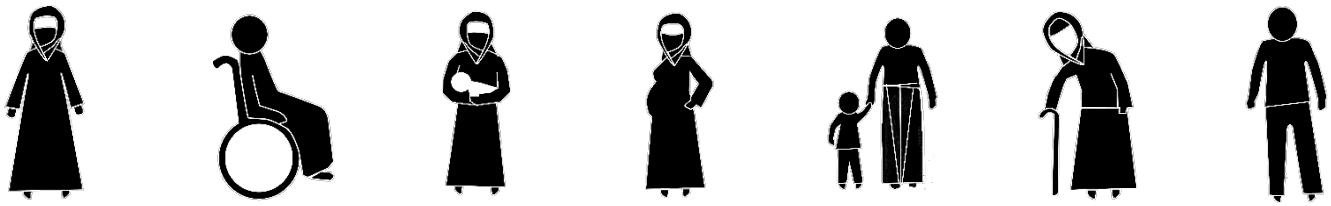
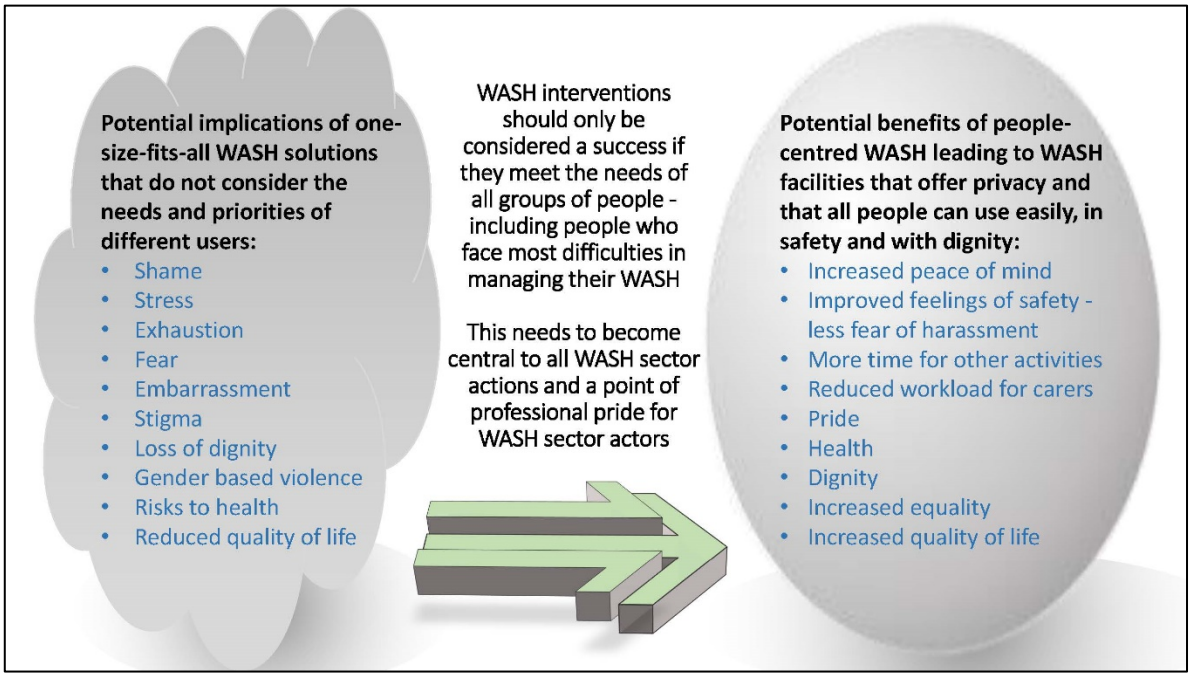


Strengthening the humanity in humanitarian action in the work of the WASH sector in the Rohingya response

Gender, GBV and inclusion audit of the work of the WASH sector and capacity development assessment

SUMMARY REPORT



Dr Sarah House – WASH, Gender, GBV and Inclusion Consultant

Consultancy supported by UNICEF – 3 March 2019

The audit and capacity development assessment focusses on the work of the WASH Sector in the Rohingya humanitarian response. The work was supported by UNICEF and the WASH Sector Coordination Unit and funded by UNICEF.

All photos were taken by: S. House / UNICEF unless otherwise credited.

Acronyms

Acronym	Expansion
AFA	Area Focal Agency
CiC	Camp in Charge
CXB	Cox's Bazar
DPHE	Department of Public Health Engineering
FGDs	Focus group discussions
GBV	Gender based violence
HP	Hygiene promotion
IOM	International Office for Migration
ISCG	Inter Sector Coordination Group
JRP	Joint Response Plan
MHM	Menstrual hygiene management
NFI	Non-food item
PSEA	Prevention of sexual exploitation and abuse
RRRC	Refugees, Relief & Repatriation Commissioner ('Triple R C')
SAG	Sector Advisory Group
SGM	Sexual and gender minorities
SOP	Standard operating procedure
TWG	Technical working group
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene

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Table 1 - Organisations with at least one member of staff who participated in the process

Action Against Hunger (AAH) / ACF	HelpAge	Save the Children
Bangladesh Institute of Theatre Arts (BITA)	Hope Foundation	Swiss Development Cooperation (SDC)
British Red Cross (BRC)	International Federation of Red Cross and Red Crescent Societies (IFRC)	Solidarités
Building Resources Across Countries (BRAC)	Inner Power	Terres des Hommes (TdH)
CARE International	International Office for Migration (IOM)	United Nations Children's Fund (UNICEF)
CBM	Inter Sector Coordination Group (ISCG)	United Nations High Commissioner for Refugees (UNHCR)
Centre for Disability in Development (CDD)	NGO Forum	United Nations Women (UN Women)
Department of Public Health Engineering (DPHE)	Norwegian Church Aid (NCA)	Village Education Resource Centre (VERC)
Dushtha Shasthya Kendra (DSK)	Practical Action Bangladesh (PAB)	WaterAid Bangladesh (WAB)
Environment Infrastructure Management Solutions (EIMS)	Refugees, Relief & Repatriation Commission, RRRC (Camp in Charge from Ministry of Public Administration)	World Food Programme (WFP)
Handicap International / Humanity & Inclusion (HI)	Resource Integration Centre (RIC)	World Vision Bangladesh (WVB)
		Young Power in Social Action (YPSA)

Contents

This summary report has been prepared for ease of access to the key learning from the complete report:

House, S (2019) *Strengthening the humanity in humanitarian action in the work of the WASH sector in the Rohingya response; Gender, GBV and inclusion audit of the work of the WASH sector and capacity development assessment,* UNICEF and the WASH Sector, Cox's Bazar

And the associated:

House, S (2019) *Strengthening the humanity in humanitarian action in the work of the WASH sector in the Rohingya response; Recommendations for the WASH Sector Roadmap,* UNICEF and the WASH Sector, Cox's Bazar

For references, data, supporting evidence and more comprehensive analysis refer to the complete report.

1. Audit and capacity assessment - Snapshot

The audit and capacity assessment	The audit and capacity assessment of the gender, GBV and inclusion aspects of the work of the WASH sector in the Rohingya response, was undertaken between September 2018 and February 2019. It was supported by UNICEF and the WASH Sector and funded by UNICEF. Over 115 community members (just over half being female and the rest male) and 130 humanitarian actors participated.
Rohingya crisis humanitarian context	Following violence in south-west Myanmar in August 2017, over 680,000 people arrived in Bangladesh joining over 310,000 existing people who had fled previous conflicts. Together with people in the host communities, this has led to more than 1.2 million people in need of support. Most people are living in refugee camps, makeshift camps and spontaneous settlements in Ukhia and Teknaf Upzila's in Cox's Bazar. People have experienced very high levels of violence. Over half of the population are children. The Rohingya people have a conservative culture with many following the practice of *Purdah*, which restricts contact between males and females. One study found that 18% of women reported not being able to leave their shelters, 19% can only move accompanied by another woman or male relative, and 62% have no restriction. This places particular challenges for some women and girls in managing their WASH. There are between 4 to 15% of people in the camps with an impairment (the data varying depending on the source) with 68% of older people having difficulty with mobility, 14% having moderate or severe difficulties. 12% of older people live alone.
Key examples of positives in WASH response	• The response has been significant and huge undertaken in a very fast moving and complex topographical & political context - for example over 47,000 latrines and thousands of water points have been constructed. Many lives have been saved. • Most toilets and bathing facilities have locks of some kind, even if some are only wire ties and the lighting of the camps is increasing, particularly on the main accessways. • The data collection and monitoring related to the toilets and bathing, has included disaggregation by gender and considerations related to safety, with improvement seen over time (for example in the work by REACH). • There is evidence that the WASH facilities have been improving over time. Data from before and after the monsoon (April and October) indicates that 39% of households felt that the toilets were better after the monsoon and 9% worse, and 41% felt that the water points were better after the monsoon and 5% worse. • Hygiene promotion efforts are being strengthened and there is a cross sector facilitation team and an informal coordination group on menstrual hygiene management and incontinence. • Some good efforts have been made to integrate gender and GBV into sector strategies and tools and there are a number of functioning feedback systems, although the feedback loop does not yet appear to be functional.

Priority gaps and weaknesses in WASH response	1. Toilets and bathing facilities for males and females have generally been constructed without gender-segregation (i.e. with no screening or distance separating them) leading to males and females having to queue in the same place. 2. Many women & girls are not using WASH facilities except at night. Over 50% of women are bathing in their shelters, some urinating and others possibly defecating. 3. There has been limited engagement with men and boys, with bathing facilities mostly constructed for women and girls. Men and boys are bathing at water points, which also poses challenges for women and girls. 4. Inclusion and accessibility and older people and people with disabilities has been mostly overlooked in the work of the WASH sector, as well as across the response. These considerations have mostly been relegated to *"when we have time".* 5. Gender & GBV issues generally seem to be seen as the responsibility of the hygiene promoters and a *"tack on"* the end of considerations, rather than central to all work. 6. The quality of *"community consultation"* is questionable. It needs to be unpacked. It will not resolve these issues if not done well, does not reach the people who are most excluded, and what is raised is not responded to effectively. 7. There has been limited success with the safe management of child faeces.
Key learning on the capacity assessment	1. It isn't just capacity building that is needed, but the building of leadership, commitment, confidence and pride in the work of the WASH sector that meets the needs of all people, in particular those who face the most difficulties in managing their WASH. 2. There have been many reasons given by sector actors as to why these issues have not been responded to. But much of the gap in action is due to a gap in mindset and recognition that this is a critical issue that should be central to the sector's work and which can have significant negative impacts, if not responded to well. 3. Capacity and confidence building are needed at all levels, including from senior levels to frontline workers, across agencies and in international and national organisations. 4. A priority area for capacity building is how to undertake effective consultations and how to rectify the challenges with the existing facilities, such as lack of gender-segregation and lack of accessibility for older people and people with disabilities. 5. There is a need to develop and roll out a basic minimum package of training (or locate and identify and adapt existing materials) for frontline workers on issues related to code of conduct, PSEA and GBV referral systems. 6. Capacity building approaches will need to be varied and sustained, including engagement with people who may face most barriers for managing their WASH, the development of standard operating procedures (SOPs), reviewing existing tools, updating the 'unified designs' for toilets and bathing facilities, practical exercises, peer mentoring and workshops and on-the-job trainings.

2. Background, purpose and scope

Background - Following violence in south-west Myanmar in August 2017, a large influx of Rohingya men, women and children fled into Bangladesh. An estimated 680,000 new arrivals joined over 310,000 existing Rohingya people who had fled previous conflicts. Together with people in the host communities, this has led to more than 1.2 million people in need of support. Most people from the Rohingya community are living in refugee camps, makeshift camps and spontaneous settlements in Ukhia and Teknaf Upzila's in Cox's Bazar. Various studies and consultations have highlighted that whilst a huge effort has been made to respond to the WASH needs of the affected communities (for example over 47,000 latrines have been constructed and thousands of water points), that the resulting solutions are not felt to be fully suitable by many people within the affected communities. Particular concerns have been expressed by women and girls, older people and people with disabilities, with gaps related to the consideration of gender, protection and accessibility.

Purpose of this consultancy - To advise UNICEF & WASH Sector responding to the Rohingya influx on strategies & approaches for gender, GBV and inclusion integration & to develop capacities of UNICEF and sector partners to strengthen the implementation.

Scope of work and timeline - The scope of work includes: a) To undertake a gender, GBV and inclusion audit of the WASH Sector response; b) Undertake a capacity assessment of WASH Sector partners; c) Develop a roadmap (action plan) to improve capacity for the WASH Sector & UNICEF programmes; d) Advise on strategies and approaches; e) Develop and provide training to UNICEF staff and WASH sector partners; f) Review WASH strategies, tools, programmatic documents and make recommendations. The work was undertaken between Sept 2018 and February 2019.

Approaches and people who engaged in the process - Approaches used included a desk review, key informant interviews, focus group discussions, participatory workshops, meetings, household visits, individual interviews and observations. Over 115 community members engaged in the process from Rohingya or the host communities (62 female; 52 male; with a mix of ages and including people with disabilities and their carers); and over 130 humanitarian actors, working across sectors and technical areas (WASH, protection, gender, GBV, disability, older person, site management, energy, livelihoods, cash working group, communication, education, health, M&E and construction). The team visited 7 camps and one host community and undertook household visits and visits to institutions, such as child and age friendly spaces, a Sanimart, a maternity hospital, information centres, distribution centres and a madrassa.

Limitations – The audit and capacity development process in Cox's Bazar was undertaken during a 3-week period in Nov 2018, with some follow-up meetings and discussions during another 3-week period in Jan/Feb 2019, where a number of awareness raising and capacity development activities were also supported. This limited the number of people and communities it was possible to meet, and some findings were based on limited interactions. However, with triangulation of information between a range of in-depth studies, meetings, visits, observations and facilitated discussions, a reasonably clear picture was developed, from which recommendations for the roadmap have been proposed.

3. Audit findings

3.1 How programmes are responding to the needs of different groups of people

Older people and people with disabilities:

1. Consultation with older people and people with disabilities in this response have been mostly overlooked and not prioritised. It has mostly been relegated to *"later when we have time".*
2. Queuing and distance are difficult for older people, as they cannot hold in their urine the same as younger people. They may need to go to the toilet several times a night and hence need additional non-food-items (NFIs) such as torches and urine containers.
3. There are people with disabilities who are urinating on the floor of their shelters and defecating into water buckets, because no-one has supported them with accessible toilet facilities.
4. Many people with disabilities, older people and their caregivers are struggling with accessing water for their needs. This may be due to the distance and topography, the containers they have or the design of the facilities.

Children:

5. The safe management of child faeces is an area that still needs significant work.
6. Some children are fearful of collecting water and using the toilets and bathing facilities.
7. Gender, GBV and inclusion must be considered in all CFS, Learning Centres, schools and madrassas – there are currently gaps, including some posing GBV related risks.

Women and girls:

8. Many women and girls are fearful of using the water points, toilets and communal bathing facilities. Some only use the facilities at night. Over 50% of all households have built bathing facilities in their shelters. Some defecation is also happening with the shelters.
9. Most toilets and bathing facilities are not gender-segregated (by distance or screening) leading to females and males having to queue together to use them. This was a repeated concern expressed throughout the audit and documentation.
10. One study indicated that women noted that three of the most dangerous activities they did in the camp were collecting water, accessing bathing facilities and accessing latrines.

Men and boys:

11. Bathing facilities seem to have often only been constructed for women and girls, which may be leading to men and boys washing at water points.
12. It is not clear how much consultation and discussions have been held with men and boys on not using the female facilities. More attention is needed to this area.

People with additional vulnerabilities:

13. People with additional vulnerabilities may need more support – such as older person- or widow-headed households; households with people with disabilities; older people living alone.

The case studies on the following page provide some examples of the challenges that older people and people with disabilities are facing in the Rohingya camps. It also shows one example where an older person

was supported with an accessible latrine. It also provides on example where an attempt was made to provide some support, but the response was not adequate for the needs.

The people who have been invisible to the WASH sector

The team met a woman who looks after her four children, her husband who was shot in the leg and has a weak arm and is unable to pick things up, and her mother who has one leg amputated. Her mother sleeps on this blanket on the floor and she urinates and bathes on the floor in the space to the top right of the room. To defecate she balances on a water bucket with the help of her daughter.

The mother who cares alone for all seven people in her family, has to walk down a steep hill to get water. It takes her around 20 minutes to get one bucket of water and after each trip she has to lie down as she is so exhausted. She has to get 7 to 8 buckets a day as well as cooking for the family and undertaking all other care needs. Her workload is very large and she is exhausted, but she has no choice.

An accessible latrine

A few examples exist where WASH sector actors (in this case NGO Forum/UNICEF) have provided support effectively.

This latrine was provided for an older person just outside their shelter. Includes a chair with chute, hand-washing / anal cleansing water, soap and a rope for assisting the person to sit and stand.

Some effort has been made - but not quite right

"We came across a house which had a pathway installed to a latrine for a young man in a wheel-chair… but the latrine was tiny, and the man clearly couldn't use it alone. His father also said that he has mental disability as well, so that he doesn't actually know when he needs the toilet, and regularly soils himself. On the ground along the path to the latrine were piles of soiled clothes, which the family had dumped outside as they didn't have enough water to wash them, and couldn't keep them in the house for the smell. I've asked our team to check in with the house on a regular basis to see what else they might need (soap or larger water storage containers), but it was sad to see that whoever had done the ramp, didn't think all the way through the other implications that the family were facing".

(shared by a WASH sector actor)

Challenges for older people and people with disabilities

An older woman, 102 years old, fell down when using the toilet.

An older couple who only have a 5-litre bucket, said they have to collect water 15 times a day.

A woman has to carry her elderly mother who cannot walk to the toilet on her hip each day. It takes her more than 10 minutes to get there. Sometimes they are allowed to go in front, but not always and they have to queue.

(shared by senior WASH sector leaders after meeting people with disabilities and older people)

3.2 WASH facilities, NFIs, MHM and incontinence

1. The post and pre-monsoon surveys have shown that there is a positive trend for how satisfied people are with toilets and water points, from before to after the monsoon.
2. There is some progress with improving the lighting situation in the camps, with increased lighting on pathways. The WASH facilities are generally however still not lit up. How women and girls would prefer the lighting to be provided is reported to vary, so needs discussion in each context: a) inside the latrines and bathing facilities, b) over the top of them, or c) only on the paths going to them.
3. Drainage seems to be a particular stress point for people living in the camps. It seems to be unclear as to who has responsibility for it and who is taking that responsibility.
4. Access to hand-washing facilities and soap by communal toilets varies, as does who has received the basic hygiene kit with the water containers – there seem to be some big gaps.
5. Various actors have started working on menstrual hygiene management (MHM) and are raising awareness on this issue. But there are some inconsistencies in the materials being provided (including reusables vs cloth) and a few errors seen in training information. There is an informal MHM and incontinence working group which is cross-sectoral which is working on this issue.
6. A range of different people are living with the challenge of incontinence (not being able to control their urine or faeces), either their own or their family members. It is a very stigmatising, embarrassing and limiting condition to have. It is very difficult to manage and results in additional WASH needs, including a need for easier access to a toilet and more soap and water.

3.3 Hygiene promotion, community engagement, consultations and feedback

1. What has been understood by “Consultations” and the quality has varied. To undertake effective consultations, with particular attention on issues such as gender, GBV and inclusion, requires skill and experience. Whereas many frontline workers are young and with limited experience in development or humanitarian situations. Significant attention is needed on capacity building in this area.
2. There is a need to significantly increase attention on ensuring that people who may struggle more with accessing and practicing their WASH are identified and consulted. This includes older people, people with disabilities, adolescent girls and women, including those who stay in their shelters.
3. There is a need to consult on the different options for improving the existing set up of WASH facilities and offering options, including screening or reallocation of facilities to make them more gender- and GBV-sensitive, as well as accessible. Capacity will be needed as to the options and how to undertake these discussions and gain consensus between different groups.
4. The earlier stages of the response had limited attention on hygiene promotion. Efforts have been increasing and capacity is being built, including through the Core Facilitation Team.
5. Some people find it difficult to access distribution points and it is not clear whether there are support systems in place to assist them. More investigation and efforts are needed.

6. Attention is required when developing behaviour change communication materials to ensure that stereotypes are not reinforced and people of different ages and people with disabilities are integrated throughout all images as they are in society, to make them more visible.
7. A range of feedback mechanisms have been set up across the camps, which appear to be functioning to some degree. It is not clear, however, whether records are being kept of when the issues raised have been resolved, or if any feedback is being given to the people who raised the issues. These are a gaps that need attention.

Female toilet unit in a Child Friendly Space

Example of good practice.

Open urinals in a Madrassa in a host community

This is an example of the gaps. This Madrassa has been supported with WASH as part of the response. Both male students and teachers and young girls have to go to a secluded space at the back of the madrassa to use the toilet and these open urinals are directly next to the toilets. So girls may see men and boys using them.

Self-constructed bathing facility inside a shelter

The floor has been covered in cement mortar and a dish shape formed to keep the water inside a set area. A screen has been constructed using a rope and curtain. The water drains via a pipe into an outside drain. It is next to the cooking area.

Screen placed around water point

Some households in both the Rohingya camps and in host communities have put up their own screens around water points. It is understood to be partly to provide privacy for women and girls when collecting water but more investigation is needed as to why.

3.4 Impacts of gaps

The potential negative impacts of the gaps in the response of the WASH sector to understand and respond to gender, GBV and inclusion, include: feelings of shame, stress, exhaustion (such as for carers), fear, embarrassment, increased stigma, loss of dignity, increased risks of vulnerability to GBV, risks to health and reduced quality of life.

4. Capacity assessment

4.1 Capacities, commitment, confidence, leadership and pride

1. Whilst there has been progress in some areas and the WASH situation has continued to improve over time, the clear gaps in the consideration of the needs of various different people, highlight a significant need for building capacity, confidence, commitment, leadership and accountability systems at all levels to respond to gender, GBV and inclusion. This includes from the senior level to the people working on the front line directly with the communities.
2. Many reasons have been given as to the inaction to-date in considering gender, GBV and inclusion. But whatever the reasons given this has resulted in many of the people within the affected communities facing the most vulnerabilities struggling with managing their WASH needs.
3. Capacities of staff in international and local organisations need to be built, with priority focussing on people who will be in position for longer periods of time. It needs to be repeated over time.
4. There are positive opportunities and interest for capacity building of the Department of Public Health Engineering (DPHE) teams across all offices, and also the 22 engineers currently under recruitment to work with the Refugees, Relief & Repatriation Commission (RRRC).
5. Capacities need to be built at scale on issues such as why considering these issues are very important, how to do effective consultations and on how to design gender- GBV and accessible WASH.
6. Capacity building needs to be varied – with priorities on participatory activities to provide the *"ah ha"* or "*lightbulb"* moments; the development of standard operating procedures (SOPs); reviewing the existing tools; updating the 'unified designs'; development of simplified guidelines and tools; workshops and on-the job trainings; and strengthening the M&E framework.

4.2 Sector strategies, guidance, assessments, studies, monitoring & learning

1. Gender and GBV had already been integrated into some WASH sector strategies, guidance and tools reviewed at the time of the initial audit, but the guidance was not generally being followed. Inclusion of people with disabilities and older people were generally overlooked. There appears to be increasing attention on these issues in some of the strategies and roadmaps currently being written, particularly inclusion and accessibility (Feb 2019).

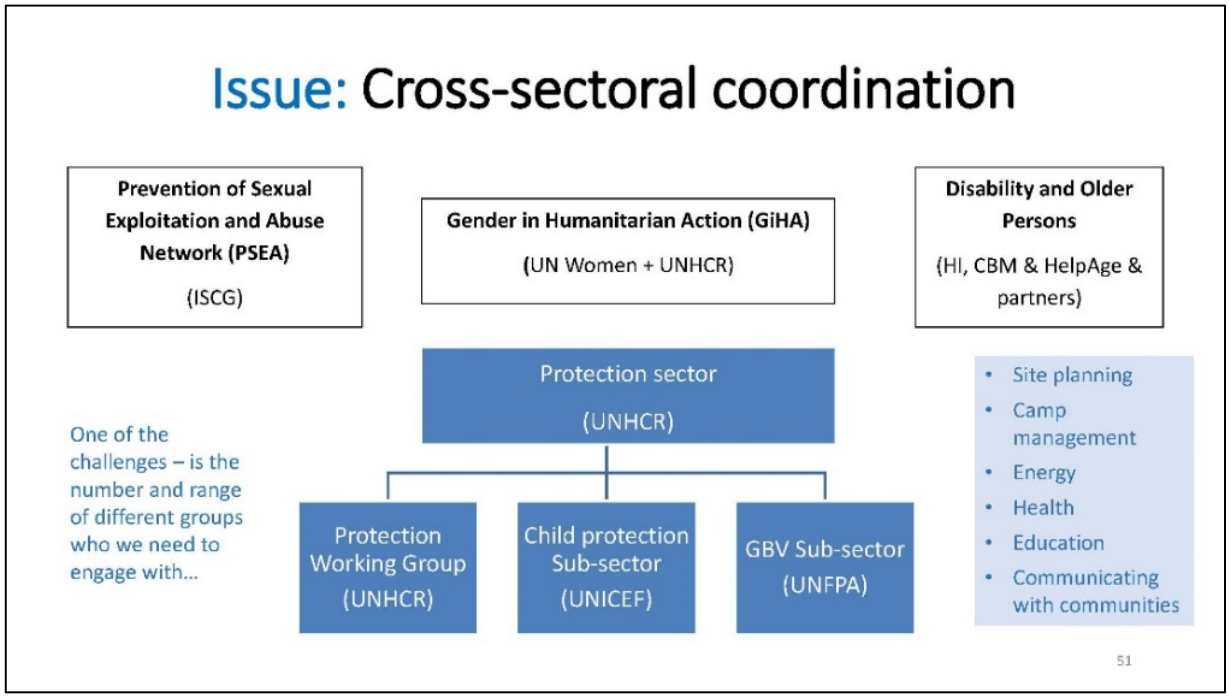
2. There has been an increase in attention on gender and GBV related issues in various studies in the months following the one-year-on mark. Attention on people with disabilities and older people and people facing other additional vulnerabilities has still been lacking.
3. Sector-wide on-going monitoring by the REACH team has been improving over time from the perspective of gender and GBV, with increased disaggregation of information and useful consideration of issues such as feelings of safety when using the facilities. Consideration of the opinions and needs of people with disabilities and older people are still gaps.
4. There is an increase of requirement from the Gender in Humanitarian Action group to strengthen the focus on gender- and age-segregated data. The attention on strengthening the information on people with disabilities is still lacking.
5. There has been a number of learning activities across the sector and cross-sectorally that relate particularly to gender and GBV. This includes in particular the 'Women's Social Architecture' project study; studies by UNHCR and others related to household or communal facilities; and a few studies by UNICEF and Save the Children related to children.
6. Within the WASH sector there has to-date been very little learning undertaken in relation to the WASH needs of people with disabilities and older people, but HelpAge and Handicap International have recently undertaken broader studies that include WASH components. More recently there has been some increased attention on the need to improve in the area of accessibility, with some accessibility audits (such as by the Centre for Disability and Development (CDD) / CBM and OXFAM) and some action learning (such as by the British Red Cross).
7. There is a need to reflect on the monitoring indicators at each level, to check how well they consider gender, GBV and inclusion related issues.

4.3 Cross-sectoral linkages related to gender, GBV and inclusion

1. A range of cross-sectoral collaboration has already been undertaken, including in particular between the WASH, protection, site management, gender and GBV actors.
2. For small numbers of WASH organisations there has been some increased engagement with disability specialist organisations.
3. The teams in the disability and older person specialist organisations are currently small in scale. The two international disability organisations do not have WASH programmes. HelpAge has a focus on WASH, but does not have dedicated staff working in this area. If the WASH sector is to benefit from their expertise, they will need to establish a way to add to the staff numbers of HelpAge and the disability organisations and to link to them in through the sectoral level.
4. One of the big challenges for cross-sectoral coordination is the wide range of different sectors and actors that the WASH sector needs to collaborate and communicate with to be able to respond effectively to the needs of people who are currently overlooked. See **Fig. 1**.

5. Coordination with Site Planning has been a particular frustration for some in the WASH Sector, as the communications does not appear to have been successful around the amount of space that is needed for effective WASH facilities and to be able to manage the desludging.

Fig 1 - Range of sectors where coordination is needed



4.4 Donors including AFAs, partner agreements, budgets and enforcement

1. There is a need for donors, including the Area Focal Agencies (AFAs), to increase requirements for the organisations they fund to respond to gender, GBV and inclusion in all of their work.
2. There is an essential need for the donors, including the AFAs, to include budgets that enable flexibility in their designs and activities, to be able to respond to the needs of different people, including people who struggle the most to access and manage their WASH.
3. It would be positive for scheduling to enable a learning period at the beginning of new contracts to undertake detailed consultations with people who may struggle most to access their WASH.
4. Staff managing the development of the partner proposals for the AFAs also need to build their own capacities to better support their partners.
5. There is a need to establish guidance on minimum standards for project agreements and for monitoring and enforcement in relation to the work of partners related to these areas.

4.5 Codes of conduct, PSEA and referral systems

1. Some WASH sector organisations stated that they have codes of conduct and have provided some training on the prevention of sexual exploitation and abuse (PSEA), including for frontline workers.
2. The Prevention of Sexual Exploitation and Abuse (PSEA) network noted that there are some general training materials for the humanitarian actors, but that it is not yet in Bangla (as of Nov 2018).
3. It is not clear that many frontline workers, including HP promoters, technicians, the army and contractors have been trained in codes of conduct, PSEA and referral systems. These are the people who have the most direct contact with the affected populations, many of whom are in very vulnerable positions with few resources, making them potentially vulnerable to sexual exploitation and abuse.
4. There are established GBV referral pathways, although these have been noted as not adequate for the need. They face their own challenges. But the GBV sub-sector is continuing to strengthen them.
5. Capacity needs to be built on how to identify, gender, GBV and inclusion issues and on appropriate behaviours when engaging with community members and with other actors. It includes on the code of conduct, the prevention of GBV and PSEA and the GBV referral systems.

4.6 Human resources, staff and female-friendly work environments

1. Increasing efforts have been made to recruit female as well as male volunteers. But there tends to be a high turnover of female volunteers because of the pressure from their husbands and families.
2. Engineers tend to be paid more than Hygiene Promoters (HPs) and are often male, while more females are HPs. The engineers also tend to be the managers and hence if they don't agree with the importance of considering and responding to these issues, then the HPs are restricted from acting. There is an essential need to build the understanding, commitment and capacity of engineers working on the responses, as well as those working on the community engagement and HP activities.
3. Whilst efforts should continue to be made to also encourage more women with engineering and associated technical skills to work in this response, it is also important to note that male engineers and technicians can also be very positive champions, if given opportunity to learn.
4. All new staff recruited for the WASH sector in the AFAs, DPHE, NGOs and associated actors should have the requirement for integrating gender, GBV and inclusion into their work as a core component of their job descriptions and terms of reference. Organisations should monitor these aspects.
5. There is a need to increase efforts to employ more female staff at all levels, aiming for gender balance where possible and also encouraging employment of people with disabilities as part of teams.
6. There is a need to undertake a review in particular with female staff working in the sector and across organisations, but also with male staff, to check their working environments and on issues related to workplace harassment and ensuring a supportive environment.

5. Recommendations for the roadmap

5.1 Overview of the recommendations for the roadmap

Purpose - A range of recommendations have been made for the WASH sector roadmap to provide direction for the WASH sector to strengthen the focus on the humanity in their work. This means strengthening the focus on the needs and priorities of girls, women, boys and men, including young children, older people, people with disabilities and people facing additional vulnerabilities or who may be marginalised. This is instead of assuming that all will be able to use standard one-size-fits all solutions.

Vision

All girls, women, boys and men affected by the Rohingya humanitarian crisis, including small children, older people, people with disabilities and people who may be facing additional vulnerabilities, are able to access user-friendly WASH facilities and practice their WASH needs easily, safely and with dignity.

Principles, strategies and actions - The findings from this audit and capacity building process have been translated into recommendations for a roadmap for going forward. The recommendations for the roadmap are structured around 5 principles and 6 core strategies. In terms of actions - quick wins, interim solutions and longer-term goals have been identified. Refer to the image on the following page for an overview.

5.2 Examples of recommended actions for the roadmap

The following provides an overview of some of the proposed actions under each of the 6 strategies.

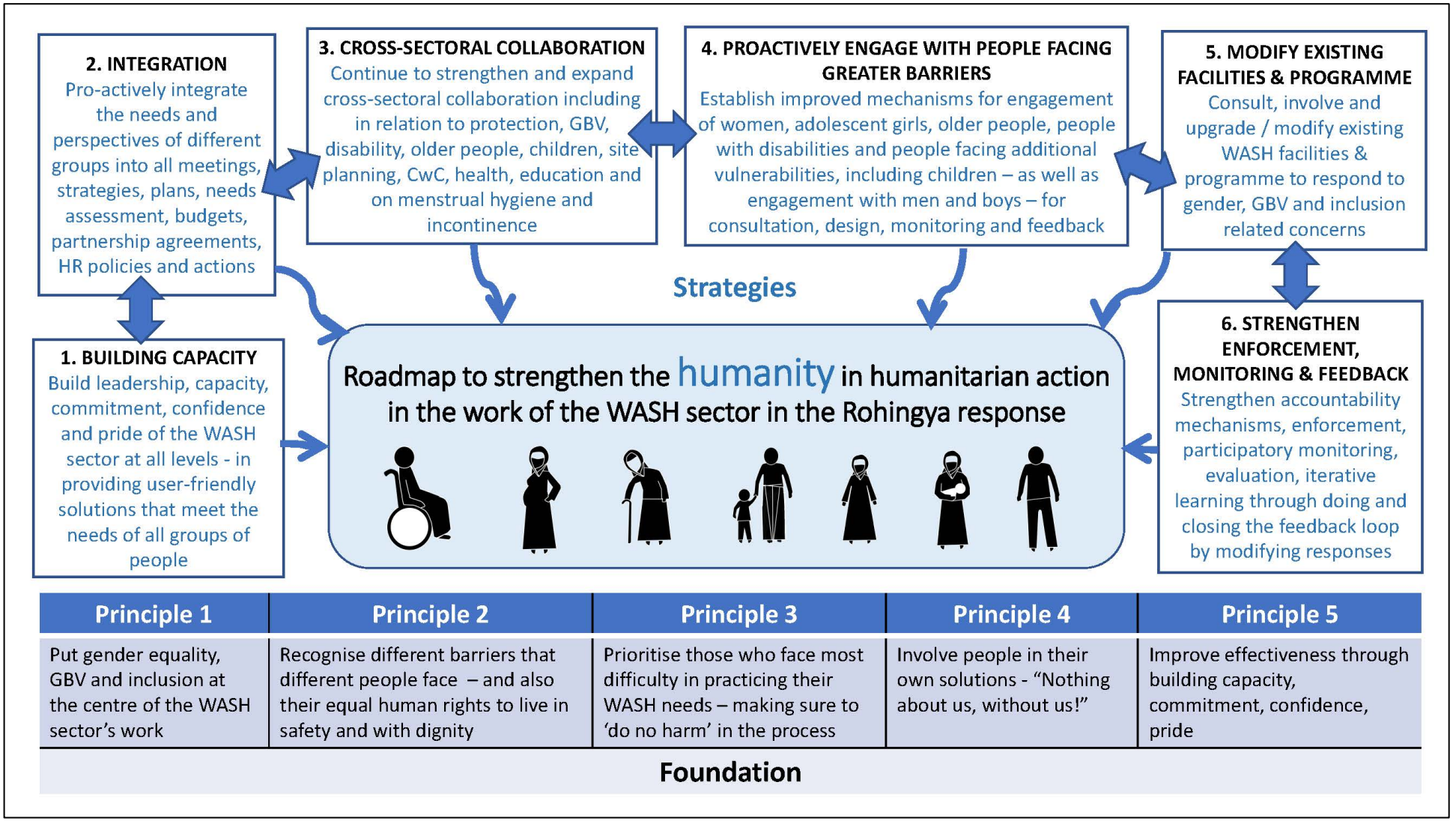
Strategy 1 - BUILDING CAPACITY

Build leadership, capacity, commitment, confidence and pride of the WASH sector levels at all levels - in providing user-friendly solutions that meet the needs of all groups of people

Examples of recommended actions:

1. Share and feedback on the WASH, gender, GBV and inclusion audit and capacity assessment.
2. Prioritise capacity and commitment building for senior leadership, Camp WASH Focal Points and Camp in Charges (CiCs).
3. Establish a post for a dedicated person with expertise in gender, GBV and inclusion at WASH Sector Co-ordination level – to provide support across sub-sectors and coordinate capacity building.
4. Because of the scale of the gaps, establish dedicated team(s) to work on responding to accessibility and inclusion issues - to mentor staff from agencies across response to build practical capacity at scale across agencies and to link to HelpAge, HI, CBM (who can't work with every agency separately).
5. Fund additional staff in HelpAge and the disability specialist organisations – to support capacity building of the WASH sector at scale.
6. Prepare Standard Operating Procedures (SOP) for consultation with different groups and modify facilities and training materials and train on their use.
7. Make improvements to the unified designs using a menu of options.
8. Establish minimum requirements for training on referral systems, code of conduct, PSEA, including in particular for all frontline workers including contractors, community mobilisers and HPs.

Fig 2 - Roadmap to build the capacity and commitment of the WASH sector in the Rohingya response to support people-centred solutions



Strategy 2 - INTEGRATION

Pro-actively integrate the needs and perspectives of different groups into all meetings, strategies, plans, needs assessments, HR policies, budgets, partnership agreements and actions

Examples of the recommended actions:

1. Include regular or regularly repeated agenda items in all coordination meetings on gender, GBV and inclusion at all CXB and camp levels, to keep these issues on the agenda.
2. Make sure people who struggle most in their WASH are prioritised and involved in master planning and siting of WASH facilities from the early stages and budgets ring-fenced for modifications.
3. Some form of cross-sanitation, hygiene and water TWG engagement / coordination mechanism focus-sing on strengthening user-centred / inclusive design; with responsibilities to also ensure the issues are incorporated into sub-sector meetings; and to coordinate recommendations for updating the unified designs.

Strategy 3 - CROSS-SECTORAL COLLABORATION

Continue to strengthen and expand cross-sectoral collaboration including in relation to protection, GBV, disability, older people, children, site planning, Communicating with Communities, health, education and on menstrual hygiene and incontinence

Examples of the recommended actions:

1. Disability, older persons, GBV and gender actors to be represented in cross-sub-sectoral WG.
2. Develop one set of menstrual hygiene management training materials for the whole response.
3. Develop an action plan for mechanisms for engagement across sectors.
4. Consultation and trial a support system for older people, people with disabilities, and people facing particular vulnerabilities (single headed households, widows etc) – to supply water and collect toilet bucket waste where commode chairs are used in the shelter. See if youth could be engaged to support on an allowance-for-volunteering basis.
5. Undertake further discussion, learning and agreement on the support the WASH sector can give for people with incontinence and establish links with other sectors (particularly health, gender/GBV, pro-tection).

Strategy 4 - PROACTIVELY ENGAGE WITH PEOPLE FACING GREATER BARRIERS

Establish improved mechanisms for engagement of women, adolescent girls, as well as men and adolescent boys and including older people, people with disabilities and people facing additional vulnerabilities includ-ing children – for consultation, design, monitoring and feedback

Examples of the recommended actions:

1. Ask people themselves how it would be best to consult / involve them and develop good practice on methods of consultation with people who may be more vulnerable.
2. Prepare SOPs for working with people who face additional barriers and guidance on ethics and methods for communicating with people with different kinds of impairments.
3. Provide capacity building on how to consult and respond.
4. Increase engagement with men and boys on responding to gaps and challenges for women and girls.

Strategy 5 - MODIFY EXISTING FACILITIES & PROGRAMME

Consult, involve and upgrade / modify existing WASH facilities & programme to respond to gender, GBV and inclusion related concerns

Examples of the recommended actions:

1. Ensure women and girls, as well as men and boys, children, older people and people with disabilities and people facing specific vulnerabilities are consulted and involved in improvements.
2. Support improvement of household bathing facilities (where possible for all, but prioritising people who face mobility challenges) and improve drainage and establish regular cleaning of drains.
3. Offer screens for privacy for all existing communal toilets and bathing facilities and / or reconfigure for gender-segregation by distance.
4. Make facilities more user-friendly and accessible (seats, handrails, ropes, hooks, shelves etc). See **Fig 3**.
5. Support rainwater harvesting, accessible taps and priority collection lines for water points.
6. Work on establishing appropriate mechanisms / options for MHM washing, drying, disposal.

Strategy 6 - STRENGTHEN ENFORCEMENT, MONITORING & FEEDBACK

Strengthen accountability mechanisms, enforcement, participatory monitoring, evaluation, iterative learning through doing and closing the feedback loop by modifying responses

Examples of the recommended actions:

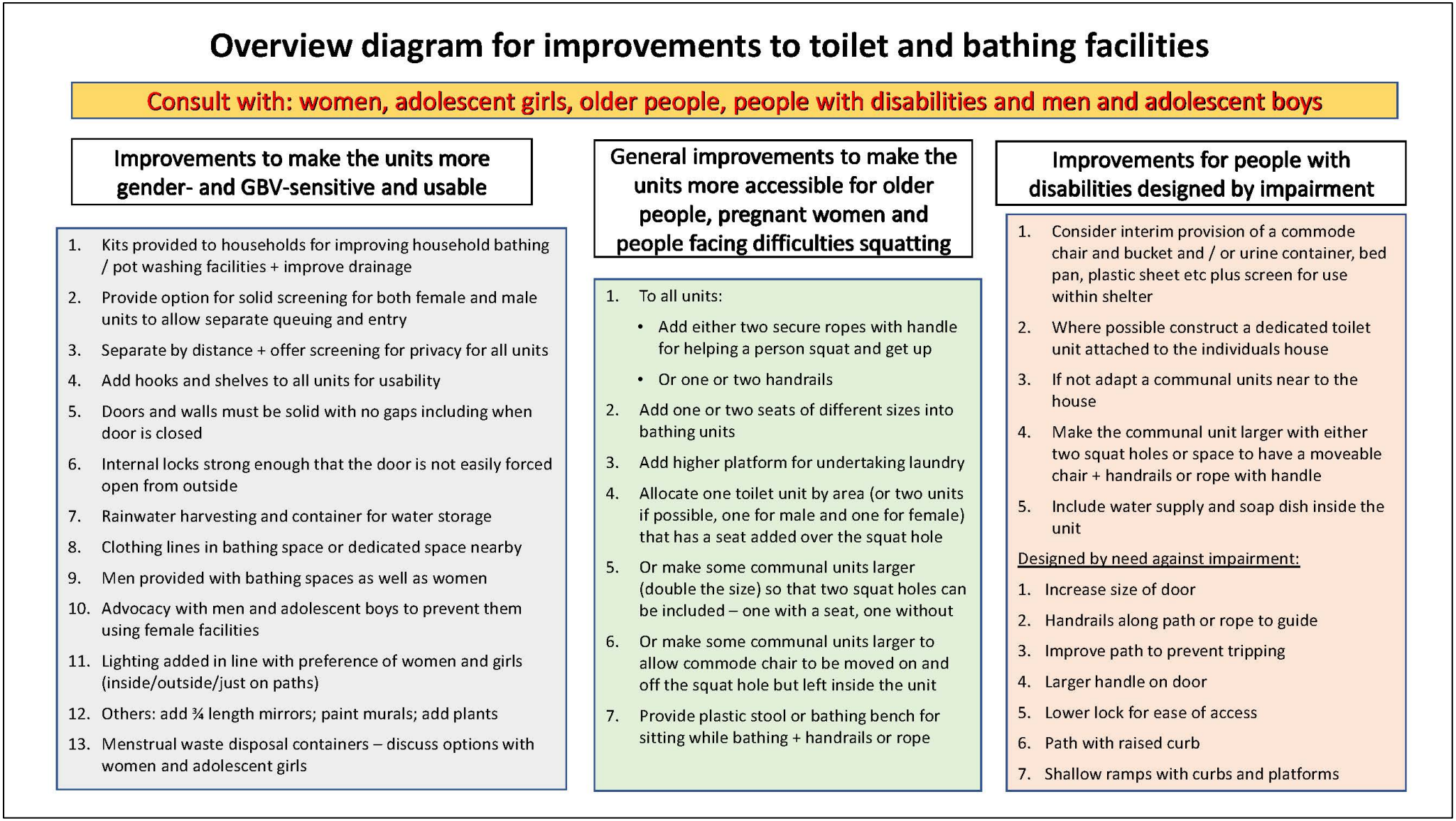
1. Minimum requirements to be established for DPHE, donors, AFAs on gender, GBV and inclusion considerations expected for all partners.
2. Modifications to existing WASH facilities for improved user-friendliness (gender, GBV, accessibility) to be integrated into the list of prioritised items supported as emergency relief (FD-7/6).
3. Strengthen feedback mechanisms, particularly for women, girls, people with disabilities, older people and people facing additional vulnerabilities and including the feedback loop.
4. Establish learning opportunities, mechanisms of enforcement and ways to celebrate good practice.
5. Improve monitoring processes and indicators considering sex, age and disability.

5.3 Challenges and barriers for going forward

Some of the biggest challenges and potential barriers going forward include:

1. The understanding of the sector leaders / managers as to why these are critically important issues and the commitment to keep them on the agenda, and to prioritise them, as well as committing to respond at scale, rather than only on a small scale or ad hoc basis.
2. The complexity of needs and priorities, the scale of the response and complex topography and space.
3. Huge numbers of humanitarian staff and turnover, posing challenges for both coordination and capacity building; as well as the language barriers between Chittagong, Rohingya, Bangla and English.
6. Lack of confidence in the sector in supporting accessible WASH; gaps in the skills required to facilitate consultations; the complexity related to how to improve the current WASH facility arrangements; and the small sizes of the disability and older person specialist organisations versus the cross-sectoral need.

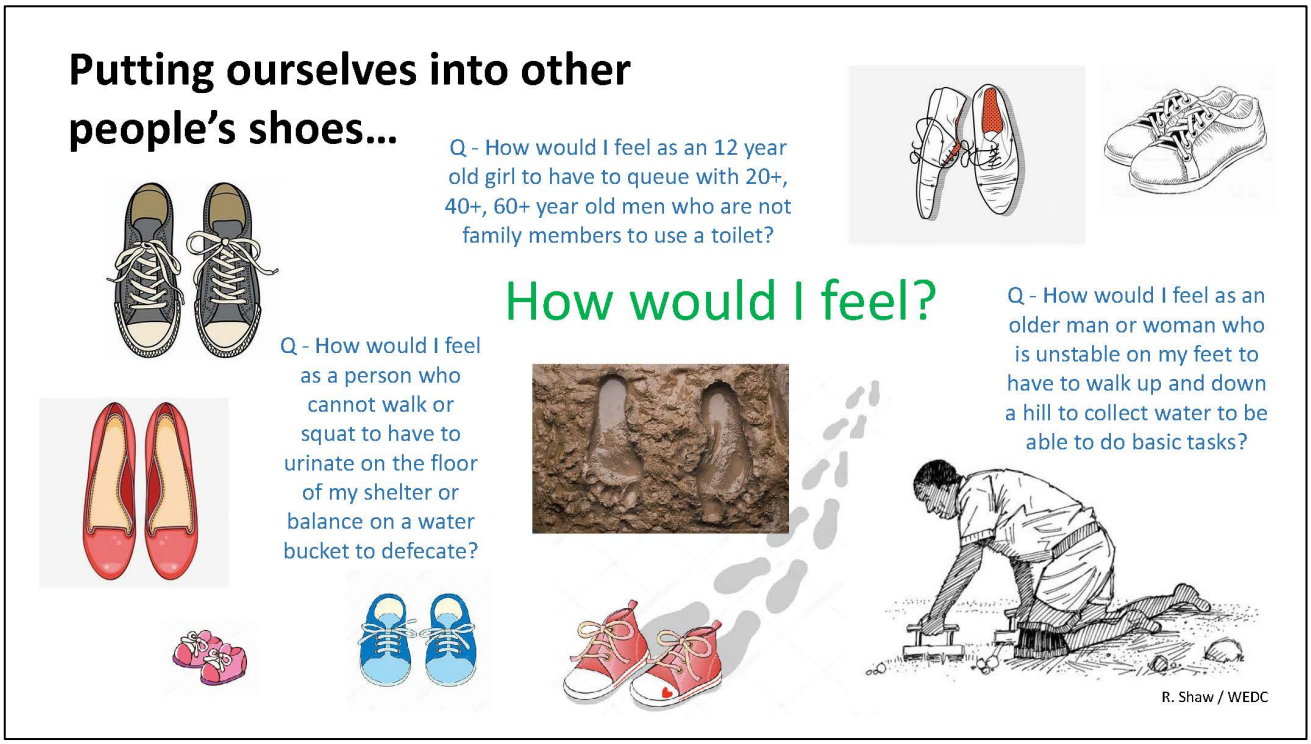
Fig 3 - Overview diagram for recommended improvements to toilets and bathing facilities



5.4 Concluding remarks

There is a need to encourage that all WASH actors adopt a mindset that leads them to see the different needs and barriers that different people face. A useful tool is to try to *"put ourselves into other people's shoes"* to try and understand how it would make us feel; and in turn to consider the resulting impacts of on the needs of people who struggle most to access and practice their WASH. See **Fig 4**.

Fig 4 - Putting ourselves into other people's shoes



Whilst people who face more barriers often tend to be very strong and resilient - because they have to be, they have no option - the sector needs to understand and care that if as professionals we do not consider and respond to these issues, that some people are more likely to struggle to meet their WASH needs. This can result in a range of possible negative impacts to health, dignity, safety and quality of life.

There is a need to start:

Acting more on these issues at scale

To increase consultation of and involvement of different groups of people (women, adolescent girls, older people, people with disabilities, as well as men and boys) - including those who face greater barriers

To learn by doing, reflect and revise

To move from focussing mainly on the numbers of physical infrastructure - to focus more on how appropriate the facilities are for people who may struggle most.

And to ultimately bring a greater focus on the **humanity** of the work of the WASH sector in the Rohingya response.