WASH, Protection and Accountability

Briefing Paper

Displaced family from Mosul – Baharka
Camp, Iraq. © UNHCR/Cengiz Yar

COVER PHOTO:

Children cool down at the overflow pipe –
Nyumanzi Settlement, Uganda. © UNHCR/
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Contents

UNHCR
The UN Refugee Agency

Acronyms and terminologies

Table 1 - Acronyms

	Description
AAP	Accountability to affected populations
AGD	Age, gender and diversity
LGBTI	Lesbian, gay, bisexual, transgender, intersex
MHM	Menstrual hygiene management
PSEA	Prevention of sexual exploitation and abuse
PWD	People with disabilities
WASH	Water, sanitation and hygiene

Table 2 - Terminologies useful for understanding protection, age, gender, diversity and WASH

Term	Description
Protection	Protection encompasses all activities aimed at ensuring the enjoyment, on equal terms of the rights of women, men, girls and boys of concern to UNHCR in accordance with the letter and spirit of the relevant bodies of law (international humanitarian, human rights and refugee law).[i]
Accountability	Accountability to affected populations (AAP) can be understood as 'an active commitment by humanitarian actors and organizations to use power responsibly by taking account of, giving account to and being held to account by the people they seek to assist'. The principle of accountability requires that humanitarian actors involve persons of concern meaningfully in key decisions and processes that impact them, and ensure transparency by continuous communication[ii].
Age	Age refers to the different stages in one's life cycle. People's capacities and needs change with age and it can also enhance or diminish a person's capacity to exercise his or her rights[iii].
Diversity	Diversity refers to different values, attitudes, cultural perspectives, beliefs, ethnic background, nationality, sexual orientation, gender identity, ability, health, social status, skill and other specific personal characteristics. While age and gender dimensions are present in everyone, other characteristics vary from person to person. These differences must be recognized, understood and valued in order to ensure protection for all people[iv].

Term	Description
Gender	Gender refers to the socially constructed roles for women and men. Gender roles are learned, changeable over time, and variable within and between cultures. It often defines the duties, responsibilities, constraints, opportunities and privileges of women and men in each context[v].
Gender equality	Gender equality refers to the equal enjoyment of rights, responsibilities and opportunities of women, men, girls and boys. It implies that the interests, needs and priorities of each gender are respected[vi].
Incontinence	Incontinence is the involuntary loss of urine or faeces. It can be of different levels of severity, from occurring when someone laughs, coughs or sneezes (stress), to needing to go to the toilet urgently (urge), not being able to get to a toilet in time due to limited mobility (functional), or constantly leaking urine or faeces due to a hole in a person's urinary or faecal systems (fistula).
Persons with disabilities	Persons with disabilities are not a homogeneous group; they have different capacities and needs, and contribute in different ways to their communities. Persons with disabilities include those who have physical, mental, intellectual or sensory impairments, which in interactions with various barriers (physical and environmental, attitudinal, policy and communication) hinder their participation in society on an equal basis with others[vii].
Sexual and gender based violence (SGBV)	Sexual and gender-based violence (SGBV) refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It includes physical, emotional or psychological and sexual violence, and denial of resources or access to services. Violence includes threats of violence and coercion. SGBV inflicts harm on women, girls, men and boys and is a severe violation of several human rights. Persons of concern are often at heightened risk of SGBV during emergencies. This can be due to a number of factors, including the sudden breakdown of family and community structures after forced displacement. Certain groups in a population may be particularly at risk of SGBV: older persons, persons with disabilities, adolescent girls, children, LGBTI persons, and female heads of household[viii].
Survival sex	Individuals among displaced populations experience displacement and the vulnerability it brings differently. Often the most vulnerable among them, be it women, girls, men or boys may be compelled to exchange sex for money, material goods or protection, in order to survive, which is known as 'survival' or 'transactional' sex, or sex work. Survival sex is frequently a direct consequence of inadequacy of assistance and a struggle to meet the basic needs of an individual and their family. The involvement of children (girls or boys) in exchanging sex for goods, services or protection is child sexual exploitation under international law and requires an immediate protection response.

i   It includes interventions by States or UNHCR on behalf of asylum-seekers and refugees to ensure that their rights, security, and welfare are recognized and safeguarded in accordance with international standards. Such interventions will, amongst others, be deemed to: ensuring respect for the principle of non-refoulement; promoting admission to safety and access to fair procedures for the determination of refugee status; upholding humane standards of treatment; realizing the right to assistance and services; promoting non- discrimination, and the implementation of durable solutions. - http://www.unhcr.org/4371d8362.pdf
ii   https://emergency.unhcr.org/entry/69409/accountability-to-affected-populations-aap
iii UNHCR Emergency Handbook - 'Age, gender and diversity (AGD)'
iv   UNHCR Emergency Handbook - 'Age, gender and diversity (AGD)'
v   UNHCR Emergency Handbook - 'Age, gender and diversity (AGD)'
vi   UNHCR Emergency Handbook - 'Age, gender and diversity (AGD)'
vii UNHCR Emergency Handbook - 'Persons with disabilities'
viii UNHCR Emergency Handbook - 'Sexual and gender based violence (SGBV) prevention and response'

1.   Introduction

1.1   Why we need to consider WASH, protection and accountability

Conflicts, natural disasters and displacements affect different people in different ways. This may be due to their age, gender identity, sexual orientation, health status, ability, ethnic background, cultural or political perspective, values, attitudes and other beliefs. Some people, such as women, adolescent girls, older people, people with disabilities and people from marginalised groups, including people who are lesbian, gay, bisexual, transgender or intersex (LGBTI), are often less visible, have less power, and less ability to share their opinions in the community and hence may be less able to participate as others. But they may have differing needs, priorities, capacities and vulnerabilities, which will affect the way they can benefit from services and their ability to attain their rights. Therefore it is important to consider the differences in how refugee situations affect different people and the barriers to their engagement when designing WASH responses.

1.2   Protection and accountability challenges related to WASH
in refugee contexts

The following table highlights some of the potential challenges that may be faced by different groups of people in a refugee setting and an overview of some of the key considerations that are useful for WASH programmes. Elaboration on the practical actions that can be undertaken in response to these issues can be found in the sections which follow.

Displaced civilians fetching
water – Bakassi Camp, Nigeria.
© UNHCR/George Osodi

Table 3 - Examples of potential vulnerabilities and considerations by groups of people / contexts[1]

Group	Potential vulnerabilities	Useful to consider for WASH
Girls and boys	Vulnerable to SGBV, they have less knowledge, do not tend to be involved in decision-making, are less able to say no and are reliant on their parents / care-givers for basic needs. They may be expected to collect water or undertake WASH related hygiene tasks, particularly girls, which may involve walking distances from the home.	▪ Make sure WASH facilities are designed with children's needs in mind. Children may need modifications to toilet design. More space is needed in toilet and bathing units for parents to assist them. Children may also need modifications to toilet design such as lower heights of sinks and taps. Information should be designed for children of different ages. ▪ Girls and boys may be expected to collect water from tap stands. They can be vulnerable to both abuse by those who control tap-stands and fighting if there is inadequate water availability.
Adolescents	Adolescent girls have less power, less voice and face more restrictions in their behaviours than other groups, as well as being more vulnerable to sexual abuse and exploitation. Adolescent girls also start to menstruate, typically between the ages of 10-19 and may face a range of challenges in relation to its management.	▪ It is essential to involve adolescent girls on discussions on their specific needs and in designing WASH facilities, particularly in relation to their feelings of safety and in relation to their needs to manage their menstrual hygiene. ▪ Both female and male youth offer a great opportunity for change and influencing the future. They can have energy and commitment and will be parents and leaders of the future.
People with disabilities (PWD)	They are often 'invisible' and some may be less able to participate and express their needs. They may experience difficulty in moving, hearing, seeing, communicating or learning and may face a variety of barriers: physical and environmental; attitudinal; policy; and in communication. They can be particularly vulnerable to SGBV and exploitation. People with disabilities are estimated to be 15 percent of any population, with numbers likely being higher in populations affected by conflict, natural disasters and forced displacement.	▪ People with disabilities as well as other people with mobility limitations such as older people and pregnant women may not be able to use standard design toilet or bathing facilities. This might mean they have to move across or put their hands on faeces covered floors, which can lead to increased stress and risks to health and dignity. ▪ It is essential to involve people with disabilities in designing solutions for their needs. They can often be very resourceful and can provide useful suggestions as to how facilities can be adapted to their needs as well as contribute to community decision-making. But they are often excluded because no-body invites them or considers their skills or knowledge.
Older people	Older people form up to 30% of refugee populations, and are mostly women. They often have less voice, limited access to resources, they may face physical and mental challenges and are at risk of SGBV and exploitation. The erosion of traditional formal and informal support networks can result in older persons being dependent on UNHCR for a long time.	▪ Older people have lots of experience and knowledge and can be influential in communities. It is important to consult older people to understand their needs and benefit from their knowledge. ▪ They may however need assistance to obtain the services and support that they need including to know their entitlements and to collect NFIs and other items. ▪ As well as having mobility challenges they may also experience incontinence. This requires quick access to WASH facilities, materials to soak up the fluids or faeces and additional soap and water.

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1   These considerations have been identified from a range of sources, a range of them highlighted in the publication: House, S. Ferron, S, Sommer, M, and Cavill, S. (2014) *Violence, Gender & WASH: A Practitioner's Toolkit* (co-published by 27 organisations)

Group	Potential vulnerabilities	Useful to consider for WASH
Women	Women often have less power in decision-making and face difficulties in being involved in community decision-making. In many communities women hold more responsibilities for the collection and management of household water and have the highest workload in relation to WASH in the household. They may have less access to financial resources to meet basic needs. Women are also less likely to get paid work like digging toilets or to be trained in maintaining WASH facilities and instead are expected to do the voluntary unpaid work like cleaning. Women and adolescent girls may find it difficult to undertake key tasks outside of the home if they have limited access to sanitary protection materials and ways to manage their menses. They can be particularly vulnerable to SGBV.	▪ Women may be vulnerable to violence when walking distances to collect water, from fighting at tapstands, from violence at home due to limited water, or harassment at communal WASH facilities. ▪ For those with least access to resources, some women and girls may also be vulnerable to resorting to 'survival' or 'transactional' sex for WASH related items (such as soap or sanitary pads) if their needs are not being met and they are not able to see an alternative. ▪ They can be very effective managers of water systems or pump mechanics, because they feel the impact of poorly managed systems more than men. ▪ It is essential to find ways to proactively involve women in every stage of WASH responses. But women may not always feel comfortable to speak in front of men in public or mixed contexts, so methodologies need to be adapted to enable them to speak. ▪ Staff should provide on-going confidence building to women who are engaging in leadership positions.
Men	Men may be particularly vulnerable in conflict situations to abduction and death and may lose ability to support family in refugee situations. They may not have the same experience as women in managing household hygiene.	▪ It is positive to involve men in learning about WASH and hygiene and encouraging them to take on increased responsibilities for household and communal hygiene. ▪ It is also positive to encourage them to support women in their roles in WASH management and in finding solutions to make WASH facilities safer.
LGBTI people	Likely to experience discrimination, harassment, violence and risks to their lives due to their diverse sexual orientation or gender identity not fitting traditional norms within communities. They may be rejected by families and in some countries face risk of arrest and imprisonment. They may find it difficult to access services and to receive aid where distributions are given based on a standard household structure[ix].	▪ People who are transgender may face particular risks when using communal gender segregated toilets or bathing facilities, because other men or women may not like the fact that they are using their facility. This puts them at particular risk of harassment or other forms of violence. ▪ Particular care is needed when finding WASH solutions for people who are particularly vulnerable such LGBTI people, because openly discussing their particular vulnerabilities can put them at greater risk. It is therefore essential to work with protection colleagues to identify safe strategies for identifying WASH solutions for LGBTI people in consultation with LGBTI people themselves. ▪ Household toilets or occasional gender-neutral communal toilets may be the best solutions[x]. These may also be useful for single fathers with young and infant daughters.

Group	Potential vulnerabilities	Useful to consider for WASH
Other people with specific vulnerabilities	Other people may have specific vulnerabilities. For example people who are considered lower caste; the poorest; child-headed or older person-headed households; and minorities by ethnicity, politics or religion; may face a range of different challenges and vulnerabilities. For example: People with albinism are an example of a particularly vulnerable group in East and Central Africa, as they can be maimed or killed for their body parts for use in witchcraft. The relative vulnerability of various groups is likely to vary by context so it is important to understand the specific context, through consultation.	▪ It is essential to work with protection colleagues to identify who might be particularly vulnerable in each context and to develop strategies for responding to their needs in a sensitive and safe manner. Protection colleagues may also have links with organisations which have specialisms in the groups' particular vulnerabilities and needs. ▪ For example, people with albinism are at risk of being abducted and hence should be provided with WASH facilities near to their house to minimise the distances they have to walk for basic tasks; and to locate WASH facilities in well-lit areas[xi]. ▪ Child or older person-headed households may not have the same level of access to information to know their entitlements; or to feel that they are able to say no to potential abuses of power related to the distribution of non-food items. Therefore additional support is likely to be needed.
Urban contexts	Vulnerabilities may also vary by context. For example people may be more scattered in urban contexts, they may lose some of their traditional community support networks and registration may be more challenging.	▪ People who are renting accommodation or who are living in unfinished buildings or warehouses may be without sanitary facilities or the permission to construct them. ▪ People may also not know their entitlements or where they can go to get WASH related assistance and hence specific efforts may be needed to reach them. ▪ In high density urban environments people may be expected to pay for use of toilet facilities. Cash based interventions should consider this within the budgeting if this is the case.
Female staff, staff who are LGBTI or from minority groups	Bullying or violence may also occur within organisations, against staff who are female, from minority groups or who are LGBTI.	▪ All staff must be made aware of what is acceptable behaviour towards colleagues and sign a code of conduct on the same. ▪ Management should ensure that female staff or those who are LGBTI or from marginalised groups are supported and encouraged in their work and consulted on WASH-related matters and their needs in the workplace.[xii]

ix   UNHCR & IOM (2015)
x   UNHCR & IOM (2015)
xi   Herijnen, T. V. Ritchei, S, Eaton, J. (2016)
xii   UNHCR & IOM (2015)

2. Principles for WASH, protection and accountability

The image which follows summarises the principles which underpin how protection and accountability should be integrated into WASH in all refugee contexts. The sections which follow then provide more details of each principle and how they can be implemented in practice.

Fig. 1 – Principles for Protection, Accountability and WASH

Principle 1	Consultation, participation, information and feedback	Communities and people of different ages, gender and diversity are consulted and participate in the assessment, planning, design, implementation, monitoring and maintenance phases of WASH interventions. They receive information on their entitlements and what services and behaviours they should expect from staff and how to give feedback. A feedback and complaints system is in place and WASH-related feedback and complaints are responded to appropriately.
Principle 2	Equitable access to WASH	Access to WASH infrastructure, information and services is equitable and considers requirements for persons with specific needs and vulnerabilities.
Principle 3	Protection, safety and privacy	Protection, safety and privacy considerations are integrated into WASH programmes, designs and services.
Principle 4	Menstrual hygiene	The needs of women and girls to manage their menstrual periods confidently, in privacy and with dignity are integrated into WASH responses.
Principle 5	Cross-sector collaboration, coordination and capacity	The WASH sector builds the capacity of its staff, coordinates between agencies and works with other sectors to strengthen protection, the quality of responses and to integrate accountability mechanisms into our work.

3. Principle 1: Consultation, participation, information and feedback

> **Principle 1:**
>
> *Communities and people of different ages, gender and diversity are consulted and participate in the assessment, planning, design, implementation, monitoring and maintenance phases of WASH interventions. They receive information on their entitlements and what services and behaviours they should expect from staff and how to give feedback. A feedback and complaints system is in place and WASH-related feedback and complaints are responded to appropriately.*

Rationale

UNHCR supports rights-based and community-based approaches, which seek to facilitate the meaningful participation of people of concern in assessment, planning and monitoring processes and, therefore, decisions that affect their lives. Involving people with differing needs, priorities, capacities and vulnerabilities in the design of WASH programmes and listening to and enabling them to give feedback, has multiple benefits:

a) It recognises the value that refugees and persons of concern themselves bring to the process and increases their **well-being and sense of dignity**.

b) It contributes to the **effectiveness** of the interventions through utilising the skills and knowledge of the people affected by the intervention, meaning that the final result is more likely to meet the needs of different users.

c) It results in an increased **sense of ownership**, which results in an increased level of satisfaction, and improves the level of use and responsibility taken for long term maintenance.

d) Ensuring that every affected person can access the information on their rights, entitlements and the good behaviours of staff in a way that they can understand, is particularly important in relation to the **Prevention of Sexual Abuse and Exploitation (PSEA)**.

e) It helps affected people to adapt to the challenges they are facing and better enables them to take an active role in their own recovery contributing to increasing **empowerment** and **equality** between diverse individuals; and

f) It helps to ensure that more people can attain their **rights** and can live healthy, safe and dignified lives as well as holding humanitarian agencies to account.

The following table identifies key actions that support this principle.

Table 4 - Key actions to involving refugees throughout the programme cycle

	Key actions	Considerations
A	**By stage of the project cycle**	
	ASSESSMENT ▪ Collect sex and age disaggregated data and information. ▪ Use the UNHCR registration process, to identify people who may have other specific needs and involve them in designing solutions that meet their needs. ▪ Where appropriate share / validate the findings / recommendations with communities.	▪ Ensure that questions are asked from women, men, girls and boys, as well as men during assessments and collect sex and age disaggregated data in line with the standard UNHCR assessment tools. ▪ Ensure analysis of sex and age disaggregated data informs the planning and implementation process in a concrete and measurable manner.
	PLANNING ▪ Involve refugees and particularly women and girls in the process of designing WASH facilities and services as soon as people have arrived on site. ▪ Ensure that WASH related decision-making processes meet the standard requirement of 50 percent meaningful representation of women / girls.	▪ Where possible prioritise individual or shared family WASH facilities at the household level; but where communal facilities are inevitable, ensure that a segregation of WASH facilities is done. ▪ In particular ensure that women and adolescent girls and people with specific needs are involved in the design and location of WASH facilities. ▪ A useful way to obtain feedback on WASH facilities is to construct a trial facility and then ask people to test and provide feedback on it and how it could be improved.
	IMPLEMENTATION ▪ Where possible involve refugees in the process of construction of their own household level WASH facilities , as well as in the construction of communal facilities and being hygiene promoters; with specific measures taken to ensure women/girls, where appropriate, can be part of the process. ▪ Establish opportunities for ongoing feedback and engagement during implementation.	▪ This may be achieved through distribution of targeted cash assistance so the refugee fully manages the construction, or it may involve a contribution of labour or the monitoring of construction. ▪ Additional support or alternative means of engagement may be needed for people with special needs.
	MAINTENANCE and MONITORING ▪ Where possible involve refugees, in the routine maintenance and monitoring of their own WASH facilities.	▪ It is positive to involve women and female and male youth in the maintenance and monitoring of WASH facilities. ▪ Collect feedback as part of monitoring processes from people of different genders, ages and abilities/disabilities. ▪ Where livelihood opportunities exist, refugees may be expected to contribute financially towards maintenance.
B	**Throughout the project cycle**	
1	Because not all may be able to speak confidently in public or participate equally, use different methodologies to involve them.	▪ Gender and age specific focus groups are useful tools for obtaining feedback. Household visits / surveys are particularly useful for vulnerable groups where focus group discussions are not possible or people are unlikely to feel comfortable to speak when in a FDG.

	Key actions	Considerations
2	It is important that all teams for assessments, designing and monitoring exercises have both female and male staff members.	▪ It is important that female staff speak with women and girls, as they may not feel able to speak openly or honestly with male team members, including about safety.
3	For the distribution of non-food items and establishment of cash based programme processes it is good practice to involve women in deciding what is relevant to their situation, drawing up of distribution lists, verifying distribution lists and supervising the distribution process.	▪ Use of visual aids to clarify what people are entitled to, can limit the risk of staff abusing their power by expecting favours for the receipt of goods.
4	Build the capacity and confidence of women, men, adolescent girls and boys to engage in each stage of the process.	▪ As part of the WASH processes build confidence of and respect for women and girls, and for men, women, girls and boys to understand and value each other's experiences, skills and needs.
5	Provide information to the affected communities about: the organisations supporting them; the principles they adhere to; how they expect their staff to behave; the programmes it is implementing; what they intend to deliver; and how they can provide feedback[xiii].	▪ This enables people to be aware if they are being treated differently, including if they are being treated inappropriately by staff in a way which constitutes corruption or sexual exploitation or abuse. ▪ Communicate in languages, formats and media that are easily understood, are respectful and culturally appropriate for different members of the community, especially accessible for vulnerable and marginalised groups. ▪ Ensure that signs on toilet facilities can be seen at night.
6	Ensure that response-wide feedback mechanisms are in place that are followed up and acted on[xiv].	▪ Feedback mechanisms are needed that are easily understood and accessed, which encourage and facilitate affected communities to provide feedback on their satisfaction level with the quality and effectiveness of the assistance received, paying particular attention to the gender, age and diversity of those giving feedback. ▪ Having mixed methods for the provision of feedback will help encourage a wider range of people to engage (radio, mouth to mouth, mobile phone, population/community meetings, information, education communication (IEC) materials, etc.). ▪ Ensure feedback is followed up, with dedicated staff passing on feedback to staff to act and for monitoring that actions have been taken. Feedback systems that are not seen to be functioning, can lead to frustration and prevent them from being used. ▪ Functional feedback systems that are monitored and are seen to be working can enable affected populations to reduce the risk of abuse and exploitation and also act as a deterrent for staff who may undertake the abuse or exploitation.

- For practical actions to ensure equitable WASH – refer to Principle 2
- For practical actions related to investigating feelings of safety – refer to Principle 4
- Section 8 – Includes links to useful references for further information
- Annex I - Includes case studies of good practice which highlight this principle

xiii   CHS Alliance, The Sphere Project and Group URD (2015)
xiv   CHS Alliance, The Sphere Project and Group URD (2015)

4.   Principle 2: Equitable access to WASH

Principle 2:

Access to WASH infrastructure, information and services is equitable and considers requirements for persons with specific needs /vulnerabilities.

Rationale

People have varying needs and may not be able to access WASH services as easily as others. People with disabilities, older people and pregnant women may face challenges being able to squat and get back up again. People who cannot walk may have to crawl across the floor, putting them at risk of soiling their hands, clothes and legs with faeces from the floor. People who have reduced vision or hearing may not be able to access written or verbal information and children of different ages learn in different ways[2].

People with particular vulnerabilities or who may be excluded, will need specific consideration. In some contexts specific family members are not able to use the same facilities as other relatives, for example young women and their mother-in-laws. Women and girls who live in seclusion may also need particular attention to ensure they can adequately access WASH facilities and services. Infants and children will need specifically designed solutions both for NFIs and specially designed WASH facilities, including in schools.

The following table identifies key actions that support this principle.

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2   Jones, H. and Reed, R.A. (2005)

Table 5 - Key actions supporting equitable access to WASH

	Key actions	Considerations
1	Prioritise household facilities	▪ Access is improved in all situations by constructing WASH facilities closer to the user. This means wherever technically feasible, household level solutions should always be favoured over communal facilities. ▪ In some cases where appropriate it may be possible to provide WASH facilities within the home.
2	Involve children and their parents and teachers in identifying NFI needs and assessing options for designs for toilets, bathing facilities and water collection points to suit children[xv].	Possible items for children and design features for facilities, including those in schools, might include: ▪ Provision of potties; scoops; re-usable cloth nappies; baby wipes ▪ Toilets with smaller squat holes ▪ Toilet units that are large enough to enable child and parent to enter and move around at the same time ▪ Water collection points and taps that are at a height they can reach
3	Work with people with disabilities, their caregivers, older people and pregnant women – all of whom may have limitations on their mobility. Proactively involve them in designing toilets, bathing facilities, water points and clothes washing facilities that they and other people with mobility limitations can easily access[xvi]. Involve health staff in designing accessible facilities in health facilities.	▪ People with disabilities and older people are not a homogenous group and may face different challenges. ▪ Older people may appreciate having smaller water collection containers. ▪ Family-based facilities can be designed to meet specific needs. ▪ If communal/ public facilities including rehabilitation centres are constructed some simple adaptations can be incorporated to some of the units. One disabled access gender-neutral facility is recommended for each 500 persons. ▪ Also ensure that WASH facilities in health facilities are accessible for people with mobility limitations. Design features to improve accessibility include:[xvii] ▪ Greater size in the unit ▪ Cleanable seat for the toilet ▪ Solid, flat but non-slip slabs ▪ Provision of a seat inside the bathing shelters ▪ Hand-rails inside the toilet and on the approach ▪ Ramp with resting platforms ▪ Larger locks and door widths ▪ Refer to Section 8 for links to design specifications.

	Key actions	Considerations
4	Consider different groups when designing hygiene promotion activities.	• Involve the displaced community themselves in the dissemination of information. • Children of different ages learn in different ways and hence different information and methodologies for learning will be needed. • Women, men, young women and young men are likely to access different information channels. For example, men may have more access to radio and mobile phones; women may have less literacy than men. • Young people may use mobile phones more in urban than rural areas. • Older women may not speak the national language. • Alternative methods may be needed to engage people and share information with people who have problems hearing or with their sight. For people with intellectual disabilities pictures may be useful; and for those with low literacy information should be presented in easy to read formats.
5	Consider the needs of different people when distributing non-food items or in kind cash assistance[xviii].	• A fast lane for older people, people with disabilities and other people who are identified as particularly vulnerable in a particular context may assist them to be able to collect their items quicker and more safely. For school attending girls, targeted distribution in schools can also be an option. • Alternatively where possible provide home deliveries.

- For actions related to protection and safety – see Principle 3
- For actions related to menstrual hygiene and incontinence – see Principle 4
- Section 8 – Includes links to useful references for further information
- Annex I - Includes case studies of good practice which highlight this principle

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xv   Ferron, S & Lloyd, A (2014)
xvi   Jones, H. and Reed, R.A. (2005)
xvii Jones, H. and Reed, R.A. (2005)
xviii Help Age (2015, Pilot version)

5. Principle 3: Protection, safety and privacy

> **Principle 3:**
>
> *Protection, safety and privacy considerations are integrated into WASH programmes, designs and services.*

Rationale

Sexual and Gender Based Violence (SGBV) refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. Some people, such as women, adolescent girls, older people, people with disabilities and people from marginalised groups, including LGBTI people, tend to have higher vulnerabilities to SGBV, which can also be exacerbated in emergency contexts.

Whilst poor access to WASH is not the 'root cause' of violence, it can affect people's vulnerabilities to violence. For example if women have to use facilities after dark or go to remote areas to wash their clothes in a river, both of these increase opportunities for violence to occur without others seeing[3]. Table 6 - provides an overview of the types of violence that are of most relevance to WASH.

Table 6 - Types of violence of most relevance to WASH

Sexual violence	Psychological violence	Physical violence	Socio-cultural violence	Socio-economic violence
Rape, assault, molestation, inappropriate touching	Harassment, bullying, or causing fear, stress or shame	Beating or fighting leading to injury or death	Social ostracism, political marginalisation, social norms with negative impacts	Restrictions in access to resources

Table 3 in Section 1.2 – provides some examples of the vulnerabilities to violence that different groups of people may face related to WASH. In addition, people can also be injured by inadequate design of facilities, such as through sharp edges, slippery floors, collapsing pit toilets, or contact with hazardous wastes.

The following table identifies key actions that support this principle.

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3   House, S. Ferron, S, Sommer, M, and Cavill, S. (2014)

Table 7 - Key actions supporting protection, safety and privacy

	Key actions	Considerations
1	As soon as people have arrived at the site they should be consulted and involved in decisions on their needs, designs and locations of facilities.	▪ The essential element when designing facilities to take into consideration issues related to privacy, safety and usability is consultation with the users, particularly women and adolescent girls. ▪ Be aware that what might be acceptable for one community may be different for another. ▪ Possible features of toilets and bathing facilities which can help improve feelings of privacy and safety with considerations are included in Table 8 which follows.
2	Also involve men and boys in discussions on their feelings of safety and that of their families when using WASH facilities and involve them in processes to support the protection of women, girls and boys.	▪ Boys can also be vulnerable to SGBV and also need to feel safe when using WASH facilities. ▪ Involving men and boys in improving the safety of women, girls and boys, also has the potential to contribute to reducing the root cause of violence.
3	It is important to ask for feedback on the 'usability' of facilities and also 'feelings of safety' when using facilities, so that modifications can be made where problems are being faced.	▪ Whilst asking about 'feelings of safety' is useful and appropriate; it is important that WASH staff themselves should not be asking about actual incidents of violence or for details of what happened[xix]. ▪ If incidents of violence are mentioned during discussions, the information should be kept confidential and discretely shared with a protection colleague who will use standard procedures in line with protection ethics to respond. People can be put at further risk if incidents of SGBV against them become common knowledge.
4	Prioritise people with specific needs for WASH services. Ask for protection colleagues to assist with consulting with people from particularly vulnerable groups as to their concerns and solutions for WASH. In particular request them to discretely consult with LGBTI people to identify any concerns they may have about using WASH facilities and possible solutions.	▪ Where information is not known on the LGBTI status of LGBTI people, they can be at increased risk of discrimination or violence. Hence it is essential to work with protection colleagues to determine their needs. ▪ The best solution for LGBTI people as well as other vulnerable groups such as people with albinism and older people, will usually be to provide household toilets or bathing units. ▪ As well as gender-segregated toilets, also include gender-neutral toilets in reception or transit waiting areas[xx] that can also be accessed by people with disabilities or other mobility limitations. ▪ LGBTI people may be at risk if they need to queue for distributions as it forces them to be visible to others. Same sex couples may not be recognised for distributions targeted at families[xxi]. Discuss solutions with protection colleagues. ▪ For people with albinism WASH facilities should ideally be at household level, or if this is not possible in well-lit areas in places that allow for easy surveillance[xxii]. ▪ See Table 8 for recommendations for communal facilities.

	Key actions	Considerations
5	In non-camp/ urban settings ensure that WASH facilities comply with National Standards and that host services are not over-burdened.	▪ In these situations UNHCR may encourage creation or improvement of WASH services by enhancing the services provided for host communities as well as refugees. This can also reduce tensions over limited resources.
	▪ For feedback mechanisms which contribute to protection against sexual exploitation and abuse – see Principle 5.	
	xix House, S. Ferron, S, Sommer, M, and Cavill, S. (2014) xx UNHCR & IOM (2015) xxi UNHCR & IOM (2015) xxii Herijnen, T. V. Ritchei, S, Eaton, J. (2016)	

Important note on the need for more learning across contexts: Much more learning is needed in the area of what features can make facilities more user-friendly, safer and provide adequate privacy. Much more consultation, discussion and feedback are needed with the users; particularly women and adolescent girls but also other users. Please document and share your learning widely.

The following table identifies features of WASH facilities that have the potential to contribute to feelings of privacy and safety.

Table 8 - Features of WASH facilities which can contribute to feelings of privacy and safety

	Design feature	Considerations
1	Always try to prioritise household toilet and bathing facilities. If not possible then support facilities shared by a maximum of 2-3 families.	▪ Only use communal facilities as a last resort or temporary/ emergency measure. ▪ Communal facilities pose significant challenges for the on-going operation and maintenance as well as risks for the safety and dignity of the users. Household facilities are more convenient and provide increased level of privacy, safety and sense of ownership for the on-going operation and maintenance.
2	Communal toilets / bathing facilities including those in institutions such as schools and clinics should always be gender-segregated with clear signage for female and male; and also with occasional gender-neutral units.	▪ Adolescent girls and women are unlikely to feel comfortable to use communal facilities with unknown men and boys. ▪ For household toilets and toilets shared by 2-3 families, it is often not necessary to segregate by gender (confirm with women and adolescent girls).
3	If gender-segregated communal toilet / bathing facilities are supported, it is also good practice to include several larger wheel-chair accessible 'gender-neutral' units that can be used by either males or females	▪ Gender-neutral accessible units – to be constructed at a suggested ratio of 1:500 ▪ If these are designed to be accessible, but can also be used by both females and males, they can be used by people who have disabilities or other mobility problems, such as pregnant women or older people, as well as by mothers or fathers with small children, and as well as by people who are transgender who may face abuse or harassment using gender-segregated facilities. ▪ But for this to work the facility would need to be left open for general use. Particular attention will be needed to ensure its cleanliness.
4	Internal locks should be included on doors for all toilet and bathing units (communal/ shared/household). Doors and walls should be solid and reach the ground.	▪ Solid doors and internal locks can make users feel safer when using toilets and bathing facilities. Solid walls can also increase confidence that no-one can poke holes to look inside[xxiii]. Doors must be solid (i.e. doors made from flexible material such as tarpaulin are not acceptable). ▪ Also make sure that the doors and walls are full length and there is no gap underneath. Women and girls may feel uncomfortable to use cubicles with shorter doors as people (males and children) can peep underneath. ▪ If plastic walls are used take care to ensure the plastic is thick enough that the user cannot be seen inside when using a light inside the toilet at night and make sure it is replaced with more solid structure as soon as possible.

	Design feature	Considerations
5	Design WASH facilities in a manner that ensures privacy. In particular consult women and adolescent girls to establish if screening is a positive design feature which improves privacy and feelings of safety when using facilities.	▪ Screening may make girls and women feel more comfortable and safer when using facilities, as boys and men cannot watch when they are entering toilets or using the facilities. ▪ But it is essential to consult women and adolescent girls on their preference, as there is also a potential risk that it might make them less safe because someone could attack them behind the screens ▪ If using screening for female facilities, it is also good practice to also screen the male facilities. As well as offering privacy to men, it also helps to ensure that men and boys do not get curious as to why only the female units are screened, leading to increased incidents of peeping.
6	Provide lighting options for toilets and bathing units for both female and male users so that they can be used during the hours of darkness.	▪ The ideal situation is for lighting to be provided in all communal areas of camps or other accommodation, including in bathing units and toilets. ▪ Just lighting toilet and bathing units, is also another interim solution. But challenges have been faced where only female toilets have been lit and no other areas; as men have been seen to congregate under the light, making the facilities less welcoming for women and girls. ▪ If torches are provided it is good practice to provide a minimum of two per family (so one can be used in the house while someone goes to the toilet, or in case the male of the family takes one for his own use) and to provide torches which are wind up or solar powered to help ensure longer term use.
7	Design to reduce risk of physical injury from sharp objects, slipping and the presence of hazardous wastes	▪ Care should be taken to consider possible hazards and regular monitoring undertaken of problems that occur so they can be resolved. ▪ Care must be taken in the management of hazardous wastes, which might include: faecal wastes when emptying toilets; menstrual wastes; nappies.
8	Ensure WASH facilities are located in safe areas.	▪ Refugees, and particularly women and adolescent girls, must be involved in the process of selecting suitable locations for WASH facilities.

▪ Section 8 – Includes links to useful references for further information
▪ Annex I – Includes case studies of good practice which highlight this principle
▪ Annex II – For a WASH and Security checklist

xxiii WASH Sub-Cluster Partners in Sittwe & Ciampi, M. C (2015)

6. Principle 4: Menstrual hygiene

Principle 4:

The needs of women and girls to manage their menstrual periods confidently, in privacy and with dignity are integrated into WASH responses.

Rationale

Menstrual hygiene management (MHM)[4]

Women and girls menstruate for about half their lives, from about the age of 10 to 19 (menarche) until their late forties or fifties (menopause). Menstruation is a natural process that is a healthy part of the reproductive cycle and which is central to life itself. But it is also a process that in almost all contexts around the world leads to feelings of embarrassment, stress and shame. The blood needs to be managed through appropriate sanitation and hygiene. This means having materials to adequately soak the blood; and the girl and woman needs access to appropriate WASH facilities to change menstrual materials, wash and dry themselves and soak, wash, dry or dispose of used materials. Girls and women may lose their usual coping mechanisms for managing their menses in refugee emergency situations and may have to live in close contact with male relatives and sometimes strangers with limited privacy, which adds additional challenges.

They also need opportunities to discuss menstrual hygiene and build their confidence in managing their menses effectively. Menstruation and menstrual hygiene management (MHM) often has a range of taboos associated with it, some of which are not problematic, but some taboos that are problematic. This includes traditional and cultural norms which may sometimes lead to women and girls to not wash/bathe during their cycle due to a fear of negative consequences such as becoming infertile, sick, going insane, or dying. A range of practices or restrictions also exist, which vary between people of different backgrounds and cultures. These might include:

- A wide range of nutritional restrictions.
- Being restricted from taking part in various household or community activities.
- The acceptability of types or colour of menstrual protection materials or disposal mechanisms.
- Restrictions on sleeping in the same house as family members or not using sanitation or bathing facilities with other family members during her menstrual period.
- Girls may miss hours or days from school if they do not have adequate access to appropriate materials
- or WASH facilities that provide adequate access to privacy, water and disposal mechanisms.
- Women may be restricted in being able to undertake daily livelihood activities or standing in queues for long periods at a time.

The fear of being embarrassed / shamed through having a stain on her clothes through leaking blood is a major stress point for girls and women. Managing leakage and stains also leads to additional WASH needs.

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4   House, S, Mahon, T & Cavill, S (2012)

UNHCR has made Five Commitments to Refugee Women.
One of them is:

*'The provision of sanitary materials to all women and girls of concern
will become standard practice in all UNHCR assistance programs.
This is central to women's dignity and health'.*

The commitment is to provide:

- Either absorbent cotton material (4 square meters per person per year) or disposable napkins (12 per person per month)
- Underwear (6 per person per year)
- Soap (250 grams per person per month) – in addition to the general soap distribution to all affected persons

Management of incontinence[5]

Another issue which is a highly stigmatising and highly stressful to manage is incontinence. Incontinence is the involuntary loss of urine or faeces. It can be of different levels of severity, from occurring when someone laughs, coughs or sneezes (stress), to needing to go to the toilet urgently (urge), not being able to get to a toilet in time due to limited mobility (functional), or constantly leaking urine or faeces due to a hole in a person's urinary or faecal systems (fistula). It occurs much more commonly than people think. It is estimated that incontinence affects 1 in 4 women over the age of 35 years and 1 in 10 adult men.

Incontinence poses multiple challenges for people affected by emergencies as they need to find ways to catch the flow of urine or faeces, change the materials regularly and wash, dry and dispose of the materials in a similar way to women and girls for menstrual protection materials. However with incontinence the flows can be much higher and depending on the type and severity of the incontinence, the problem can be 24 hours a day, every day of a person's life. Not being able to manage incontinence has the potential to place significant restrictions on a person's life, their health, their dignity, their ability to earn an income and their ability to attain their rights.

The following table identifies key actions that support this principle.

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5   Giles-Hansen, C. (2015) and Hafskjold, B. Et al. (2016)

Table 9 - Key actions to support MHM and the management of incontinence in refugee settings

	Response feature	Considerations
1	Consult with women and girls on MHM, including with girls and women with disabilities. Consult with people with incontinence and their carers.	▪ It is essential to consult with women and girls about their needs for MHM and with people with incontinence for their needs for incontinence. ▪ Make sure that girls and women with disabilities are specifically consulted on both MHM and incontinence – as they are often an overlooked group. ▪ For severe incontinence for people who are immobile or bed bound, health professionals should also be involved to provide support[xxiv]. ▪ Collaborate with protection colleagues and utilise the registration processes to identify who faces problems with incontinence.
2	Learn about the practices, norms and beliefs associated with MHM in each society.	▪ It is important to learn about the practices, norms and beliefs associated with MHM in each society. This can help to establish the appropriate support to provide women and girls and to be able to counteract any harmful practices particularly for adolescent girls who may have recently started to menstruate. ▪ Some of these norms and beliefs can be identified using FGDs.
3	Provide culturally and age appropriate and affordable menstrual hygiene or incontinence materials. Provide an option to women and girls to choose between cash based assistance and in-kind assistance. There are however risks that women and girls, or people with disabilities or other incontinence sufferers in a family, will not be allowed to control cash resources and hence loose access to materials they need to manage their menstruation or incontinence. Close monitoring would be required if cash assistance is to be provided instead of material assistance.	▪ Women and girls of different ages and cultures may have different preferences for menstrual hygiene materials. ▪ Pilot solutions for WASH facilities and sample menstrual and incontinence materials, obtain feedback from the users, adapt and improve. ▪ Options for menstrual protection materials include: cloth; re-usable pad sets; disposable pads. Each option has its own benefits and challenges. ▪ For incontinence, protection mats for bedding may also be needed as well as pressure pads for people with severe incontinence. ▪ Each women and girl (for MHM) or person with incontinence (for incontinence), needs enough re-usable cloth or pads to allow several changes a day and to wash and dry them while still wearing them and enough that they can continue to manage over time. It is not acceptable to only provide a limited number of disposable pads to each family without considering the number of women and girls in the family or their on-going needs over time.
4	Provide additional non-food items that support the management of menstruation or incontinence.	▪ This might include small buckets with lids (for soaking soiled materials discretely and keeping materials in between periods); extra soap; washing line and pegs; and a number of pairs of underwear[xxv]. ▪ UNHCR has a MHM related 'non-negotiable' for women and the prevention of SGBV. This is to provide a basic level of sanitary materials, soap and underwear that is replenished at intervals.

	Response feature	Considerations

5	Ensure facilities that enable private, dignified and user-friendly changing of menstrual or incontinence protection materials.	▪ When designing toilet or bathing facilities that are friendly for women and girls or people who have incontinence, it is critical to involve them in the design. It is important to note women and girls don't like other women and girls knowing they are menstruating; and likewise for incontinence.
		
		▪ User-friendly facilities for excreta disposal and bathing – include those that provide privacy and are safe (see Principle 3).
		
		▪ In addition the following simple design features can also make the facilities more user friendly, such as:
		
		  ▪ The provision of easy access to water supply.
		
		  ▪ The provision of hooks (to hang up clothes / bags to have hands free).
		
		  ▪ The inclusion of small shelves in each toilet or bathing unit (on to which to put pads, soap, school books, or other items).
		
		  ▪ The provision of a ¾ or full length mirror (in which they can look for menstrual stains as well as for general dignity).

6	Ensure options are available for the soaking, washing, drying and disposal of sanitary protection or incontinence materials.	▪ As women and girls commonly do not feel comfortable letting others know that they are menstruating, it is unlikely that they would dry menstrual materials openly without covering them in public. But women and girls may appreciate a more general washing area to be incorporated into a screened toilet/washing block so that they can wash private items such as cloths and underwear as well as other items. If so, a similar washing facility should also be provided for men so that they can also wash family clothes or other items.
		
		▪ Women and girls may however prefer to have items such as a washing line and pegs, to dry all clothes including underwear and menstrual materials nearer to their accommodation. It is essential to discuss the options with women and girls.
		
		▪ For disposal mechanisms, in communal facilities, if used pads and cloths cannot be disposed of directly into a pit toilet, then a collection mechanism would be needed. However the on-going management and maintenance of such a facility is complicated. It would require:
		
		  ▪ The placing of collection buckets or containers with lids in discrete location, ideally in each toilet and bathing unit cubicle.
		
		  ▪ The containers would need to be cleanable and fixed in a way to prevent theft.
		
		  ▪ A mechanism would need to be established for the emptying, discrete transfer of materials and end disposal that is sustainable.
		
		  ▪ Training and safety equipment (such as gloves) provided for handling of bloody materials (which pose risks for transmission of diseases such as Hepatitis B).
		
		  ▪ A process for transfer and end disposal – such as burial or incineration.

	Response feature	Considerations
7	Provide information and opportunities for girls and women to discuss good MHM practices and for men and boys to also learn about menstruation and how to support women and girls[xxvi]	▪ Information should be provided for girls and women on good MHM practices and opportunities for discussion. This is particularly useful for young girls who are heading towards adolescence, so that they will know what is happening to them and how they can look after themselves during their menses. ▪ In some countries girls' adolescence / MHM booklets already exist, so where this is the case it might be possible to utilise them also with girls and women in refugee communities. However there may be differences in cultural norms and beliefs between the refugees and the host communities so these should be established. ▪ In some countries, there may be some concern about sharing information on menstruation and menstrual hygiene management due to its association with reproductive health. Therefore the process to develop appropriate information and to be able to share it in a culturally appropriate way will need investigation, negotiation and thought. ▪ Information should be provided on the use of any sanitary protection materials provided (for example for re-usable pad sets or disposable pads) and how to safely wash, dry and dispose of the materials when needed. ▪ It is also positive to undertake awareness-raising with men and boys; probably not in early stages of emergency, but as camps last for an average of 17 years, it is positive to do during subsequent stages. This can help reduce teasing and increase support for wives, daughters, sisters and peers. ▪ Ensure marginalized individuals and groups, such as women and girls with disabilities, access information (e.g. through outreach and by providing information in accessible and multiple formats). Some women and girls may not access places where information is usually disseminated (e.g. schools and health centres).
8	Provide capacity and confidence building for male and female staff, teachers, health staff and other actors on menstrual hygiene and incontinence[xxvii].	▪ Wherever possible female staff should discuss on menstrual hygiene issues with women and girls, particularly when first broaching the subject. ▪ However alternative viewpoints include that involving men and boys in the discussions, including male staff, can help to break down taboos on this subject, and as long as the male staff are confident and not embarrassed when talking about it, their involvement can be positive. This is an issue that will need reflection in each context and consultation made with women and girls on how they feel. ▪ Provide support to teachers, health staff and other actors responsible for institutional water, sanitation and hygiene, to build their capacity and knowledge on how to support women and girls with their menstrual hygiene and to support children and adults with incontinence.

▪ Handout – Overview of good practice related to menstrual hygiene and incontinence management in refugee contexts

▪ Handout – Considerations for selecting sanitary protection and incontinence materials for refugee contexts

▪ Section 8 – Includes links to useful references for further information

▪ Annex I - Includes case studies of good practice which highlight this principle

xxiv Hafskjold, B. Et al. (2016)
xxv International Federation of Red Cross and Red Crescent Societies (2013)
xxvi House, S, Mahon, T & Cavill, S (2012)
xxvii House, S, Mahon, T & Cavill, S (2012)

7. Principle 5: Cross-sector collaboration, coordination and capacity

Principle 5:

The WASH sector builds the capacity of its staff, co-ordinates between agencies and works with other sectors to strengthen protection, the quality of responses and to integrate accountability mechanisms into our work.

Rationale

Many of the services to be provided to refugees and other affected populations require cross-sectoral knowledge and expertise. It is essential that WASH actors increase their efforts to coordinate between agencies and collaborate across sectors to ensure the most effective and appropriate services; and in particular to ensure that people from particularly vulnerable and marginalised groups receive appropriate services in a safe manner. In some areas the WASH sector has particular knowledge that can strengthen the work of other sectors, such as in the provision and management of WASH facilities in schools and health facilities; and for others, such as the protection sector, specialist protection expertise can help strengthen the WASH responses, particularly in areas such as gender, improving safety and engaging with particularly vulnerable groups.

Capacity should also be built of all staff and partners supporting refugee responses, to ensure that they have the capacity and confidence to be able to implement programmes and services in a way that ensures people's safety and dignity in line with these principles; as well as to ensure that resources are utilized in a manner that is efficient, effective, equitable and ethical for ultimate accountability to affected populations.

The following table identifies key actions that support this principle.

Table 10 - Actions to support coordination, cross-sectoral engagement and accountability

	Action	Considerations
1	Coordinate between agencies and collaborate across sectors	▪ Clarify the sectors across which linkages need to be made, establish objectives and mechanisms for the collaboration. ▪ Identify persons with responsibilities to ensure the collaboration.
2	Build capacity of staff, partners and contractors to be able to implement these principles	▪ Build capacities of WASH staff and partners to understand rights-based and community-based approaches and to consider and respond to protection, age, gender, diversity and accountability issues in their work and to respect difference. ▪ Specifically build staff capacities to understand how they can practically strengthen WASH responses to reduce vulnerabilities to violence, incorporate MHM and incontinence and how to establish strategies to support the increased engagement of women, adolescent girls and people from particularly vulnerable or marginalised groups. Some people may not consider the need for or be confident in talking with people with disabilities for example. ▪ Particular training is needed on basic protection principles and not increasing the risks for people they are supporting in sensitive situations, because of particular protection needs of specific groups (such as LGBTI people), or because of breaches of confidentiality. ▪ All WASH staff should be trained to know their responsibilities related to protection and the behaviours expected as identified in the UNHCR / PSEA codes of conduct, including their duty to report suspected abuses.
3	Ensure that response-wide feedback mechanisms are in place that are followed up and acted on[xxviii]	▪ Feedback mechanisms are needed that are easily understood and accessed, which encourage and facilitate affected communities to provide feedback on their satisfaction level with the quality and effectiveness of the assistance received, paying particular attention to the gender, age and diversity of those giving feedback. ▪ Having mixed methods for the provision of feedback will help encourage a wider range of people to engage (radio, mouth to mouth, mobile phone etc.). ▪ Ensure feedback is followed up, with dedicated staff passing on feedback to staff to act and for monitoring that actions have been taken. Feedback systems that are not seen to be functioning, can lead to frustration and prevent them from being used. ▪ Functional feedback systems that are monitored and are seen to be working can enable affected populations to reduce the risk of abuse and exploitation and also act as a deterrent for staff who may undertake the abuse or exploitation.
4	Using resources effectively, efficiently and ethically[xxix]	▪ Accountability to the effected population includes ensuring that staff and partners design programmes and implement systems and processes to ensure the efficient use of resources, balancing quality, cost and timeliness at each stage. ▪ For details refer to the Common Humanitarian Standards – Standard 9.
xxviii CHS Alliance, The Sphere Project and Group URD (2015) xxix CHS Alliance, The Sphere Project and Group URD (2015)		

The following table identifies key actions that support this principle.

Table 11 - Areas for WASH sector collaboration across sectors in refugee responses

	Areas for collaboration
Essential sectors for collaboration	
Community Services (CS)	▪ Menstrual hygiene materials; incontinence materials; and other non-food items. ▪ The establishment and management of feedback systems for refugee responses.
Registration	▪ Identification of numbers of affected populations by area; identification of particularly vulnerable groups, such as older people, people with disabilities, people with incontinence, pregnant women.
Protection	▪ Consulting and involving particularly vulnerable groups, such as LGBTI people, people with albinism, others from particularly vulnerable groups; including through specialist organisations that can assist with developing strategies for support and communicating with vulnerable groups. ▪ Clarification on the information to be provided to affected populations on their rights, entitlements and appropriate behaviours of staff. ▪ Supporting monitoring exercises to obtain feedback from women, girls, men and boys on WASH responses, including on feelings of safety; and following up on reports of violence related to WASH. ▪ Developing strategies to identify and respond to gender and equity and inclusion related issues and developing support mechanisms for women and minorities involved in management of WASH. ▪ Capacity building for WASH staff. ▪ Provision of menstrual hygiene materials; incontinence materials; and other non-food items. ▪ The establishment and management of feedback systems for refugee responses.
Education	▪ Ensuring effective WASH facilities in schools that enable students to not miss school, including for girls during their menstrual periods. ▪ Help teachers understand how to ensure schools provide a MHM-friendly environment. ▪ Ensure WASH facilities are kept in good condition and safe for use by girls and boys and LGBTI students. ▪ Ensure that teachers and students do not share WASH facilities. ▪ Ensure that education on WASH and MHM is integrated into the curriculum.
Other sectors for collaboration	
Shelter	▪ Ensuring that women, girls, men and boys have adequate space for managing their WASH needs, including for adequate privacy within their shelters for the management of menstrual hygiene.
Site planning	▪ Ensuring that women and girls are involved in discussions on the location of WASH facilities and ensuring adequate space is reserved for WASH facilities at safe distances as considered by the users.
Health, Nutrition and HIV	▪ Integration of hygiene messages into broader health, nutrition and HIV activities. ▪ Collaboration on support related to MHM, hygiene support for mothers who have just given birth and for incontinence.
▪ Section 8 – Includes links to useful references for further information ▪ Annex I - Includes case studies of good practice which highlight this principle	

8. Additional Resources

A – Useful UNHCR Emergency Handbook pages – protection, AGD, accountability

- 'Accountability to affected populations (AAP)'
- 'Age, gender and diversity (AGD)'
- 'Child protection'
- 'Older persons'
- 'Persons with disabilities'
- 'Persons with special needs'
- 'Protection from sexual exploitation and abuse'
- 'Sexual and gender based violence (SGBV) prevention and response'

B – Other relevant UNHCR Emergency Handbook pages

- 'WASH needs assessment'
- 'Commodity distribution (NFIs, food)'
- 'Community support projects (CSPs)'
- 'Education in emergencies'

C – UNHCR tools with protection and WASH related components

- UNHCR (2016) *UNHCR Diagnostic Tool for SGBV Prevention and Response*, SGBV Unit, DIP, 18 July 2016
- UNHCR (2015, draft) *Water, Sanitation and Hygiene Practices in Refugee Settlements: Draft KAP Survey Questionnaire*, 18 November, 2015
- UNHCR (2016) *SGBV e-learning* – sections relevant to WASH
- UNHCR (2016, draft) *WASH SGBV Self-Assessment Tool*
- UNHCR (2013) *Protection in Emergencies Toolbox, Protection Checklists, Last revised 1 September 2013,* Division of International Protection, Division of Emergency Security and Supply

D – References for case studies

- Bonnin, H (2012) *Accessible WASH facilities to promote inclusion of persons with disabilities, injuries and other vulnerabilities, Zaatari refugee camp, Jordan,* Nov 2012, Handicap International
- Child Protection and SGBV Sub-Working Groups, International Rescue Committee, UNFPA and UNHCR (2013) *Jordan-Zaatari Refugee Camp Safety Audit Findings*, 2013
- Duch, P. and S. Carter (2013) *OXFAM-Intermon. Personal communication*; in: House et al (2014)
- Global WASH Cluster (2014) *WASH Minimum Commitments for the Safety and Dignity of Affected Populations,* Pilot Project, Analysis of the first questionnaires to monitor the minimum commitments' implementation, December 2014
- No author (2013) *Safety Audit Zaatari Camp; WASH-specific findings and recommendations*, PowerPoint presentation
- No author (2016) *Safety Audit for Zaatari Camp*
- Oxfam (2012) *Design of WASH Block Focus Groups, Zaatari Camp, 12-19 November 2012 + Women's sketch for proposed laundry*
- Refugee International (2015) *SGBV Tanzania – Overview and Ways Forward,* September 2015
- Savadogo, A (2016) *WASH and Shelter response to the recommendations of the SGBV report by Annie Dumont*, Republic of Congo, UNHCR
- UN and partners for Syrian Refugees in Jordan (2016, draft) *InterAgency Task Force, Water, Sanitation and Hygiene (WASH) Sector, Gender Analysis Framework*
- UNHCR (2010) *Report on the provision of sanitary materials to women and girls assisted by UNHCR, Oct 2010*
- United Nations High Commissioner for Refugees (2006) *Risks Associated with Access to Water and Sanitation: UNHCR case studies on SGBV from the Southern African Region.* South Africa: UNHCR Regional Office.
- WASH Sub-Cluster Partners in Sitte & Ciampi, M. C (2015) *Gender equality programming in WASH: A review of select WASH programmes, In villages and IDP camps/settlements in Rakhine State, Myanmar*

E – Other key references:

WASH, protection, accountability, participatory techniques, M&E:

▪ CHS Alliance, The Sphere Project and Group URD (2015) *Core Humanitarian Standard; CHS Guidance Notes and Indicators,* CHS Alliance, The Sphere Project and Group URD

▪ Ferron, S (2009) *Ask, Listen, Communicate, WASH Accountability Resources,* Global WASH Cluster

▪ Global WASH Cluster (2014) *'WASH Minimum Commitments for the Safety and Dignity of Affected Populations'*

▪ The Sphere Project (2011) *Humanitarian Charter and Minimum Standards in Humanitarian Response,* The Sphere Project

▪ UNHCR (2006) *The UNHCR Tool for Participatory Assessment in Operations*

▪ UNHCR (2008) *A Community Based Approach in UNHCR Operations*

▪ UNHCR (2009) *Policy on Refugee Protection and Solutions in Urban Areas*

▪ UNHCR (2013) *Understanding Community Based Protection,* Policy Paper

▪ UNHCR (2014) *Global strategy for Public Health, Public Health – HIV and reproductive health – food security and nutrition – WASH*

▪ UNHCR (2016, 2nd edition) *Practical guide to the systematic use of standards & indicators in UNHCR operations*

▪ Violence, Gender and WASH: A Practitioner's Toolkit (2014) **Briefing Note 4 – Understanding the Protection Sector and how to respond to violence as a WASH actor** (click on the PDF of the contents listing through this **link** and open Briefing Note 4) – this has information on how to understand the protection sector as well as what to do if faced with incidents of violence

Cross-cutting across gender, age and diversity:

▪ Help Age (2015, Pilot version) *Minimum Standards for Age and Disability Inclusion in Humanitarian Action,* Age and Disability Capacity Project (ADCAP)

▪ UNHCR (2011) *Age, Gender and Diversity Policy, Working with people and communities for equality and protection*

▪ UNHCR (2015) *UNHCR Age, Gender and Diversity, Accountability Report, 2015*

Gender, women and girls:

▪ UNHCR (2008) *Handbook for the Protection of Women and Girls*

▪ World Vision (2013) *Women Adolescent and Young Child Spaces: Responding to women and children's needs in emergencies,* Global HEA, Health, Nutrition and WASH, World Vision

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Annex I

Case studies - WASH, protection and accountability in action

Principle 1 – Consultation, participation and information

Principle 2 – Equitable access to WASH

Principle 3 – Protection, safety and privacy

Principle 4 – Menstrual hygiene

Principle 5 – Cross-sector collaboration, coordination and accountability

Principle 1 – Consultation, participation and information

Focus group discussions to review WASH facilities, Jordan[6]

A series of focus group discussions were held with a) women; b) men; and c) both in mixed groups to review the latest WASH block design. Feedback received included:

Convenience / user-friendliness:

- Nowhere convenient to wash babies, most women currently wash in toilet using the cleaning 'gun'.
- Nowhere to hang clothes to keep them clean and dry in showers.
- MAIN CONCERN: Lack of warm water.
- "Can doors open outwards? On the drawing they are shown to open inwards which is harder to manoeuvre".
- "There should be more taps more washing hands, in the morning there are queues so sometimes we don't wash".

Menstrual hygiene:

- No waste bins in female toilets for sanitary towels, some women just throw on floor rather than be seen carrying to a bin.
- "Please can you air seal the building so the wind can't pass, otherwise they will be too cold soon".

Cultural appropriateness:

- Some toilets are facing North-South, this is very bad, they should be East-West.
- Women don't use mosque so perform Wudu at WASH blocks which is not practical. Include small Wudu area in laundry area for women who want to perform ablution.
- No Wudu facilitates at mosques and not enough mosques. Some men worried prayers will not be received as by the time they reach mosque or home they are dirty again. Hard to perform Wudu in WASH blocks.

Laundry areas:

- Laundry area should be benches and table, design and dimensions suggested by the Women.
- Toilet/Shower area is considered dirty area, therefore better to separate from laundry zone with a wall so can't see or smell "dirty things".
- "Current laundry facilities are not enough and sometimes we have to queue; please can you make the laundry are larger".

Safety and privacy:

- "Most women and children feel unsafe at night due to a lack of lighting, lighting is very important".
- Many doors on existing facilities are broken or the lock does not work so they can't use. Future doors need to be better quality.

Equitable access:

- "Why don't they put the disabled people nearest to the WASH blocks?"
- No raised toilets with seats for elderly people, this is essential.

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6   Oxfam (2012) *Design of WASH Block Focus Groups, Zaatari Camp, 12-19 November 2012* + Women's sketch for proposed laundry

Maintenance and sustainability:

- Women like the hose and gun for anal cleansing and are not happy most are broken or stolen. They said this is essential in future WASH blocks. Men however were less concerned and said they could use plastic bottles, although would prefer hoses.
- Many showers broken please improve quality in new design. Some bathrooms only have taps at waist level.
- Children play with exposed pipes and break them, please either hide inside wall or put higher.
- WASH blocks should be delegated to a group of families who are related or from the same place where possible to increase ownership and they can share the cleaning responsibilities.
- Floor of WASH block should be concrete so that it is more hygienic and easier to keep clean.

Examples of recommended actions suggested in the FDGs included:

- Put baby tables and washing gun into 1 shower.
- Put hanging hooks into wall or weld into back of door in showers.
- Partition female WASH block to separate laundry area.
- Put small Wudu area within laundry space. Women suggested 3 taps and design (shown below).
- Asked if we could install theft proof sanitary waste bins in female toilets.
- Adjust design to have more handwashing taps, currently 3, increase to 4 or 5.
- Install Wudu facilities at mosques and small Wudu facility in Men's WASH block.
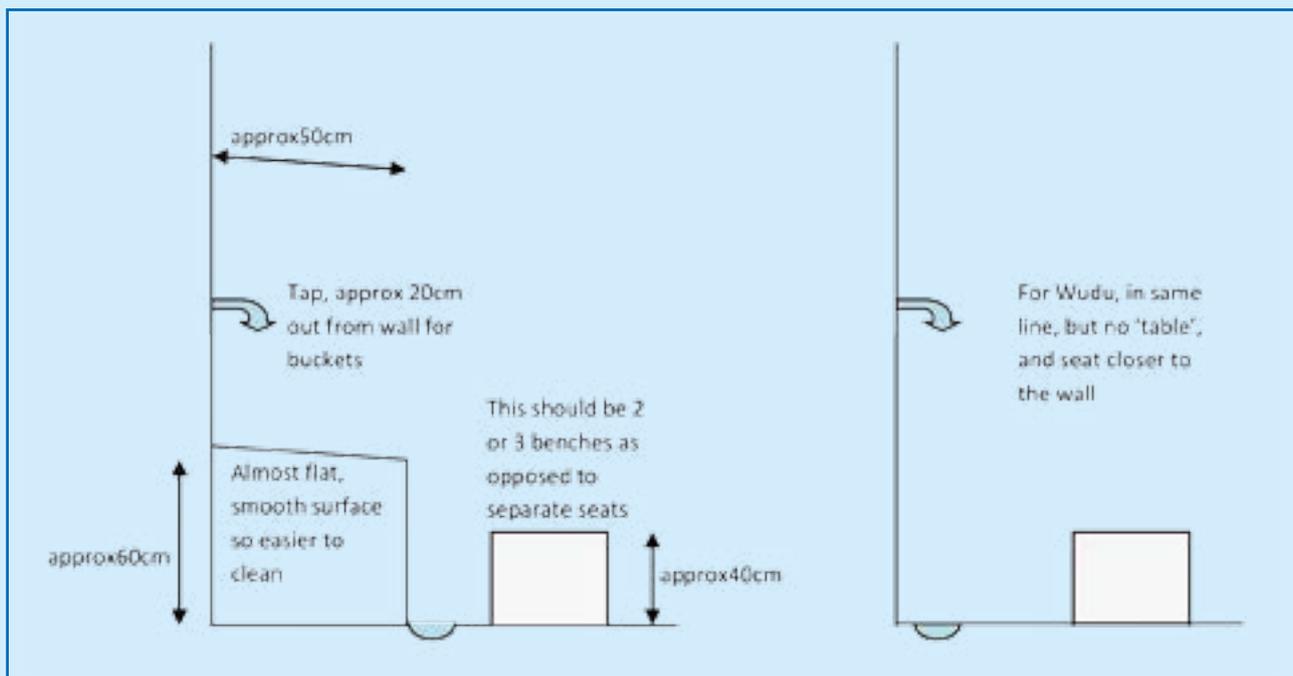
Laundry design and Wudu design – designed by women
Zaatari camp, Jordan, 2012

Information and communication with refugees in Zaatari Camp, Jordan

A number of concerns related to information and communication were highlighted by respondents in the Safety Audit in Zaatari Camp Jordan in 2014[7]. Examples included:

- Access to support and assistance is perceived to be limited by unclear, inaccurate and limited information. For instance, 93% of the female and 89% of the male interviewees reported receiving information only through word of mouth which can often be inaccurate and incomplete. Persons with disabilities have the lowest access to information.
- Many respondents referred to a sense of limited two-way communication between refugees and humanitarian agencies, which reduces refugees' decision-making power and potential needs-based programming on their behalf. It also delays the response time for assistance and leaves refugees questioning the "accountability" of humanitarian agencies. This was a major concern raised amongst older men, women and persons living with disabilities.
- District and street leaders are perceived as "controlling" resources, filtering information and preventing equitable access to assistance. Refugees feel district and street leaders "protect their own interests and those of their relatives," making it difficult to access volunteer opportunities and reducing community representation.

Beneficiary recommendations included:

- Increase the accountability of service providers to refugees by strengthening existing and establishing new clear and transparent procedures on accessing services, reporting incidents and receiving feedback/responses when raising questions, voicing concerns and seeking support.
- Special considerations should be taken when disseminating messages for the elderly, women and persons living with disabilities. Information should be precise, visibly bold and accessible to all persons. It is advisable to use graphic illustrations with basic language understandable to all age groups and gender.
- Expand the use of mass information channels to ensure wide access to accurate and reliable information and give special focus to information channels targeting the most vulnerable, including women with restricted movements, persons with disabilities and the elderly.

Safety audits in IDP camps, host communities and villages, Iraq[8]

Examples of WASH related issues that were raised in safety audits undertaken in a range of IDP camps, host communities and villages in Iraq include:

- Inadequate volumes of water, some leading to fighting between women at water collection points
- Overcrowding and no separate lines for pregnant women for distributions
- No monitoring of water points and harassment by young men who gather nearby
- Need for latrine for people with disabilities
- Shared latrines without doors or locks (only have cloth flap)
- Latrines that are not gender-segregated
- Inadequate number of latrines and showers or in some cases no showers
- No electricity including for latrines and showers
- Need for diapers for children, disabled people and elderly people
- Requests for dignity kits / sanitary napkins for women / girls
- Poor drainage of household water leading to nasty smells and mud

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7   No author (2016) *Safety Audit for Zaatari Camp*
8   Taken from nine randomly selected GBV safety audit reports (from a larger number) written by the International Rescue Committee, UNFPA and TAJDID, Iraq

Consultation and design of WASH facilities in Iraq[9]

Use of photographs for consultation process on designs
In Domiz1 camp in Iraq, the UNHCR partner the French Red Cross, held intensive meetings with refugees of different genders on the design of latrines. They shared with the refugees different photographs of latrines so that they could receive their feedback on their favourite latrine type. The refugees gave their comments and these were incorporated into the latrine designs, which have been well accepted by the refugees. Some of their suggestions included:

1. For the latrine base to be concreted
2. To have a tap inside for water provision
3. The internal dimensions should not be very small
4. An electrical lamps to be installed at specific locations to be decided by themselves
5. No stair to be included at the entrance [*preference for floor to be flush with the ground; although not always possible due to risk of flooding*]
6. To fill the space between the base and the walls with silicon
7. To avoid any electrical connection to the frame of the unit to avoid electrical shocks

Other consultations
Other consultations have led to the following being raised:

- In Qushtapa when refugees were consulted on the design of the sanitation unit the only comment received as the size of the toilet/shower was small. This was considered in the next phase of the construction.
- In Basirma camp, some sections of the camp had started to experience water shortages due to design problems. The technical team undertook a tour of all areas and held discussions with most of the men and women. The supply had been intermittent and many families would like their households to be connected directly to the water supply, as currently they are using booster pumps and long flexible pipes to fill their household roof tanks. A program on how to ration the water supply was agreed and plans to augment the existing supply are being discussed and will be conveyed to the refugees.

General design features

- Most refugees have household facilities, but where not the communal/family shared facilities are kept within 20-30 m of the dwelling.
- The floor of all facilities has been made of concrete (non-slippery).
- All sanitation facilities have lighting arrangements (electric bulb). All camps either have external security street lighting or planned to have, that also lights up most of the shelters, sanitation facilities and communal places in additional to internal lighting bulbs. Electricity has been provided free by the host government since the beginning of the emergency.

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9   Singh, P. K. (2016) *Personal communication*

Principle 2 – Equitable access to WASH

Accessible WASH blocks, Jordan
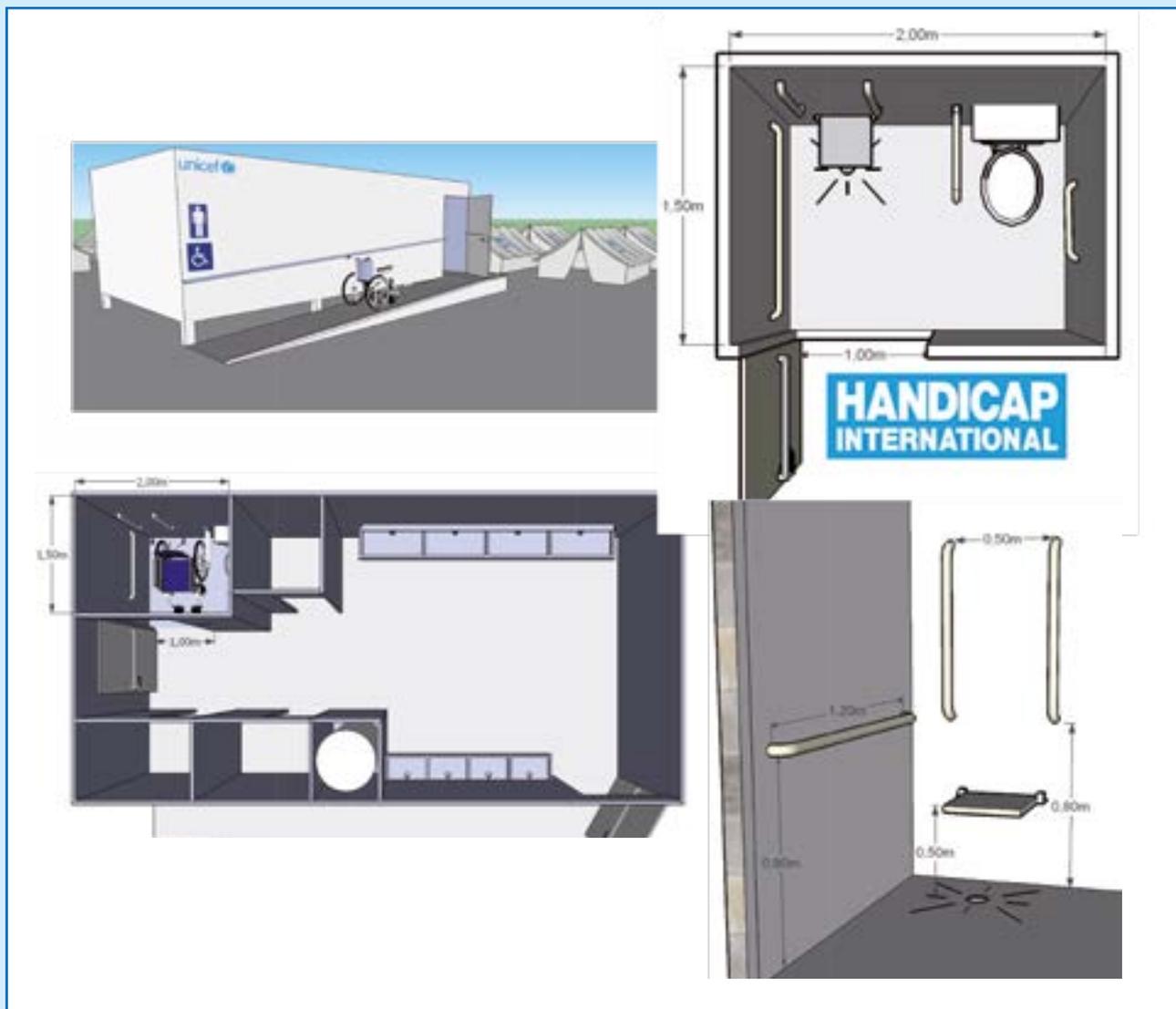
Handicap International provided guidance for the design of WASH blocks for Zaatari Camp in Jordan in 2012. The images above were part of a guidance note developed on accessible WASH blocks[10].

(Designs by Henri Bonnin, Handicap International)

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10   Bonnin, H (2012) Accessible WASH facilities to promote inclusion of persons with disabilities, injuries and other vulnerabilities, Zaatari refugee camp, Jordan, Nov 2012, Handicap International

NFI distributions and older people, Zaatari Camp, Jordan[11].

- There are too few distribution sites for a camp population of over 81,000 refugees. NFI distribution sites are highly congested. Some refugees report the process of receiving NFI can take almost a full day.
- 44% report the sites are far from their homes making it difficult for persons with disabilities and the elderly to access them. Women and girls also face challenges in being away from their homes for long hours. Those without their husbands feel uncomfortable leaving their kids at home unattended.
- Refugees report that it takes a long time to collect NFIs. This can be stressful and create anxiety. It can also increase the potential for conflict.
- Older persons and persons with disabilities find distributions problematic. When there is tension or conflict in distribution areas, they fear that the lack mobility could leave them in a dangerous situation.
- Even though alternative collector schemes have been established by the Age and Disability Task Force, to facilitate access to NFIs for the vulnerable, especially persons with disabilities, 96% are not aware of it.

Design of sanitation and shower facilities for refugees with disabilities[12]

In Kawergosk, Qushtapa and Domiz refugee camps, partners such as the Norwegian Refugee Council and the Qatari Red Crescent have constructed some sanitation facilities suitable for people with disabilities. This was done in consultation with refugee families and the camp administration / camp manager. In most cases the facilities have been installed with steps and guard rails.

Qushtopa Sewerage & Sanitation Project
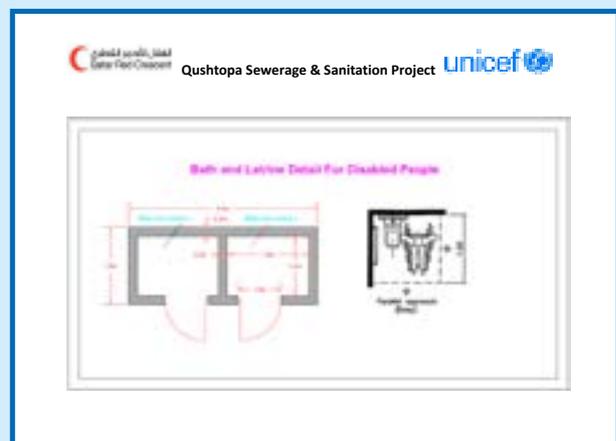
(Photos: shared by Singh, P.K)

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11 No author (2016) *Safety Audit for Zaatari Camp*
12 Singh, P. K. (2016) *Personal communication*

Domestic worker slaves facing multiple challenges to access WASH in refugee camps, Burkina Faso and Mauritania[13]

Nearly 375,000 Malians fled the conflict in the north of their country in 2012. More than 145,000, the majority of them women and children, sought refuge in neighbouring countries. The refugee camps in Burkina Faso and Mauritania are located in remote areas with severe food and water shortages. The humanitarian response has met some, but far from all, of the refugees' vital needs.

The refugee population is composed by a variety of ethnic groups such as the Touaregs, Arabs, Peuhls, Bambara and Sonrhais. Their particular social structures include the existence of marginalised groups that work as domestic servants for other refugees living in conditions of slavery or semi-slavery. This is the case of the 'Bellas' among the Touareg and the 'Haratin' among the Arabs, the two majority groups in the camps.

As registration has been carried out by classifying individuals according to their ethnic group, there are no figures about the total number of these marginalised groups. The question of 'slavery' is considered to be a highly 'sensitive' issue, and has not been addressed openly by the different humanitarian actors in the camps. These vulnerable groups are not therefore included in the group of persons recognised as having special needs by UNHCR. Since the beginning of the response, Oxfam identified that the existence of these marginalised group presented a particular challenge and has been advocating for quality assistance and adequate protection for them.

The challenges they faced included:
- That the slaves/domestic servants were not allowed to use the latrines by their 'masters', creating a risk of violence for women in particular [who may have to resort to open defecation];
- Distribution of non-food items was not done equitably, and it was hard to reach domestic workers – when items were given to the salves/domestic workers they would often have to hand them over to their masters;
- Lack of presence of all groups in hygiene-promotion activities [leaving themselves and the family they worked for at more risk of WASH-related diseases]; and
- Lack of information received from domestic workers on their needs, as they did not take part in participatory activities set up for the general community.

Example responses:
- Carried out a sensitisation campaign about the public health risk of open defecation and the risk of contamination/illness to ALL people in the camp if only one person does not use the latrine.
- Construction of special latrines for vulnerable groups.
- Carried out a sensitisation campaign asking if households had domestic workers or not. Provided sensitisation on the importance of the domestic worker having access to hygiene products, as they were responsible for the cleanliness of the house. Post-distribution monitoring was carried house by house to check on access (NB: it remained challenging to reach domestic workers during post-distribution monitoring).
- Ensured participation of domestic working women in hygiene promotion sensitisation groups by pointing out possible risks of their not taking part for the health of the whole family.
- A complaint mechanism system was set up that included specific meeting points and focus group discussions for domestic workers to participate and speak freely.

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13   Duch, P. and S. Carter (2013) OXFAM-Intermon. Personal communication;

Principle 3 – Protection, safety and privacy

Refugee and returnee children's experiences of violence when accessing WASH services, Southern Africa[14]

In 2005, UNHCR conducted a qualitative study with refugee and returnee children to explore their perceptions and experiences of violence in Angola, South Africa and Zambia. Included in the themes examined were the activities that the children do in the camp, the forms of violence that children witness or experience themselves, the protection strategies they employ, and suggestions they have for preventing and responding to SGBV. The findings from this study were submitted to the UN Secretary-General's Study on Violence against Children. Given the positive response to the initial study, a second phase of participatory assessments was planned for the UNHCR operations in Southern Africa. Phase 2 participatory assessments were undertaken in Botswana, Malawi and Mozambique.

South Africa:
School toilets are especially dangerous. All the girls in the younger group agreed that they did not use the toilets at school; they waited until they got home, as they were terrified of being raped. The violence in the toilets seems to be perpetrated by older boys in the school and by outsiders, and it includes the rape of boys as well as girls. *"Sometimes they rape the children in the toilet. A boy rapes a boy in the toilet. A big boy rapes a small boy in the toilet. Usually it is after school."* (Boys 10–12) *"In our school men from outside hide themselves in the toilet and they come and catch you and rape you and you will go to the school crying. The other girl in my class [nine years old] had this happen to her. She was standing alone just after school. They raped her in the toilets." ..."They took her out our school because she couldn't do anything [any work at school]. When her mommy sends her to the shops, she said no she is scared and she doesn't want to be left in the house either."* (Girls 10–12)

Angola:
"We go with our buckets to the well and the owners of those wells say this is my grandmother's well and if you try to disagree with them they beat us. We try to go very early but otherwise we wait and wait until they have collected. Yesterday I waited from 05:00 until 12:00. These people live in the area next to us and they say they own the wells because they have been here longer."(Girls 13–18)

Malawi:
Younger children also described a general lack of respect from adults in the camp. This was often related to water collection and food distribution. *"On the borehole, I have drawn a woman fighting with a child because of water. Me I can say that most of the women think they are more powerful than a child, so if a child wants to fetch water, a woman will say that 'No, you have found me here; you will not fetch water before I fetch', and then the woman starts fighting with the child."* (Girls 14–17)

Mozambique:
The main problem identified by children in all the groups was fighting (boys' groups ranked it as the biggest problem and girls ranked it, after rape, as the second biggest issue). The younger children drew many pictures of children fighting, and described how children often fought at the water pump, at school, at the football field and around the camp. *"The Congolese they used to tell us at the pump that we don't have to get water here because we are a Burundian." "They can beat us by saying you are Burundian you are bad, go back to your country."*

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14   United Nations High Commissioner for Refugees (2006) *Risks Associated with Access to Water and Sanitation: UNHCR case studies on SGBV from the Southern African Region.* South Africa: UNHCR Regional Office.

Review of WASH programmes in villages and IDP camps/settlements in Rakhine State, Myanmar, 2015[3]

At the request of the Rakhine WASH Sub-Cluster a review of WASH programmes from a gender equality perspective (GEP) was conducted in February - March 2015 in collaboration with WASH Sub-Cluster partners to: (1) assess and document whether and to what degree key elements of Gender Equality Programming are implemented in WASH programmes in villages, IDP camps and settlements in Rakhine State; (2) utilize the Global WASH Cluster's monitoring framework on "*WASH Minimum Commitments for the Safety and Dignity of Affected Populations*" and related tools to identify gaps in GEP and challenges at operational level; and, (3) stimulate discussions within the WASH Sub-Cluster for Rakhine on how to address gaps and challenges in GEP and WASH.

Female FGD
(Source: WASH Sub-Cluster Partners
in Sitte & Ciampi, M. C, 2015)

The WASH gender review, conducted in 8 villages, IDP camps and settlements in Rakhine State between February and March 2015, involved consultations with WASH programme implementers, direct observations in the field, and 23 separate Focus Group Discussions with 292 women, girls, boys and men, including Camp Management Committee members, who benefit directly from WASH interventions.

Findings included:
1. IDPs were not consulted at the outset of their displacement about their needs;
2. Women's participation in decision-making structures in villages, IDP camps and settlements is virtually nil;
3. Women, adolescent girls and girl children, and to a small extent elder women, are primarily responsible for household activities requiring water collection, handling and use;
4. A smaller proportion of men than women feel safe for all activities, i.e. collecting water, going to the toilet and using bathing facilities;
5. Despite the fact that in the IDP camps, latrines were designed according to standards and segregated by sex, two years post-displacement, the bamboo constructions are falling apart and many of the latrines are no longer functional and as a result, males and females use latrines indiscriminately;
6. None of the selected sites have a system for safe and dignified disposal of sanitary materials;
7. All locations had running water available, generally accessed via taps operated using hand pumps in the IDP camps and wells in the villages, generally functional and used primarily by women;
8. In general, pathways to the latrines and bathing facilities are clear but none of them are lit at night-time;
9. Male staff represent about three quarters of total WASH staff of the participating organizations. While the sex-ratio of camp-based staff is almost even, females are poorly represented in all other categories of staff.

It was concluded that the review highlighted opportunities for promoting gender equality programming in WASH. The practice of conducting separate consultations with women, girls, boys and men of different ages, as was followed to effect the review, should be repeated in future efforts to put gender equality at the heart of WASH programming.

For examples of consultation and specific safety and privacy related issues see the box which follows.

Privacy and safety and safety issues, Myanmar[15]

The following privacy and safety related issues were identified during the gender equality assessment in Rakhine State, Myanmar:

- Reasons given by males and females for not feeling safe going to the toilet included fear of ghosts, theft and assaults. Male and female respondents living in IDP camps mentioned generally feeling unsafe at night, and the potential to be robbed by outsiders. In one camp, proximity to the railway line attracts thieves. No individual case of assault of a physical or sexual nature was brought up during the FGD, but the potential for such attacks was expressed as a concern.

- A few FGD participants, both male and female, requested that there be distinct areas for male and female latrines, and in one camp that they establish more latrines in order to be closer to some of the shelters. Some males expressed concern that other men could potentially watch their wives and daughters using the latrines and asked for concrete walls to prevent such problems. In one IDP camp where there are double-unit latrines, separated by bamboo walls, females expressed concern over the fact that men poke holes in the flimsy wall to spy on women using the toilet.

- As for the bathing facilities, many complained that they were in overall bad condition. In one IDP camp, women expressed a desire for individual bathing spaces so that they would not have to shower indoors, which is difficult in terms of limited space and water managing. Some men also requested individual bathing spaces for women attached to households because they are afraid that other men will peep at their wives and daughters.

- In the IDP camps, latrines were designed according to standards, often with child-friendly toilets or ones with steps for people with limited mobility. Individual latrines were marked male and female, initially in separate rows. However, two years post-displacement, the bamboo constructions are falling apart and many of the latrines are no longer functional. Where there were locks, few of them actually function. The pits are overfilled because they cannot keep up with maintenance. As a result, males and females use latrines indiscriminately – in short, people of all ages use the ones that work. Open defecation remains a common practice.

Locks on latrine door at Ohm Taw Chay, Muslim IDP camp, in Sittwe
(Source: WASH Sub-Cluster Partners in Sittwe & Ciampi, M. C, 2015)

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15   WASH Sub-Cluster Partners in Sittwe & Ciampi, M. C (2015) *Gender equality programming in WASH: A review of select WASH pro-grammes, In villages and IDP camps/settlements in Rakhine State, Myanmar*

- In one location, double latrines were set up, male on one side, female on the other. The separation between the two sides is not sturdy enough and women reported that men sometimes make holes to peep at them while they are using the toilet.
- In the IDP settlement, there are no latrines and the water point is a 7-minute walk away. Men tend to bathe at the water point, whereas women carry the water back to the makeshift bathing spaces barely protected with semi-transparent plastic as depicted below.

Bathing spaces at Ah Nauk Pyin, Muslim IDP settlement, in Rathedaung
(Source: WASH Sub-Cluster Partners in Sitte & Ciampi, M. C, 2015)

- In general, pathways to the latrines and bathing facilities are clear. However, none of them are lit at night-time. In a context where there is no electricity, some INGOs have experimented with solar lamps or distributed torches. Of the sites selected, only Ohm Taw Chay had benefited from the installation of solar lamps. These were cut down and stolen, as the wooden poles used to prop them up were made of wood and firewood is scarce and very expensive. One man said expressed how difficult it is to see his children hungry. Plans are in place to replace these with metal-stem solar lamps. In the settlement, IDPs use torches purchased at the market for all night movements.

Safety audits, Zaatari Camp, Jordan, 2013 and 2015[16]

Cross-sectoral safety audits were undertaken in Zaatari camp, Jordan, under the umbrella of the Child Protection and SGBV Sub-Working Group, in 2013 and 2014.

Findings for WASH in 2013 included:
- 62% of respondents reported not using the community toilets;
- 64% reported that areas around the community toilets are not well-lit at night;
- In common WASH facilities, respondents reported insufficient distance between male and female bathrooms;
- 64% of respondents reported that girls are at risk of violence when collecting water;
- 58% of respondents reported risks of violence at water points. Many reported that women feel anxious and that often crowdedness results in violence;
- 33% of respondents reported risk of violence during water collection. Particularly men are reported to be fighting at water points;
- 83% reported that women were not involved in water distribution and monitoring;
- Over 40% of respondents reported NFIs and food distribution points as being unsafe for women and girls, and, to a lesser degree, to boys. In particular women and girls report crowdedness, distance and waiting time to be a major concern;
- Lack of public lighting in key public areas such as WASH facilities and key access roads is mentioned as one the main reasons which leads to a decreased sense of safety in districts, and therefore decreased mobility of residents particularly of women and children at night as well as an increased risk of physical and sexual violence being perpetrated in WASH facilities and as the main reason for residents constructing makeshift family latrines;
- 72% of respondents reported an increase in lockable community toilets and facilities from the inside which has contributed to an increased sense of security and safety. However, many respondents report that in general the locks and infrastructures are broken and not maintained and that the proximity of male and female segregated bathrooms is insufficient. This increases the overall perception of insecurity especially related to sexual harassment against women and girls when accessing public WASH facilities.

Suggestions to respond to the issue of risk of violence at the water points included:
1. Greater collaboration between Water committees and Protection committees could lead to community driven mechanisms which could increase safety and security of water distribution points;
2. Community policing at water points could mitigate incidents of physical violence and community conflicts at water points;
3. Water delivery services to people with specific needs as a protection support; whilst at the same time offering an income generating opportunity for people undertaking the delivery service.

The safety audit in 2015 showed that some improvements had been made, but other issues remained:
- Refugees, particularly women and girls, reported strengthened community support networks, increased police presence and improved availability of specialised support and response services, making them feel more protected. Although 22% still felt a general fear of harassment at night, in proximity to WASH facilities and public kitchens.
- Efforts had been made to install solar lights for WASH facilities and trained community members on their maintenance, but there were technical challenges, difficult maintenance and theft. Many refugees stopped using public WASH facilities and built their own private toilets.

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16 Child Protection and SGBV Sub-Working Groups, International Rescue Committee, UNFPA and UNHCR (2013) *Jordan-Zaatari Refugee Camp Safety Audit Findings*, 2013; No author (2016) *Safety Audit for Zaatari Camp;* No author (2013) *Safety Audit Zaatari Camp; WASH-specific findings and recommendations*, PowerPoint presentation

Recommendations in response to SGBV audit, Republic of Congo

The following recommendations were made in response to an SGBV audit in the Republic of Congo:

1. Install partition walls in plastic sheeting or wood inside the hangars/mass shelters to ensure privacy
2. Monitor the construction of facilities without delay
3. Ensure that the size of the shelters comply with UNHCR standards
4. Buy the bricks made by refugees to avoid exploitation by the local market
5. Ensure gender segregation (physically segregated) of latrines and showers is in place and well demarcated/marked
6. Ensure all water points are functional and if not, provide a backup to ensure continuous water supply service
7. To ensure safe access to water, install handpumps or tapstands in lieu of open hand dug wells
8. Ensure proper monitoring of the solar lanterns

Privacy and safety of users in communal blocks in Zaatari camp, Jordan:

The following box, shows the efforts to increase the privacy and safety of users of communal WASH blocks in Zaatari camp, Jordan through screens at the doors and solar lighting.

Solar lighting and screened entrance doors to latrine and bathing blocks, Zaatari camp, Jordan
(Photos: Coloni, F / UNHCR)

Privacy in shelters

One of the recommendations made in the Republic of Congo in response to an SGBV report was to install partition walls in plastic sheeting or wood inside the hangars/mass shelters to increase privacy[17].

The issue of lack of privacy in household shelters was also raised by adolescent girls during the FGD in Lebanon in a refugee shelter. They also explained that it was difficult to manage their menstruation if it started during the night as they were sharing the same space with their brothers and fathers. In a male only FDG, the men also expressed concern about the lack of privacy and separation in their shelters for males and females as their children reached the age of adolescence[18].

Screen inside a shelter in the Republic of Congo
(Photo source: taken from report shared by Savadogo, A, 2016)

Self-installed privacy barriers, Mauritania

The photographs which follow show how users were not satisfied with the level of privacy for some shower units in a camp in Mauritania that were installed without doors. They therefore constructed their own privacy barrier / door.

Showers constructed in Mbarra Camp, Mauritania – users installed their own privacy barrier
(Photo credit: Coloni, F/UNHCR)

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17   Savadogo, A (2016) *WASH and Shelter response to the recommendations of the SGBV report by Annie Dumont, Republic of Congo,* UNHCR
18   House, S (2016) Personal communication

Privacy walls for toilets in camps in Iraq[19]

For communal toilets refugees have always insisted to have privacy walls with specific concerns for women's facilities and segregation of facilities.

Use of privacy barriers in Pakistan earthquake response

Privacy barriers were used for latrine and bathing blocks **for both male and female units** in an IDP response to the Pakistan earthquake response in 2006. The users reported being happy with the screened areas, and adolescent girls were sometimes seen meeting friends and bathing and talking together within the blocks.

In one camp standard designs were established for the blocks so that the screens and walls of the latrines and bathing units could be fabricated off site and then brought on site for quick construction. But then a few adaptations were made to occasional women's blocks to trial the use of private washing slabs for menstrual cloths and other items. In this camp, this involved adding an external unit to the side of the existing standard blocks with the entrance from inside. However a problem was faced because men became curious as to why the women's blocks looked different and **started poking holes through the tarpaulin walls** to see what was happening inside. This then prevented women from using these units. In another camp where the units were internal to the blocks, it was reported that the units were used[20].

Maintenance of school latrines and privacy barriers

In 2009/10, Oxfam-GB piloted school latrines with privacy barriers in the camps in Dadaab. After 6 months the maintenance of the latrines was poor with Acacia trees and girls had started to defecate outside of the latrine and privacy barrier.

It is not clear if the girls started to defecate outside the latrines because of lack of cleaning and maintenance or because they did not like the design of the latrine block or the privacy barrier[21]. If problems occur such as this, it is helpful if the users are consulted to identify what the problem was so that the program or design can be modified in the future.

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19 Singh, P. K. (2016) *Personal communication*
20 House, S (2016) Personal communication; and Nawaz, J, Lal, S, Raza, S and House, S (2006) 'Screened toilet, bathing and menstruation units for the earthquake response in NWFP, Pakistan', *32ⁿᵈ WEDC International Conference*, Colombo, Sri Lanka, 2006
21 Lloyd, R (2016) *Personal communication*

Principle 4 - Menstrual hygiene

Progress and gaps in meeting UNHCR commitment to provide sanitary protection materials to 100% of refugee women and girls

A survey was undertaken on the provision of sanitary materials in UNHCR operations in 2010[22], to see how many operations were meeting the UNHCR Commitment to Refugee Women to provide 100% of women and girls with sanitary protection materials. Key findings:
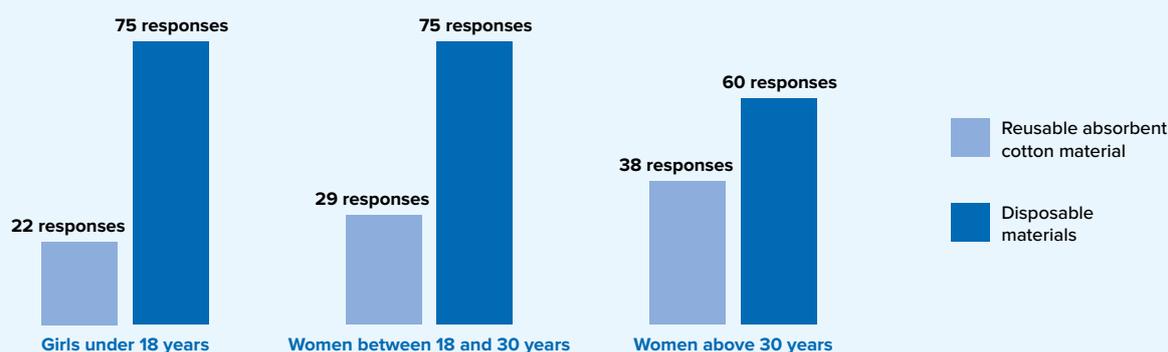
1. A total of 88 Offices, the majority of which assists refugees in camp settings, completed the survey. The findings of the survey show that only 21.3% of UNHCR operations meet 100% of the needs for sanitary materials, another 21.3% nearly meet them and 50% fail to meet them altogether. 7.4% of operations did not report the percentage of needs met.

2. The most common challenges encountered in meeting the standard were reported to include: inadequate budgets, purchase problems (e.g. in-availability of appropriate materials within the local market, deficiencies in stock, etc.), difficult access to people of concern, distribution problems (e.g. lack of road infrastructure, border restrictions, etc.), varying preferences in sanitary materials amongst women and girls of concern. Despite these challenges identified, 22% of camps reported that there were no difficulties encountered in meeting the UNHCR standard.

3. Women and girls 18 years and above are consulted about their preferences in only 61% of the responding Field Offices, while 44% of operations asked girls under 18 years about their preferences.

Preference for sanitary protection materials and other NFIs by women and girls

In the Offices where respondents consulted women and girls on the type of sanitary materials they would prefer, women below 30 years of age generally preferred disposable materials (as they were considered hassle free, cleaner, healthier, and to offer increased mobility). Women above 30 years of age also preferred disposable materials, but they were slightly more amenable to using reusable absorbent cotton material. Further, urban females preferred disposables while rural females were more open to using reusable materials.

Sanitary protection materials preferred by women and girls assisted by UNHCR, 2010

Which type of sanitary wear and additional items do women and girls in your operation prefer?

Legend:
- Reusable absorbent cotton material
- Disposable materials

Girls under 18 years: 22 responses (reusable), 75 responses (disposable)
Women between 18 and 30 years: 29 responses (reusable), 75 responses (disposable)
Women above 30 years: 38 responses (reusable), 60 responses (disposable)

Other highly requested items included additional soap, detergent, body cream, and underwear (preferably red, blue, dark colored underwear that was also considered easier to maintain). In addition, buckets were considered indispensable for cleaning reusable sanitary material since the material needed to be cleaned separately from other household, personal and food items.

22 UNHCR (2010) *Report on the provision of sanitary materials to women and girls assisted by UNHCR, Oct 2010*

Menstrual hygiene in refugee contexts[23]

Take care to consider...

A - Different preferences for sanitary materials by nationality

'In the refugee camps in Western Uganda, there are refugees from a number of different countries (Sudan, Somalia, Rwanda, Burundi and others). Materials which were considered appropriate by one group were not always felt appropriate by other groups'. (Personal communication, UNHCR, Uganda)

B - Misunderstandings of the purpose of sanitary materials provided in NFI kits

'Women and girls may not be aware of why cloth has been included in the NFI kits unless information is provided to them on its purpose. Men and boys in the family may also use the materials for other purposes or discard them if they don't know what they are for'. (Various)

'Some girls were confused about the difference between re-usable and disposable pads. Whilst disposable pads were distributed, the girls were washing and re-using disposable pads when there was no need because others were being provided. The confusion may have occurred because their mothers and older women wash their sanitary cloths and hence the girls thought they needed to do the same'. (Personal communication, UNHCR Uganda)

C - Complications for sanitary protection distribution for refugee girls in schools

'A challenge that can be faced when providing sanitary materials for girls, who are refugees in schools, is that schools may be populated by both girls who are refugees and girls who are from the local community. Funds may be available only for the sanitary materials for the girls who are refugees but local girls also face the same challenges with menstruation'. (UNHCR, Uganda)

Support for incontinence[24]

'Norwegian Church Aid (NCA) has been considering incontinence when designing and distributing menstrual hygiene kits in emergency operations, for example in Liberia and Lebanon, meaning distribution which not only targets women of reproductive age, but also older people. It offers underwear, disposable pads (currently the larger sanitary pads used by women who have just given birth), reusable sanitary pads, or cloth for soaking up fluids. NCA is also currently including incontinence in its initial WASH assessment of the needs of people affected by the crisis in Burundi. Through this work it has found that incontinence is an issue for which WASH staff also need training and sensitization. In Iraq in 2015 HI distributed washable diapers (children and adult sizes), water, soap and containers for their washing, responding to a lack of/ unaffordability of disposable diapers. One woman, acting on her own initiative, supported the production of disposable sanitary pads in Zaatari camp in Jordan[25]. After hearing from people in the camp about their needs, she ensured that the machine she brought to the camp could also make incontinence pads'.

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23 House, S, Mahon, T, Cavill, S (2012) *Menstrual Hygiene Matters; A resource for improving menstrual hygiene around the world*, Water-Aid/SHARE (co-published by 18 orgaations)

24 Hafskjold, B. Pop-Stefanija, B. Giles-Hansen, C. Weerts, E. Flynn, E. Wilbur, J. Brogan, K. Ackom, K. Farrington, M. Peuschel, M. Klaesener-Metzner, N. Pla Cordero, R. Cavill, S. House, S. (2016) 'Incompetent at incontinence - why are we ignoring the needs of incontinence sufferers?' *Waterlines*, volume 35, issue 3, July 2016

25 Venema, V. (2015) 'The unlikely sanitary pad missionary', *BBC News* [online], 3 December

Principle 5 – Cross-sector collaboration, coordination and capacity

On-line learning in LGBTI for UNHCR and IOM staff across sectors[26]

UNHCR and IOM have **jointly developed** this comprehensive training package on the protection of LGBTI persons of concern for staff members as well as the broader humanitarian community. The training's modules cover a wide variety of topics, including terminology, international law, communication, operational protection, resettlement and Refugee Status Determination (RSD), all with a focus on practical guidance for UNHCR and IOM offices and partner organizations.

Intended Outcomes of the Training – To assist staff members in **organising and implementing** effective and respectful interviews and other interactions with LGBTI people, and eliciting relevant information in an effective way that preserves dignity and humanity, by:
1. Encouraging the use of correct terminology in English as per international guidelines;
2. Discussing the unique protection challenges and vulnerabilities LGBTI people face, and identifying appropriate prevention, mitigation and response actions;
3. Reviewing potential scenarios specific to persons of concern in various host countries.
4. Identify **appropriate and sensitive interviewing techniques** and lines of questioning.
5. Identify **problematic assumptions** that may impact the provision of effective assistance.
6. Ensure that RSD and resettlement staff members have the **necessary knowledge and skills** to assess the international protection needs of LGBTI people in accordance with international standards.

There are facilitators guides, PowerPoint presentations, participant workbooks, handouts and videos for a one hour, 3 hour and more in-depth sessions. Module 3 – focuses on operational protection and includes examples that are specifically linked to WASH.

Cross-sectoral collaboration in Iraq[27]

UNHCR and partners in Iraq have collaborated across sector in the following ways:
1. With Community Services/Protection colleagues on the layout of the sites including the location of WASH facilities, plus also during site visits discussions on any emerging visits such as the need to create spaces for unaccompanied minors or having child friendly spaces.
2. With education sector colleagues on ensuring that all camps have school facilities based on the camp population and each school has adequate WASH facilities.
3. With site planning colleagues on the site layout.
4. With health colleagues to strengthen hygiene promotion activities and joint preparedness plans for outbreak response.

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26 http://www.unhcrexchange.org/topics/15810
27 Singh, P. K. (2016) *Personal communication*

Review of feedback mechanisms[28]

A pilot project has been run by the Global WASH Cluster with 4 partners (ACF, Care, Solidarities and Norwegian Church Aid) to test out the **'5 Minimum Commitments for the Safety and Dignity of Affected Populations'.** Questions that related to the commitment to establish feedback and complaint mechanisms so that corrective actions can be taken resulted in the following findings. The initial questions were:

- 15 - Have you established, with the community, processes or mechanisms to receive feedback and complaints on protection and access concerns related to the use of WASH services and facilities?
- 16 - Have you organized, over the past six months, information sessions for the affected female and male population on their rights and on how to channel their feedback and complaints?
- 17 - Have you ensured that adolescent girls and women are consulted (i.e. single sex consultation) & know how to channel their feedback and complaints?
- 18 - Have you ensured that older people and persons with disabilities are part of these consultations & know how to channel their feedback and complaints?

It was established that in the majority of cases, processes or mechanisms to receive community complaints and feedback have been set. Half of the respondents indicated that users have been informed of their rights and on how to channel their feedback and complaints has been provided. However this information doesn't equally reach all categories of the population, girls and women being the least consulted and the least informed on how to channel feedbacks and complaints.

Implementation - feedback and complaints
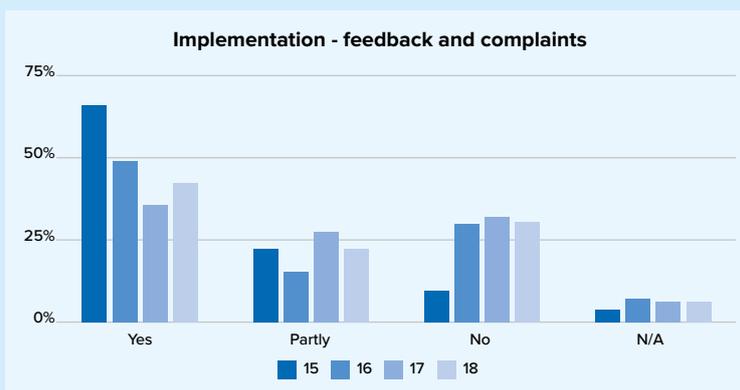
In the majority of the cases, respondents indicate that they have changed some aspect of the way they work based on the feedback they received from WASH users, including older people and those with disability (question 19).

Implementation - feedback and complaints
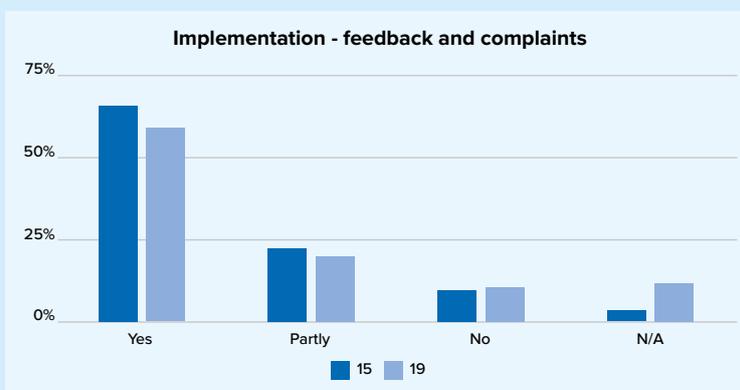
28 Global WASH Cluster (2014) *WASH Minimum Commitments for the Safety and Dignity of Affected Populations, Pilot Project, Analysis of the first questionnaires to monitor the minimum commitments* implementation, December 2014

Training in menstrual hygiene management for UNHCR and Partners

Training on menstrual hygiene in WASH in Emergencies Training for UNHCR and partners, Uganda, 2011[29]
(Photos: M. Michikata / REDR)

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29 House, S, Mahon, T, Cavill, S (2012) *Menstrual Hygiene Matters; A resource for improving menstrual hygiene around the world*, WaterAid/SHARE (co-published by 18 organisations)

Annex II

UNHCR WASH Safety And Security Checklist

- UNHCR field staff and their partners must ensure that the location and design of all WASH infrastructure (in particularly toilet facilities, bathing and laundering points, water collection points, and waste collection points) minimises the threats to users, especially women and girls, day and night. In addition, All WASH infrastructure must ensure the physical safety of all users (in particular children and infants, and users who are frail or disabled) and is free from trip, crush, pinch, pierce, cut, splinter, burn and drowning risks.
- This tool has been designed to assist UNHCR field staff and their partners assess safety and security related to WASH infrastructure. Please note that the list of questions is not exhaustive and is merely intended to focus attention on safety and security issues. Common sense should be used at all times and if there is a safety or security issue that is not included on the sheet it should be noted in the additional comments section for corrective action.
- Finally, it is a waste of time to collect information related to safety and security without analysis and action. Following the assessment, it is essential to prioritise risks into high, medium and low – and establish a clear plan of action to immediately address the most critical risks.
- This safety and security checklist should be included in the site WASH strategy/plan annex.

UNHCR WASH SAFETY AND SECURITY CHECKLIST

A. General Information

Location: Camp _____ Sector _____ Block _____ Community _____

GPS Long: ____°_____'_____" GPS Lat: ____°_____'_____" Site Population : _____

Contact Person: _____ Position: _____ Organisation: _____

Telephone: _____ Email: _____ Date of Assessment: ____/_____/_____

B. Risk of SGBV		**Risk Factor**
1. Lack of consultation of women with regards to:		
• The design and siting of toilets?	Y ☐ / N ☐	
• The design and siting of bathing areas?	Y ☐ / N ☐	
• The design and siting of laundering areas?	Y ☐ / N ☐	Y ☐ / N ☐
• The design and siting of water collection points?	Y ☐ / N ☐	
• The design and siting of waste collection points?	Y ☐ / N ☐	
2. Lack of household or shared (one per 4 families) toilet or bathing facilities?		Y ☐ / N ☐
3. Public toilet or bathing cubicle coverage greater than one cubicle per 20 persons and they are not gender-segregated into male/ female blocks?		Y ☐ / N ☐
4. Public toilet or bathing blocks are used by more than 80 persons (16 families)?		Y ☐ / N ☐
5. Public toilet or bathing facilities further than 50m from users?		Y ☐ / N ☐
6. Lack of at least two layers of privacy at communal, public or shared bathing and toilet facilities? (inadequate = lack of individual cubicle privacy and lack of privacy wall 1.8m high in front of door entrance area - check this is preferred by the users).		Y ☐ / N ☐
7. Inadequate privacy of individual toilet or shower cubicles? (for example – privacy exists but wall material is too thin, transluscent or ripped)?		Y ☐ / N ☐
8. Inadequate or non-functional door on any of the cubicles? (inadequate door = lacking a solid door or solid frame, poorly fitting with gaps)		Y ☐ / N ☐
9. Inadequate, missing, or non-functional cubicle locking mechanism in any cubicle?		Y ☐ / N ☐
10. Lack of adequate night-time security lighting at WASH facilities? (inadequate lighting = less than 100 lumens / m^2 up to 3m around block)		Y ☐ / N ☐
	Total score of risks	**/ 10**

C. Risk of trip, slip, or fall when using WASH infrastructure

1. Risk of wet or slippery surfaces at water collection, laundering, bathing, toilet, or waste disposal areas?　　　　Y ☐ / N ☐

2. Risk of tripping over steps, kurbs, or raised objects when accessing WASH services or infrastructure?　　　　Y ☐ / N ☐

3. Risk of falling from elevated structures? (raised toilets, open well etc.)　　　　Y ☐ / N ☐

4. Lack of hand-rails to provide additional support when climbing steps or stairs to WASH infrastructure? (raised toilets, open well etc.)　　　　Y ☐ / N ☐

5. Lack of hand-rails to provide additional support in potentially wet or slippery areas?　　　　Y ☐ / N ☐

6. Lack of anti-slip floor surfaces in potentially wet or slippery areas?　　　　Y ☐ / N ☐

7. Solid waste pits (or latrine pits under construction) without adequate fencing or clear and visible warning tape and signs?　　　　Y ☐ / N ☐

8. Any other risks of trip, slip, or fall at the site?　　　　Y ☐ / N ☐

Total score of risks　　　/ 8

D. Risk of cut, pinch, pierce, crush, or splinter when using WASH infrastructure

1. Risk of cut, pinch, pierce, crush, or splinter when using handpump or any other water collection or lifting equipment?　　　　Y ☐ / N ☐

2. Risk of cut, pinch, pierce, crush, or splinter when using solid waste containers?　　　　Y ☐ / N ☐

3. Risk of cut, pinch, pierce, crush, or splinter when using toilet or bathing cubicles?　　　　Y ☐ / N ☐

4. Any other risks of cut, pinch, pierce, crush, or splinter at the site?　　　　Y ☐ / N ☐

Total score of risks　　　/ 4

E. Risk of drowning when using WASH infrastructure

1. Surface water collection (river, stream, lake, pond) taking place at the site?　　　　Y ☐ / N ☐

2. Open wells are not equipped with locked covers / metallic grills?　　　　Y ☐ / N ☐

3. Open well headwalls are lower than 70cm?　　　　Y ☐ / N ☐

4. Septic tanks are not equipped with locked covers?　　　　Y ☐ / N ☐

5. Toilet slab or support structure at risk of collapse?　　　　Y ☐ / N ☐

6. Blocked drainage canals or risk of poorly managed drainage?　　　　Y ☐ / N ☐

7. Any other risks of drowning at the site?　　　　Y ☐ / N ☐

Total score of risks　　　/ 7

F. Risk of burning when using WASH infrastructure

1. Hot water provided for bathing or laundering is greater than 50 °C?　　　　Y ☐ / N ☐

2. Burning of solid wastes taking place at the site?　　　　Y ☐ / N ☐

3. Any other risks of burning at the site?　　　　Y ☐ / N ☐

Total score of risks　　　/ 3

Signature of Inspector ……………….…..　　Community representative ………………..…...

Notes

WASH, Protection and Accountability

Briefing Paper