STANDARD 23

[1] Water, sanitation and hygiene (WASH) and child protection

[2] Child protection workers have an important role to play in making sure that child protection activities contribute to and maintain safe and appropriate WASH practices for and by children. [3] At the same time, WASH workers should make sure that their interventions are carried out in a way that protects children and their caregivers, and does not put children and women at risk. [4] The two sectors have many areas of collaboration, e.g. provision of WASH in relation to child protection interventions, or ensuring child friendly WASH facilities, including adequate and safe menstrual hygiene management (MHM). [5] An integrated sector approach is a model based on inclusion, coordination and complementarity, valid for all sectors, and should be systematically applied.
Standard

[6] Girls and boys of different ages, and their protection concerns, are reflected in the assessment, design, implementation, monitoring and evaluation of WASH programmes. [7] All girls and boys have access to appropriate WASH services that maintain their dignity and minimise risks of physical and sexual violence.

Key actions

KEY ACTIONS FOR CHILD PROTECTION ACTORS

23.1 Wherever possible conduct inter-sectoral or WASH/CP assessments followed by joint sector analysis and strategies. [9] Ensure time is taken to discuss affected population common for WASH and child protection, implications of respective sector information for the other sector, and strategies for intervention for children of all ages;

23.2 Agree with WASH sector on joint indicators to track progress;

23.3 Assess the WASH situation for children in different care arrangements (for example children in residential care, child heads of households, children on the street, children with disabilities);

23.4 Agree with WASH workers on priority information for children and families about WASH interventions and issues, such as the appropriate use of sanitation facilities, healthy hygiene practices among children, and safe water treatment and storage, and incorporate the information into child protection messages, as appropriate;

23.5 Consult with girls particularly on menstrual hygiene management, including need for supplies or information, keeping in mind menstruation may start at the age of 9 or 10;

23.6 Work with WASH sector to increase child protection knowledge on healthy hygiene behavior promotion (for example, hygiene practices such as hand washing with soap, safe water treatment and storage, MHM disposal / waste management in WASH facilities; appropriate use of sanitation facilities and getting rid of faeces);

23.7 Provide advice to WASH workers on areas where child-targeted services take place, child-specific information that might affect WASH e.g. how/where girls may manage menstruation, how to ensure latrines/toilets are female-friendly, where children live or where children are specifically vulnerable;

23.8 Identify which pre-existing forums (e.g. team or interagency coordination meetings) are most useful for regular reviews of information on child protection and WASH;

23.9 Lobby for the link between WASH and child protection to be explored in assessments (e.g. not having to consult girls twice on MHM), evaluations and resource allocation processes such as the Post Disaster Needs Analysis or the Post Conflict Needs Analysis.
KEY ACTIONS FOR WASH ACTORS

23.10 Wherever possible conduct inter-sectoral or WASH/CP assessments followed by joint sector analysis and strategies. Ensure time is taken to discuss affected population common for WASH and child protection, implications of respective sector information for the other sector, and strategies for intervention for children of all ages;

23.11 Agree with CP sector on joint indicators to track progress;

23.12 Include the safety of the affected population, including children, as a sub-objective of each WASH intervention;

23.13 Draw on the expertise of child protection workers when assessing needs and designing water, sanitation and hygiene facilities and services (for example, water distribution points, toilets, bathing, and so on). Ensure that risks for women and girls are addressed and their MHM needs met;

23.14 Ensure that beneficiaries of interventions include children who are particularly at risk of violence, exploitation, abuse and neglect. This may include those in residential care, children who have lost one or more caregiver, child caregivers and child heads of households, and children on the street and children with disabilities;

23.15 Support parents and communities in making sure that the use of children to carry the containers for collecting water does not interfere with education, does not force children to walk unreasonable distances or in dangerous places, and that the size of container is age and size appropriate;

23.16 Work with child protection sector to identify places where child-targeted services take place and provide sustainable access to safe water, sanitation and hygiene facilities that are well-lit, lockable, separated by sex, designed for children’s needs, culturally appropriate, and accessible for children and adults with disabilities;

23.17 Ensure women are fairly represented on WASH committees and help them take part in decision-making processes to find, design and maintain WASH facilities;

23.18 Disseminate disability- and gender-specific life-saving messages to help children understand the importance of hygiene;

23.19 Make sure that hygiene promoters know where and how to refer child survivors, separated children and children at risk of violence, exploitation, abuse and neglect to appropriate services; and

23.20 Ensure that those working in WASH have signed up to and been trained in a code of conduct or other policy which covers child safeguarding.
Measurement

<table>
<thead>
<tr>
<th>OUTCOME INDICATOR</th>
<th>OUTCOME TARGET</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.1. [31]Percentage of WASH projects where child safety and wellbeing, including family unity, are reflected in design, monitoring and evaluation</td>
<td>100%</td>
<td>(1) “Safe” should be defined and agreed in context and may incorporate criteria such as single sex facilities, locks on the insides of doors, working lights (including for access routes), etc.</td>
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<tr>
<td>23.2. [32]Percentage of surveyed sites with communal facilities that have toilet and bathing facilities that are considered safe for women and girls by the population</td>
<td>100%</td>
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<tr>
<th>ACTION INDICATOR</th>
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<th>NOTES</th>
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</thead>
<tbody>
<tr>
<td>23.3. [33]Percentage of schools, child-friendly spaces (CFSs) and health facilities where child-appropriate WASH facilities are in place</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>23.4. [34]Percentage of surveyed communities where children used containers that were too large for children</td>
<td>10%</td>
<td>(4) “Too large” should be defined by CP and WASH coordination mechanisms.</td>
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<tr>
<td>23.5. [35]The female-to-male ratio of representatives in WASH committees</td>
<td>1:1</td>
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<tr>
<td>23.6. [36]Percentage of surveyed hygiene promoters who can give the name of at least one place where they can refer a child survivor of violence (including sexual violence)</td>
<td>90%</td>
<td></td>
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</tbody>
</table>

Guidance notes

23.1. [37] Capacity building:

[38] Training for child protection workers should include basic WASH information, i.e. how to promote appropriate water, sanitation and hygiene-related behaviours (e.g. hygiene practices such as hand washing with soap, safe water treatment and storage, menstrual hygiene management, appropriate use of sanitation facilities and getting rid of faeces). [39] Training for WASH workers should include basic CP information, e.g. what risks children might face around poor WASH facilities, and on how, where and to whom to report child protection issues.

23.2. [40] Messaging:

[41] Consider – where appropriate – to combine priority WASH messaging and priority child protection messages without them becoming unwieldy. [42] Child protection priority messages are likely to focus on family unity, prevention of violence and wellbeing, while WASH priority messages are likely to focus on effective hand washing (with soap), safe disposal of faeces, Menstrual Hygiene Management, and reducing contamination of household drinking water (through safe water
collection, transportation and storage, and, where appropriate, household water treatment).

Other types of messages – such as getting rid of solid waste, appropriate drainage, vector control or making sure that all animals are kept outside children’s areas – may be considered an important but secondary priority. Sanitation and hygiene messages for children should be appropriate in terms of age, disability and sex, as well as being creative (see Standard 3).

23.3. Ensuring safe WASH facilities:

Whilst children often have an established role in collecting water, this expectation should be viewed with caution. Containers “specially” made for children are not recommended. Similarly, children’s physical abilities, and protection and safety concerns, should be considered when designing water-collection points. Drowning is a major risk in open sources and large tanks and where possible fences should be provided. Any water containers distributed should be of an acceptable size for children, basic protective clothing should also be provided to all workers at risk, and information and facilities must be provided to ensure that handwashing is possible.

Indoor stoves can be a major source of pollution affecting childrenparticularly. It is also important to reduce the risk of fires as well as building well-ventilated kitchens, as well as ensuring contractors follow safety procedures and receive appropriate training to ensure facilities safe for children. Fences need to be provided around rubbish tips and construction sites. Walls of an appropriate height should be provided around open wells. Non-food items should not be distributed in plastic bags, if other options are available, because of the dangers of suffocation.

23.4. Age groups:

The provision of safe, age-appropriate WASH facilities is instrumental in ensuring children’s safety and wellbeing. Children who do not feel safe or comfortable using toilets or washing facilities may resort to risky or harmful behaviours, such as walking outside of populated areas to defecate, or attempting to eat and drink less in order not to need the toilet so often. The following age-specific points should be considered:

- Infants and small children up to 4 years: children do not use sanitation facilities directly and caregivers should know laundering practices, how to dispose safely of infants’ faeces, and how to use nappies (diapers), potties or other means for dealing with bowel movements.
- Small children from 5 to 10 years: water and sanitation facilities should be adapted in terms of size, accessibility and security. Keep in mind that exceptionally girls’ menstruation may start as early as 8 or 9 and may not be considered for MHM supplies or information.
- Children above 10 years and adolescents: girls need to have suitable materials for managing menstruation as well as appropriate washing facilities.

23.5. Child Labour

In many countries, children are asked to take responsibility for collecting water and cleaning latrines. Efforts must be made to ensure those children have the information they need, are involved in relevant discussions, and that this chore does not fall onto one group only (e.g. girls) or interfere with children’s ability to attend classes and learn. Child participation should also never be child labour; nor should WASH chores be used as a punishment for poor learning achievement or
bad behaviour. Involving children in decisions about what activities to undertake and how they should be carried out can help to reduce the risk of exploitation.

23.6. Girls and women:

Girls and women often report on feeling insecure or experience violence or exploitation around community latrines and school toilets. It is therefore essential to locate facilities sensibly, bearing in mind the risks to women and children, and to provide adequate lighting options such as solar-powered or electrical lighting, lanterns and/or torches. When there is a centralised point for water distribution, distribution schedules should be set up after consulting girls and women, making sure that times for accessing water allow children and women collecting water to return home before dark. Separate toilets and bathing facilities, using pictograms for identification and separation and with inside locks, should be provided for women and girls, with a ratio of six for women and girls to every four for men and boys. WASH facilities should be in a visible area – the closer to users’ households the better – with appropriate lighting. Use of these facilities should not increase the risk for users of being assault or harassed.

References

IASC (2005), Guidelines for Gender-based Violence Interventions in Humanitarian Settings. Chap. 4.5: Water and sanitation;
UNICEF/WHO (2009). Water, Sanitation and Hygiene Standards for Schools in Low-Cost Settings
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