STANDARD 26: Water, Sanitation and Hygiene (Wash) and Child Protection

The following should be read with this standard: Principles; Standard 7: Dangers and injuries; Standard 15: Group activities for child well-being; Standard 23: Education and child protection; and Standard 24: Health and child protection.



Child protection staff should guide and advise water, sanitation and hygiene (WASH) staff so they are able to deliver safe and appropriate WASH practices that are adapted to the needs of children. WASH workers should conduct interventions in a way that protects children and their caregivers. There are many areas of collaboration, including:

- Providing WASH services in child protection interventions;
- Adapting WASH facilities so that they (a) are accessible and child-friendly and (b) minimise potential risks to children; and
- Implementing adequate and safe menstrual hygiene management (MHM) interventions for girls.

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All children have access to appropriate water, sanitation and hygiene services that support their dignity and minimise risks of physical and sexual violence and exploitation.

26.1. KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION AND WATER, SANITATION AND HYGIENE ACTORS TO IMPLEMENT TOGETHER

- 26.1.1. Adapt existing assessment and monitoring tools, methodologies and indicators for joint identification, analysis, monitoring and response to households at risk of WASH-related disease or infection and/or child protection concerns by:
 - Including children's own perceptions in all monitoring and assessments; and
 - Building on the WASH sector's minimum commitments to the safety and dignity of affected people.
- 26.1.2. Collect baseline data on children's WASH and protection status.
- 26.1.3. Assess whether child protection concerns are improving or worsening the WASH status of communities, including children.
- 26.1.4. Agree upon the most effective mechanism for coordinating and sharing information generated by assessments, evaluations and analysis.
- 26.1.5. Identify common areas of concern to WASH and child protection through consultation with communities, including children.
- 26.1.6. Establish joint prioritisation criteria for targeting children and households at risk.
- 26.1.7. Support households at risk of WASH-related disease or infection and/or child protection concerns throughout all phases of the programme cycle.
- 26.1.8. Ensure an adequate representation of children in decision-making processes and community-based participation structures relating to WASH.
- 26.1.9. Ensure all interventions:
 - Are safe, accessible, inclusive and protective to all children, including the most at risk; and
 - Address children's genders; ages; disabilities; developmental stages; water, sanitation and hygiene needs; and household and care settings.
- 26.1.10. Train WASH staff on child protection concerns, principles and approaches, including child-friendly communication.
- 26.1.11. Develop, implement and train staff on child-friendly, multisectoral child protection referral mechanisms.
- 26.1.12. Establish joint data protection protocols and confidential referral mechanisms for child survivors, children at risk and their families.

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- 26.1.13. Prepare joint messages for children and their families that provide children with life-saving, disability- and gender-specific messages on:
 - The importance of good hygiene; and
 - Child protection risks and prevention strategies.
- 26.1.14. Collaborate with children and other stakeholders to design, establish, implement and monitor joint, child-friendly, accessible and confidential feedback and reporting mechanisms.
- 26.1.15. Ensure that all WASH workers (including subcontractors' staff) and child protection staff are trained on and sign safeguarding policies and procedures.
- 26.1.16. Document and address any unintended negative consequences and reproduce promising practices in relation to the impact of:
 - Water, sanitation and hygiene interventions on children's safety and well-being; and
 - Child protection interventions on households' risk of WASHrelated disease or infection.
- 26.1.17. Review at regular intervals the links and collaboration between child protection and water, sanitation and hygiene. Track progress in line with WASH Minimum Commitment 4.

KEY ACTIONS FOR CHILD PROTECTION ACTORS

Collaborate with water, sanitation and hygiene actors to:

- 26.1.18. Assess the level of access that children in a range of care or household structures (such as residential care, child-headed households, children living or working on the street, etc.) have to safe water, sanitation and hygiene items.
- 26.1.19. Budget for necessary water, sanitation and hygiene interventions in child protection activities.
- 26.1.20. Require all WASH interventions to conduct comprehensive consultations with diverse children, especially those most at risk. Consultations should include:
 - Girls' safety around WASH facilities;
 - Girls' menstrual hygiene management and supply needs, particularly for girls with disabilities (note: menstruation may start at the age of 8);
 - Children with disabilities' needs regarding hygiene management and supplies; and
 - The needs of children with incontinence.

- 26.1.21. Prioritise, develop and distribute accessible information for children and families about WASH interventions and issues.
- 26.1.22. Share with WASH actors information or guidance on:
 - The location of all child-targeted services; and
 - How to tailor WASH interventions so they are safe and accessible to all children.

KEY ACTIONS FOR WATER, SANITATION AND HYGIENE ACTORS

- 26.1.23. Conduct a risk analysis during programme design that:
 - Provides baseline data on children's WASH and protection status;
 - Assesses the physical safety risks involved in accessing WASH facilities, particularly for women and girls;
 - Identifies requirements for recipients, such as literacy or identification;
 - Assesses the best timing and location for facilities and interventions; and
 - Determines the needs of specific groups, such as those caring for young children.
- 26.1.24. Involve child protection, gender and disability experts in designing, implementing and monitoring WASH interventions.
- 26.1.25. Prioritise children's safety and well-being when constructing WASH facilities.
- 26.1.26. Support parents and communities to encourage safe water collection by children that is adapted to individual gender, age, disability, size and development.
- 26.1.27. Promote the hiring of female staff.
- 26.1.28. Provide contextually appropriate hygiene, dignity and menstrual products to (a) girls from 8 years of age (if culturally appropriate) up to 18 years and (b) children with disabilities. These interventions should be designed and monitored with affected children's feedback.
 - 26.1.29. Provide inclusive, child-friendly guidance and educational activities when distributing WASH kits, cash and voucher assistance.

Collaborate with child protection actors to:

- 26.1.30. Ensure assistance reaches all members of the affected population by using assessment data to identify:
 - Children who may have difficulty accessing WASH facilities and supplies;
 - Children at risk of abuse, neglect, exploitation or violence;

- Barriers to access for specific groups; and
- Strategies to implement to overcome barriers.
- 26.1.31. Provide WASH facilities that are:
 - Safe (well-lit, lockable, separated by sex);
 - Durable;
 - Accessible and appropriate for all children, including children with disabilities;
 - Aligned with principles of universal design;
 - Located where child-centred services are provided; and
 - Culturally appropriate.

26.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicators		Target	Notes
26.2.1.	% of WASH projects where child safety and well-being are reflected in the initial risk analysis, design, and monitoring and evaluation framework.	100%	In Cluster settings, coordinate with WASH colleagues to align the indicators with the 5 WASH commitments (, WASH Cluster, 2018).
26.2.2.	% surveyed WASH staff who can provide the name of at least one place where they can refer a child at risk.	90%	

26.3. GUIDANCE NOTES

26.3.1. CAPACITY BUILDING

Child protection workers should be trained on basic WASH practices, including:

• Hand, face and body washing;

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- Safe water and food handling;
- Menstrual hygiene management;
- Appropriate disposal of faeces and menstrual pads; and
- Drainage and waste management.

WASH workers should be trained on basic child protection information such as:

- The risks children might face around WASH facilities;
- Psychological first aid;
- Child-friendly communication skills; and
- Child protection referral mechanisms.

26.3.2. MESSAGING

Engaging children and caregivers in creative activities (such as drama, play and games) can be an effective way of achieving behaviour change. Consider integrating key child protection messaging with WASH messaging. Work with children to ensure messages and formats are safe, appropriate and accessible for all genders, ages, disabilities and other relevant diversity factors. (See Standard 3.)

26.3.3. SAFE WASH FACILITIES

Consider children's physical abilities, protection and safety concerns when designing, constructing and monitoring WASH facilities. In contexts where children are expected to collect water, ensure containers are age- and size-appropriate. Be cautious about promoting the expectation that children carry water. Do not label containers as 'for children'. Minimise (a) the distances children have to walk to water points and (b) the disruption to children's school attendance. When designing children's latrines, avoid dark cabins and large holes for pit latrines.

For children:

- Open water may present a drowning risk;
- Refuse pits present a risk of disease; and
- Construction sites pose a risk of physical injury.

Provide fences, covers or other protection around these sites. Avoid the use of plastic bags in any distributions (if other options are available) to reduce the risk of suffocation and negative environmental impact.

26.3.4. AGE-SPECIFIC INTERVENTIONS

Children who feel unsafe or uncomfortable using facilities may engage in risky or harmful behaviours to avoid doing so. These include leaving populated areas to defecate or avoiding eating and drinking to use the toilet less frequently.

26.3.4.1. Infants and small children up to 4 years

Because very young children do not use sanitation facilities directly, caregivers must know how best to do laundry; dispose safely of infants' faeces; and use disposable or reusable diapers, potties or other means of dealing with bowel movements. Support parents to improve their hygiene-related care practices by ensuring they know how to:

- Clean play areas;
- Wash babies' bodies appropriately;
- Prevent babies from putting contaminated soil or animal excrement in their mouths; and
- Prevent small children from having direct contact with animals and livestock.

26.3.4.2. Small children from 5 to 10 years

WASH facilities should be adapted for accessibility and security. Girls who begin menstruating at 8 or 9 years may be overlooked by interventions that include menstrual hygiene management supplies or information.

26.3.4.3. Adolescents above 10 years

Consult adolescents of different genders, gender identities, ages, abilities, nationalities and other relevant diversity factors on their specific needs (such as suitable materials for managing menstruation or appropriate WASH facilities).

26.3.5. CHILD LABOUR

In many countries, children are responsible for collecting water and cleaning latrines. This chore should:

- NOT be assigned to a single, specific social group of children based on discriminatory practices;
- NOT interfere with children's education; and
- NOT be used to punish poor learning or bad behaviour.









To reduce the risk of child labour, involve children in decisions about what activities to perform and how. Verify that only children over the minimum working age are involved in decent WASH-related work (including cash-for-work programmes).

26.3.6. GIRLS AND WOMEN

Reduce women's and children's risks of violence or exploitation by (a) placing latrines and toilets in safe, accessible and visible locations near to houses, schools, etc. and (b) providing adequate solar- or electrical-powered lights, lanterns and/or torches. Prioritise household-level facilities over public facilities when relevant and possible. Consult with community members, particularly women and children, to design water distribution schedules that allow women and children to arrive home before dark. Women and girls should have separate toilets and bathing facilities with inside locks and pictograms for identification. There should be six female facilities for every four male facilities.

REFERENCES

Links to these and additional resources are available online.

- Guidance: Safeguarding Children in 'WASH', Save the Children, 2019.
- 'Water Supply, Sanitation and Hygiene Promotion', The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, Sphere Association, 2018.
- Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, Inter-Agency Standing Committee, 2015, pp. 281-302.
- Women, Girls, Boys and Men: Different needs Equal Opportunities (IASC Gender Handbook in Humanitarian Action), IASC, 2006, pp. 105-110.
- A Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response: The Full Guide, Columbia University, IRC, 2017.
- Water, Sanitation and Hygiene for Schoolchildren in Emergencies: A Guidebook for Teachers, UNICEF, 2011.
- 'WASH Minimum Commitments for the Safety and Dignity of Affected People', WASH Cluster, 2018.
- 'Accountability and Protection', WASH Cluster. [Website]