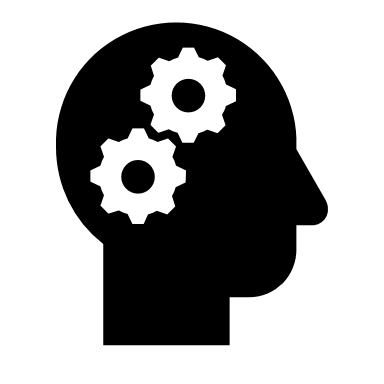
**SECTOR CHECKLIST**

## **WASH**

Access to and use of safe drinking water, hygiene, and sanitation (WASH) 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 WASH needs and preventing public health risks, 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 assessed, analysed, designed, and implemented is crucial to ensuring **safety, dignity,** and **meaningful access**.

This checklist offers **guidance for WASH programming** **staff** on how to ensure WASH programmes promote the safety, dignity, and meaningful 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 access to financial institutions, mobile phones); *physical* (lack of mobility, land tenure) and *cultural* (unable to leave home alone, childcare/family responsibilities, power dynamics and/or social norms in households and communities, stigma when menstruating, or suffering from diseases such as COVID, HIV/AIDS).
* **Avoiding harm:** Any assessment or analysis must ensure that the proposed WASH assistance does not create harm.
* Is inequitable access to water and / or sanitation facilities/services and / or hygiene items and sensitization causing tension or conflict within the community or with other surrounding communities? Particularly between displaced/refugees and host communities? Could the intervention increase GBV? Why?
* Would WASH activities increase or decrease tension or violence in households or communities? Will problems arise among non-recipients towards recipient of WASH support? Could the inputs of the intervention be used to fuel further conflict, to disadvantage particular social groups, or increase human rights violations? In case of market-based WASH approaches that use traders/businesspeople/suppliers from different ethnic groups: is there potential to encourage cohesion or create tensions? Are traders/businesspeople/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 establish latrines, water points, community engagement sessions and/or distribution locations? Is the safety of women and children using water points, latrines and solid waste areas regularly monitored? What is most appropriate between communal latrines (segregated by gender), or shared family latrines?
* Are there armed groups present or high levels of theft in certain areas? Is there potential for exploitation of WASH inputs by armed groups (e.g. collection of fees at a water point)?
* 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 (considering gender, age, and diversity factors such as ethnicity or religion? Has our program design taken into account how these roles and responsibilities may have changed since crisis onset?
* Where do people obtain water, where do people normally defecate, 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 (considering both within the household and at community levels)? 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 project activities, and does it interfere with participants’ 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 to water, sanitation and use of facilities, including on how safe people feel when using these (water points, bathing areas, toilets, launder areas, etc)?

**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 water and sanitation facilities been considered, e.g. is accompaniment provided (fetching water in groups, formation of water committees); are torches/lighting provided ensuring appropriate access/use during the day and night; are different collection times available at water points…?
* Have water and sanitation facilities been designed and managed in ways that reduce vulnerabilities to violence? Are water and sanitation facilities and routes to them away from potential perpetrators and armed groups that can threaten users (both during day and night)? Does the choice of materials prevent people from being seen whilst using the latrine? Are the latrines provided with a discreet entrance and are the doors durable (i.e. are there any gaps in the doors, are the users’ feet and head hidden, are there properly fitted locks for both adult and child to reach?).
* 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? *N.B. The police and armed forces are often seen as perpetrators of violations. Whether they provide a reassuring feeling or instil fear depends on the location. In advance of distributions, ensure the targeted population have been briefed on the rationale for having security forces present.*
* 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-2).
* Are WASH activities taking into consideration the enablers and barriers mentioned in the analysis (logistical, cultural, physical etc.)?
* Have WASH facilities been designed in consultation with the community and responsive 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, provisions and adaptations for menstrual hygiene management, privacy screens considered, lights, pictograms, accessible design for persons with reduced mobility (including people with disability)[[2]](#footnote-3)…? 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, 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 face to face visits, community meetings, radio, or text messages?
* Is there additional outreach tailored specifically to those with mobility issues, specific needs, or those who cannot read or write, 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 provide feedback and raise 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. community mapping; pocket chart voting; spidergram; 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, and reaffirm latrines are used and appropriate for all users (consult-modify-consult)?
* Are different groups able to raise barriers that may be affecting their access to WASH services and goods, with the ability to identify and communicate possible solutions? Have we considered potential barriers different groups may face in attending meetings and taken steps to make them accessible (e.g. time, location, etc.)?
* **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 (e.g. men, women, girls, boys, elderly, ethnic groups, persons with disabilities)?
* 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 channels 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 the WASH and Protection Clusters?
* **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-2)
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-3)