

LIGHTING THE WAY

Lighting, sanitation and the risk of gender-based violence in Aburi camp, Nigeria



Handheld lights distributed in Aburi camp, Nigeria. Photo: Marion O'Reilly/Oxfam

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Humanitarian agencies strive to provide sanitation facilities which are safe, accessible and afford users privacy and dignity. Yet in reality, women in particular have many concerns which can prevent them from using the facilities, especially after dark. This report documents field research on whether sanitation lighting reduces risks of gender-based violence in Aburi camp in Nigeria. It explores the perceived risks – including those relating to gender-based violence – and shares camp residents' views on what would make them feel safer using sanitation facilities. It is part of wider research, with studies also taking place in Iraq and Uganda.

This research report was written to share research results, to contribute to public debate and to invite feedback on development and humanitarian policy and practice. It does not necessarily reflect the policy positions of the organizations jointly publishing it. The views expressed are those of the author and not necessarily those of the individual organizations.

CONTENTS

1	Introduction and background	3
1.1	The aim of this research	3
1.2	Camp profile	4
1.3	Oxfam’s lighting intervention.....	7
1.4	Methodology and challenges during fieldwork	8
2	Findings of the baseline study	10
2.1	Perceived risks and their impact on sanitation facilities usage.....	10
2.2.	Fear of gender-based violence	14
2.3	Alternatives to using sanitation facilities	16
2.4	What would make people feel safer using sanitation facilities?	17
2.5	Perceptions on whether the sanitation facilities are well lit.....	19
3	Findings of the endline study	21
3.1	Perceived risks and their impact on sanitation facilities usage.....	21
3.2	Fear of gender-based violence	27
3.3	Alternatives to using sanitation facilities	30
3.4	What would make people feel safer using sanitation facilities?	32
3.5	Perceptions on whether the sanitation facilities are well lit.....	35
4	Summary of findings	37
4.1	Key findings and strength of evidence	37
4.2	How sanitation facilities usage rates changed since the lighting intervention.....	39
4.3	What would make people feel safer using sanitation facilities?	40
4.4	The wider impact of lighting	40

1 INTRODUCTION AND BACKGROUND

1.1 THE AIM OF THIS RESEARCH

Camps are supposed to be places of refuge and safety for people fleeing conflict and disaster, but they can be dangerous, especially for women and girls. In their first months, many camps have only communal sanitation facilities, as this is a quick and cost-effective way of meeting immediate needs and minimizing key public health risks until a better solution can be developed. However, sharing latrines and bathing areas with large numbers of people, especially strangers, can be frightening.

One of the main reasons that people in a camp have to go out of their shelter after dark is to go to the latrine, yet many consider it risky, and women and girls especially so. For people who need to use the latrine more frequently than others – pregnant women, those with medical conditions or who are sick – and individuals who feel more vulnerable or unsafe in general, this can be very daunting.

In 2016, the Humanitarian Innovation Fund (HIF) set up a research challenge asking: ‘Does lighting in or around sanitation facilities reduce the risk of gender-based violence (GBV)?’ During 2017 and 2018, Oxfam and researchers from the Water, Engineering and Development Centre (WEDC) at Loughborough University carried out field research in Iraq, Nigeria and Uganda to try to answer this question. For the purposes of this challenge, the research team looked at latrines and bathing shelters, and any variety of portable lights (e.g. torches or lanterns) or fixed lighting (on posts or fixed to walls/ceilings).

Gender-based violence is always taking place, regardless of whether it can be seen or people are talking about it. In fact, it is very unlikely that people will talk about it due to stigma and the consequences of doing so, including that survivors are blamed for attacks. Therefore this research, in line with best practices and ethical standards, is not based on formally reported incidents of GBV but on perceptions of risk and fear of GBV. The research team asked residents in camps about their perception of various risks, including the risk of four specific forms of GBV: people looking into the facilities to watch you use them (‘peeping’); sexual harassment on the way to facilities; sexual violence on the way to facilities; and sexual violence inside the facilities. These were used as indicators to measure ‘fear of GBV’.

Field research at baseline combined surveys, observations, discussions and interviews with residents of the camps, officials, and local and international humanitarian actors. A lighting intervention was then carried out: in Nigeria, this involved the distribution of handheld solar lights which could be used inside and on the way to or from sanitation facilities. After seven months, the full research process was repeated for the endline to try to assess the impact of the light on perceptions of the risk of GBV and usage rates of sanitation facilities.

This report presents the findings of the study in Aburi camp in Damboa, North-East Nigeria. The baseline research took place during 4–11 October 2017, and the endline research during 7–18 May 2018.

1.2 CAMP PROFILE



Aburi camp is shown in the centre of the photograph. It contrasts starkly with Unity camp in the foreground, which is formally recognized by the Government of Nigeria: as such it was planned and is regularly laid out, with a perimeter fence and electric lighting. Photo: Julie Lafreniere/Oxfam

North-East Nigeria has been affected by conflict for over a decade, resulting primarily from violence attributable to Jama'atu Ahlis Sunna Lidda'awati Wal-Jihad, the group better known as Boko Haram. This has led to more than 20,000 deaths since 2009 and has seen multiple forms of attack on government institutions and the general public, including suicide bombings, seizure and destruction of entire villages, forced displacement, abductions, sexual violence targeting women, and forced recruitment of men. Ordinary people have been caught between attacks and kidnappings by Boko Haram and Nigerian military counter-insurgency operations that have forced them from their homes.

In the three worst-affected states of Borno, Adamawa and Yobe, more than 1.8 million people are internally displaced, and human rights violations continue to be reported daily.¹ The highest number of IDPs are in Borno State (over 80%); the majority live in host communities, making it harder to provide them with assistance and putting additional pressure on communities' already stretched resources.

Damboia is one of 27 local government areas (LGAs) in Borno State; the capital is Damboia town. With an area of 6,200 km², the population currently stands at 151,600, including nearly 90,000 IDPs who all need humanitarian assistance; of these, approximately 18,000 live in five camps for IDPs.² In Damboia, military forces sought to cut off resources and funding to Boko Haram, who in turn raided villages for food and supplies. Due to the actions on both sides of the conflict, people could not go out to fish, farm or sell their goods in the market and went hungry as a result.³ Up to three million people were estimated to be suffering from critical food insecurity in the third quarter of 2018.⁴

Aburi camp is one of the five IDP camps located close to Damboia town. Unlike the other camps, Aburi camp is not officially recognized by the LGA or the military. This is partly due to the fact that the majority of IDPs come from a different LGA, but also because there is an ongoing perceived threat from Boko Haram militants in and around Aburi camp. As such, the military will not authorize any fixed lighting in the camp, and lighting curfews have been imposed at different times. Residents have been given strict guidance to make sure that torches are

shone downwards and not into the sky, as the torch-bearer might be confused with an insurgent and shot. The camp has no physical boundaries, nor is it fenced. There is no formal security provided by the military, though internal security is provided by the Civilian Joint Task Force (CJTF) – a group formed to support the Nigerian security forces in their fight against Boko Haram, to protect civilians from attack and provide security in camps.



Fatimata, one of the many thousands of people in North-East Nigeria who have fled the violence of Boko Haram to seek shelter in camps for displaced people. Photo: Pablo Tosco/Oxfam

One of the features of the conflict with Boko Haram has been the kidnapping of girls and young women, but less well known is the widespread disappearance of young men and boys. Men in areas where armed opposition groups like Boko Haram are known to operate are under suspicion, and there were reports by camp residents of arrests of men and boys in Aburi camp, whose whereabouts are currently unknown.

Gender-based violence in North-East Nigeria is said to have increased since the beginning of the conflict, though it continues to be underreported and stigmatized. This increase has been evident not only with regards to sexual violence, domestic violence, and sexual exploitation and abuse, but also with the appearance of new forms of GBV.⁵ Survivors of rape and children born of sexual violence face stigmatization, and there are inadequate services to properly respond to their needs. As in other contexts, insecurity results in additional challenges for unaccompanied children, female-headed households, the elderly and widows.

An Oxfam assessment⁶ conducted prior to the research found that incidents of sexual assault and other forms of GBV that were brought to the attention of community leaders were dealt with in a number of ways: a woman or girl may be told to marry the perpetrator; an ‘amicable’ settlement may be agreed; if needed, the survivor may be taken for medical attention; and sometimes the affected people would use recitations from the Qur’an calling for punishment of the perpetrator. The prospect of formal reporting to any relevant authorities was not raised as a possibility in those consultations.

During the early stages of the response humanitarian agencies, including UNICEF, built emergency latrines, after which Oxfam took a lead on water, sanitation and hygiene (WASH) for

the camp. Additional latrine and shower blocks were then built, with privacy screens being added in front of the women’s latrines and bathing shelters.

The initial sanitation facilities were built and designed using a community consultation process, during which camp residents requested the same type of grass latrines and bathing shelters that they had used in their villages. It soon became apparent that these were not suitable for the more densely populated camp environment, and therefore alternatives were constructed around the time of the baseline research in October 2017. There are mixed reports as to whether the latrines and bathing shelters are identified as being for use by women or men – how this is done may be down to individual blocks. In some FGDs, people said that nails were used to indicate that a latrine was for male use.

Table 1: Camp demographics at baseline and endline

	Baseline	Endline⁷
Households	905	984
Individuals	3,188	3,468
Sex ratio (M/F)	17:83	43:57

As shown in Table 1, at baseline the camp had a very low population of men as many were being held by the Nigerian military for screening; many more men had arrived in the camp by endline, thus changing camp demographics. The extent to which this has influenced the results is hard to ascertain, but should be taken into account when looking at the findings.

1.3 OXFAM'S LIGHTING INTERVENTION



Handheld lights distributed in Aburi camp, Nigeria. Photo: Marion O'Reilly/Oxfam

Due to restrictions imposed by the Nigerian military, Oxfam was not allowed to install fixed lighting in Aburi camp, and therefore sought to provide handheld lighting instead. Oxfam has distributed handheld solar lights in Aburi camp on two other occasions, independently of this research: in August–September 2017, approximately 100 Sun King lights were distributed via the Protection Committee, targeting the most vulnerable households. In September–January 2018, approximately 230 protection kits were distributed, which included 'Waka' lights.



Sun King Pico Plus handheld lights. Source: <https://www.greenlightplanet.com/shop/pico-plus/>

Baseline results revealed a desire for handheld lighting, and Oxfam had already implemented a successful lighting project in Farm Centre Camp in Maiduguri. Based on feedback from the Maiduguri project on the Sun King lights, community preference and a cost comparison by Oxfam's logistics team, it was decided to also distribute the Sun King lights in Aburi. Furthermore, because Aburi camp does not have a nearby market, solar lights were the preferred choice of households and Oxfam staff, to protect beneficiaries who would otherwise have to travel large distances to purchase batteries.

The Sun King Pico Plus model (pictured) is a handheld light with an integrated solar panel and stand, allowing it to be used standing upright or hung from a hook. It is accredited by Lighting Global⁸ and provides 47 lumens of light on 'turbo' setting and 2.4 lumens on 'low'. When fully charged, it provides five hours of light on the turbo setting and 100 on low.⁹

1.4 METHODOLOGY AND CHALLENGES DURING FIELDWORK

The full methodology used in Nigeria applied across all three countries in the study and is available on request.

According to the IASC *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*,¹⁰ it is not advisable to obtain prevalence or incidence data on GBV in emergencies. This is due to the multiple challenges, including ethical, methodological and contextual, related to undertaking population-based research. For example, there are security concerns for both the research teams and survivors, combined with a lack of GBV response services or access to these services for survivors. The Guidelines do not endorse waiting for population-based data, but rather recommend that humanitarian staff assume that GBV is happening everywhere and is a serious and life-threatening problem: *'It is under-reported worldwide, due to fears of stigma or retaliation, limited availability or accessibility of trusted service providers, impunity for perpetrators, and lack of awareness of the benefits of seeking care.'*¹¹

IASC best practices for data collection include: not probing too deeply into culturally sensitive or taboo topics (e.g. gender equality, sexual norms, sexual violence, etc.); not singling out GBV survivors for interviews; and not speaking to women and girls directly about their own experiences without the presence of GBV specialists. Efforts were made to adhere to these practices in carrying out both the endline and baseline research.

In Nigeria, the research team confirmed that *'It's very difficult to get information from people about sexual violence in the camps.'*¹² According to a non-Oxfam protection staff member also working directly with the community, *'People don't like to disclose anything about sexual violence, but we know that the distance between people's shelters, the latrines and bathing shelters is an issue and it makes people vulnerable to GBV.'*¹³

At baseline, the research lead was unable to reach Damboa due to poor weather. As a result, the surveys, FGDs and key informant interviews (KIIs) were managed remotely from Maiduguri. In Damboa, the data collection was overseen by Oxfam's Protection Coordinator with a team of enumerators. Oxfam's Protection Team was already present and was able to facilitate emergency referral to specialist services at endline and baseline.

For the endline, individual surveys were conducted first, with enumerators led by Oxfam's Protection Team. This was followed by FGDs and simultaneous KIIs led by the research team in Damboa and Maiduguri. The focus groups combined direct questioning on sanitation issues with scenarios to enable the groups to discuss sensitive personal, cultural or GBV-related issues based on an impersonal, third-person situation. Five specific scenarios were used to gain a better understanding of factors that may affect women and girls' usage of the sanitation facilities and their perceptions of safety. For example, participants were asked what advice they would give to a 17-year-old girl who has just arrived in the camp: *'Jamila is 17 years old. She just arrived in the camp and she is afraid to use the toilet after dark. What advice would you give her, and is she right to be scared?'*; or to a girl who is sick and needs to use latrines: *'Aisha gets sick in the night with diarrhoea. What should she do?'* These scenarios proved very effective for generating discussion and debate, and for gaining understanding and contextualizing some aspects of the survey data while enabling participants to talk about sensitive issues in a depersonalized manner.

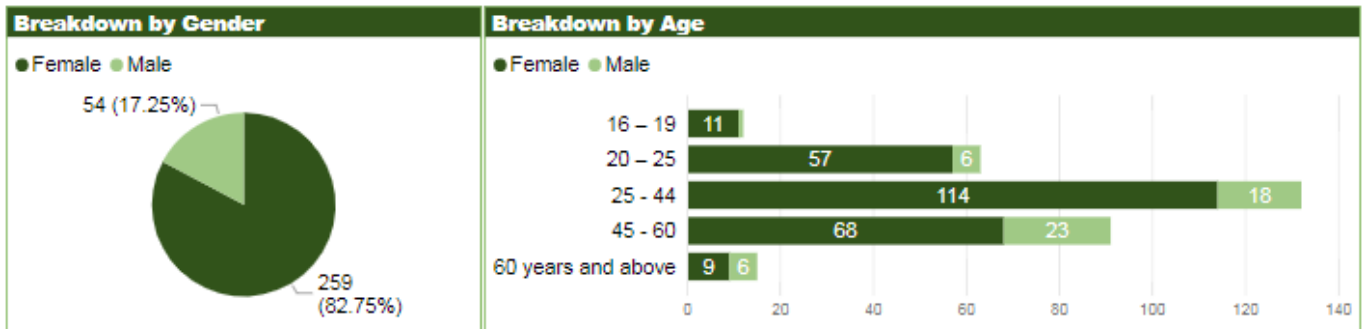
Challenges during fieldwork included:

- At baseline, because the research lead was unable to reach Aburi camp, fewer FGDs and KIIs were conducted than originally planned.
- Three-way translation (English, Hausa, Kanuri) in the process of data collection at both endline and baseline may have led to some comments being 'lost in translation', in particular during the FGDs.
- The different skill levels of the facilitators running the FGD sessions may also have affected the degree to which the initial and prompt questions were skillfully conveyed and understood by the participants.
- At the time of the endline, Oxfam had announced its departure from Damboa town and was making preparations to hand over its WASH, protection and livelihood responsibilities to other actors. Camp residents were concerned by this imminent departure, which may have affected the data (e.g. it may have meant that some people answered more positively to questions about the implementation of Oxfam's WASH facilities and protection).
- The same enumerators were used for the baseline and endline research, which meant that they were familiar with the concepts and questions in the quantitative survey. However, for the baseline, the time stamps (completed by enumerators to record time spent on individual surveys) suggested that the time may not always have been taken to fully explain and translate concepts. This may have affected the quality of data collected.

2 FINDINGS OF THE BASELINE STUDY

The baseline research took place from 4–11 October 2017, with individual surveys followed by FGDs and simultaneous KIIs. The survey had a total of 313 respondents; Figure 1 shows a breakdown of respondents by sex and age group.

Figure 1: Baseline survey respondents, by sex and age group



The research team aimed to survey a representative sample of the camp population at the time, using demographic data to identify total sample size to ensure a Confidence Interval of 5 and Confidence Level of 95%. Survey enumerators targeted people proportionally based on sex, age and disability to the extent possible.

At the time of baseline data collection many men were being held by the Nigerian military for security screening. This explains why the camp population was heavily female, and is reflected in the sample (83% women: 17% men).

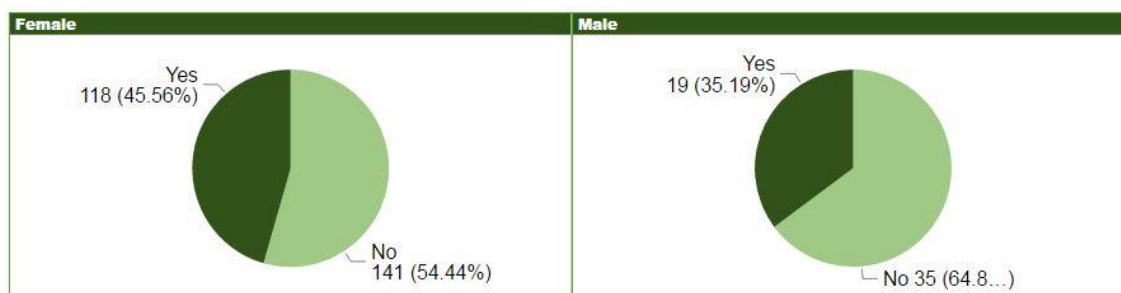
2.1 PERCEIVED RISKS AND THEIR IMPACT ON SANITATION FACILITIES USAGE

All male and female respondents were asked to rate their level of worry about a series of 10 risks involved in using the sanitation facilities, including four risks relating to GBV: people looking into the facilities to watch you use them ('peeping'); sexual harassment on the way to facilities; sexual violence on the way to facilities; and sexual violence inside the facilities. They were asked to rate their level of worry about the risks during the day and after dark separately, and could also highlight additional risks under an 'other' option. Possible responses were 'not worried', 'somewhat worried' and 'very worried'.

Survey respondents were then asked if any of the risks cited prevented them using the sanitation facilities during the day or after dark.

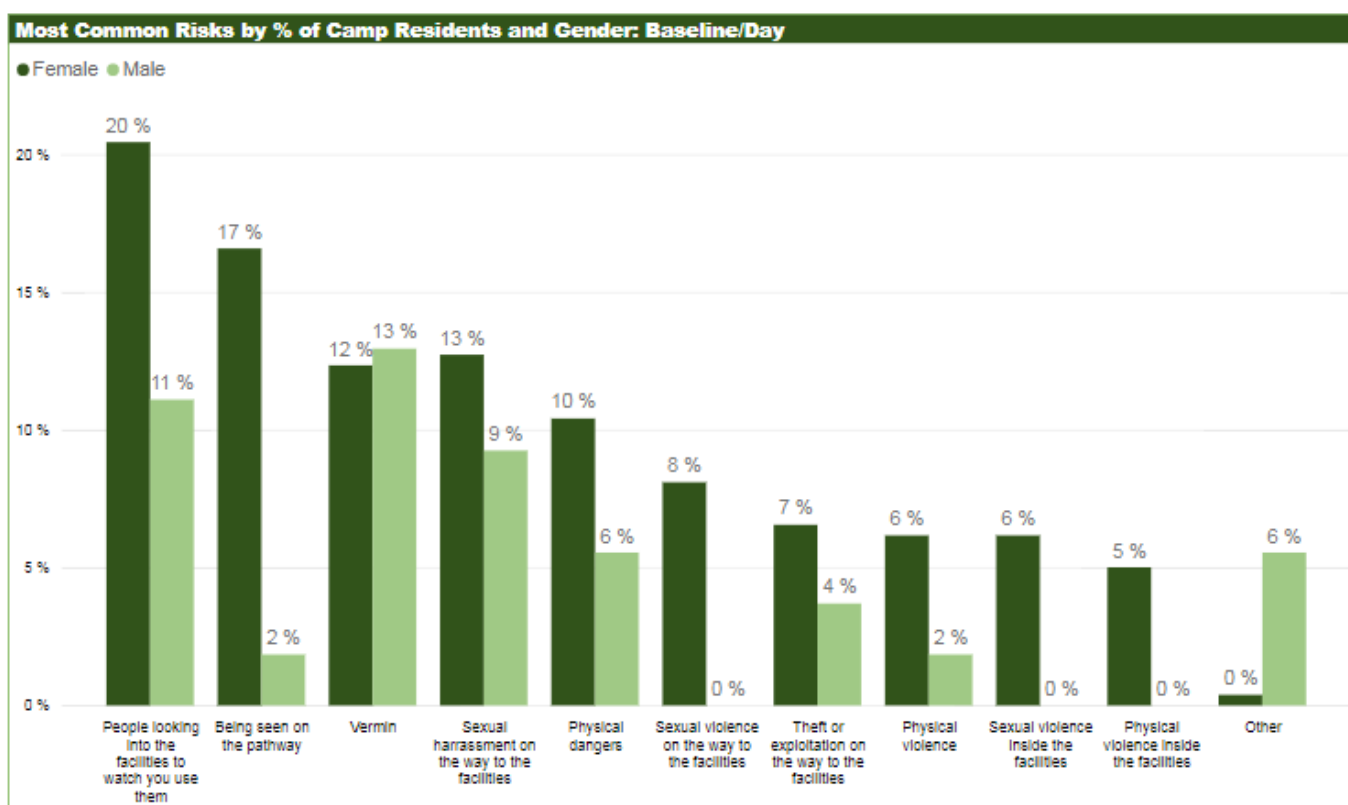
Daytime

Figure 2: Do any of these risks prevent you using the sanitation facilities during the day (baseline)?



In response, 46% of female respondents said that one or more risks prevented them using the sanitation facilities after dark, as did 35% of male respondents. Those who answered 'yes' to the question: 'Do any of these risks prevent you using the sanitation facilities during the day?' were asked which risks prevented them doing so. They were able to indicate any of the multiple options shown in Figure 3 and add in any 'other', which was recorded in free text.

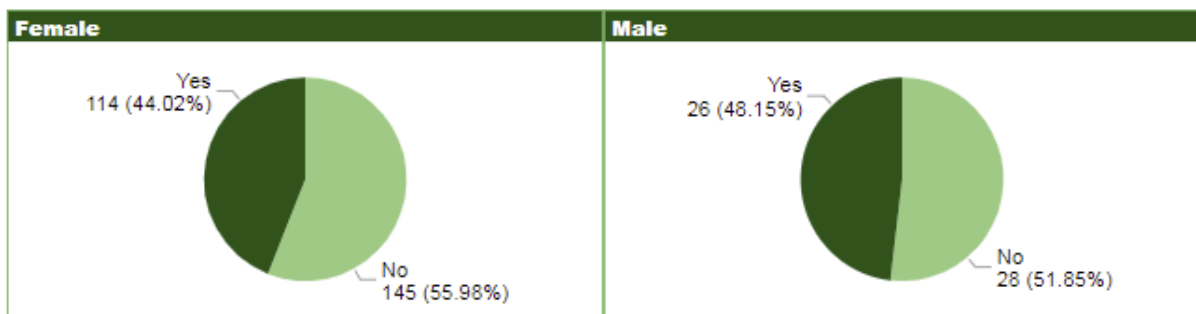
Figure 3: Perceived risks preventing use of sanitation facilities during the day, by sex (baseline)



'People looking into the facilities to watch you use them' was the most frequently cited risk for women (20%) during the day, while 'vermin'¹⁴ was the most-cited risk for men (13%). At baseline, 28% of women identified at least one risk relating to GBV as a reason for not using the sanitation facilities during the day, compared to 19% of men (see section 2.2 for more detail on GBV risks).

After dark

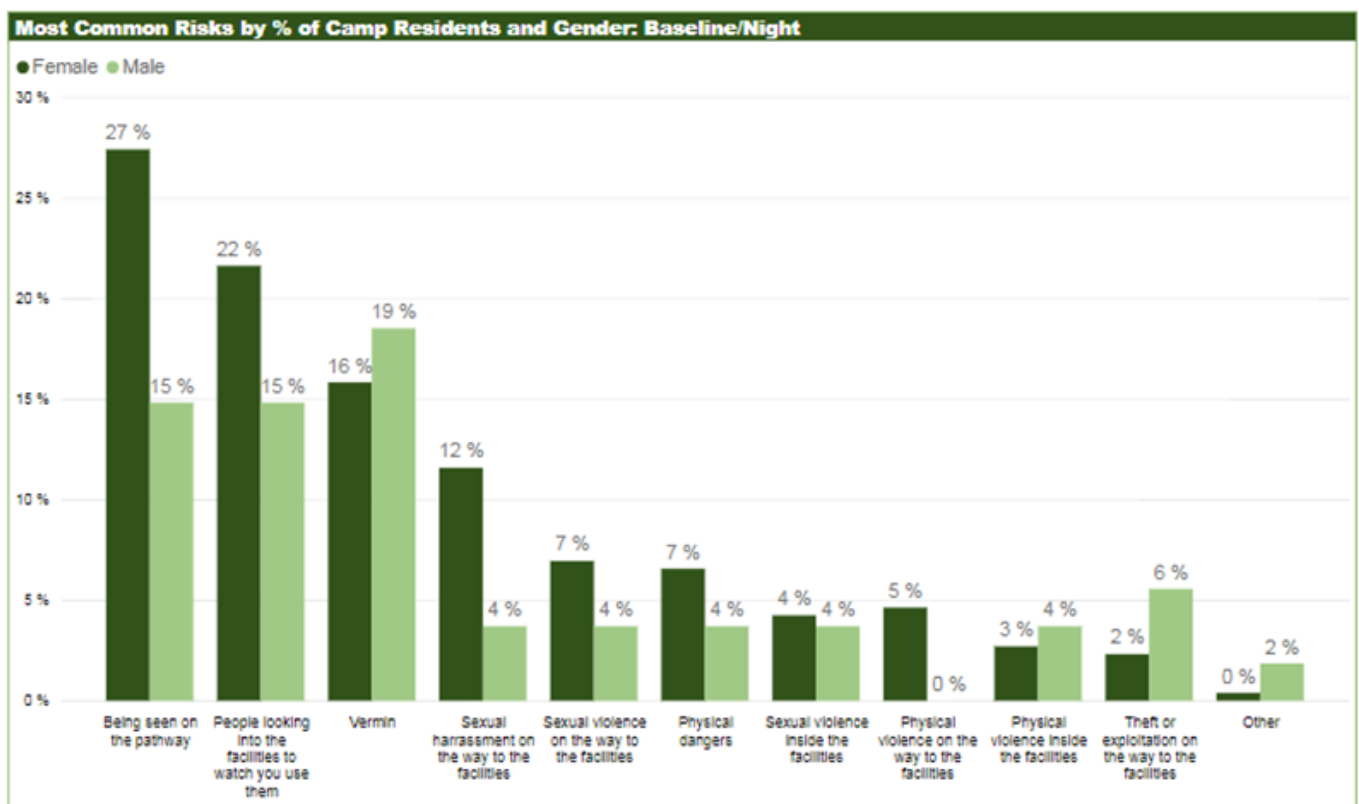
Figure 4: Do any of these risks prevent you using the sanitation facilities after dark (baseline)?



When asked the same question regarding their perception of risks after dark, 44% of women and 48% of men responded that one or more risks prevented them from using the latrines after dark.

Those who answered 'yes' to the question: 'Do any of these risks prevent you using the sanitation facilities after dark?' were asked which risks prevented them doing so. They were able to indicate any of the multiple options shown in Figure 5 and add in any 'other', which was recorded in free text.

Figure 5: Perceived risks preventing use of sanitation facilities after dark, by sex (baseline)



Being seen on the pathway to the sanitation facilities was the main risk that prevented women and girls from using the sanitation facilities after dark, cited by 27% of female respondents. Similarly to the daytime results, ‘people looking into the facilities to watch you use them’ came out strongly for women (22%), while ‘vermin’ was the main factor cited by males (19%) – which was also cited by 16% of female respondents. Of the female survey respondents, 24% cited at least one risk relating to GBV (e.g. people looking, sexual harassment on the way to facilities, sexual violence on the way, or sexual violence inside) as a reason for not using the facilities after dark, as did 24% of men. Interestingly, the percentage of women citing GBV risks preventing them from using facilities in the dark (24%) is lower than during the day (28%) (see section 2.2).

The qualitative data further expands on these findings. Women in the camp stated that ‘*During the day the latrines are very safe, but after dark there is a real threat of being attacked*’,¹⁵ and ‘*We feel safe in the day, but not after dark, because there is no light*’.¹⁶ They said that they were concerned about theft from their tents or abuse of their children while they were using latrines far from their tents.¹⁷ They also said that ‘*Young girls move freely around the camp, but after dark their movement is restricted due to anything that may harm them, such as scorpions, snakes, dogs, or a man who may attack or assault them*’.¹⁸ In discussions with young men, they said ‘*We feel safe using the latrines*’, although they found the facilities with grass walls unsafe and thought they should stop being used.¹⁹

The FGDs noted that women liked the sex-segregated latrines and particularly appreciated having locks on the inside. Incidents where people had been locked inside where there were external locks (fitted to prevent doors flapping in the wind) were noted as problematic.²⁰ Women requested that latrines were fitted with internal lighting that is difficult to remove (presumably to make it more theft-resistant).²¹ Broken locks and problems related to poor construction or maintenance of the facilities may increase risks related to ‘people looking into the latrines to watch you use them’. Women mentioned incidents of men ‘accidentally’ walking in on females using the latrines, saying that ‘*A man can follow a lady and pretend he doesn’t know you are in there and then open the door on you*’.²² Young men, however, emphasized that this could just be a genuine mistake.²³



Oxfam staff noted that children often steal locks from the sanitation facilities, and had learned that ‘*actually a nail is better [for a lock] because no one wants to steal a bent nail!*’²⁴ The sanitation facilities built using grass were seen as unsafe, with women saying of a grass bathing shelter, ‘*It’s open and exposes us. There is no dignity*’.²⁵

‘We do use the latrines made of cement, with locks, which are well covered and durable.’

—FGD with older and elderly female IDPs

Camp residents initially requested the same kind of grass latrines and bathing shelters as they had in their villages, but the structures proved ill-suited to the camp environment. Photo: Julie Lafreniere/Oxfam

2.2. FEAR OF GENDER-BASED VIOLENCE

This section takes a closer look at survey respondents' perceptions of the risks of GBV in relation to sanitation facilities usage. A 'fear of GBV' was recorded whenever the respondent stated they were 'very worried' about any one of four GBV-related risks, either during the day or after dark: people looking into the facilities to watch you use them ('peeping'); sexual harassment on the way to facilities; sexual violence on the way to facilities; and sexual violence inside the facilities. Using this definition, 54% of total respondents reported a fear of GBV during the day or after dark, broken down as 55% of all female respondents and 46% of all male respondents.

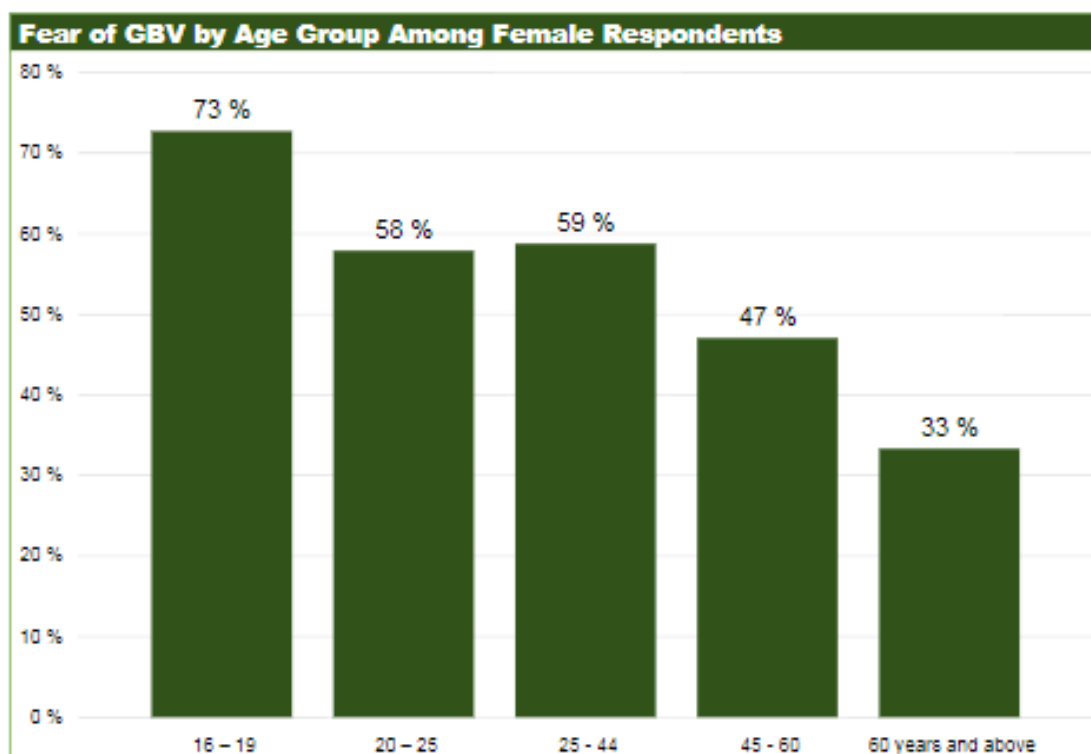
Table 2: Respondents citing fear of GBV, by sex (baseline)

Total number of respondents	No. respondents citing fear of GBV	Fear of GBV %	Total no. respondents: female	No. of respondents citing fear of GBV: female	Fear of GBV: % female	Total no. respondents: male	No. of respondents citing fear of GBV: male	Fear of GBV %: male
313	168	54%	259	143	55%	54	25	46%

Given the small male population (there were only 54 male respondents at baseline), it is not possible to provide a meaningful breakdown by age group for men. For women only, the 16–19 age group was most likely to report a fear of GBV, with the over-60s least likely to do so, as shown in the figure below. Eight out of eleven women (73%) in the 16–19 age group reported a fear of GBV, compared to three out of nine (33%) of women in the over-60s age group.

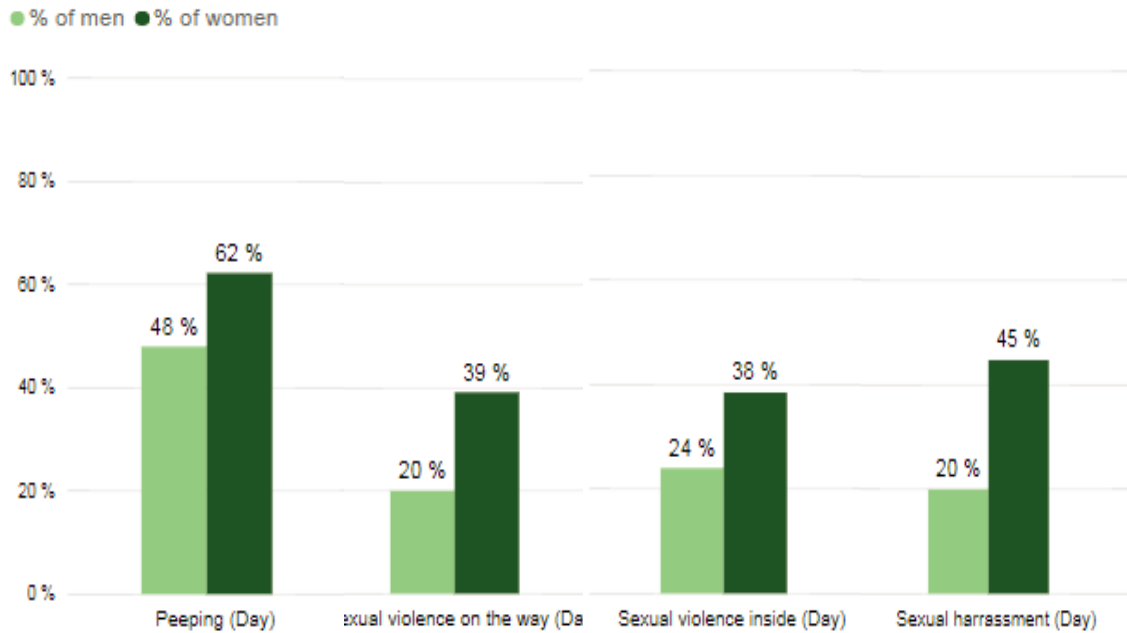
Figure 6 depicts fear of GBV by age group for all female respondents. It shows, for example, that 73% of female respondents aged 16–19 answered that they were very worried about one or more of the four GBV indicators. The higher level of fear among this age group is due to a greater concern around sexual harassment and sexual violence after dark, with 45%–55% reporting that they were very worried about these.

Figure 6: Fear of GBV among women, by age group (baseline)



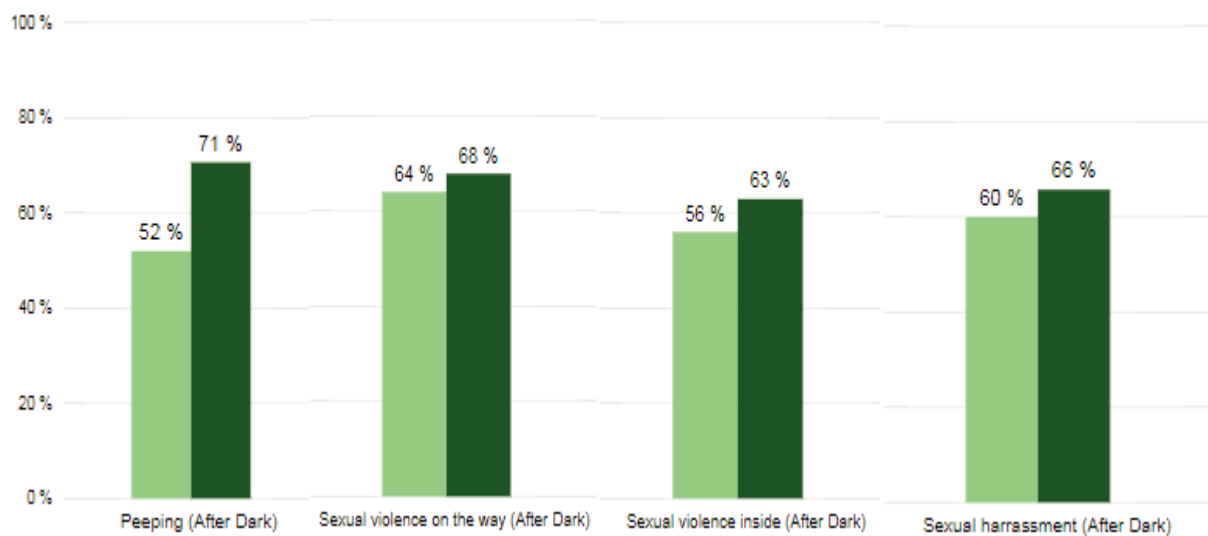
Of those women and men who reported a fear of GBV, the breakdown by perceived risk is shown in the figure below. Note that respondents could report that they were very worried about more than one of the risks, so the percentages do not add up to 100%. Of the 143 women who cited a fear of GBV, 71% were very worried about peeping after dark and 62% were very worried about peeping during the day. Of the 25 men who reported a fear of GBV, peeping was also the most common concern, with 48% very worried about this during the day and 52% after dark.

Figure 7a: Perceived GBV risks during day for those reporting fear of GBV, by sex (baseline)



NB: 143 females and 25 males reported a fear of GBV

Figure 7b: Perceived GBV risks after dark for those reporting fear of GBV, by sex (baseline)



NB: 143 females and 25 males reported a fear of GBV

Older women suggested that if a woman needed to use the latrine at after dark ‘*she might be attacked by a man because everywhere is dark and there is no light. If she sees a man, she should shout and run. She might need to be escorted by an older person to go the latrine after dark.*’²⁶

2.3 ALTERNATIVES TO USING SANITATION FACILITIES

The research team asked survey respondents, ‘If any of these risks prevent you from using sanitation facilities what do you do instead?’ The survey results are shown in Tables 3 and 4, disaggregated by sex and age.

Table 3: Alternatives to using sanitation facilities, by sex (baseline)

Sex of the respondent	Defecate or urinate inside your tent in a bag or bucket %	Don't take showers %	Open defecation away from your tent %	Open defecation near your tent %	Make sure that you and members of your household defecate and urinate before a certain time (nightfall) %	Take shower inside the tent %	Prefer not to say %	Take showers elsewhere %
Female	54 %	24 %	19 %	17 %	14 %	6 %	3 %	1 %
Male	32 %	21 %	39 %	18 %	18 %	7 %	4 %	
Total	50 %	24 %	23 %	17 %	14 %	6 %	3 %	1 %

Table 3 shows that both women (54%) and men (32%) who were avoiding using the latrines cited defecating or urinating in a bag or bucket inside their tent as the most common alternative. Open defecation either close to or away from tents was also cited by both sexes, with more men stating they went away from their tent (39%) than women (19%).

Table 4: Alternatives to using sanitation facilities, by age group (baseline)

How old are you	Defecate or urinate inside your tent in a bag or bucket %	Don't take showers %	Open defecation away from your tent %	Open defecation near your tent %	Make sure that you and members of your household defecate and urinate before a certain time (nightfall) %	Take shower inside the tent %	Prefer not to say %	Take showers elsewhere %
16 – 19	70 %	10 %			10 %	10 %		
20 – 25	57 %	14 %	23 %	17 %	14 %	14 %		
25 - 44	51 %	19 %	22 %	15 %	16 %	3 %	7 %	3 %
45 - 60	43 %	39 %	24 %	22 %	15 %	6 %	2 %	
60 years and above	43 %	14 %	43 %	14 %				
Total	50 %	24 %	23 %	17 %	14 %	6 %	3 %	1 %

About half of all age groups reported using bags and buckets inside their tent, with the highest figure (70%) seen for those aged 16–19 years. It is common across all age groups for people to shower inside their tents. Open defecation away from the tent is also common in all age groups apart from 16–19 years; there were also fewer respondents in this age group citing open defecation near the tent. This could be linked to issues around safety and security; indeed, the baseline research found that adolescent girls were being accompanied by adult family members when using sanitation facilities after dark, due to such concerns. Overall, it is generally considered less acceptable for women and girls to move around the camp, away from their shelters after dark, than it is for men.

Qualitative data gives further insight into these figures. The baseline FGDs presented a scenario in which a woman has diarrhoea during the night; female respondents suggested that she would need to be escorted to the latrines.²⁷ Interviews with the Oxfam Damboa Team state that if women don't feel safe using sanitation facilities, *'they'll defecate in the open or in a bucket instead'* and *'if people don't feel safe to use the latrine they often go outside, to even more unsafe places to defecate.'*²⁸ Women with responsibility for children did not let them use the latrines after dark as it was considered too dangerous: *'We make them urinate or defecate just outside, and we clean up in the morning.'*²⁹

Oxfam's team in Damboa confirmed that in their experience, *'if a woman doesn't get permission to go to the toilet after dark, or take someone with her, she will get beaten.'* Female IDPs, when asked what advice they would give to a young woman newly arrived in the camp, suggested that she should not go out after dark because *'there are threats to women, such as sexual harassment and attacks'* and recommended that she should always have an escort. They further elaborated: *'A woman is supposed to seek her husband's permission before she goes out after dark, as she might be going out to meet other men.'* The need to be accompanied was also raised by men; they suggested that a young female recently arrived in the camp *'should go [to the latrine] with a group, then she would be safe'* and that *'going out alone makes [a woman] insecure'*.³⁰

'Wives need their husband's permission to go out, especially after dark...if it is dark she will need an escort.'

—FGD with older and elderly female IDPs

2.4 WHAT WOULD MAKE PEOPLE FEEL SAFER USING SANITATION FACILITIES?

Tables 5 and 6 show the baseline survey results on what people said would make them feel safer using sanitation facilities (including factors relating to privacy and dignity) during the day and after dark.

Table 5: What would make women/men feel safer using the sanitation facilities in the day (baseline)?

Response	% of total respondents: male	% of total respondents: female
Better location	57 %	63 %
Clearer view of surroundings	35 %	28 %
Further distance between men and women's facilities	26 %	26 %
Security patrols	22 %	21 %
Locks/stronger security inside the facilities	13 %	19 %
Handheld torch	15 %	18 %
Better or stronger doors	17 %	17 %
Lighting inside facility	17 %	17 %
Closing gaps people can see through	7 %	14 %
Windows	13 %	14 %
Secured paths	20 %	13 %
Better privacy screen	9 %	13 %
Attendants who would take care of the facilities	6 %	5 %
Going in groups	4 %	5 %
Better or stronger walls	4 %	5 %

Better location was the most frequent response for all age groups to the survey question of what would make people feel safer using the latrines in the day. Asked the same question in relation to using latrines after dark, 16–19 year olds and the over-60s cited having a handheld torch as the preferred option that makes them feel safer. 'Lighting on the way', 'lighting inside facilities' and 'lighting outside facilities' were the third, fourth and fifth most frequently cited responses for both men and women.

Table 6: What would make women/men feel safer using the sanitation facilities after dark (baseline)?

Response	% of total respondents: male	% of total respondents: female
Better location	43 %	54 %
Handheld torch	39 %	43 %
Lighting on pathways	26 %	29 %
Lighting inside facility	26 %	28 %
Lighting outside facility	24 %	26 %
Lighting throughout the camp	28 %	20 %
Further distance between men and women's facilities	11 %	20 %
Better privacy screen	13 %	17 %
Locks/stronger security inside the facilities	11 %	17 %
Security patrols	20 %	16 %
Better or stronger doors	9 %	10 %
More people around	6 %	7 %
Going in groups	6 %	6 %
Whistle to blow when you're at risk	2 %	3 %
Attendants who would take care of the facilities	2 %	2 %
Better or stronger walls	2 %	2 %
Carrying a phone	4 %	2 %

The quantitative baseline data suggests that the location of latrines and bathing shelters is again key to how safe people felt in using them after dark. Qualitative data suggests that a dangerous location is characterized by three factors: firstly, distance from the living-quarter tents and from the camp boundaries; secondly, whether the male and female WASH facilities are spatially separated or are in a single block; and thirdly, whether the male and female facilities are sex-segregated, with clear signage.

The International Organization for Migration (IOM) Protection Lead said that location, together with lack of lighting, contributed to GBV: *'Latrines are too far away [from shelters], or too close to men or military lookout points' and 'they should also be located away from spaces where men socialize BUT they should still be relatively close to their homes'*.³¹ This was supported by female camp residents in focus groups: too great a distance between latrines and tents was cited as something which made people feel unsafe.³² Another worry about location was commonly expressed: *'The latrines are currently too far away, they are in the open and people are very worried about being attacked by Boko Haram because the latrines are near the outskirts of the camp.'*³³

The need for physical separation of female and male WASH facilities was stated in interviews with the Oxfam Damboa Team³⁴ and the IOM Protection Lead.³⁵ Finally, the need for sex-segregated toilets was deemed essential: *'There used to be pictures on the doors, separating male from female, but they were only made from paper and have been torn down and not lasted in the rain. So now men use the women's [latrines] too', and 'If we can't get a latrine in our house, then we would like sex-segregated latrine blocks at least. Now we have to share with the men.'*³⁶

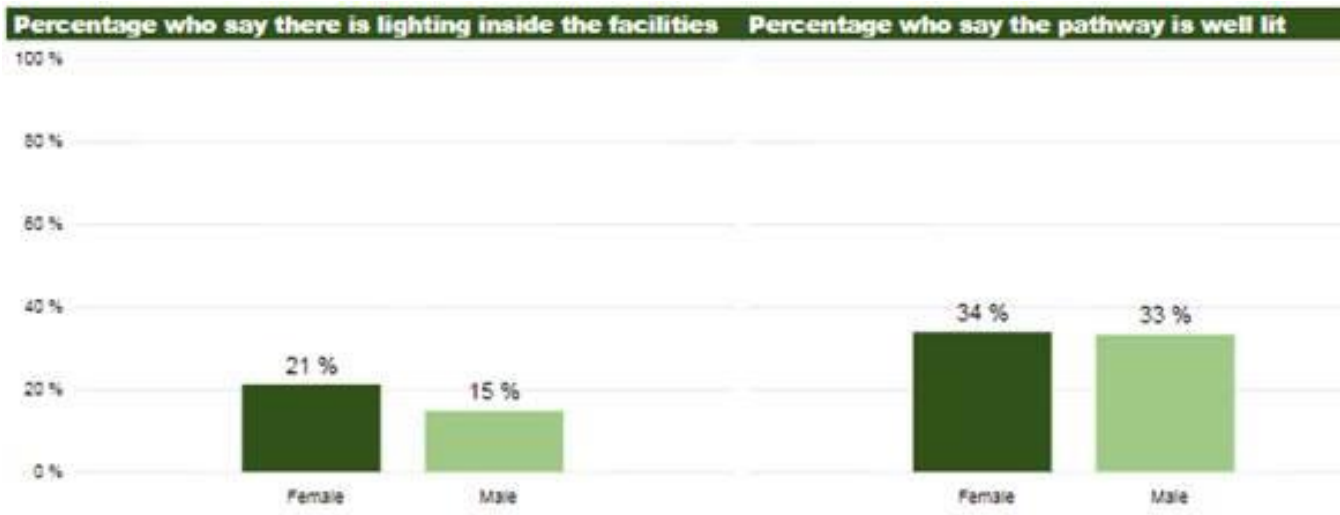
2.5 PERCEPTIONS ON WHETHER THE SANITATION FACILITIES ARE WELL LIT



Latrines have basic external locks to prevent the doors flapping open in the wind. Photo: Marion O'Reilly/Oxfam

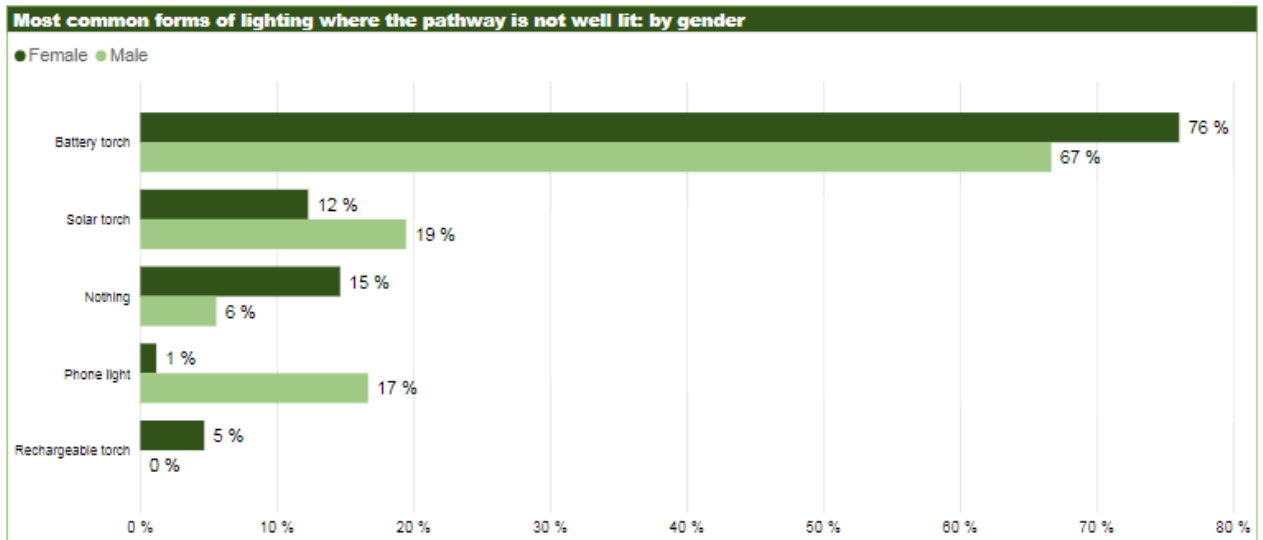
The research team asked survey respondents if they felt that the path to the sanitation facilities was well lit, and if there was fixed lighting inside the latrines.

Figure 8: Percentage of respondents who said there is lighting inside the facilities/the pathway to the facilities is well lit, by sex (baseline)



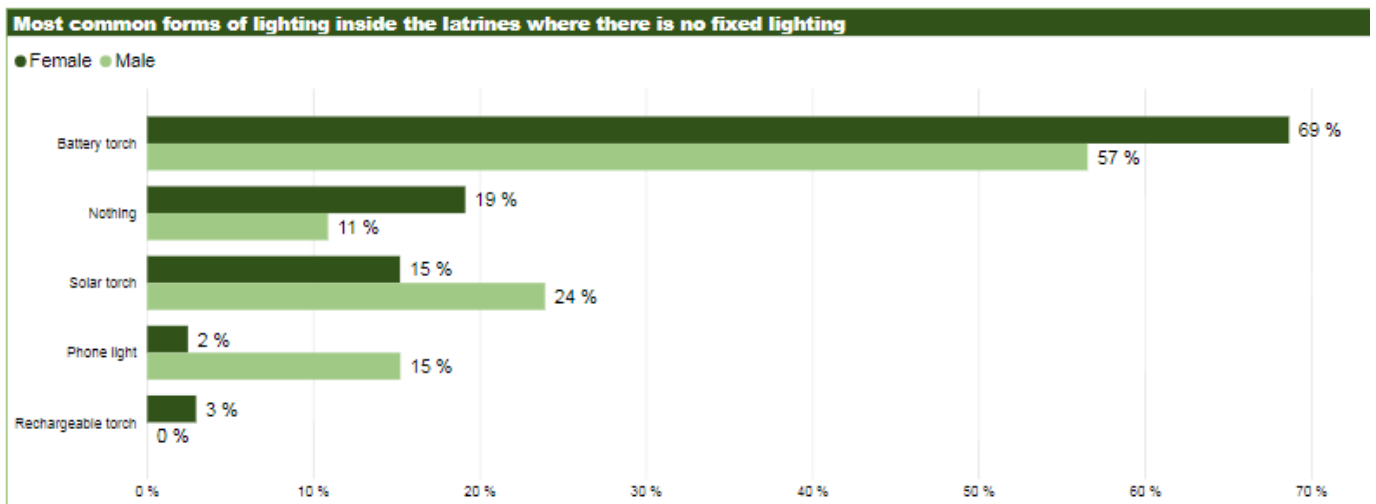
Those who answered 'no' to either question were asked what alternative lighting they used in that situation (see Figures 9 and 10). Of those who said the path was not well lit, 74% were using a battery torch on the way to the facilities. Choices were also given of 'candles', 'kerosene lanterns' and 'other' but these yielded no results.

Figure 9: Lighting used by respondents who said the pathway is not well lit, by sex (baseline)



Battery torches were the most frequently cited option by both sexes for lighting the way to facilities; however, men used phones more than women (17% compared to 1%) and women were more likely to use nothing (15%) than men (6%). In general, there was a mixed picture on who has access to what types of lighting in the baseline survey. However, it should again be noted that very few men responded to this compared to women (36 men vs 171 women). The qualitative data does not offer further information on this. Bearing the male/female imbalance in mind, we can still say that a higher proportion of women than men reported no access to lighting on the way to the latrines.

Figure 10: Lighting used inside latrines with no fixed lighting, by sex (baseline)



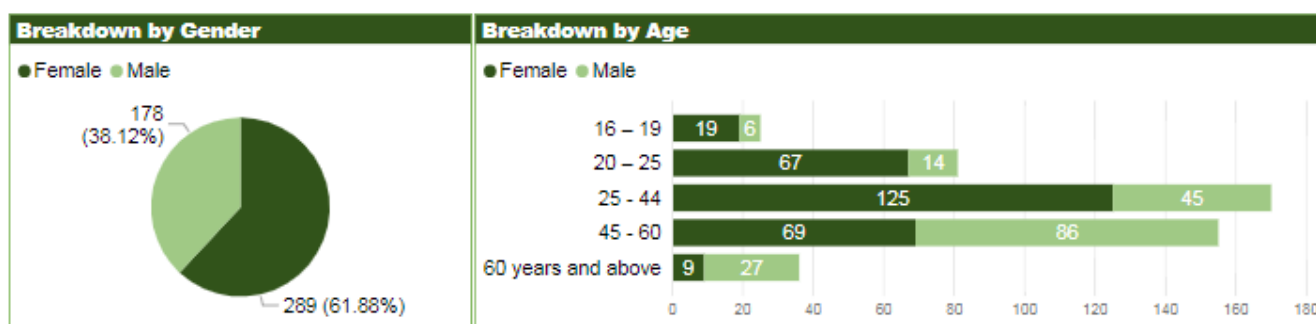
Survey results on whether there is lighting inside the latrines show a similar profile to the results on 'lighting on the pathway'. The top five responses were also the same, with no respondents citing 'candles', 'kerosene lanterns' or 'other'. Solar torches were used more frequently by male respondents (24%) than by women (15%), and women were more likely to say they used 'nothing' (19%) than men (11%). However, battery torches were still the most-used lighting option.

3 FINDINGS OF THE ENDLINE STUDY

The endline survey was a repeat of the baseline survey, although some questions were adjusted slightly and the FGD topics were adapted to suit the change in context. The endline research was carried out during 7–18 May 2018, and the survey had a total of 467 respondents (see breakdown by sex and age group in the figure below). As at baseline, FGDs were held with several groups of camp residents, as well as simultaneous KILs.

It should be noted that endline there were many more men in the camp, as those that had completed security screening with the Nigerian Army had now arrived in the camp. While it is not possible to determine the extent to which this change in camp demographics influenced the endline findings, it is important to take this into consideration when comparing baseline and endline results.

Figure 11: Endline survey respondents, by sex and age group



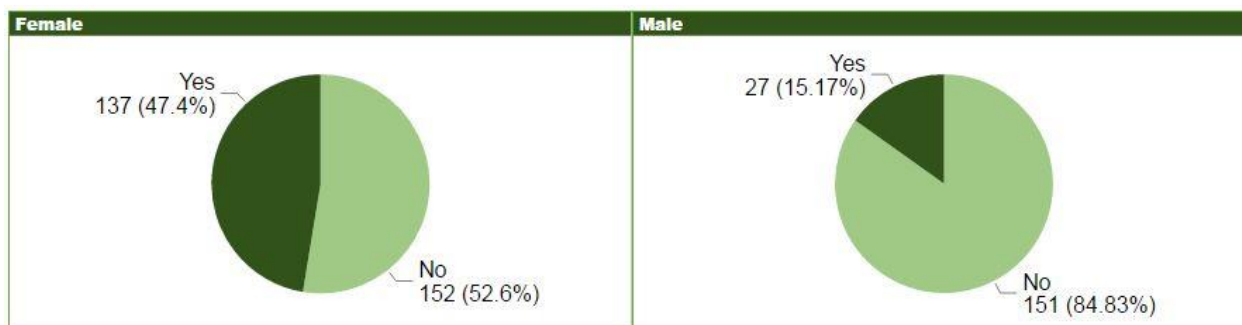
3.1 PERCEIVED RISKS AND THEIR IMPACT ON SANITATION FACILITIES USAGE

At endline, all respondents were again asked to rate their level of worry about a series of 10 risks involved in using the sanitation facilities, including four risks relating to GBV: people looking into the facilities to watch you use them ('peeping'); sexual harassment on the way to facilities; sexual violence on the way to facilities; and sexual violence inside the facilities. They were asked to rate their level of worry about the risks during the day and after dark separately, and could also highlight additional risks under an 'other' option. Possible responses were 'not worried', 'somewhat worried' and 'very worried'.

Survey respondents were then asked if any of the risks cited prevented them using the sanitation facilities during the day or after dark.

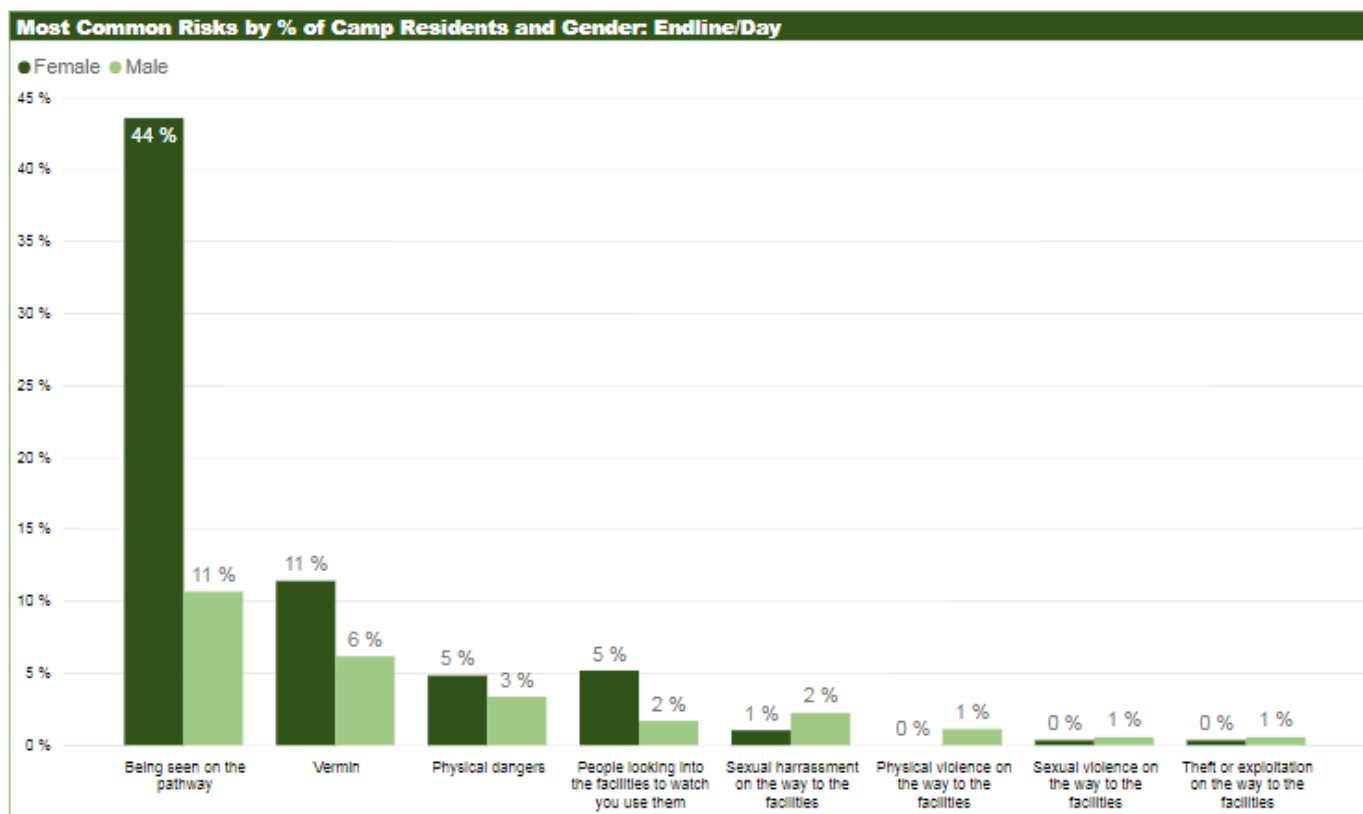
Daytime

Figure 12: Do any of these risks prevent you using the sanitation facilities during the day (endline)?



Respondents saying that one or more risks prevented them from using the sanitation facilities during the day were 47% female and 15% of male. As at baseline, those who answered 'yes' to the question: 'Do any of these risks prevent you using the sanitation facilities during the day?' were asked which risks prevented them doing so. They were able to indicate any of the multiple options shown in Figure 13 and add in any 'other', which was recorded in free text.

Figure 13: Perceived risks preventing use of sanitation facilities during the day, by sex (endline)



In the endline survey, the stand-out factor affecting female usage rates was concern about 'being seen on the pathway to the facilities'. Of the 137 female respondents who said they were prevented from using the sanitation facilities by one or more risks, 44% cited 'being seen' as a reason why they did not use the facilities during the day. While 'being seen' was not one of the indicators for GBV, it is clearly related to gender, and specifically the social and cultural norms around women and girls' behaviour, and feelings of shame and embarrassment at 'being seen' going to the latrine or to bathe by men.

Younger women reported that older men sit on the grass between their homes and the latrines, and they are ashamed to be seen by men who are their elders when they are obviously going to the latrines. This was only an issue during the daytime, and some women said they would urinate in the grass bathing shelters instead.³⁷ These feelings of 'shame' at 'being seen' were reiterated by adolescent girls who explained that because they have to carry a 'kettle' to the latrines (for anal cleansing) it is obvious where they are going and why. Some girls found it embarrassing to be seen by men they knew, while others felt shame at being seen by any men; however, it was apparent that the feelings of shame and embarrassment for women and girls are primarily associated with being seen by boys and men (rather than by other girls or women). When using bathing shelters, some reported carrying a bucket so that it looked like they could be collecting water rather than bathing; this meant bathing was less a source of embarrassment than going to the latrine.³⁸ The privacy screens that were added after the baseline research were seen by some as helpful: *'The screen helps with privacy when I'm using the shower and after a bath – it prevents people from seeing me.'*³⁹

In the endline survey, 7% of women cited at least one risk relating to GBV as a reason for not using the sanitation facilities during the day, compared to 4% of men (see section 3.2). The findings were expanded on in the qualitative data. Some camp residents – including adolescent and younger men – were worried about using latrines that didn't have inner locks and the risk that someone would open the door,⁴⁰ and some men asked for the latrines to be clearly identified as being men's or women's.⁴¹ Some other groups said the latrines they use all have locks and they never have incidents where someone walks in on another person using the latrine.⁴² A men's FGD said that a roving workman would usually carry out repairs to locks quite quickly, except when he runs out of materials and parts.⁴³



A latrine block at Aburi camp. Only the male facilities are identified by the symbol painted on the door.
Photo: Marion O'Reilly/Oxfam

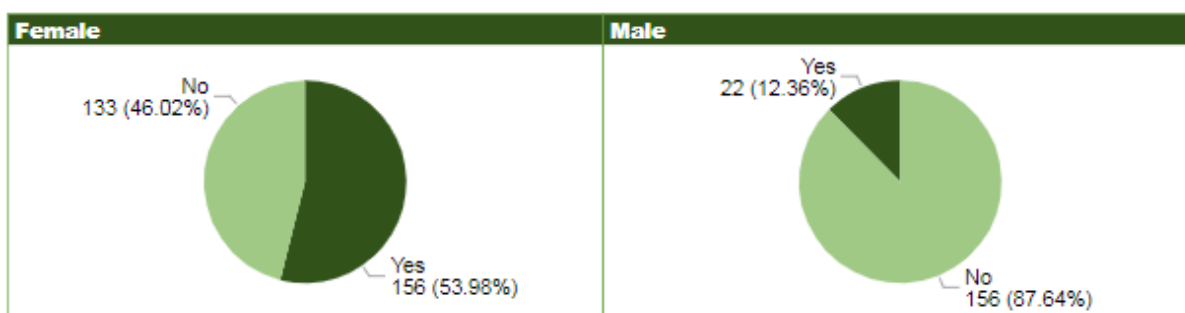
Maintenance and cleanliness of the sanitation facilities may also have affected usage rates. Oxfam staff observed that some latrines had doors which flapped in the wind, not all had locks on the inside (although some had them on the outside), and many were not clearly indicated as being for male or female use. Some latrines which were constructed earlier on in the response were full or had superstructures on the verge of collapse, particularly those made with grass. The more solid structures were appreciated, especially in comparison to the earlier grass-walled structures, and people would walk further in order to use them.⁴⁴ Washing stations were observed, but some were without soap. Local leaders (*Bulemas*) mobilize women and older

children to clean the latrines according to a rota, although they requested hygiene materials for cleaning and reported that some latrines needed desludging.

The location of latrines for males and females together does not appear to be problematic for many of the displaced people if it means that latrines are closer to blocks of shelters, as women have fewer concerns about sharing with men from families in their neighbourhoods.⁴⁵

After dark

Figure 14: Do any of these risks prevent you using the sanitation facilities after dark (endline)?



There were mixed reports at endline of how safe people felt using the latrines after dark; the figure above shows that 54% of women and 12% of men said they avoided using latrines after dark (in comparison to 44% of women and 48% of men at baseline, as shown in the comparison table below). The reduction among male respondents could be in part due to the significant increase in the number of men in the camp from baseline to endline.

It should be noted that for the 16–19 age group, the overall percentage saying they avoid using the sanitation facilities had fallen to 72% for after dark and 60% in the day at endline, but this figure is explained by the increase in the number of male respondents at endline. In this age group, 95% of female respondents said they avoid using the sanitation facilities after dark and 79% avoid using them in the day, compared to 0% of male respondents after dark and 0% in the day. The most commonly cited risk that prevented them using the sanitation facilities was being seen on the pathway, either during the day or after dark.

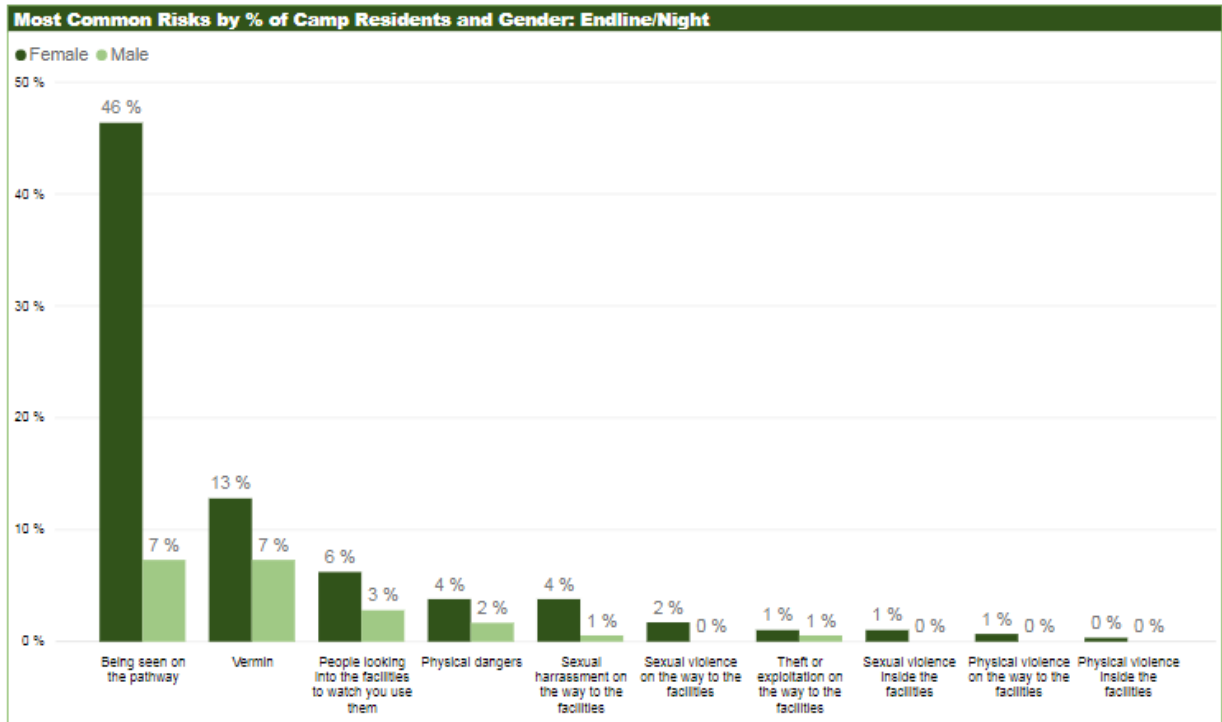
Table 7: Comparison of people not using sanitation facilities (during day/after dark) at baseline and endline, by sex

	Baseline			Endline		
	Total	Male	Female	Total	Male	Female
Daytime	44%	35%	46%	35%	15%	47%
After dark	45%	48%	44%	38%	12%	54%

As Table 7 shows, the overall percentage of people not using sanitation facilities during the day or after dark slightly decreased between the baseline and endline surveys. While this is encouraging, it cannot be attributed directly to the lighting intervention, and levels of facilities usage are still quite low. Furthermore, at endline the percentage of women not using the facilities actually rose slightly.

As at baseline, those who answered ‘yes’ to the question: ‘Do any of these risks prevent you using the sanitation facilities after dark?’ were asked which risks prevented them doing so. They were able to indicate any of the multiple options shown in Tables 8 and 9 and add in any ‘other’, which was recorded in free text.

Figure 15: Perceived risks preventing use of sanitation facilities after dark, by sex (endline)



Similarly to the results for daytime, ‘being seen on the pathway’ remained the most frequently cited risk by women (46%), with ‘vermin’ (13%) second. For men ‘vermin’ (7%) and ‘being seen’ (7%) were the most frequently cited responses, but in much smaller numbers. At endline, 11% of women cited at least one risk relating to GBV as a reason for not using the sanitation facilities after dark, compared to 3% of men. The breakdown of perceived GBV risks is presented in more detail in section 3.2.

In the qualitative data, vermin was also a commonly cited risk that prevented people using facilities after dark, with participants in focus groups telling us that ‘*everyone is worried about snakes and scorpions*’⁴⁶ as well as ‘*insects and other vermin in the latrines, including rats*’;⁴⁷ and there was also a fear of dogs⁴⁸ and being bitten by dogs while moving around after dark.⁴⁹ Some participants also mentioned the need to ensure that sanitation facilities are not constructed in areas where there are ‘*evil spirits*’.

There were some indications that lighting had encouraged use and made people feel safer. Young women in a focus group stated that they were ‘*not afraid to use the latrines at after dark because of the light*’.⁵⁰ In another women’s focus group the enumerator reported that ‘*The light helps facilitate movement after dark, some who were escorted before said they now go out by themselves without being escorted*’.⁵¹ Similar sentiments were recorded in a conversation with a female camp resident: ‘*What light has allowed people to do: take care of children after dark and use the latrines, but they [still] mostly stay in their homes*’.⁵² She now uses her light to go to the latrine after dark.

Other reported factors that may affect use of sanitation facilities include children throwing stones at latrines while people are using them;⁵³ and groups of boys hanging around the latrines

and following girls. When girls heading towards the latrines see boys congregating outside, they will turn back and chose not to use the facilities. Boys have been punished for this in the past by *Bulemas* and the military, and this has been successful in stopping them, but only for a limited period.⁵⁴



A group of women at the entrance to the displaced people's camp of Muna Garage on the outskirts of Maiduguri.
Photo: Pablo Tosco/Oxfam

Limited qualitative data from FGDs suggests that some (but not all) adolescent girls who received the solar lights said that it meant they were now able to access the latrines alone, whereas they previously had to be accompanied by a relative. This view was shared by the Deputy Women's Group leader, who said that solar lamps enable women to go to the latrines without an escort,⁵⁵ and by one individual woman.⁵⁶ However, three of the eight girls in the focus group said that their mothers still escorted them to the latrines after dark or that they relieve themselves before sunset.⁵⁷ Girls did not feel comfortable using the sanitation facilities made of grass as it is easy to see through the walls. Where bathing shelters didn't have inner locks, they would hang their clothing over the doors to indicate that the shelter was in use.

Table 8: Comparison of perceived risks at baseline and endline during day/after dark, by sex

Risk*	Daytime				After dark			
	Baseline		Endline		Baseline		Endline	
	Female	Male	Female	Male	Female	Male	Female	Male
Vermin	12%	13%	11%	6%	16%	19%	13%	7%
People looking in	20%	11%	5%	2%	22%	15%	6%	3%
Sexual harassment on the way	13%	9%	1%	2%	12%	4%	4%	1%
Sexual violence on the way	8%	0%	0%	1%	7%	4%	2%	0%
Being seen on the way	17%	2%	44%	11%	27%	15%	46%	7%
Physical dangers	10%	6%	5%	3%	7%	4%	4%	2%
Sexual violence inside	6%	0%	0%	0%	4%	4%	1%	0%

*Risks with a 0% response are excluded from the table.

With regard to the main risks before and after the lighting intervention, it can be seen that fears during the day all drop, with the exception of ‘being seen on the way’, which increased substantially for women. Fears after dark also saw an overall decrease, aside from female respondents citing an increased fear of ‘being seen on the way’. It should be noted that these are measures of people’s perceptions of risks, rather than actual incidents of sexual violence etc.

The quality of latrines did improve from baseline to endline in Nigeria, which may account for the reduction in fears around ‘people looking in’ and ‘vermin’. However, the fact that such high levels of fear of ‘being seen on the way’ remain among women show the importance of cultural considerations in identifying and reducing risks in relation to latrine access.

3.2 FEAR OF GENDER-BASED VIOLENCE

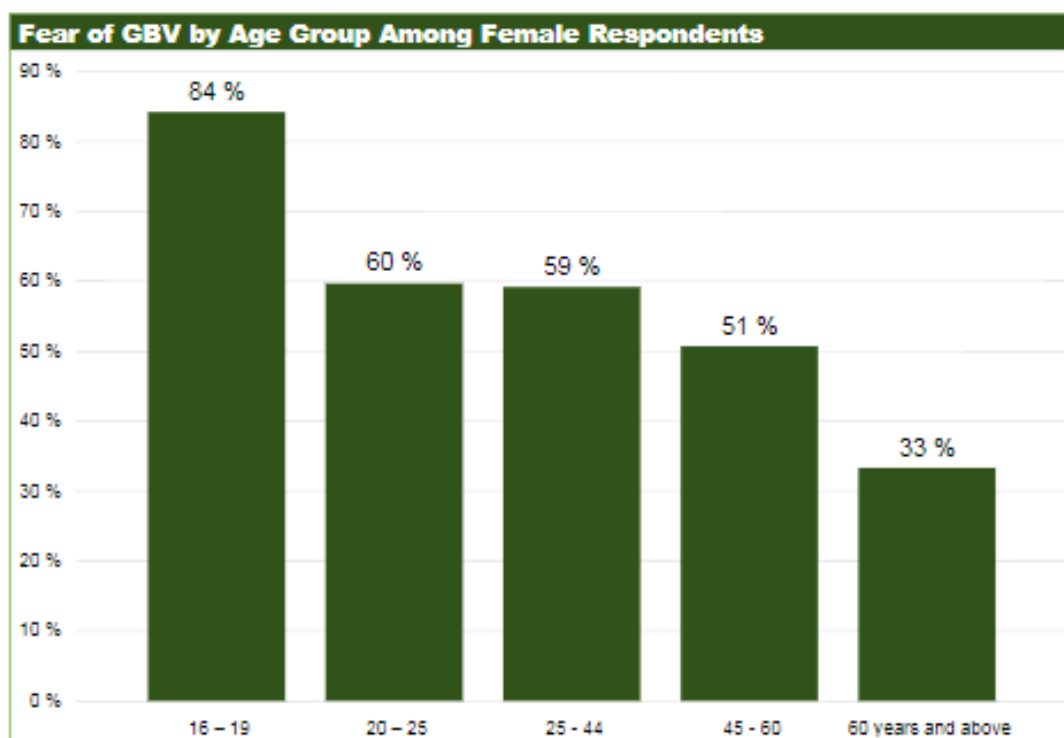
This section takes a closer look at survey respondents’ perceptions of the risks of GBV in relation to sanitation facilities usage. A ‘fear of GBV’ was recorded whenever the respondent stated they were ‘very worried’ about any one of four GBV-related risks: people looking into the facilities to watch you use them (‘peeping’); sexual harassment on the way to facilities; sexual violence on the way to facilities; and sexual violence inside the facilities. Using this definition, at endline 40% of total respondents reported a fear of GBV when accessing latrines or bathing shelters during the daytime or after dark.

Table 9: Respondents citing fear of GBV, by sex (endline)

Total Number of respondents	No. respondents citing fear of GBV	Fear of GBV %	Total no. respondents: female	No. of respondents citing fear of GBV: female	Fear of GBV: % female	Total no. respondents: male	No. of respondents citing fear of GBV: male	Fear of GBV %: male
467	187	40%	289	168	58%	178	19	11%

Women were more likely to report a fear of GBV: 58% compared to 11% of men. Fear of GBV had increased among women since baseline, perhaps because of the influx of men. For women, as at baseline, the 16–19 age group was most likely to report a fear of GBV, with the over-60s least likely to do so, as shown in Figure 16. In the 16–19 age group, 16 out of 19 women (84%) reported a fear of GBV, compared to 3 out of 9 women (33%) in the over-60s age group.

Figure 16: Fear of GBV among women, by age group (endline)

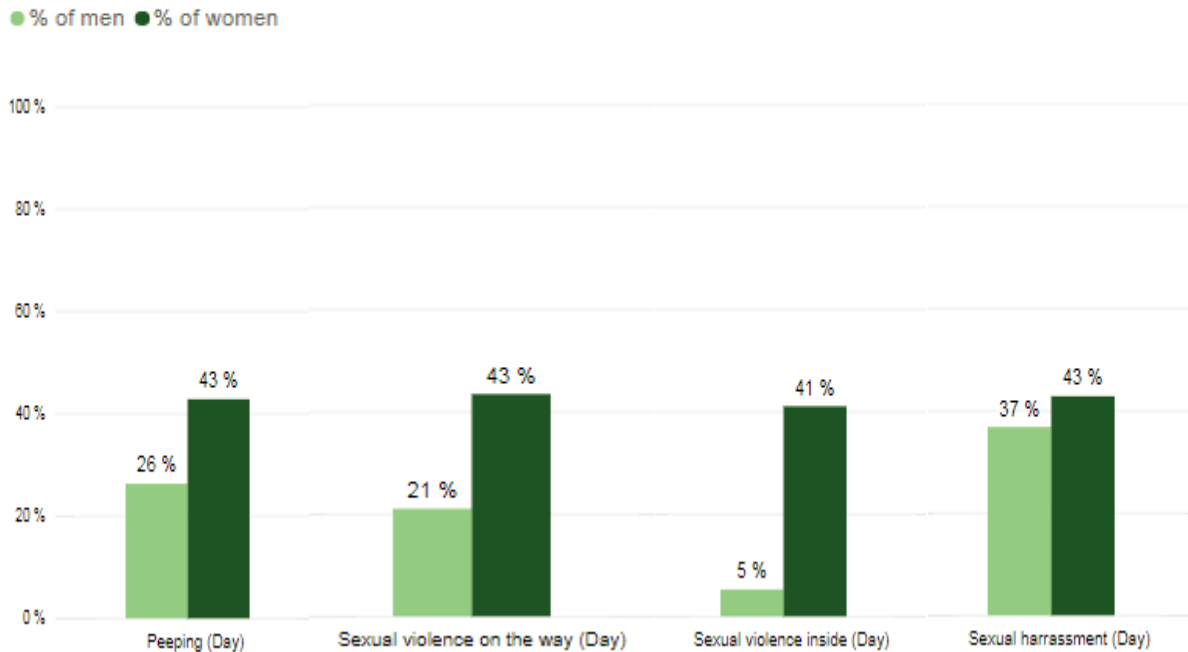


Given the small number of men who reported a fear of GBV at endline we cannot disaggregate by age group in a meaningful way for men. In the interviews, we received one informal report of sexual violence against men collecting firewood, although we were unable to confirm this. One firewood collector informed the research team that men now go out in groups of over 100 for greater safety.

Of those women and men who reported a fear of GBV at endline, the breakdown by risk is shown below. Note that respondents could respond that they were ‘very worried’ about more than one of the four risks, so the percentages do not add up to 100%.

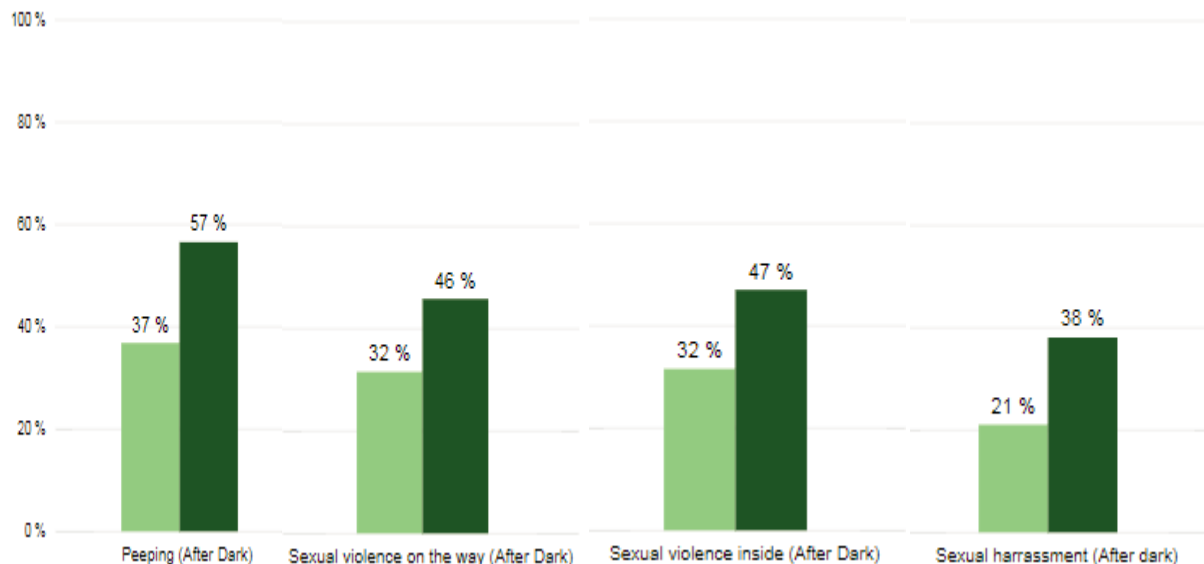
The main concern for women in relation to using facilities after dark was people peeping, with 57% of the 168 women who cited a fear of GBV stating that they were very worried about this. For the 19 men reporting a fear of GBV, peeping was also the biggest concern, with 37% very worried about peeping after dark. Of the 19 men, 37% were very worried about sexual harrassment during the day.

Figure 17a: Perceived GBV risks during day for those reporting fear of GBV, by sex (endline)



NB: 168 females and 19 males reported a fear of GBV

Figure 17b: Perceived GBV risks after dark for those reporting fear of GBV, by sex (endline)



NB: 168 females and 19 males reported a fear of GBV

The qualitative research shed more light on people’s perceptions of the risk of GBV. There were informal reports from a key informant of teenage girls having babies as a result of rape, but these incidents not being formally recorded due to fear and shame.⁵⁸ Focus groups discussed how women going out after dark face suspicions that they are going out to meet men.⁵⁹ Actual assaults on women and girls, or even perceptions that they are meeting men, can ‘bring dishonour’ on the family, which could have serious implications in such a conservative society. This can include forced, early and child marriage, including girls being forced to marry cousins.

The impact of rumours about sexual assault and the fear of it can affect behaviour (e.g. limiting women’s mobility in camps), and a number of participants mentioned the potential for such assaults while emphasizing that they themselves had not heard of any cases.⁶⁰ The Camp Secretary said that he had never heard of any cases of sexual assault or sexual harassment. This was in stark contrast to observations made by the key informant from UNHCR partner, Grassroots Initiative for Strengthening Community Resilience (GISCOR), who reported that there were ‘many’ cases of rape, marital rape and domestic violence in all camps in the region, and estimated that they hear of 50–60 cases a month, with adolescent girls being most vulnerable.⁶¹

3.3 ALTERNATIVES TO USING SANITATION FACILITIES

The research team asked survey respondents, ‘If any of these risks prevent you from using sanitation facilities during the day or after dark, what do you do instead?’ The survey results are shown in Tables 10–12, disaggregated by sex and age.

Table 10: Alternatives to using sanitation facilities, by sex (endline)

Sex of the respondent	Defecate or urinate inside your tent in a bag or bucket %	Don’t take showers %	Open defecation away from your tent %	Open defecation near your tent %	Make sure that you and members of your household defecate and urinate before a certain time (nightfall) %	Take shower inside the tent %	Prefer not to say %	Take showers elsewhere %
Female	59 %	6 %	6 %	6 %	40 %	1 %	4 %	1 %
Male	59 %	5 %	14 %	9 %	23 %	18 %	14 %	0 %
Total	59 %	6 %	7 %	6 %	38 %	3 %	5 %	1 %

Table 11: Alternatives to using sanitation facilities, by age group (endline)

How old are you	Defecate or urinate inside your tent in a bag or bucket %	Don’t take showers %	Open defecation away from your tent %	Open defecation near your tent %	Make sure that you and members of your household defecate and urinate before a certain time (nightfall) %	Take shower inside the tent %	Prefer not to say %	Take showers elsewhere %
16 - 19	50 %	6 %	0 %	11 %	44 %	0 %	6 %	0 %
20 - 25	59 %	5 %	8 %	8 %	41 %	0 %	3 %	0 %
25 - 44	54 %	6 %	7 %	4 %	41 %	4 %	7 %	1 %
45 - 60	68 %	5 %	9 %	5 %	30 %	5 %	5 %	0 %
60 years and above	75 %	13 %	0 %	13 %	25 %	0 %	0 %	0 %
Total	59 %	6 %	7 %	6 %	38 %	3 %	5 %	1 %

At endline, for both sexes and across all age ranges, for those who were avoiding using the latrines, defecating or urinating in bags or buckets in their tents was by far the most frequently cited alternative, with an overall increase for men and women combined compared to baseline (up from 50% to 59% at endline). A detailed breakdown of all alternatives by sex, comparing baseline and endline, is shown in Table 12. The second most frequently cited alternative was

using the latrines before darkness fell which was also an increase from baseline (up from 14% to 38% at endline). One key informant said that there appeared to be some level of open defecation, which is frowned upon, and women clear it up in the morning so the camp is generally clean and evidence of open defecation is not visible.⁶²

Table 12: Comparison of alternatives to using sanitation facilities at baseline and endline, by sex

	Baseline		Endline	
	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>
Defecate or urinate inside your tent in a bag or bucket %	54%	32%	59%	59%
Don't take showers %	24%	21%	6%	5%
Make sure that you and members of your household defecate and urinate before a certain time (before dark) %	14%	18%	40%	23%
Open defecation away from tent %	19%	39%	6%	14%
Open defecation near tent %	17%	18%	6%	9%
Prefer not to say %	3%	4%	4%	14%
Take shower inside the tent %	6%	7%	1%	18%
Take showers elsewhere %	1%	0%	1%	0%

3.4 WHAT WOULD MAKE PEOPLE FEEL SAFER USING SANITATION FACILITIES?

Tables 13 and 14 show the endline survey results on what people said would make them feel safer using sanitation facilities (including factors relating to privacy and dignity) during the day and after dark.

Table 13: What would make women/men feel safer using the sanitation facilities in the day (endline)?

Response	% of total respondents: male	% of total respondents: female
Better location	90 %	68 %
Security patrols	23 %	16 %
Further distance between men and women's facilities	10 %	15 %
Locks/stronger security inside the facilities	31 %	13 %
Clearer view of surroundings	19 %	12 %
Going in groups	0 %	10 %
Better or stronger doors	49 %	9 %
Better or stronger walls	44 %	7 %
Secured paths	9 %	7 %
Handheld torch	11 %	4 %
Better privacy screen	5 %	3 %
Closing gaps people can see through	3 %	3 %
Windows	1 %	2 %
Attendants who would take care of the facilities	3 %	1 %
Lighting inside facility	2 %	1 %

Table 14: What would make women/men feel safer using the sanitation facilities after dark (endline)?

Response	% of total respondents: male	% of total respondents: female
Better location	88 %	57 %
Handheld torch	21 %	25 %
Security patrols	26 %	11 %
Further distance between men and women's facilities	7 %	10 %
Locks/stronger security inside the facilities	31 %	10 %
Lighting throughout the camp	2 %	9 %
Better privacy screen	4 %	8 %
Going in groups	0 %	7 %
More people around	5 %	7 %
Better or stronger doors	46 %	6 %
Better or stronger walls	41 %	6 %
Lighting on pathways	5 %	6 %
Carrying a phone	2 %	3 %
Attendants who would take care of the facilities	3 %	1 %
Lighting inside facility	0 %	1 %
Other	0 %	1 %
Whistle to blow when you're at risk	1 %	1 %
Lighting outside facility	1 %	0 %

A comparison of the baseline and endline survey findings (see Table 15) shows that in terms of what made people feel safe using sanitation facilities after dark, the emphasis on lighting had reduced at endline, with a greater emphasis on construction and security, consistent with responses regarding the daytime. 'Better location' of facilities was the most common response from both men and women and across all age groups and for daytime/after dark, when asked what would make them feel safer: 90% of men and 68% of women cited this in relation to during the day, and 88% of men and 57% of women for after dark. Men still had a preference for better or stronger doors (46%) or walls (41%) as their next most frequently cited aspects of security

after dark, while women's second preference was for handheld torches (25%). Lighting inside the facilities or throughout the camp was hardly cited at endline.

Table 15: Comparison of what people said would make them feel safer using sanitation facilities during the day and after dark at baseline/endline, by sex

	Daytime				After dark			
	Baseline		Endline		Baseline		Endline	
	Male	Female	Male	Female	Male	Female	Male	Female
Better location	43%	54%	88%	57%	57%	63%	90%	68%
Handheld torch	39%	43%	21%	25%	15%	18%	11%	4%
Lighting on pathways	26%	29%	5%	6%	0%	0%	0%	0%
Lighting inside facility	26%	28%	0%	1%	17%	17%	2%	1%
Lighting outside facility	24%	26%	1%	0%	0%	0%	0%	0%
Lighting throughout the camp	28%	20%	2%	9%	0%	0%	0%	0%
Greater distance between men's and women's facilities	11%	20%	7%	10%	26%	26%	10%	15%
Better privacy screen	13%	17%	4%	8%	9%	13%	5%	3%
Locks/stronger security inside the facilities	11%	17%	31%	10%	13%	19%	31%	13%
Security patrols	20%	16%	26%	11%	22%	21%	23%	16%
Better or stronger doors	9%	10%	46%	6%	17%	17%	49%	9%
More people around	6%	7%	5%	7%	0%	0%	0%	0%
Going in groups	6%	6%	0%	7%	4%	5%	0%	10%
Whistle to blow when you're at risk	2%	3%	1%	1%	0%	0%	0%	0%
Attendants who take care of the facilities	2%	2%	3%	1%	6%	5%	3%	1%
Better or stronger walls	2%	2%	41%	6%	4%	5%	44%	7%
Carrying a phone	4%	2%	2%	3%	0%	0%	0%	0%
Other	0%	0%	0%	1%	0%	0%	0%	0%
Clearer view of surroundings	0%	0%	0%	0%	35%	28%	19%	12%
Closing gaps people can see through	0%	0%	0%	0%	7%	14%	3%	3%
Windows	0%	0%	0%	0%	13%	14%	1%	2%
Secured paths	0%	0%	0%	0%	20%	13%	9%	7%

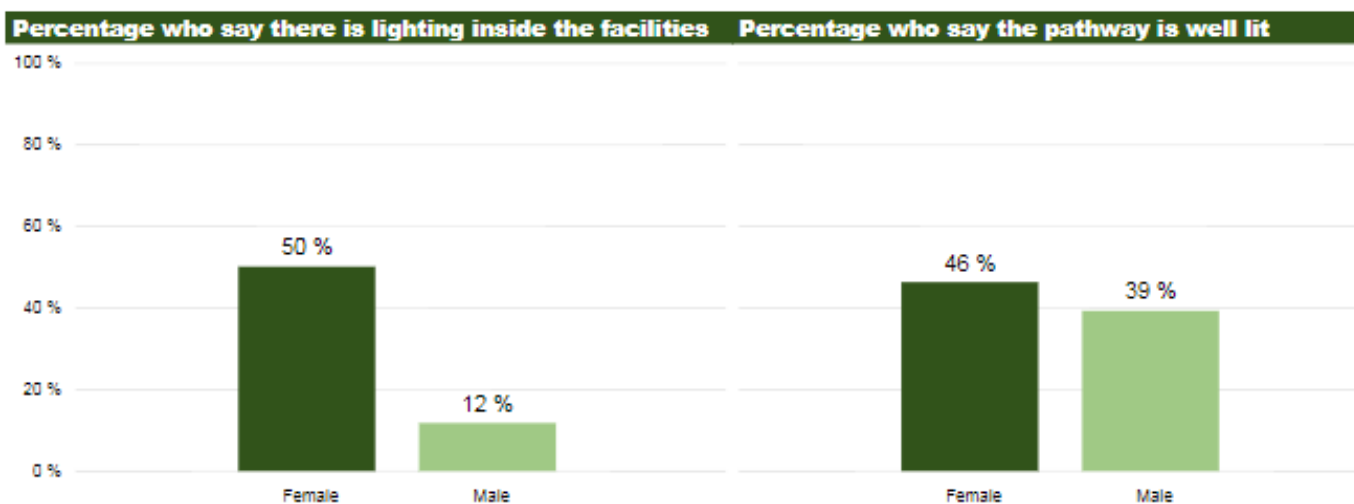
Qualitative data at endline highlights certain aspects of life in the camp which were making/would make people feel safer, both during the daytime and after dark. These include:

1. Patrols: there were several reports of the CJTF patrols being a reassuring presence in the camp.⁶³ The four patrols each included three camp residents; patrol members were selected by the Camp Secretary and were therefore trusted,⁶⁴ and this trust had grown over time: *'They [camp residents] used to be afraid of the CJTF patrols because they didn't know the members. But now they feel they know them and are no longer afraid.'*⁶⁵ However, there had also been concerns about the CJTF and forced recruitment of young men, with those who refused to join allegedly being beaten.⁶⁶ In 2017, the CJTF agreed to take measures to end the recruitment of children.
2. Boundary fencing: Aburi camp is unfenced; the IOM explained that this is because it is not a formally recognized camp.⁶⁷ Although the boundaries were often referred to in terms of the potential threat they posed for the camp residents, some of whom felt threatened by those who police them, there was also evidence that having effective fencing makes people feel safer.⁶⁸
3. Inner latrine locks: external locks on WASH facility doors were not popular, nor are they best practice; there was a clear demand for locks on the inside. As mentioned above, in the absence of locks, women use their clothing to indicate that the bathing shelter is in use. Young men also identified locks as important: *'Some of the toilets don't have inner locks and it makes us uncomfortable when using the facility and suddenly someone opens the door.'*⁶⁹ The survey findings at endline also showed an increased emphasis on security among respondents, with an increase among men in responses relating to location and build, e.g. stronger doors, stronger walls, locks. However, this finding could be because of the increase in the number of men in the camp since baseline.
4. Education and awareness raising: awareness raising to change attitudes towards violence and harassment was seen by respondents to be important in relation to increasing the safety of those living in the camp. Oxfam had conducted training sessions with the police, CGTF members, vigilantes, camp management and some senior personnel, which had been effective in letting people know what actions should be taken in response to violence and harassment.⁷⁰ Raising public awareness among residents was also cited as a positive move,⁷¹ particularly efforts targeted at young men.⁷²

3.5 PERCEPTIONS ON WHETHER THE SANITATION FACILITIES ARE WELL LIT

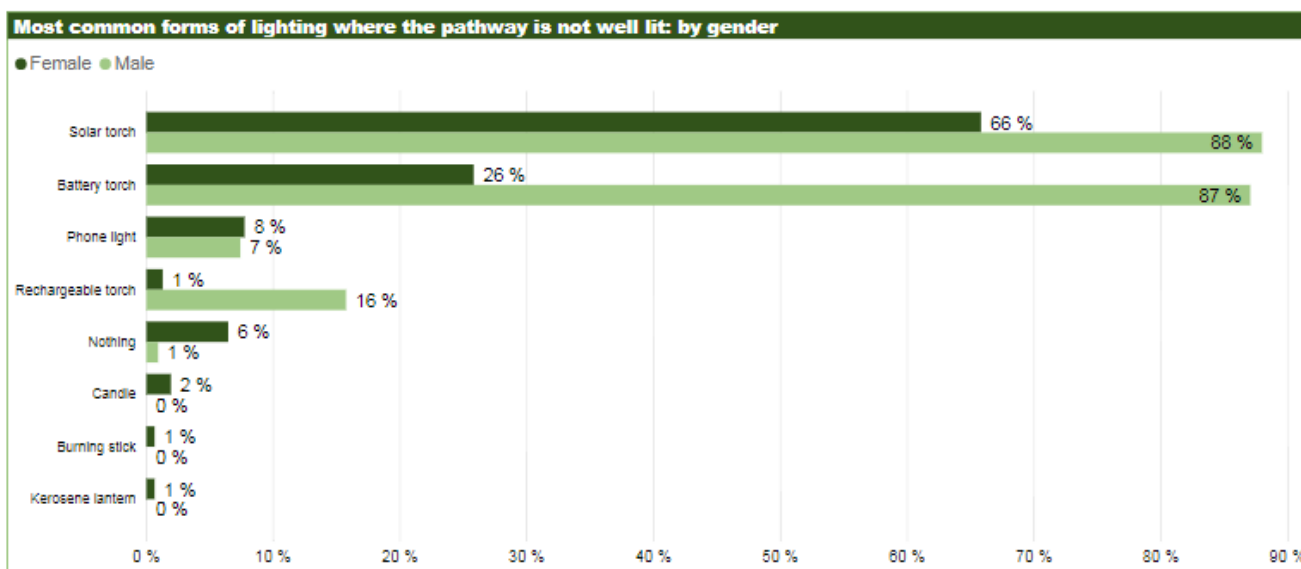
At endline, the research team asked respondents if they felt the pathway to the sanitation facilities is well lit and if there is fixed lighting inside the latrines: the responses are shown in Figure 18.

Figure 18: Percentage of respondents who said there is lighting inside the facilities/the pathway to the facilities is well lit, by sex (endline)



Those who answered ‘no’ to either question were asked what alternative lighting they were using in that situation (responses are shown in the figures below). Overall, 44% of respondents said the pathway to the sanitation facilities is well lit after dark. Of those who said it is not well lit, 75% were using a solar torch – this is a big increase from baseline, where the figure was only 14%. The percentage of people using nothing had also decreased, from 13% to 4%.

Figure 19: Lighting used by respondents who said pathway to sanitation facilities is not well lit, by sex (endline)

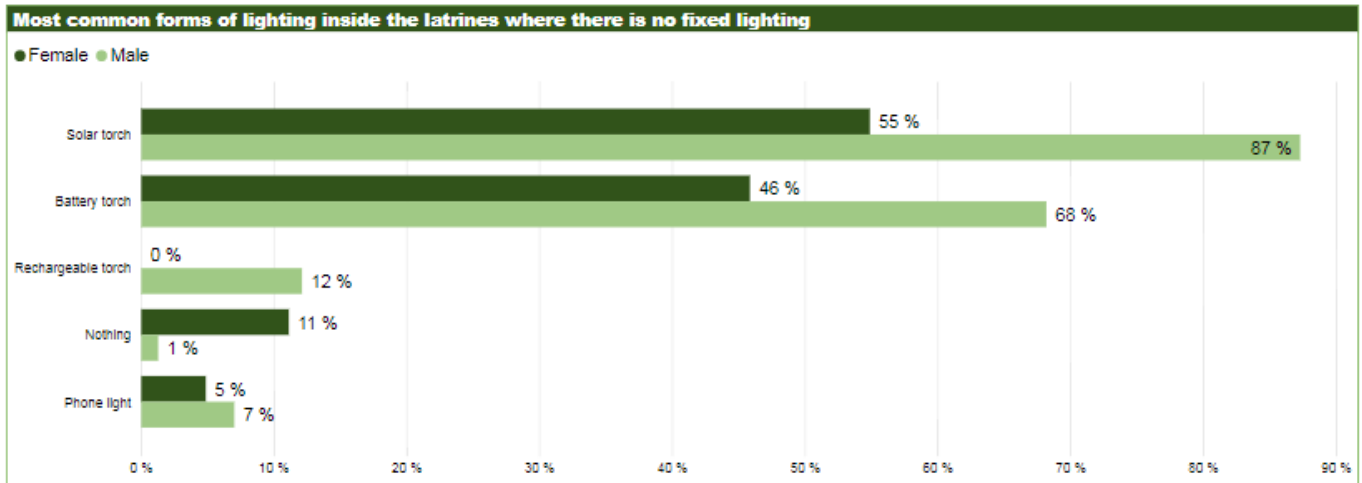


Of those who responded that the pathway is not well lit after dark, a higher percentage of men than women appeared to have access to portable lighting including solar torches, battery

torches and rechargeable torches. However, it could be that some women responded that the path is well lit *because* they have use of portable lighting, and therefore they were not asked the follow-up question on alternative lighting used. What the quantitative data does show is that of those who felt the pathway is not well lit, a higher percentage of women than men have nothing to use as lighting: 6% compared to 1% of men.

At endline, the percentage of respondents who said there is no fixed lighting inside the latrines had fallen to 63% (49% of women, 85% of men). Figure 20 shows the alternative forms of lighting used by these respondents.

Figure 20: Lighting used by respondents who said there is no fixed lighting inside latrines, by sex (endline)



The results again suggest that men have much more access than women to portable lighting. However, 50% of women said that there was some kind of lighting inside the latrines, and so were not asked the follow-up question. As a result, we cannot draw too strong a conclusion from this, other than that more women than men say they have nothing to use as lighting.



The positive impact of lighting on family bonding was emphasized by several participants, as was the ability it gave them to socialize with friends. Photo: Kerry Akers

4 SUMMARY OF FINDINGS

4.1 KEY FINDINGS AND STRENGTH OF EVIDENCE

The table below captures the key findings of the study in Nigeria based on an analysis of the relevant quantitative and qualitative data, as shown in the columns on the right, and indicates the strength of the evidence. This was determined as follows:

STRONG EVIDENCE: Quantitative data and three or more independent sources of qualitative data support causal conclusions.

SOME EVIDENCE: Quantitative data and at least one independent source of qualitative data support causal conclusions.

ANECDOTAL EVIDENCE: Qualitative data indicates unverified causal conclusions.

Finding	Quantitative data <i>Baseline and endline surveys. Answers to questions about:</i>	Qualitative data <i>Research team observations; key informant interviews; focus group discussions</i>
There is strong evidence that distribution of lighting has had a positive impact on people's fears about using the sanitation facilities after dark. There was marked drop in people citing better lighting as a need.	<ul style="list-style-type: none"> • What would make people feel safer accessing the facilities after dark 	FGD with male camp residents FGD with female camp residents aged 30+ FGD adolescent boys FGD adolescent girls KII with women's community health volunteer KII with Aburi camp resident, 'Gombo' KII with Oxfam Protection Coordinator KII with Oxfam Protection Team Leader KII with Deputy Head 'Women's Organization' KII with Oxfam Programme Manager KII with IOM, Camp Management
There is strong evidence that basic standards for latrines are not being consistently met and that the location of latrines (distance, sex segregation) plays a significant role in perceptions of the risk of GBV. There is some evidence that accompaniment of women and girls can mitigate this risk.	<ul style="list-style-type: none"> • What would make people feel safer accessing the facilities during the day • What would make people feel safer accessing the facilities after dark 	Research team observations FGD adolescent girls camp residents FGD Community Protection Committee KII with Deputy Leader, Women's Group KII with Oxfam WASH Team Coordinator KII with Oxfam's WASH Public Health Promotion Officer, Damboa FGD with Aburi camp <i>Bulemas</i> (male leaders)
There is strong evidence that handheld lights improve feelings of safety but that lighting alone will not reduce perceived risks of GBV. Perceptions of risk remain strong and understandable in the given context.	<ul style="list-style-type: none"> • Worries about accessing latrines • If risks prevent access to latrines • What would make people feel safer accessing the facilities after dark 	FGD with male camp residents FGD with adult female camp residents (aged 30+) FGD adolescent boys camp residents FGD adolescent girls camp residents KII with Aburi camp Women's Community Health Volunteer

Finding	Quantitative data <i>Baseline and endline surveys. Answers to questions about:</i>	Qualitative data <i>Research team observations; key informant interviews; focus group discussions</i>
		<p>KII with Oxfam’s Protection Coordinator, North-East Nigeria</p> <p>KII with Oxfam’s Protection Team Leader, Damboa</p> <p>KII with Aburi camp’s Deputy Leader, Women’s Group</p> <p>KII with Oxfam’s Programme Manager, Damboa</p> <p>KII with Protection Office, Grassroots Initiative for Strengthening Community Resilience (GISCOR), UNHCR Implementing Partner in Aburi Camp</p> <p>KII with IOM, Camp Management, Damboa</p>
<p>There is <u>some evidence</u> that low sanitation usage rates result in alternative practices such as open defecation and use of bags/buckets in shelters.</p>	<ul style="list-style-type: none"> • Actions taken to mitigate risks/alternatives 	<p>Research team observations</p> <p>KII with Aburi camp’s Deputy Leader, Women’s Group</p> <p>FGD with adult female camp residents (aged 30+)</p>
<p>There is <u>some evidence</u> that women and girls have less access to sources of light than men and boys.</p>	<ul style="list-style-type: none"> • Lighting on the way to facilities and what people use if none • Lighting inside the facilities and what people use if none 	<p>KII with Aburi camp Women’s Community Health Volunteer</p>
<p>There is <u>some evidence</u> that cultural norms and expectations of women and girls’ behaviour has a significant influence on their sanitation facilities usage rates. There is <u>some evidence</u> that this is also linked to feelings of embarrassment and shame at being seen by men when accessing sanitation facilities, both during the day and after dark.</p>	<ul style="list-style-type: none"> • Actions taken to mitigate risks/alternatives 	<p>KII with Oxfam’s Protection Team Leader, Damboa</p> <p>FGD with adult female camp residents (aged 30+)</p> <p>FGD with adult female camp residents (aged 20–30)</p> <p>FGD adolescent girls camp residents</p> <p>FGD with female camp residents, women with disabilities (mixed age group)</p>
<p>There is <u>anecdotal evidence</u> that sanitation facilities are perceived to be locations of potential danger for women and girls, but that adolescent girls are the most at risk.</p>		<p>KII with Protection Office, GISCOR, UNHCR implementing partner in Aburi camp</p> <p>KII with IOM, Camp Management, Damboa</p> <p>KII with Médecins du Monde (MDM), Damboa</p> <p>KII with case workers, Center for Health and Development (CHAD), UNICEF implementing Child Protection partner in Aburi camp</p> <p>KII with Aburi camp’s Deputy Leader, Women’s Group</p>
<p>There is <u>strong evidence</u> that fear of various forms of vermin has a negative effect on sanitation usage rates, and <u>some evidence</u> that lighting reduces fear of vermin by enabling people to see and avoid vermin.</p>	<ul style="list-style-type: none"> • Worries about accessing latrines • If risks prevent access to latrines 	<p>FGD adolescent girls camp residents</p> <p>FGD with female camp residents, women with disabilities (mixed age group)</p>

Finding	Quantitative data <i>Baseline and endline surveys. Answers to questions about:</i>	Qualitative data <i>Research team observations; key informant interviews; focus group discussions</i>
There is <u>strong evidence</u> that the design, construction quality and maintenance of sanitation facilities affects perceptions of the risk of GBV and <u>some evidence</u> that it affects usage rates, as does cleanliness.	<ul style="list-style-type: none"> • Worries about accessing latrines • If risks prevent access to latrines • What would make people feel safer accessing the facilities during the day • What would make people feel safer accessing the facilities after dark 	FGD with Community Protection Committee KII with Aburi camp's Deputy Leader, Women's Group KII with Oxfam's WASH Team Coordinator, Damboa KII with Oxfam's WASH Public Health Promotion Officer, Damboa FGD adolescent girls camp residents FGD with adult female camp residents (aged 30+) FGD with Aburi camp <i>Bulemas</i> (male leaders)
There is <u>anecdotal evidence</u> that people living in camps need more than one handheld light to enable all household members to benefit; that lighting has wider benefits to people's dignity, ability to avoid physical hazards, and quality of life including family life.		FGD women aged 30+ FGD with men KII with Aburi camp resident, 'Gombo' KII with Aburi camp Women's Community Health Volunteer
There is <u>anecdotal evidence</u> that vulnerable individuals are at greater risk of theft of lights and other belongings, and that thefts may take place when they can be seen going to the sanitation facilities.		FGD Aburi camp <i>Bulemas</i> (male leaders) FGD with women aged 30+ FGD with men

4.2 HOW SANITATION FACILITIES USAGE RATES CHANGED SINCE THE LIGHTING INTERVENTION

Oxfam's lighting intervention did not install lights in or around sanitation facilities, as this was not allowed by the military, but provided handheld lights to households, which could be used on the way to or inside facilities. From high rates of non-usage of latrines at baseline among both men and women, over the course of the research men became more likely to use sanitation facilities, stating lower levels of fear of perceived risks.

For some adolescent girls, the handheld lights had removed the need to be escorted during hours of darkness. Young women stated that they were now '*not afraid to use the latrines after dark*'. This was corroborated by KIIs (notably with the Deputy Women's Group Leader); however, the positive impact of lighting only went so far in terms of reducing perceptions of risk. Women maintained high rates of non-usage of sanitation facilities at endline, with non-usage rates even rising slightly both during the day and after dark. Low usage rates can be attributed to a variety of factors beyond the scope of the lighting intervention, including poor care and maintenance of facilities, as well as strong social norms which meant women and girls had feelings of shame and embarrassment given the likelihood of 'being seen' by men on their way to or at the facilities. The figures also have to be viewed in the context of a steep rise in the proportion of men living in the camp between baseline and endline.

4.3 WHAT WOULD MAKE PEOPLE FEEL SAFER USING SANITATION FACILITIES?

By endline, answers to questions on what would make people feel safer using facilities showed a shift away from lighting-focused answers towards an emphasis on the construction, maintenance and security of the facilities. Lighting inside the facilities was hardly cited at endline by either men or women. Location of the facilities still remained the main concern for both men and women, both during the day and after dark. 'Lighting throughout the camp' as an aspect of safety decreased as a factor for both sexes, as did 'handheld torches', in line with the lighting intervention undertaken. Men were generally more concerned than women about build quality issues (e.g. better or stronger walls/doors) than women, both in the daytime and after dark. Women broadly stayed concerned about the same issues as at baseline, although distance between men's and women's facilities, lighting on pathways and inside facilities had all decreased as factors.

4.4 THE WIDER IMPACT OF LIGHTING

The individual survey and FGDs focused on impacts of lighting on sanitation facilities usage and perceived risks of GBV. While it is therefore difficult to ascertain the direct impact of lighting solely from the surveys, when triangulated with key informant interviews and other comments made during the FGDs, a range of perspectives on the impact of lighting emerge.

The lighting intervention generally had a positive impact and was broadly appreciated by respondents as it enabled camp residents to move around after dark, to avoid vermin and insects, and also to socialize with family rather than just going to sleep as darkness falls. The positive impact of lighting on family bonding was emphasized by several participants, as was the ability it gave them to socialize with friends. The cost savings of solar versus battery-powered lights was also appreciated.⁷³

Men said that they used the lights for going to latrines, carrying out chores in the shelter and tending to children, but if they had to choose who had priority over use of lights, they would prioritize women's use.⁷⁴ However, this does not match up with survey data, which shows significantly fewer women using solar lights than men.

People reported using the lighting for early morning prayers, cooking (especially during Ramadan), carrying out household tasks after dark, for family social interaction, visiting neighbours and – for men – going out after dark.⁷⁵ Young men said that they used the lights to *'wash our clothes after dark, go to the toilets and bathing shelters, read books and do our assignments, buy items from shops if our parents send us, and also do other household chores. Using the light makes us safe.'*⁷⁶ They went on to say that in larger households it would be better to provide more than one light, pointing out the complex logistics of up to 10 people trying to coordinate use of one light between them.⁷⁷ This was backed up by other groups who asked for more than one light per family.⁷⁸ The previously distributed Waka lights had been appreciated because they had a mobile phone charger.

Theft of solar lights appeared to be a problem. Where thefts did occur, this appeared to be for personal use, as participants reported that they had not seen the lights for sale in the markets.⁷⁹ Female-headed households and elderly people appeared to be more vulnerable to theft.⁸⁰

NOTES

- 1 UNOCHA, North-East Nigeria: Humanitarian Situation Update – Progress on key activities from the 2018 Humanitarian Response Plan, August 2018 edition (covering 1–31 July 2018).
- 2 Daily Post (June 2018) 'Boko Haram: UN condemns Damboa attack', <http://dailypost.ng/2018/06/18/boko-haram-un-condemns-damboa-attack/>
- 3 Medicins Sans Frontieres, 'What's happening in the northeast?', <https://www.msf.org/nigeria-whats-happening-northeast>
- 4 OCHA, North-East Nigeria: Humanitarian situation update (2018), <https://www.unocha.org/nigeria>
- 5 CARE Rapid Gender and GBV Assessment, Borno State: Banki, Pulka and Rann (January 2018), <https://reliefweb.int/report/nigeria/care-rapid-gender-and-gbv-assessment-borno-state-banki-pulka-and-rann-january-2018>
- 6 Oxfam GBV and Lighting Assessment for Damboa
- 7 DTM/IOM data from April 2018
- 8 <https://www.lightingglobal.org/>
- 9 Further technical specifications for this light can be found at https://www.lightingglobal.org/wp-content/uploads/2018/01/LG_SSS_glp-skipicoplus-v2.pdf
- 10 IASC (2015) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, p. 7
- 11 Ibid, p. 2
- 12 KII Oxfam Protection Team
- 13 KII Oxfam Protection Team
- 14 In Nigeria, 'vermin' refers to scorpions, spiders, snakes and large rodents.
- 15 FGD with adult female IDPs
- 16 FGD with older and elderly female IDPs
- 17 FDG with adult female IDPs
- 18 FGD with female older and elderly IDPs
- 19 FGD with young males
- 20 FGD with female IDPs
- 21 FGD with female IDPs
- 22 FGD with older and elderly female IDPs
- 23 FGD with young males
- 24 KII Oxfam Protection Team
- 25 FGD with older and elderly female IDPs
- 26 FGD older and elderly female IDPs
- 27 FGD with female adults and elderly IDPs
- 28 KII with Oxfam Damboa Team
- 29 FGD with solar light beneficiary women, Maiduguri, aged 18–50
- 30 FGD with young male IDPs
- 31 KII with IOM Protection Lead
- 32 FGD with female, youth and adult IDPs
- 33 KII with IOM Protection Lead
- 34 KII with Oxfam Damboa Team
- 35 KII with IOM Protection Lead
- 36 FGD with solar light beneficiary women, Maiduguri, aged 18–50
- 37 FGD with women aged 20–30
- 38 FGD with adolescent girls aged 13–18
- 39 FGD with adolescent girls aged 13–18
- 40 FGD with young male adolescents
- 41 FGD with males aged 25–35
- 42 FGC with women aged 20–30
- 43 FGD with men aged 25–35

- 44 FGD women aged 20–30 years
- 45 KII with Oxfam Public Health Promotion Volunteer
- 46 FGD with men aged 25–35
- 47 KII Deputy Women’s Group Leader
- 48 FGD with adolescent girls aged 13–18
- 49 FGD with young adolescent males
- 50 FGD with eight young women aged 20–30 years
- 51 FGD with adolescent girls aged 13–18
- 52 KII with GISCOR, UNHCR partner in Aburi camp
- 53 KII Deputy Women’s Group Leader
- 54 KII Deputy Women’s Group Leader.
- 55 KII Deputy Women’s Group Leader
- 56 KII with Aburi camp resident, ‘Gombo’
- 57 FGD with adolescent girls aged 13–18
- 58 KII Women’s Group Deputy Leader
- 59 FGDs adolescent girls aged 13–18
- 60 KII with Community Health Volunteers; KII with IOM; FGD with disabled women
- 61 KII with GISCOR, UNHCR partner in Aburi camp
- 62 KII Deputy Women’s Group Leader
- 63 FGD with 10 women aged 30 and over
- 64 FGD with women aged 20–30
- 65 FGD with eight women with disabilities aged 20+
- 66 FGD Deputy Women’s Group Leader
- 67 KII with IOM, Damboa
- 68 FGD with adolescent girls in Aburi camp
- 69 FGD with male adolescents
- 70 KII with Protection Team Leader
- 71 KII with Médecins du Monde
- 72 KII with GISCOR, UNHCR partner in Aburi camp
- 73 FGD with adolescent girls aged 13–18
- 74 FGD with men aged 25–35
- 75 KII with Aburi camp resident, ‘Gombo’
- 76 KII with adolescent boys
- 77 KII with adolescent boys
- 78 FGD with women aged 20–30
- 79 FGD with women aged 20–30
- 80 FGD with women aged 20–30

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