

Action Sheet 19

Water and Sanitation



Key message

“The human right to water entitles everyone to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses.”¹

Water and sanitation are essential to life, health and dignity and are a basic human right. During displacement, populations must urgently secure access to water and basic hygiene facilities to ensure their survival and their dignity until they can return home or find another durable solution. This chapter aims to give an overview of how the adequate provision of water, sanitation and hygiene (WASH) is essential for the protection of internally displaced persons.

1. Protection risks

The provision of clean water and sanitation needs to be timely and adequate from the beginning of an emergency. Any water and sanitation programme implemented without simultaneously promoting proper hygiene will not effectively prevent diseases and deaths. To ensure effective protection during displacement, basic principles for the 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 per 20 persons) to 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 can provoke serious protection risks for displaced people, particularly women and girls, but also for people with specific needs, such as older persons and persons with disabilities.

Access to water has frequently been a source of conflict within and between communities. This becomes particularly evident during displacement, when there is often a scarcity of water due to a large influx of people. If not properly planned and implemented, water and sanitation programmes may create tensions between communities if, for example, local water sources become inadvertently polluted. It is important to give careful consideration to the location of water-distribution points in a camp or setting, as different groups may attempt to take control of the water, claiming that these points are in their area of residence. The location of water-distribution points outside camps or collective centres in an urban environment could place women and girls at greater risk of gender-based violence, as they often have the primary responsibility for collecting water. Girls’ education might also be disrupted if they have to fetch water during school hours because the water points are far from the camp.

Communal latrines and washing facilities located far from dwellings, or without some form of lighting or the possibility of being locked from the inside, also increase the risk of women and girls being subject to harassment, sexual assault and rape. Latrines in collective centres occupying several floors in urban buildings may be inaccessible for older persons, or persons with disabilities, making them dependent on assistance from others, which, in turn, could increase their vulnerability (see Parts V.13 and IV.12). 

¹ General comment No. 15 (2002), “the Right to Water,” UN Committee on Economic, Social and Cultural Rights.

In protracted displacement situations, communities may 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, contributing to the sense that they are also losing their dignity.

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 women had to walk far from the settlement to collect these materials, which increased their vulnerability to rape. As a result, the project was modified to ensure that there were other ways of collecting the materials needed. This example shows that with community participation, unintended harmful consequences of initiatives can be avoided, to the benefit of all concerned.

2. The responsibility of the State

All States must take steps to ensure the *availability* of a sufficient and continuous supply of water 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 are: located within safe reach of all sections of the population; designed in an age- and gender-sensitive way; and affordable to all.²

3. The role of human rights and humanitarian actors

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

Good coordination between the protection cluster (or working group) and the WASH cluster (or working group) is also important. Protection officers and water and sanitation specialists need to work together to establish WASH activities that include efficient protection for IDPs.



In our work we can...³

Participation of stakeholders *(see Part IV.10)*



- Assess, along with the displaced and host communities, the quantity of water needed in the affected area.
- Mobilize women and men to participate in deciding the location, design and maintenance of water and sanitation facilities. Whenever possible, involve women and men from the host population.
- In protracted situations when water and sanitation facilities are repeatedly damaged, mobilize communities to analyze the causes of the degradation and to develop a sustainable response system.
- Recruit individuals from both the host and IDP populations to implement projects in order to benefit the local economy as well as to ensure a non-discriminatory recruitment process.
- Ensure women’s and girls’ active participation (in separate meetings so that they can freely express their ideas and concerns) in deciding on the location and design of latrines and washing areas to maximize safety, privacy and dignity.

² See 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.

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

	<ul style="list-style-type: none"> • Sensitize the community and ensure that both men and women take ownership and responsibility for hygiene promotion within the community. Use participatory materials and methods that allow all groups to plan and monitor their own hygiene improvements.⁴ • Establish water and/or sanitation committees composed 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.
Monitoring of the service provided <i>(see Part III.3)</i> 	<ul style="list-style-type: none"> • Ensure that water supplies and sanitation facilities, including in schools and health posts are monitored on the basis of international standards, such as the Sphere standards.⁵ • Ensure that committees monitor water-distribution points and sanitation facilities to mitigate the risk of power abuse, corruption and security incidents.
Acceptability, accessibility and safety of the service provided	<ul style="list-style-type: none"> • Ensure that sanitation facilities, particularly in existing buildings such as collective centres, 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). • Where communal laundry facilities are necessary, create private laundering areas for women to wash and dry garments and sanitary cloths. • Distribute suitable materials for sanitary napkins and materials for their disposal. Seek the advice of women and girls in design and implementation. • Make sure that water-distribution points and sanitation facilities are centrally located and not too far from dwellings⁶ so that people with chronic illnesses, disabilities or older people can access them. • Provide adapted hand pumps and light water-carrying containers for use by chronically ill or older people. • Locate facilities close to dwellings, in a secure environment and along safe access paths. Put up lights or provide torches for each household. • If water is being trucked, pumped or rationed, ensure that distribution time and duration are planned with the community, according to women's and men's convenience and cultural habits, and that they are limited to daylight hours. • Make sure that people not able to attend a queuing system, such as older persons or persons with disabilities, receive their share through outreach social workers or volunteers. Ensure that this system is monitored to mitigate abuse of power.
Quality and reliability of services	<ul style="list-style-type: none"> • Ensure that the water supplied is safe and drinkable by establishing a system for regular monitoring of quality, particularly to reduce the risk of faecal contamination. • Design and run facilities jointly with the community to minimize waste (e.g. when fetching water) and maximize use of resources/facilities. • Ensure with the community that facilities are maintained, that spare parts and materials are in stock and that there are adequate water-storage facilities available at household and community levels in case of interruptions. • Coordinate with specialists the training of women and men on the maintenance and use of water and sanitation facilities and on how to make and/or where to find spare parts.

⁴ As a rough guide: in a camp, there should be two hygiene promoters/community mobilizers, one female and one male, per 1,000 members of the population.

⁵ See www.sphereproject.org/handbook/

⁶ E.g. water points within 200m with minimum waiting time and latrines not farther than 50m, preferably one for each family.

Minimum environmental damage

- Ensure a sustainable use of the available water sources, and controlled waste management, especially human excreta.
- Prevent pollution of local water sources and minimize other environmental impact related to water and sanitation activities. For example, providing a gully emptier to local authorities would serve to develop their capacity and to reduce potential hostility within the host population as they would also benefit.
- Control discharge and drainage of wastewater and storm-water to avoid water-induced hazards in the camp and the vicinity.



4. Key actors and coordination structures

- At the **national** level: 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.
- At the **international** level: Agencies specializing in water, sanitation and hygiene, such as UNICEF, WHO, ICRC, IFRC, and international NGOs, including ACF, CARE, IRC and Oxfam.
- Cluster and working groups on WASH, health and camp coordination and camp management.

5. 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,⁷ and through the right to the highest attainable standard of health.⁸

International humanitarian law prohibits parties in conflict to attack, destroy, remove or render useless indispensable objects 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 that might compromise the health or survival of the population.⁹ Internally displaced persons, regardless of whether they reside in camps or in urban or rural areas, should have full and equal access to water. Special efforts should be made to ensure the full participation of women in the planning on distribution of water and other basic supplies.

Guiding Principles on Internal Displacement (in Annex 1)

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

- *Emergency Field Handbook: A Guide for UNICEF Staff*, UNICEF, 2005.
- *Emergency Sanitation: Assessment and Programme Design*, P.A. Harvey, S. Baghri, and R.A. Reed, WEDEC, 2002.
- *Engineering in Emergencies: A Practical Guide for Relief Workers*, J. Davis and R. Lambert, 2nd ed., 2002.
- *The Gender Dimensions of Internal Displacement*, Women's Commission for Refugee Women and Children/UNICEF, New York, 1998.

⁷ 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.

⁸ See the legal section of Action Sheet 15 on Health.

⁹ 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).

- *Gender Handbook in Humanitarian Action: Women, Girls, Boys and Men: Different Needs, Equal Opportunities*, Inter-agency Standing Committee, 2006.
- *Guidelines for Prevention and Response to Sexual and Gender-based Violence in Humanitarian Settings*, Inter-agency Standing Committee, 2005.
- *Handbook for Emergencies*, UNHCR, 3rd ed., February 2007.
- “*The Right to Water and Protecting Refugees*,” D. Shrestha and A. Cronin, *Waterlines*, Vol. 24, No. 3, p. 12-14, 2006.
- *Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response*, 2004.



Useful Websites

- Right to Water, (WHO): www.who.int/water_sanitation_health/rightwater/en/
- Gender and Water Alliance: www.genderandwater.org
- Islamic Supercourse Lectures on Health Promotion, Child Health and Islam, Islamic Global Health Network: www.pitt.edu

Annex**Checklist to mitigate protection risks within a WASH programme****Key information:**

Below is a list of questions to ask when designing a WASH intervention that reduces protection risks.

1. General:

- How many people are affected and where are they? Disaggregate data by sex, age and diversity.¹⁰
- Are there significant cultural attitudes or gender dynamics that can affect 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 and 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 sanitation issues related to menstruation? Are there appropriate materials or facilities available?

¹⁰ “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. See Part I.1 of the Handbook.

