**SECTOR CHECKLIST**

## **WASH**

Access to safe drinking water and sanitation is fundamental for survival especially in emergencies. WASH programmes can help promote **dignity** and **safety** of people affected by emergencies. Beyond the obvious importance of meeting basic sanitation needs and preventing disease, access to adequate and appropriate WASH facilities plays an important role in the safety and dignity of project participants, particularly girls and women. The way WASH programmes are designed and implemented is crucial to ensuring **safety, dignity** and **meaningful access**.

This checklist offers **guidance for WASH programming** **staff** on how WASH programmes can be adapted to promote the safety, dignity and access of programme participants.

**ANALYSIS**

* **Potential barriers:** Include questions in needs assessment about potential barriers to accessing WASH assistance.
	+ *Logistical* (bad roads, time and distance, lack of ID documents); *financial* (water tariffs, community toilet fees, costs for hygiene items, etc.); *security* (presence of armed groups, thefts); technological (limited bank accounts, mobile phones); *physical* (lack of mobility) and *cultural* (unable to leave home alone, childcare/family responsibilities).
* **Avoiding harm:** An analysis has been used to ensure WASH assistance does not create additional harm.
* Is inequitable access to water and / or sanitation facilities causing tension or conflict within the community or with other surrounding communities? Particularly between displaced and host communities?
* Would WASH activities increase or decrease tension or violence in households or communities? Will jealousy among non-recipients occur when hygiene kits are distributed?
* Will using traders from different ethnic groups encourage cohesion or create tension? Are suppliers linked to parties to a conflict?
* **Safety and dignity concerns:** Safety and dignity issues are considered throughout WASH interventions.
* Have women and girls been consulted on the safest locations to build latrines? Is the safety of women using water points regularly monitored?
* Are there armed groups present or high levels of theft in certain areas?
* What are the preferences of the affected communities regarding delivering mechanisms and modalities?
* **Local capacities:** Coping strategies (positive and negative) and gender power dynamics are considered.
* What roles and responsibilities do household and community members have?
* Where do people get water from when there is a shortage, where do people go to the toilet, where do they bathe and launder their clothes, and do they put safety and dignity at risk when doing these activities?
* Who has access to water resources? Who has access to decision-making and the ability to influence decisions on water resources? Identify any barriers to access or discrimination against particular groups.
* What is the preferred time and location for these activities and does it interfere with other responsibilities?
* **Disaggregating data:** Data has been broken down by sex, age, and disability
* Is data collected by sex, age and disability and used to inform programme design and implementation?
* Are staff responsible for collecting data trained on how to communicate with older people and people with disabilities?
* Do baselines and MEAL tools (e.g. project indicators) include the collection of disaggregated data on the access and use of WASH facilities, including on how safe people feel using WASH facilities?

**TARGETING PRIORITY GROUPS**

* **Needs based:** WASHassistance is provided without discrimination and based on need.
* How has the community been involved in the selection of project participants? What criteria has been used to ensure the most vulnerable are included?
* Has the needs assessment included identification of specific needs of ‘different groups’ in terms of safety, dignity and equitable access? Particularly women and children who most often collect water?
* **Protection risks:** Protection risks have been taken into consideration in implementation.
* Has safety to WASH facilities been considered e.g. is accompaniment provided (fetching water in groups, formation of water committees); are torches/lighting provided; are different collection times available at water points…?
* Have WASH facilities been designed and managed in ways that reduce vulnerabilities to violence? Are WASH facilities and routes to them away from threats such as physical and sexual violence (during day and night); from potential perpetrators and attacks from armed groups?
* Are security forces required to protect distributions only as a last resort and if so, are they excluded from directly distributing and have they been briefed about their specific role?
* Are identified protection risks and benefits embedded into programme monitoring processes and post-distribution monitoring (PDM) or similar tools?
* Is the security of data and privacy respected at all times?
* **Differing needs:** WASHproject has been designed and adapted to meet the specific needs of different groups[[1]](#footnote-1).
* Are WASH activities taking into consideration the barriers mentioned in the analysis (logistical, cultural, physical etc.)?
* Have WASH facilities been designed in consultation with the community and to respond to distinct dignity, safety and access needs, e.g. all public latrines and shower blocks are separated and labelled by sex, locks on the inside, privacy screens considered, lights, pictograms, accessible design for persons with reduced mobility (including people with disability)[[2]](#footnote-2)…? This includes WASH facilities in spaces dedicated to children.
* Have supplies and equipment meeting the needs of different groups, i.e.
	+ If children or person with reduced mobility have to carry jerrycans so, make sure that they are not so large as to cause injury (consider providing double quantity smaller jerry cans for those with less mobility i.e. 2 x 5l instead of 10l).
	+ Are cleaning chemicals stored safely? Children can mistake chemicals such as water treatment tablets as candy. Proper awareness and storage can help prevent improper use.
* Have specific high needs been considered, e.g. family with a high number of infants or incontinence due to chronic illness/disability?
* Have menstrual hygiene needs of girls and women and or management of incontinence been considered?

**INFORMATION SHARING**

* **Accurate information:** Information about the organisation and the project has been shared with communities.
* Have details of the organisation and WASH project been shared? E.g. where, when and how it will take place; who will be eligible; what services are being provided?
* **Information methods:** Information provided considers different levels of literacy and capability.
* Have different methods (format, language and media) been used to communicate information, e.g. leaflets e.g., face to face visits, radio, or text messages?
* Is there outreach to those with mobility issues or those who are illiterate to ensure they understand the conditions and procedures of the programme?
* **Staff behaviour:** Communities receive information about what is appropriate and inappropriate staff behaviour and feedback and complaint mechanisms related to WASH programs.
* Have communities been provided with information about the organisations’ Code of Conduct and protection policies?
* Do communities understand how they can make complaints to the organisation?
* Do communities understand what is considered inappropriate behaviour and how to report such behaviour (feedback and complaint mechanisms)?
* **Rights awareness:** WASH users know their rights and where and how to access them.
* Are all WASH users aware of their rights to latrines, bathing facilities, laundry areas and safe drinking water, and where and how to access them? Lack of awareness about rights and services is regularly a gap identified in needs assessments.
* Has rights awareness been provided in different methods (format, language and media) and regularly updated (considering new arrivals in displacement settings)?

**COMMUNITY ENGAGEMENT**

* **Engagement techniques:** WASH programming staff are trained on and use participatory techniques.
* Does the design of the project involve the community to ensure the assistance is appropriate for the needs and for their age, sex and ability? Priority should be given to girls and women’s participation in the consultation process.
* Are different techniques used to capture views of different groups, e.g. FGDs; KII; anonymous surveys?
* **Community dialogue:** Meetings are held regularly to allow for active and meaningful input from different groups.
* Are different groups able to raise issues that may be affecting their safety and identify possible solutions, e.g. consult women and girls about safest location to build latrines?
* Are different groups able to raise barriers that may be affecting their access to services and identify possible solutions?
* **Existing capacities:** Skills, resources, structures and practices have been taken into consideration in programming.
* What strengths do communities have that can be further developed to enhance WASH programming? Are there already community groups functioning in the community e.g. WASH committees managing WASH facilities? Are WASH committees representative of all layers of society?
* What cultural practices need to be considered by staff (e.g. who is fetching water)?
* What capacities and systems are in place to maintain WASH facilities when the organisation hands over? E.g. WASH committees, local authorities, suppliers, student environment committees.

**FEEDBACK AND COMPLAINTS MECHANISMS**

* **Differing channels/tools:** There are different mechanisms for communities to provide feedback and complaints.
* Are there different options available for communities to provide feedback about staff and programmes (selection criteria, assistance provided, programme quality, etc.)?
* Are there safe and confidential channel in place, particularly for sensitive complaints, i.e. Protection against Sexual Exploitation and Abuse (PSEA), fraud and corruption?
* **Response mechanism:** Feedback and complaints are acted upon and actions taken reported back.
* Is there a system in place for adapting WASH activities after feedback is received?
* **Tailored system:** Specific context and needs of different groups are considered in designing the system.
* Are different ways provided for different groups to safely, easily and anonymously lodge complaints i.e. mobile phone, face to face visit, etc?
* Has the community been consulted regarding the best means for handling feedback and complaints?
* **Complaints handling:** Safe andconfidential systems and process are in place for handling complaints.
* Do staff know how to respond appropriately or refer case when receiving sensitive complaints?

**STAFF CONDUCT**

* **Codes and policies:** Organisation's Code of Conduct and relevant protection policies are signed and disseminated.
* Have people involved in WASH projects, including vendors, staff and volunteers, signed and been trained on the organisation's Code of Conduct and relevant protection policies (i.e. PSEA, Child Protection, Safeguarding) and adhere to the mandates and values of the organisation? Do they understand the expected behaviour and that there is a zero-tolerance against SEA?
* Has a short version (1-2 pages) of the Code of Conduct been provided in local language/s to staff, volunteers, vendors and the community?
* **Staff diversity:** WASH programming staff represent the diversity of the community and are easily identifiable.
* Do staff represent different groups of the community (i.e. women, persons with disabilities and specific minority or ethnic group)?
* Where safe and appropriate, are staff easily identifiable e.g. wearing ID badges; branded T-shirts?
* **Roles and responsibilities:** WASH programming staff have a clear understanding of their roles and responsibilities.
* Do people involved in the project, including suppliers, staff and volunteers, understand their roles and responsibilities and know the details of the project (e.g. location of WASH facilities, eligibility criteria)?
* Are staff aware of the need to provide equitable pay (regardless of gender, status, ethnic affiliation, etc.) for similar work?
* **Staff wellbeing:** Wellbeing and care issues of staff are considered and recognised by the organisation.
* Have potential security risks at WASH facilities been considered and mitigated against?
* Is the organisational environment conducive to staff wellbeing and adequately resourced (living conditions, working hours, opportunities for leisure and relaxation)

**MAPPING AND REFERRAL**

* **Mapping of services:** Existing protection services, and their contact details, are collated and easily accessible**.**
* Is information on available protection services (e.g. family tracing and reunification, health, psychological support, legal service, etc.) regularly collated and shared with staff?
* **Referring cases:** Staff are well trained on how to refer individuals to services.
* Do staff know how and to whom to report protection concerns (e.g. survivors or those of risk of SGBV, unaccompanied children)?

**COORDINATION AND ADVOCACY**

* **Internal coordination:** Coordination of protection mainstreaming initiatives occurs between projects.
* Do all sectoral/programme staff understand their responsibility to mainstream protection?
* **External coordination:** Coordination with local authorities, clusters, and other NGOs is effective.
* Are staff supported to share their experience of safe and dignified programming with other clusters and networks such as WASH Cluster?
* **Protection concerns:** Staff are encouraged in raising protection issues with duty bearers.
* Are staff encouraged to raise issues such as unsafe service provision, excluded groups, SGBV, or forced relocations with protection focal points (if existing) or responsible actors (such as local government, protection cluster, UNHCR)?
* Are staff aware that cases of violations should be referred promptly and in accordance with standard operating procedures established in the area?
1. When referring to ‘different groups’, this include ‘women, men, girls, boys, youth and older persons, as well as persons with disabilities and specific minority or ethnic groups without any such distinction’ (CHS). [↑](#footnote-ref-1)
2. Make infrastructure adaptations such as ramps and railings, install handlebars and removable seats in latrines, provide bed pans for bed-ridden individuals. [↑](#footnote-ref-2)