

## Action Sheet 20

# Water supply, Sanitation, Hygiene Promotion and Protection in IDP Operations

### Key message

*“The human right to water entitles everyone to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses”<sup>1</sup>*

Water and sanitation are essential to life, health and dignity and are a basic human right. During displacement populations are not only confronted by the issue of having to flee but also with the need to urgently secure access to water and basic hygiene facilities to ensure the survival of their households and maintain a dignity until they can return home or find another durable solution. This chapter aims to give an overview of how adequate provision of water, sanitation and hygiene (WASH) is essential for the protection of internally displaced persons.

### Protection risks

Provision of clean water and sanitation needs to be timely and adequate from the onset of an emergency. Of equal importance is the understanding that any water and sanitation program, in isolation of proper hygiene promotion and implementation, will not be effective in preventing diseases and deaths. To ensure effective protection in a displacement setting, basic principles for provision of water and sanitation services need to go beyond **‘what’** is provided (e.g. more than 20 liters per person per day of clean water, or at least one latrine provided per 20 persons) to also include **‘how’** the services are provided. A well planned WASH programme should ensure that **protection risks are reduced and vulnerability is mitigated.**

Inappropriate design and location of water and sanitation facilities entail heavy social costs and can have serious protection risks for displaced persons, in particular for women and girls, but also for persons with specific needs such as older persons and persons with disabilities.

Access to water has long been a source of conflict within and between communities. This risk becomes particularly evident in a situation of displacement where there is often a scarcity of water due to the large influx of people to the same geographical area. The sharing of water resources between host and displaced community risks sparking violence in an already tense situation if this is not taken into account. The environmental impact of water and sanitation if not properly planned and implemented, such as for example, pollution of the local water sources, might also create tension with the host population. Careful consideration of the geographical location of the water points in a camp are important, as different groups within the camp might take control of the water claiming that the water points are in their area of residence. Water distribution points outside camps or outside collective centers in an urban environment might increase the risk of sexual and gender based violence towards women and girls, as they often have the primary responsibility for the collection of water and requiring them to venture outside the premises. Education might also be hindered, especially for girls, having to fetch water during school hours if the distance between the camp and the water points are too far apart.

Communal latrines and washing facilities located far from the dwellings, or without some form of lights or the possibility to lock them from the inside, also increase the risk for women and girls to be subject to harassment, sexual assault and rape. Similarly, latrines in collective centers occupying several floors in urban buildings might be inaccessible for older persons, or persons with disabilities, which is an issue of dignity but also makes them dependent on assistance from others, which could increase their vulnerability.

In protracted displacement situations, communities might feel that they are gradually losing their independence and sense of responsibility and, as a result, start to neglect the maintenance of water and sanitation facilities hereby adding to the feeling of loss of dignity.

---

<sup>1</sup> General comment No 15 “the Right to Water”, Committee on Economic, social and Cultural Rights, 2002, article 2

A WASH project, aimed to increase women’s access to private latrines, used locally available materials, as recommended by the women through community participation. However, the materials chosen resulted in the women having to walk far from the settlement in order to be able to collect it, which increased their vulnerability to threats of rape. As a result, the project was rapidly altered to ensure alternative means of collecting the materials. The project was eventually completed and the intended sanitation service was delivered to the community. The example serves to demonstrate that a comprehensive understanding of the context, based on the community being able to express their needs, lead to a successful implementation of the project and unintended harmful consequences were avoided.

### **Role and Responsibilities of the state**

All States must take steps to the maximum of their available resources to ensure the *availability* of a sufficient and continuous water supply of adequate *quality*. Water and water/sanitation facilities must also be *accessible* to everyone without discrimination of any kind. This includes ensuring that such facilities: (i) are located within safe physical reach of all sections of the population; (ii) are designed in an age- and gender-sensitive way; and (iii) are affordable by all.<sup>2</sup>

### **The role of human rights and humanitarian actors: Building the protection response**

Any established WASH cluster or working group in an IDP operation needs to coordinate activities with relevant national ministries to ensure that interventions have been properly planned and are implemented jointly. Issues, such as disposal of waste and water quality control, as well as technical aspects such as design of wells and latrines, need to be coordinated with the local authorities in order to ensure buy-in and that there will be a sustainable maintenance.

It is also important to have good coordination between the protection cluster (or working group) and the WASH cluster (or working group) and that protection officers and water and sanitation specialists work together in order to establish WASH activities that will serve as efficient protection for IDPs. The table below lists a number of actions of common interest.

<b>In our work we can<sup>3</sup> ...</b>	
<b>Participation of stakeholders</b>	<p>Assess, along with the displaced and host communities, the quantity of water needed to cater for the increase of people in the affected area.</p> <p>Mobilize women and men to participate in the decision for the location, design and maintenance of water and sanitation facilities. Whenever possible, involve women and men from the host population in any decisions.</p> <p>In protracted situations when water and sanitation facilities are repeatedly damaged, mobilize communities to analyze the causes of the degradation and to develop a system in order to respond in a durable way.</p> <p>For the implementation of projects, recruit individuals (if necessary) from both the host and IDP populations, hereby benefiting the local economy and ensuring a non-discriminatory recruitment process.</p> <p>Ensure women and girls’ active participation (in separate meetings so that they can freely express their ideas and concerns) in the location and design of latrines and washing areas to maximize safety, privacy and dignity.</p> <p>Sensitize the community and ensure that both men and women take ownership and responsibility for hygiene promotion and awareness in the community. Use</p>

<sup>2</sup> See in particular General Comment No. 15(2002) of the Committee on Economic, Social and Cultural Rights on the right to water, E/C.12/2002/11. See also General Comment No. 14(2000) on the right to the highest attainable standard of health, E/C.12/2000/4. See also Resolution 60/251 of the Human Rights Council on Human Rights and Access to Water.

<sup>3</sup> Annex 1 provides some useful questions to ask yourself and your partners to ensure that your WASH programme includes a protection perspective.

	<p>participatory materials and methods that allow all groups to plan and monitor their own hygiene improvements.<sup>4</sup></p> <p>Establish water and/or sanitation committees comprising of 50% women, to be responsible for the maintenance of the facilities and to decide, if necessary, on a schedule for use of the facilities.</p>
<b>Monitoring of the service provided</b>	<p>Ensure the monitoring of sufficient water supply and sanitation facilities for basic needs to each and every person throughout the community including schools and health posts based on international standards such as the sphere standards.</p> <p>Ensure monitoring by the committees of water distribution points and sanitation facilities to mitigate the risk of power abuse, corruption, as well as all security incidents.</p>
<b>Acceptability, accessibility and safety of the service provided</b>	<p>Ensure that sanitation facilities, particularly in pre-existing buildings such as collective centers, are appropriate and safe for the users, in addition to being culturally acceptable. Keep in mind an age, gender and diversity perspective, as well as the need for dignity and privacy (e.g. separated cubicles for men and women or the establishment of a schedule).</p> <p>Where communal laundry facilities are necessary, keep in mind the need for available private laundering areas for women to wash and dry garments and sanitary cloths.</p> <p>Distribute suitable materials for sanitary napkins as well as materials for the disposal. Seek the advice of women and girls in design and implementation.</p> <p>Make sure that water distribution points and sanitation facilities are located centrally and not too far from the dwellings<sup>5</sup> in order for persons with chronic illnesses, disabilities or older persons to be able to access them.</p> <p>Provide adapted hand pumps and light water-carrying containers for use by individuals with weaker physical capacity, for example chronically ill or fragile older persons.</p> <p>Locate facilities close to the dwellings, in a secure environment and along safe access paths. Put up lights or provide torches for each household.</p> <p>If water is being trucked, pumped or rationed, ensure that water distribution time and duration are planned jointly with the community, according to women and men's convenience and cultural habits and limited to daylight hours.</p> <p>Make sure that persons not able to attend a queuing system, such as older fragile persons or persons with disabilities, receive their share through a system of outreach social workers or volunteers. Ensure that this system is monitored to mitigate abuse of power.</p>
<b>Quality and Reliability of services</b>	<p>Ensure that the water supplied is safe and palatable to drink, through the establishment of a system for regular monitoring of quality, particularly to reduce the risk of faecal contamination.</p> <p>Design and run facilities jointly with the community in such a way as to minimize wastage (e.g. during fetching water) and maximum use of resources/facilities.</p> <p>Ensure, jointly with the community, continuous maintenance of facilities with</p>

<sup>4</sup> As a rough guide; in a camp scenario there should be two hygiene promoters/community mobilizers, one female and one male, per 1000 members of the population.

<sup>5</sup> e.g. water points within 200m with minimum waiting time and latrines not farther than 50 m, preferably one for each family)

	<p>adequate spare parts and materials in stock and, in particular for water, availability of adequate storage facilities at household and community level in case of interruptions.</p> <p>Coordinate with specialists to provide training for women and men about the maintenance and use of water and sanitation facilities and on how to make and/or where to find spare parts.</p>
<b>Minimum environmental damage</b>	<p>Ensure a sustainable use of the available water sources, as well as controlled waste management, especially human excreta.</p> <p>Prevent pollution of local water sources and minimize other environmental impacts related to water and sanitation activities. For example the provision of a gully emptier to the local authorities would serve to develop their capacity and reduce potential hostility within the host population, who would also benefit by the service.</p> <p>Control discharge and drainage of wastewater and storm-water to avoid water-induced hazards in the camp and the vicinity.</p>

### Key actors and coordination structures

- National line ministries for water and sanitation, public health and social welfare, local NGOs, IDPs and surrounding communities, who will be able to give first hand information of the topography of the intended geographical area.
- Agencies specialising in water, sanitation and hygiene: UNICEF, WHO, as well as international NGOs. (e.g. ACF, CARE, ICRC, IFRC, IRC, Oxfam etc)
- Cluster and working groups in WASH, Health and Camp Coordination and Camp Management (CCCM).

### Key legal principles

**International (and regional) human rights law** guarantees everyone the right to an adequate supply of safe water for personal and domestic use. The right to water is guaranteed both through the right to an adequate standard of living<sup>6</sup>, as well as the right to the highest attainable standard of health<sup>7</sup>.

**International humanitarian law** prohibits parties to the conflict from attacking, destroying, removing or rendering useless objects indispensable for the survival of the civilian population, including water installations and supplies. Care must also be taken to protect the natural environment, including water sources, against widespread, long-term and severe damage which may prejudice the health or survival of the population<sup>8</sup>. Internally displaced persons, regardless of whether they reside in special camps or in urban or rural areas, should have full and equal access to water. Special efforts should also be made to ensure the full participation of women in the planning and distribution of water and other basic supplies.

#### Guiding Principles on Internal Displacement

**Principle 18:** (2) At the minimum, regardless of the circumstances, and without discrimination, competent authorities shall provide internally displaced persons with, and ensure safe access to ... potable water.

### References and resources

UNHCR Handbook for Emergencies (2006 3<sup>rd</sup> edt.)

UNICEF's Emergency Field Handbook: A Guide for UNICEF Staff (2005).

The Right to Water and Protecting Refugees, a Waterlines vol 24 No 3 p 12-14, Shrestha D. and Cronin A, (2006)

<sup>6</sup> See e.g., at the international level, UDHR Art. 25(1); CESCR Art. 11; CEDAW Art. 14(2)(h) and CRC Art. 24(2)(c). At the regional level, see also ACRWC Art. 14 and Protocol to the AfCHPR on the Rights of Women in Africa Art. 15.

<sup>7</sup> See the legal section of Action Sheet \*\* on Health.

<sup>8</sup> See e.g. AP I Art. 54; AP II Art. 14 and Guiding Principle Art. 10(2)(b). See also ICC Statute Art. 8(2)(b)(ii), (iv), (xxv).

Engineering in Emergencies: A practical guide for Relief Workers. Davis, J. and Lambert, R. (2002, 2<sup>nd</sup> ed.)

WCRWC/UNICEF (1998) The Gender Dimensions of Internal Displacement; Women's Commission for Refugee Women and Children. New York.

Emergency sanitation, Assessment and Programme Design. WEDEC, Harvey, PA, Baghri, S and Reed, RA (2002)

IASC Guidelines for Prevention and Response to Sexual and Gender based violence in Humanitarian settings (2005)

Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response (2004)

IASC Hender Handbook in Humanitarian Action; Women, Girls, Boys and Men, Different Needs, Equal Opportunities (2006)

### **Useful Websites**

[Http://who.int/water\\_sanitation\\_health/documents/righttowater/righttowater.htm](http://who.int/water_sanitation_health/documents/righttowater/righttowater.htm)  
<http://1.umn.edu/humanrts>

Right to Water (WHO, 2006). Available from [www.who.int/water\\_sanitation\\_health/righttowater/en/](http://www.who.int/water_sanitation_health/righttowater/en/)

Gender and Water Alliance: <http://genderandwateralliance.org>

Islamic Global Health Network, Islamic Supercourse Lectures. On Health Promotion, Child Health and Islam. [Http://www.pitt.edu](http://www.pitt.edu)

## **Annex 1: Checklist to mitigate protection risks within a WASH programme**

### **Key information:**

Below is a list of questions required prior to designing an intervention that ensures protection from violence, abuse and exploitation. It is not a comprehensive list of information required for a WASH intervention, but will help to ensure that a range of potential risks are taken into account.

#### **1. General:**

- ✓ How many people are affected and where are they? Disaggregate data by sex, age and diversity<sup>9</sup>.
- ✓ Are there significant cultural attitudes or gender dynamics that can impact the way the assistance can be provided?
- ✓ What water and sanitation practices were the population accustomed to before the emergencies?
- ✓ What are the threats for people affected as well as for the potential relief response? (include details) Are there special threats for women and girls?
- ✓ Who are key people to contact?
- ✓ Who are individuals or groups with specific needs within the community and why?
- ✓ Is there equal access to existing facilities for all?

#### **2. Water supply:**

- ✓ Are water collection points close enough to where people live? Are they safe?
- ✓ What traditional beliefs and practices relate to the collection storage and use of water?

#### **3. Excreta disposal:**

- ✓ What are the current beliefs and practices, including gender-specific practices, concerning excreta disposal?
- ✓ How do women manage issues related to menstruation? Are there appropriate materials or facilities available for this?

---

<sup>9</sup> “Diversity” is used to define individuals and groups from a particular social and ethnic background. It can thus be for example ethnic and religious minorities but also groups with specific needs such as persons with disabilities, or unaccompanied and separated children. These groups differ from community to community and needs to be identified in an initial assessment of the population.