about violence, participants might disclose incidences of violence in the course of monitoring, and staff should be trained to manage those disclosures and refer participants to support services.	
Is there a plan for monitoring beyond the life of the program?	• The pace of monitoring should be commensurate with the overall pace of the initiative and associated change. Monitoring should not outpace the program. Avoid looking for impacts too early in the process. • Evaluating the extent of norm shifts – through measuring community perceptions and behaviour – is likely to require commitment and investment for the longer term (beyond a program's lifetime). • Try to monitor any spillover (indirect) effects of program activities in neighbouring communities not directly included in the program implementation areas (i.e., scaling out).	



A Bhutanese WASH entrepreneur in Dagana serves a customer

Credit: SNV / Aidan Dockery

Water for Women project spotlight: Monitoring men's and boys' support for gender equality and social inclusion within community-based total sanitation

Lead: Yayasan Plan International Indonesia (YPIL)

Country: Indonesia

Type of norms being addressed: Household work and family care is the primary responsibility of women and girls, while community leadership is the primary domain of men.

Target/reference group: Young women, middle-aged women, elderly women, young men, middle-aged men, elderly men. Men's groups are facilitated by male facilitators and women's groups by female facilitators.

Promising practices: To regularly measure overall gender norms and relations between men and women in Sanitasi Total Berbasis Masyarakat (STBM)³, YPIL uses the [Plan International Gender and WASH Monitoring Tool](#) (GWMT) as part of their project, supported by Water for Women. The GWMT is a medium to spark discussion within communities (including in boy's and men's groups). It also helps communities to identify aspirations for changes in household gender equality (workload and decision-making) as well as in the community (participation and leadership). GWMT affects not only the participants, but the facilitators.

Results: Recent data from the [project](#) shows that the WASH workload of middle-aged women in the household – one of the GWMT's key indicators – has been reduced.

The project reported a change in gender and social inclusion at household and community levels as part of its recent mid-term review. The review results show:

- WASH decision-making at home: at baseline, the decision to build a toilet was made by women and men together in 44% of households. At mid-term this had increased to 79%, with 76% of women and 78% of men agreeing that men and women should make decisions about household WASH expenditure together.
- WASH work at home: women were primarily responsible for fetching water in 70% of households at baseline and 35% at mid-term. In 49% of households, WASH work is now shared by men and women, with 46% of women and 50% of men agreeing that men should help with WASH work in the home.

"Since a lot of socialisation and community discussions have been carried out, community perception has begun to change, men are now more active in taking part in household activities, as well as actively providing opportunities for women in community activities. For example, the sub-district waste bank development involved young men and women. However, of course, not everything has changed, so we still continue to encourage the community."

Male environmental health worker and GWMT facilitator

³ The Indonesian concept of Community-Led Total Sanitation

Further resources

- CARE. (2020). *Social norms data use tool*. This tool helps program staff utilise social norms data and findings to design initiatives. <https://www.care.org/news-and-stories/resources/social-norms-data-use-tool/>
- Learning Collaborative to Advance Normative Change. (2019). *Resources for measuring social norms: A practical guide for program implementers*. This guide offers insight on and examples of how to measure social norms, when particular approaches are most useful, how to collect data based on accepted measurement approaches, and how to use the information gathered about social norms to inform programming. https://gehweb.ucsd.edu/wp-content/uploads/2020/01/resources_for_measuring_social_norms_guide_final.pdf
- ODI. (2015). *Changing gender norms: monitoring and evaluating programs and projects*. This research and practice note gives pointers on how to monitor and evaluate programs and projects that set out to change gender norms. It includes indicators that have been used in other programs and studies. <https://odi.org/en/publications/changing-gender-norms-monitoring-and-evaluating-programmes-and-projects/>
- The Social Norms Learning Collaborative. (2021). *Monitoring shifts in social norms: A guidance note for program implementers*. This guidance note provides insights and recommendations on how to monitor social norm shifts in community-based programs, drawing on a review of literature, experiences, and learning. It is intended for practitioners across sectors who are responsible for designing, implementing, and monitoring social and behaviour change programs. https://www.alignplatform.org/sites/default/files/2021-04/lc_monitoring_shifts_in_social_norms_a_guidance_note_eng.pdf
- Sood, S., et al. (2020). *The ACT framework package: Measuring social norms around female genital mutilation*. A compendium of indicators to track and measure social norms change resulting from social and behaviour change initiatives addressing female genital mutilation. <https://www.unicef.org/documents/%E2%80%AFact-framework-package-measuring-social-norms-around-female-genital-mutilation>
- UNFPA & UNICEF. (2020). *Measuring effectiveness of female genital mutilation elimination: a compendium of indicators*. This compendium is an evidence-based resource that can be used by policymakers, government officials, service providers and other practitioners interested in developing, measuring and/or monitoring the results of programs that address female genital mutilation. https://www.unfpa.org/sites/default/files/pub-pdf/026_UF_CompendiumOfIndicatorsFGM_21-online_F.pdf
- UNICEF. (2018). *Measuring social and behavioural drivers of child protection issues*. This guidance tool provides practical monitoring tools, including surveys, that can be implemented by country offices or their partners at baseline, mid-term evaluation and endline. https://www.thecompassforsbc.org/sites/default/files/strengthening_tools/SBC_Monitoring_Guidance_final.pdf
- UNICEF & ODI. (2020). *Advancing positive gender norms and socialisation through UNICEF programmes: Monitoring and documenting change*. Provides examples from monitoring approaches used to assess gender-responsive parenting, education, adolescent girls' empowerment, eliminating harmful practices, social services workforce development, marketing and media. https://www.unicef.org/eca/media/16441/file/Advancing_Positive_Gender_Norms_and_Socialization_through_UNICEF_Programmes%3A_Monitoring_and_Documenting_Change.pdf
- UTS-ISF. (2021). *The qualKit*. A curated set of qualitative monitoring, evaluation and learning tools designed for GEDSI programs. It focuses on remote applications during travel restricted times. <https://waterforwomen.uts.edu.au/qualkit/>
- Whittington, K. (2015). *Measuring progress: Recommended indicators for Girls Not Brides members working to address child marriage*. A menu of recommended indicators to help measure intermediate progress towards ending child marriage. <https://www.girlsnotbrides.org/learning-resources/resource-centre/child-marriage-indicators/>

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Annex 1. Key definitions

Term	Definitions
Agency	Capacity, condition, or state of acting or of exerting power.
Attitudes	What an individual thinks and feels about a behaviour or practice, and whether they judge it favourably or unfavourably.
Allyship	Allyship is an active, consistent, and arduous practice of unlearning and re-evaluating, in which a person holding systemic power seeks to end oppressions in solidarity with a group of people who are systemically disempowered.
Autonomy	A person's ability to act on his or her own values and interests.
Backlash	Backlash is a strong negative reaction, or a more extreme or aggressive form of resistance to gender-related social change (see also: Resistance).
Champions	A champion is a supporter or defender of the cause for gender transformative change. The contestability of using the term 'champions' for men is recognised i.e., there is a move towards using 'partners for change' or 'allies', to ensure greater equity. Women and LGBTQ+ advocates for equality are never referred to as 'champions'.
Collective beliefs	Social norms are collective beliefs and expectations within a group about what is typical or normal behaviour for the group.
Descriptive norm "what I think others do"	A rule of behaviour that people engage in because they think other people in their reference group do the same thing.
Dignity of risk	Dignity of risk is the idea that self-determination and the right to take reasonable risks are essential for dignity and self-esteem and so should not be impeded by excessively cautious caregivers, concerned about their duty of care.
Do No Harm	A duty of care and responsibility to ensure no harm is caused to individuals, households, communities, and others because of engagement with these individuals and groups.
Formative research	Formative research involves gathering existing information or collecting data before a program begins that is used to inform and tailor the program to the specific population of interest and program objectives.
Gender	Refers to the socially constructed roles, expectations, and definitions a given society considers appropriate for men and women (WHO, 2007).
Gender equality	Refers to the equal rights, responsibilities, and opportunities of women and men and girls and boys.
Gender equality, disability and social inclusion	Improving equality and inclusion in rights, access to livelihood assets, resources, and services for all, including people who experience marginalisation based on factors of age, gender, disability, ethnicity, caste, race, location, income, and other factors causing discrimination and exclusion.
Gender equity	The process of being fair to men, women, and gender non-binary people. To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent men and women from operating on a level playing field. Equity leads to equality.
Gender norms	Collective beliefs and expectations within a community or society, at a given point in time, about what behaviours are appropriate for women and men, and the relation and interactions between them. They are usually internalised during childhood and adolescence and continue to shape gender stereotyping throughout the life course.
Gender role attitudes	The views held by individuals regarding the roles men and women should play in society (e.g., the distinction between paid and unpaid work).
Gender roles	These are the expected roles, including behaviours, activities, and responsibilities.
Gender socialization	Positive gender socialisation is the process that challenge and change harmful norms to achieve gender equitable outcomes.
Gender stereotypes	These are generalisations about the characteristics of a group of people based on gender.
Gender-transformative WASH	WASH approaches that seek to transform gender roles and promote more gender-equitable and diverse relationships between men and women. The Water for Women Fund uses a 'towards transformation spectrum': harmful/unaware; aware; responsive/accommodating; transformative. Gender-transformative WASH requires changing power dynamics to bring about equality in decision-making and ensure no one is left behind.

Injunctive norms: “what I think others approve of”	These influence behaviour when people engage in a practice because they believe that others in their group expect them to do so, will reward them if they do, and sanction them if they do not.
Intersectionality	Men and boys (like women and girls) are not a homogenous group and differ by age, context, social class, race and ethnicity, sexuality, and disability. The presence of combinations of these factors is known as intersectionality and also shapes gender norms.
Legal norms	These are formal rules that guide how we behave. They are usually written down in constitutions and laws and enforced by institutions; e.g., police and justice system.
Masculinity	Masculinity is socially defined across historical and cultural contexts. Power differences exist between specific versions of manhood.
Moral norms “what I think is the right thing to do”	These are based on a person’s inner beliefs (or religious beliefs) about right and wrong. What other people think does not affect a person’s moral beliefs – <i>they are personal rules that guide how we behave.</i>
Normative expectations: “what we believe that people in our reference group expect us to do”	Shared expectations about what we <i>think</i> other people in the group think is good or bad behaviour. These are expectations about what <i>other people think</i> about desirable and undesirable behaviours.
Outcome expectancies: “how I think people will respond to my behaviour”	Outcome expectancies are a person’s beliefs or expectations about how others will respond if they engage (or do not engage) in a certain behaviour. Outcome expectancies can be positive (rewards) or negative (sanctions).
Pluralistic ignorance	Pluralistic ignorance describes a situation where most members of a group or community conform to a norm because they assume that the majority also conform or expect them to do so, while in reality, most people privately disapprove of the norm.
Reference groups “the people the social norm applies to”	Reference group members believe that the opinions and behaviours of other people in the group matter and determine whether they conform to a norm. Reference groups reward people for following a norm and punish them if they do not.
Resistance	An active pushing back against progressive programs, policies, and perspectives. There is a spectrum of resistance, which includes: denial of the problem, refusal to implement a change initiative, reversing a change initiative, or an aggressive, attacking response (VicHealth, 2018).
Sexual and gender minorities (SGM)	People whose gender identity or expression can, but does not necessarily, fit into the binary ‘female’ or ‘male’ categories. Gender minorities include non-binary and trans identities and third genders. Sexual minorities are people whose sexual orientation does not align with the dominant heterosexual norm.
Social networks: “the people I am connected to”	A social network refers to the connections, interactions, and relationships between individuals. Reference groups are part of the social networks with whom individuals interact.
Social norms	Unwritten rules of beliefs, attitudes, and values that are considered acceptable in a particular social group or culture.
Social pressures	The exertion of influence on a person or group by another person or group (e.g., a reference group).
Socio-Ecological Model	The model depicts the interplay between individual, relationship, community, and societal factors that influence individuals.
Target Behaviour	A behaviour the program is tasked with changing.
Twin-track approach	Combining mainstreaming and targeted activities. Considered best practice for integrating gender equality and social inclusion into policy and programming.
Women and girls	Includes women and girls with disabilities, women from different economic and educational backgrounds, women of diverse sexualities and transgender women, and women from different racial, ethnic, and religious backgrounds.

Source: Adapted from UNICEF (2021)

Annex 2. Indicators for monitoring social norms

The following indicators can be tailored and prioritised according to the WASH program. Do not try to measure everything; prioritise what is measured according to the theory of change.

Topic	Examples of indicators	
	Quantitative ⁴	Qualitative
Activity indicators <i>data disaggregated by gender, age, and disability type where possible</i>	• #/% of people who were exposed to norm change messages based on participating in a community-based activity • #/% of respondents who think others will judge them negatively if they stop practising the norm • #/% of respondents who can identify benefits (rewards) associated with ending the norm • #/% of respondents (women, men, young women and girls, young men, and boys and gender diverse people) who participate regularly in community dialogues • #/% of communities in which religious leaders have made a public statement delinking a harmful social norm from a religious requirement • #/% of respondents who do not support the continuation of the harmful norm • #/% of respondents who believe that people in their community approve of the norm • #/% of communities in which traditional leaders publicly denounce a harmful social norm • #/% of respondents who made a public declaration to stop a harmful norm/practice • #/% of communities that monitor compliance with commitments made during public declarations	• Who do you think should be responsible for providing/fetching water? • Do you think that most people in the community think that men should do work on WASH in the household? • Do you think that most people believe that others practice/have abandoned the given social norm and are practicing the new WASH behaviour? • If nobody were to know that you did domestic work, would you do it more?
Women's participation in WASH Committees <i>data disaggregated by gender, age, and disability type where possible</i>	• #/% of respondents who think that a man should not allow his partner to speak in meetings • #/% of respondents who think that when women speak in community meetings they are viewed with respect • #/% of community members who believe women should speak in community meetings • #/% of respondents who report that most women speak in community meetings • #/% of women who say their husband and family would respect them for speaking • #/% of women committee members who feel that their views are listened to in community meetings	• Would anyone support women attending and speaking in meetings. Who? Has this changed, and why? • How do participants feel about women attending and speaking in meetings? Has this changed? What have been the reasons for this change? • What would happen if women did attend meetings or spoke? Has this negative response changed at all over time? Why?
Women's influence over household decisions <i>data disaggregated by gender, age, and disability type where possible</i>	• #/% of respondents stating they believe that gender divisions of labour are natural and cannot be changed • #/% of respondents believing that women/girls can do stereotypically masculine roles and vice versa • #/% of respondents who believe a woman's main role is looking after her family	• Who should be the breadwinner, look after family members? • Has there been a change in women's influence over household decisions? • Have parents' aspirations for their daughter's education changed (i.e., can girls stay in higher education)?

⁴ It may not always be feasible to estimate a proportion (%) of a population depending on the initiative, target and broader population characteristics and practicalities like resource constraints and timeframes. So whole numbers (#) and/or proportion (%) should be used by projects as appropriate. Where possible a proportion (%) of the target population reached may be preferable as a measure of progress and prevalence.

Participation of people with disabilities in WASH Committees <i>data disaggregated by gender, age, and disability type where possible</i>	• #/% of respondents stating they believe that people with disabilities (physical and learning) are equal/should be treated equally • #/% respondents stating they think people with disabilities can make a valuable contribution in community life • #/% of respondents stating they would be comfortable/think others would be comfortable sharing WASH facilities with people with disabilities • #/% of respondents who would be comfortable/think others would be comfortable working/schooling alongside people with disabilities • #/% of respondents stating they thought people with disabilities can participate equally in community/public meetings • #/% of respondents stating they thought people with disabilities should make (or have a say in) decisions about WASH • #/% of respondents (disaggregate by age and sex) in the community who use appropriate language and terminology to promote disability equality • #/% of people with disabilities attending meetings/feeling confident to speak in meetings • #/% of respondents with disabilities stating they feel confident that their community would consider and try to accommodate their needs when planning WASH activities • #/% of respondents in the community (including WASH staff) who would be comfortable entering the home of a person with disability	• Would anyone support someone with disabilities attending and speaking in meetings. Who? Has this changed, and why? • What would happen if someone with a disability attended meetings or spoke? Would this be different for women or men, or for people with different types of impairment? Has this negative response changed at all over time? Why?
Attitudes towards people from sexual and gender minority communities <i>data disaggregated by gender, age, and disability type where possible</i>	• #/% of respondents stating they believe that people in sexual and gender minorities are equal/should be treated equally • #/% of respondents saying that people from sexual and gender minority communities can make a valuable contribution to their community • #/% of respondents who say that people from sexual and gender minority communities can and should have a say in WASH priorities • #/% of sexual and gender minority community members who would be confident to speak in their communities on WASH topics • #/% of people in the community who use appropriate language and terminology to promote gender equality	• What are the community attitudes towards people from sexual and gender minority communities? Has this changed at all over time? Why? • Would anyone would support someone from a sexual and gender minority community attending and speaking in meetings. Who? Has this changed, and why?
Menstrual health and hygiene <i>data disaggregated by gender, age, and disability type where possible</i>	• #/% of girls who report having a say in decisions about their menstrual health and hygiene (disaggregated by disability and age) • #/% of girls who report fewer restrictions during menstruation • Ratio of girls to boys' enrolment, attendance, completion and drop-out rates • #/% of teachers and headteachers who become MHH champions in the school, community, and household • #/% of teachers that take action to stop those who tease menstruating girls • #/% of trans men and people with diverse genders who menstruate who report fewer restrictions during menstruation	• Would girls and women face social backlash if they broke restrictions during menstruation? Are norms becoming less common over time? • What are the places a girl/young woman can go without permission during menstruation?

Violence <i>data disaggregated by gender, age, and disability type where possible</i>	• #/% of people who believe that wife-beating is acceptable within the community • #/% of people who believe most men in their community beat their wives • #/% of people who agree with the statements: 'If a husband does not beat his wife when she disobeys him, other men in the community will think less of him • #/% of respondents who would intervene in a situation of familial/community violence against people with disabilities • #/% of respondents who would intervene in a situation of familial/community violence against members of sexual and gender minority communities • #/% of respondents who believe that violence against girls with disabilities is acceptable/would be overlooked by their community (disaggregated by type of impairment) • #/% of respondents who agree with the statement: "if a family does not beat/confine a member with disability who is behaving 'abnormally,' the community will think less of them"	• What are the attitudes towards the use of physical violence, sexual violence, or sexual harassment against girls/ women in different situations (disaggregated by disability and type of impairment)? • What are the attitudes towards women reporting violence or leaving their partner/family?
Women's livelihoods <i>data disaggregated by gender, age, and disability type where possible</i>	• #/% of women who say they have control over their WASH-related earnings • #/% of people from sexual and gender minority communities who say they have control over their WASH related earnings • #/% of women working outside the home and in the WASH sector • #/% of respondents who agree with the statement that a woman's most important role is to take care of her home and cook for her family • #/% of women and men who make financial decisions together or separately • #/% of respondents who agree that people from sexual and gender minority communities should earn respect by undertaking unpaid roles in their community	• What are the attitudes towards women working outside the home (disaggregated by gender, age, disability, and type of impairment)? • What are the attitudes towards gender roles (e.g., who should be the breadwinner, look after family members)?
Change in staff capacities <i>data disaggregated by gender, age, and disability type where possible</i>	• #/% of implementation partners that have a referral mechanism in place in program initiative areas • #/% of joint activities conducted with RHOs • #/% of NGOs that have strengthened capacities over a program period to design, implement, monitor, and evaluate social norms in WASH programs	• Are staff regularly reflecting on social norms in their own lives? • Do staff express and exhibit any attitudes or behaviours that need to be addressed in ongoing staff reflection sessions? • Are programs designed, monitored and evaluation by teams including women and men with diverse lived experience? • Are programs intentionally working on strengthening partnerships with RHOs?

Annex 3. Vignettes to facilitate dialogue on norms change

Vignettes provide an opportunity for WASH program staff to investigate their own norms, and to consider how they can improve their working practices. The following vignettes are based on Water for Women project experience and are accompanied by questions for participants in staff reflection sessions and facilitator notes.

Gender Inclusion within WASH teams	
Vignette	Zainab works for an NGO on a WASH program. Rumours have spread about her gender identity and history. Comments are often made about her being trans and about LGBTIQ+ people in general, and she is often mis-gendered, called “he”, referred to as a man, and asked which bathroom she uses, and if she stands up or sits down to use the toilet. Such comments are made in her presence, even in front of her manager, who fails to challenge it. Colleagues say that Zainab should not take these seriously because the jokes are all part of the work culture, in which everyone is teased about something. However, Zainab is also excluded from after-work social events.
Participant questions	1. What do you think? 2. What social norms are being illustrated? 3. Is there anything you can do to support Zainab? What would you say to the team and the managers? 4. What are the risks?
Facilitator notes	The aim of this scenario is to explore how disclosing one’s gender identity at work is deeply personal and can be a difficult process. • If an employee feels they are being targeted because of their gender identity (or their perceived gender identity) and this makes them feel intimidated, degraded, humiliated, or offended, then this behaviour can be defined as harassment. Many countries have laws to protect employees from discrimination and harassment, but many lack laws that specifically include anti-discrimination. Transgender people and other sexual and gender minorities are criminalised in some countries. Therefore, organisational policies that specifically include anti-discrimination clauses for sexual and gender minorities is especially important in changing social norms. • The employer is responsible for the behaviour of its employees, which means they need to take reasonable steps to challenge and prevent harassment. • Options to be considered to promote trans inclusion include human resources leaders promoting specific trans-inclusion training and development for line managers and their teams, such as awareness of trans rights and collaborating with LGBTIQ+ organisations. Awareness raising could include unconscious bias training, speakers, webinars and seminars, and supporting line managers to have conversations about pronouns with their teams. It could also involve setting up a diversity champion/LGBTIQ+ allies to promote trans inclusion in WASH teams as a private source of support if needed, to listen and support people if they need it or to raise issues with the organisation. • Steps can also be taken to training partner staff to support trans people (e.g., in programs by training public toilet attendants to support customer service for trans customers). • There may be risks to Zainab of her being “outed” without her consent. This must be handled carefully.

Challenging assumptions about the contribution that women can make to successful management of the WASH facilities	
Vignette	The village WASH committee is meeting to discuss a new water project. There are only two female members on the committee, and they are both feeling demoralised because they are given few opportunities to speak, and male members often dismiss their contributions. After she visited a neighbouring community where she met a female plumber, the younger woman (Rose) applied to do a plumbing training course. She wants to be a visible role model for other women in the village too. But the other committee members do not think that women can take on such a technical role. Even her friend is a bit sceptical of Rose’s ability to do this.

Participant questions	1. What do you think? 2. What social norms are being illustrated? 3. Is there anything that WASH actors can do to ensure that the project meets the needs of men and women? What would you say to the team and the managers? 4. What are the risks?
Facilitator notes	• The aim of this scenario is to challenge assumptions about the contribution of women to WASH services and public life. Social norms and attitudes might dictate that women do not take on positions of responsibility with decision-making roles. • If WASH NGOs and partners field teams have both men and women in positions of responsibility: “if you can't see it, you can't be it”. When attending committee meetings, program staff can encourage women to speak to show that you respect their opinions. • Carry out a gender and power analysis, and use the results to inform the project design (e.g., on gender, leadership, group dynamics and how to resolve conflicts). • Encourage the committee to analyse its own performance and identify solutions to the poor integration of women. Committee members may feel threatened by women's involvement and that they are taking away jobs and responsibility from the men. Help the men on the committee to appreciate the contribution that women can make. A minimum of three women involved in any committee or activity may mean they are able to give one another moral support and will feel more confident to speak up.

Adapted from House et al. (2014)

Assumptions affecting the participation of people with disabilities in WASH committees	
Vignette	Linh attends community meetings on WASH as often as possible, sharing her ideas on how the communal facilities could be made more inclusive to better support her needs. She also has a physical disability. Although Linh attends, she finds her neighbours often dismiss her views or else do not listen when she is speaking. Often, she is not invited to meetings, or else only finds out the meetings are happening at short notice, which means she often cannot get there on time. Sometimes they hold the meetings in locations that are not accessible to her. Linh wants to join the WASH committee, but her applications so far have been unsuccessful – she has overheard committee members making snide comments about people with disabilities (that they are a burden and need help or cannot do anything for themselves), and they think having a disability is a punishment from God. She feels she cannot confront community leaders, because from time to time she relies on her neighbours for support. Linh raised the matter with WASH program staff, but so far they have not addressed the discrimination she faces, although she knows that they have acted on other issues, such as sexist comments made about female committee members.
Participant questions	1. What do you think? 2. What social norms are being illustrated? 3. Is there anything that WASH actors can do to support people with disabilities? What would you say to the team and the managers? 4. What are the risks?
Facilitator notes	• The vignette reveals the multi-layered issues that make life more challenging for Linh. • Look at the discriminatory behaviour towards people with a disability and the motivation for that behaviour. • Work with community leaders and community members to highlight the importance of including people with disabilities, to increase respect and to support them to identify solutions for WASH services. • Design the location of WASH facilities in an inclusive manner and design them so that people feel secure when using them. If a caretaker manages communal facilities, they can also be trained on issues around disability. • Organise a dialogue with influential groups and people in the community to work together on influencing community members on social norms relating to disability issues. Influential people or groups may include women's groups, savings groups, religious leaders, and health staff, including traditional birth attendants. • Carry out safety audits with girls and boys and women and men to identify problems with existing facilities and potential solutions. • Provide training for WASH staff so that people in minority groups feel reassured that they will be supportive, and to show that inclusivity is not just a concern of minorities. Consider whether the program should include a confidential mechanism that allows people to challenge this kind of behaviour with management.

Adapted from House et al. (2014)

Control of household resources

Vignette	A young married mother, Durga, wants to build a toilet, but her husband has migrated abroad for work. She cannot make the decision until he returns to the village. She has few financial resources and her father-in-law owns the land she lives on.
Participant questions	1. What are the norms in this situation? 2. What are the implications? 3. What, as WASH practitioners, can we do? 4. What are the risks?
Facilitator notes	• Work with community leaders and community members to highlight the importance of WASH and to support women to make decisions about household WASH facilities. • Support technologies that are affordable and women can maintain easily. • Liaise with influential groups and people in the community (e.g., women's groups, savings groups, groups of people with disabilities, religious leaders) to work together on influencing social norms on household decision-making. • Link WASH programs with other programs working on livelihoods that have a specific focus on women to increase their access to resources. • If several women are in the same situation, they could create a critical mass to change the norm around household decision-making. This could also help Durga feel less alone while her partner is away.

Experiencing violence on a WASH program

Vignette	An NGO implementing a WASH program gave Meera a leadership role to mobilise community members, and the community subsequently selected her to join a WASH committee. Her husband was also involved in the program, but was not selected as a committee member. He became jealous, and after Meera publicly disagreed with him in a community meeting, he beat her. Her neighbours heard him beating Meera and told you about the incident, they also noted that this has happened before.
Participant questions	1. Why do you think this has happened? 2. Is there anything that WASH practitioners could have done differently? 3. What services and professionals could assist Meera in this situation? 4. What should you do next? 5. What are the risks?
Facilitator notes	The aim of this scenario is to explore how a WASH professional would assist a woman in Meera's situation. • When gender roles are being challenged, there can be a backlash. • Gender power differences and low status of women may have meant that Meera's husband expected that such a role would belong to him. Moreover, there might be widespread acceptance of men disciplining women physically. • WASH professionals can provide support to women or people from other minority or marginalised groups, for example, putting in place referral mechanisms (e.g., police and judiciary or health care, contact the community-based women's groups or a religious leader/congregation).

Men challenging gender norms

Vignette	John recently moved back to the place where he grew up, with his wife and baby. He believes it is important to share responsibilities for the housework and care for his child. The couple both work outside the home, so they both clean the house, fetch water, look after the baby and share the cooking and washing. John feels proud that he is challenging gender norms and thinks it is important to be open, vocal and visible in modelling other ways of being a man. He thinks this is the only way things are going to change. The friends John grew up with often tease him, but the older men in the community are very hostile and aggressive when they see him carrying the baby, and John does not always feel safe.
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Participant questions	1. What problems do you imagine that John might face? 2. What social and cultural pressures do men and boys face in your program context? 3. Is there anything that WASH practitioners can do to support John? 4. What are the risks?
Facilitator notes	This scenario encourages discussion of the vulnerabilities that men and boys may face, and how they can also be involved in social norm change regarding the traditional roles men are usually expected to play. The facilitator could refer to: • the importance of understanding and discussing gender roles and expectations that men and women face in a particular context • the possibility that men could be mocked if they take on a role that is usually perceived as a woman's, such as collecting water • the importance of male and female WASH practitioners having a good grasp of gender issues, and what this means in any context • working with influential male community leaders to become role models by encouraging men and boys to highlight positive norms.

Engaging people with disabilities in WASH committees

Vignette	WASH staff are taking care to invite people with disabilities to WASH community consultation meetings and creating space for them to have a say. People with disabilities attend, but they are not vocal in the meetings. Unfortunately, the type of facilities in this WASH project and where they should be located are sensitive topics, and whilst the community decides to build communal facilities across a large number of divisions (rather than household connections in a smaller number of divisions), there is discontent. WASH staff return to the communities later to monitor the involvement of people with disabilities. People with disabilities report that the community is regretting the decision to have communal facilities, and that people with disabilities are being blamed for the decision and excluded from the collective funeral fund.
Participant questions	1. What problems do you imagine people with disabilities might face? 2. What social and cultural pressures do people with disabilities face in your program context? 3. Is there anything that WASH practitioners can do to support people with disabilities? 4. What are the risks?
Facilitator notes	This scenario encourages discussion of the vulnerabilities that people with disabilities may face, and how they can also be involved in social norm change. The facilitator could suggest: • examining discriminatory behaviour towards people with disabilities and the motivation for it • working with community leaders and members to highlight the importance of including people with disabilities, to increase respect and to support them to identify solutions for WASH services • locating WASH facilities in an inclusive manner and designing them so that people feel secure when using them; if a caretaker manages communal facilities, they can also be trained on issues around disability • organising a dialogue with influential people in the community to work together on influencing community members on social norms relating to disability issues; influential people or groups may include women's groups, savings groups, religious leaders, and health staff, including traditional birth attendants • carrying out safety audits with girls and boys and women and men to identify problems with existing facilities and potential solutions • providing training for WASH staff so that people in minority groups are reassured that they will be supportive, and to show that inclusivity is not just a concern of minorities; consider whether the program should include a confidential mechanism that allows people to challenge this kind of behaviour with management.

Engaging families with members with disabilities in entrepreneur opportunities

Vignette	WASH staff are holding community meetings about WASH entrepreneur opportunities. They are careful to invite families with members with disabilities, and are pleased to see a mother with her young son with disabilities attend one of the meetings for the first time. However, they do not return to subsequent meetings. WASH staff visit the family to find out why they stopped coming. The mother reports that she had enjoyed the meeting. She says that they lack income because she is at home caring for her son and feels unable to work. However, she reports that community members were angry with her for bringing her son to the meeting, accusing her of being cruel for “dragging” him out into public where his difficulties could be seen, and told her to keep him at home.
Participant questions	1. What problems do you imagine the mother might face? 2. What social and cultural pressures do people with disabilities face in your program context? 3. Is there anything that WASH practitioners can do to support this family? 4. What are the risks?
Facilitator notes	This scenario encourages discussion of the vulnerabilities that people with disabilities may face, and how they can be involved in social norm change. The facilitator could encourage participants to: • examine the discriminatory behaviour towards children with disability and their caregiver - what is the motivation for that behaviour? • work with community leaders and community members to highlight the importance of including people with disabilities, to increase respect and to support them to identify solutions for WASH services • organise powerful people in the community to work together on influencing community members on social norms relating to disability; influential people or groups may include teachers, women’s groups, savings groups, religious leaders, and health staff, including traditional birth attendants • provide training for WASH staff so that people in minority groups are reassured that they will be supportive, and to show that inclusivity is not just a concern of minorities; consider whether the program should have a confidential mechanism that enables people to challenge this kind of behaviour with management.

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