

LIGHTING THE WAY

Lighting, sanitation and the risk of gender-based violence
Omugo extension camp, Uganda



A latrine and light in a refugee camp in Uganda. Photo: Rachel Hastie.

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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 Omugo Extension Camp in northern Uganda. 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 Nigeria.

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.

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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 only have 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 lighting (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 Uganda, this involved installing solar-powered street lights, mainly at water points. After three 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 Omugo Extension Camp within Rhino Refugee Settlement in northern Uganda. The baseline research took place from 3–11 November 2017, and the endline research from 27 February–9 March 2018.

1.2 CAMP PROFILE

Rhino Refugee Settlement in northern Uganda was originally set up in the 1980s. It was most recently expanded to accommodate large numbers of refugees fleeing conflict in South Sudan. The Government of Uganda has kept its border open to refugees and has one of the most progressive and welcoming refugee policies in the world. Under its Self-Reliance Strategy, refugees are allocated plots of land, allowed to work and establish businesses, access public services, and have free movement throughout the country. Humanitarian actors providing support to refugees are required to integrate support to host communities, with a guide of approximately 30% of resources of any intervention being allocated to host communities. For the purpose of this research, approximately 30% of survey respondents were from host communities, and focus groups discussions (FGDs) were held with host communities as well as refugees. Members of host communities use some services in the camp such as water points, and are integrated into community-based structures such as committees and groups.

Rhino settlement is managed by the Office of the Prime Minister (OPM) working in conjunction with the UN refugee agency UNHCR, and supported by international and national humanitarian actors. There are estimated to be more than 1.4 million refugees and asylum seekers in Uganda,¹ more than a million of whom come from South Sudan. They live alongside a sparse and dispersed host community, many of whom live in poverty. Despite the large number of refugees with significant needs, as of February 2018 the UNHCR Refugee Response Plan was only 4% funded.²

Table 1: Camp demographics at baseline and endline

	Baseline	Endline
Households (approx.)	1625	3000
Individuals (approx.)	13,000	24,000
Gender ratio (M/F)	33:67	34:66

In August 2017, to cope with the increasing arrivals of refugees, Rhino Settlement was expanded with the establishment of Omugo Extension Camp. At the time of the baseline research Omugo was only partly inhabited, with 13,000 refugees of its expected capacity of 40,000, and constant new arrivals going through reception and being allocated plots (its population had increased to more than 24,000 by the time of the endline research). There was some movement between plots as people reunited with family, and many refugees did not know their immediate neighbours, with the research team observing at baseline that there did not seem to be a strong sense of community cohesion. The base camp had not yet been built; only a few NGOs workers were staying in the camp overnight, with many NGOs not at full capacity at that stage. The research team also visited older parts of Rhino Settlement to get an idea of how the camp may develop in future.

A notable proportion of refugees were classed as Persons with Special Needs. This was a wide definition that included people with disabilities and female-headed households; they received additional support, such as having shelters built for them rather than only being provided with building materials. Additional support for building household latrines focused on people with disabilities.

Water, sanitation and hygiene (WASH) actors in the camp include Norwegian Refugee Council (NRC) and Malteser International. Water trucking was taking place at baseline and sometimes water trucks arrived after dark; by the endline, a piped water system had been commissioned but was not yet operational. Water point committees were also being set up. Water points were about 500m apart.

Temporary latrines and bathing shelters serving up to 10 unrelated households had been built with the aim of an eventual transition to household latrines. However, WASH actors were struggling to meet the

demand of continuing new arrivals and the transition to household latrines. The land allocation meant that these shared latrines were about 250m from the next facility. Each latrine block had two cubicles, none of which had any signs of sex segregation. Walls were just tarpaulin over a pole frame, with a tarpaulin flap for a door. Bathing shelters were separate structures with similar walls and doors, but no roof. No neighbourhood organizations seemed to be in place to maintain these latrines, and cleaning materials were not available. Two latrines between ten households does meet the standards for coverage, but is probably too many users for a sense of shared ownership to exist.

The construction of household latrines was severely delayed due to numerous factors. In November 2017, when the baseline research was carried out, some of the shared latrines had been stripped of their plastic by thieves, had flooded, or had filled up before people had been able to construct their own facilities. The rocky ground, time constraints and probably inadequate contract management meant that some pits were far too shallow for the number of people using them. Sanitation facilities were meant to be constructed before people arrived on their plots, but the contractors struggled to keep up with demand at peak times. Some of the refugees had always practised open defecation in South Sudan and were unfamiliar with using latrines. The poor quality of construction and the lack of cleaning also dissuaded usage.

There is little fixed lighting in the camp. At baseline, there were some lamp posts at the reception area close to the camp entrance, but they had not been connected. UNHCR had distributed some solar lanterns with mobile phone chargers. The lanterns can be hung up and the light itself can be detached and used as a torch. The solar lanterns had been distributed to all households in the early stages, one per household regardless of size. At some point a decision was made to give two lanterns to households with more than five members. At the time of the baseline research, supplies had run out and some camp residents were awaiting a new distribution of lights. At the endline there were still no new supplies.



A new bathing shelter (left), latrine (right) and handwashing stand



A UNHCR lantern in a household latrine. UNHCR distributed these SunBell Solar Lanterns – solar LED lights with a phone charger, 3m cable, solar disc and sound amplifier. They use a LiFe PO4 battery with 4–6 year lifespan. This battery charges in 4–10 hours, depending on the weather. The lamp has three settings: a full charge lasts 4.5 hours at 100 lumens, 15 hours at 20 lumens and 100 hours at 5 lumens. Photos: Brian Reed

1.3 OXFAM'S LIGHTING INTERVENTION

Because portable lights had already been (partially) distributed, additional torches or solar lamps may not have had a noticeable impact from a research perspective. Following the baseline study, Oxfam therefore decided to install lamp posts in locations that FGD participants had determined as their priority. The majority of these locations were road intersections and water points, not sanitation facilities. There were multiple reasons for this, and Oxfam had to balance the need to generate evidence for the purpose of this research with meeting the priority needs of the camp residents. The rationale for not directly lighting the latrines and bathing shelters was first and foremost due to a concern that this would in fact increase the risks to users, and secondly because it was impractical and unsustainable. For a camp of 10, 000 people, there would be a minimum of 20 water points and 200 latrines (with 10 households sharing) but 2,000 latrines if household provision was universal.

Following the baseline research, it was apparent that there was low usage of the latrines; that the condition of the structures varied but that many were in very poor condition, very shallow and therefore already full; and that there was widespread theft of plastic sheeting and other materials used to construct the latrines. The condition of bathing shelters varied, but some had only three sides or inadequate walls. Many were filthy, as there were no cleaning materials. It was likely that any lighting attached to or around the latrines would quickly be stolen and that the fundamental problems with the sanitation facilities could not be solved by lighting; therefore, from a research point of view, we would not be able to test the impact of lighting as other factors were having a far more significant impact on usage rates and perceptions of safety. As mentioned above, at the time of the baseline research, plans were already underway for the construction of household latrines, with multiple pits already dug in the zones where the research was being carried out (incidentally, these pits, which often filled with water due to rain, created further risks of falls and injury in the dark). Therefore, it made no sense to light structures that were about to be decommissioned.

Multiple sources recommended the lighting of the water tanks. Poor roads led to late deliveries of water, meaning that people had to collect water after dark. There were plans to decommission these tanks and provide a 24-hour piped water supply, meaning that this collection of water in the dark may

not be necessary in future. However, several reasons were suggested as to why this was still the best location for many of the lights. Oxfam installed 14 lamp posts around the camp, and at the same time CARE installed 22 lamp posts. Most were near water points, one was on a roundabout, one by a community centre being built, and one at the medical centre. No lamp posts were placed within the host community area, but the host community benefited from the illumination at water points.

The Oxfam and CARE lights were of a similar design: a fixed direction solar-powered streetlight with a removable battery in a box that was welded closed. The poles were bolted to a foundation constructed a few days before the light was installed, to allow the concrete to gain strength. It was not clear how deep these foundations were, but discussions with WASH engineers revealed that they may not be deep enough. Other people reported the use of jackhammer to dig the foundations, so it did appear that the contractors had dug into the rock. Of the 15–20 lamp posts examined, only about 10% had the solar panel correctly orientated (i.e. facing south at about 10–20° from the horizontal). Being near the equator, this was not as critical as it would be elsewhere, but it was indicative of the level of knowledge of the installation team. Each lamp post had a committee of local residents to manage it. Some battery thefts occurred before the lamp posts had been handed over to the client, where the battery boxes had not been welded shut, but were replaced by the contractor.



A lamp post installed by Oxfam in Uganda. Photo: Brian Reed

The lamp posts installed by both CARE and Oxfam were managed by their protection teams, so any minor technical issues could be addressed by their infrastructure colleagues. A more significant issue was coordination on choosing the location. The FGDs at baseline had identified that water tanks and 'dark spots' were possible locations, including some road junctions which had a reputation for being trouble spots as youths tended to congregate there. This was reiterated by the camp management before the installation started. Those residents close to the proposed locations were also consulted. The WASH teams were part of the initial discussion, but they were not aware of the detail of

installation until the lamp posts appeared. This was a problem, as permanent water points were being constructed at the time, and the lamps had all been positioned to illuminate the ‘temporary’ facility that was about to be decommissioned. The majority of the new water points were nearby, but the fixed direction of the light could not be easily adjusted without taking the pole down and rebuilding the foundations.



A lamp post illuminating the (temporary) water tank. Photo: Brian Reed

The lamp post installed next to a community centre was also going to be redundant as the building had a solar panel for lighting, and lamps could be fixed to the outside of the building more cost effectively than a free-standing lamp post. Coordination was not only a challenge between sectors; at one tank, one set of contractors installed a foundation and left it to gain strength. Meanwhile, the other set of contractors also installed a lamp post at the same tank, but when the first contractors returned they carried on with their work, so there are now two lamp posts illuminating one temporary tank.

1.4 METHODOLOGY AND CHALLENGES DURING FIELDWORK

The full methodology used in Uganda 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*,³ 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.*’⁴

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.

During the baseline research period, refugees were continually arriving and service providers were having to expand their operations to keep up with the needs. Several people who took part in surveys disclosed to enumerators distressing incidents or situations that had affected them or others in their community. Oxfam's Protection Team was already present to facilitate emergency referral to specialist services. However, even though training sessions had prepared the enumerators for these types of situations, they found them upsetting. Daily debriefs were carried out with enumerators and covered their wellbeing and the support available to them.

The research team carried out key informant interviews (KIIs) and observations within the camp concurrently with the enumerators carrying out the survey and focus group discussions (FGDs). Following a rapid analysis of emerging trends in the survey data, and based on daily debriefing sessions with enumerators, the structure of FGDs was developed to specifically probe and enhance understanding of those issues. The focus groups combined direct questioning on sanitation issues (e.g. 'How far apart do you think latrines for men and women should be?') with scenarios to prompt the groups to discuss sensitive personal, cultural or GBV-related issues through a third-person situation. One scenario was used in all FGDs to understand why so many female survey respondents said that 'being seen' prevented them using sanitation facilities: '*Sarah is worried about being seen going to the latrines. Why do you think that is? What is she worried about?*' Each FGD also had a specific scenario, e.g. the FGD for persons with special needs was presented with a scenario of a disabled man who was worried about his solar light being stolen, while older women were asked what advice they would give to a woman with teenage daughters who has just arrived in the camp.

These scenarios proved very effective for generating discussion and debate, and for understanding and contextualizing some aspects of the survey data while enabling participants to talk about sensitive issues in a depersonalized manner. Some enumerators were able to speak the language of the FGD participants while others needed to work with interpreters who, like the enumerators, were trained prior to the research.

The questionnaire had been prepared in advance, which meant that some of the more generic questions were less appropriate to the context. Context-specific fears relating to latrine use should have included the low level of familiarity with latrines among many of the refugees fleeing from rural areas, the high level of vandalism of the latrine structures and the very poor cleaning of shared latrines. These issues only became apparent after the observations and KIIs.

There were challenges in the timing and implementation of the quantitative data collection using the data capture software Mobenzi. The enumerators had recently carried out *household* surveys to establish general needs, and took some time to adjust to asking questions about *individual* experiences. Also, the repetitive nature of the more detailed research survey (e.g. during the day, after dark, going to the latrine, at the latrine) meant that enumerators needed time to explain each of the different concepts. Time variations in some of the data entry logs suggest that enumerators sped up as they progressed. This may have been the result of enumerators becoming more familiar with the surveys, though it could suggest that the time may not always have been taken to fully explain concepts, which may have affected the quality of data collected.

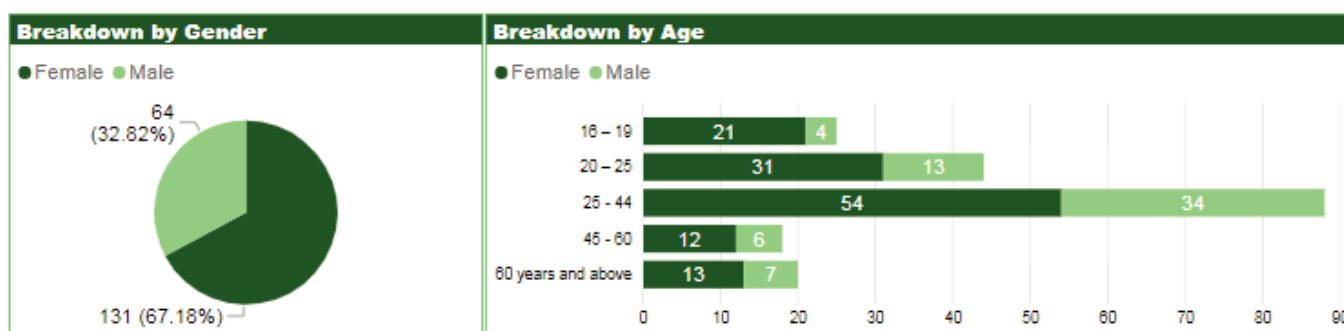
The issue of coordination was a challenge, with lighting providing multiple benefits but not really having an institutional 'home'. Installing and maintaining the lighting also requires the input of several unconnected people, and in Uganda this was at times disjointed, as shown in section 1.3 above.

During the risk assessment prior to the baseline survey, the risk of encountering snakes and scorpions was identified (among other risks) as the bush had not yet been cut back. Several enumerators did see/come across both snakes and scorpions, and were advised not to walk in very bushy areas, even if this meant they were unable to reach the target number of interviews.

2 FINDINGS OF THE BASELINE STUDY

The baseline research took place from 3–11 November, with individual surveys, FGDs and KIIs, as described in the methodology section above. The survey had a total of 195 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 adult camp population using demographic data to establish results to a Confidence Interval of 5 and Confidence Level of 95%. Where possible, survey enumerators targeted people proportionally based on their resident status (refugee or Ugandan national), gender, age and disability. During the baseline research, illness among the enumerators reduced capacity and fewer surveys were undertaken than planned. The target sample size was based on approximate population data, so the results were monitored each day to see how proportions varied. The emerging results were consistent, indicating that they were broadly representative.

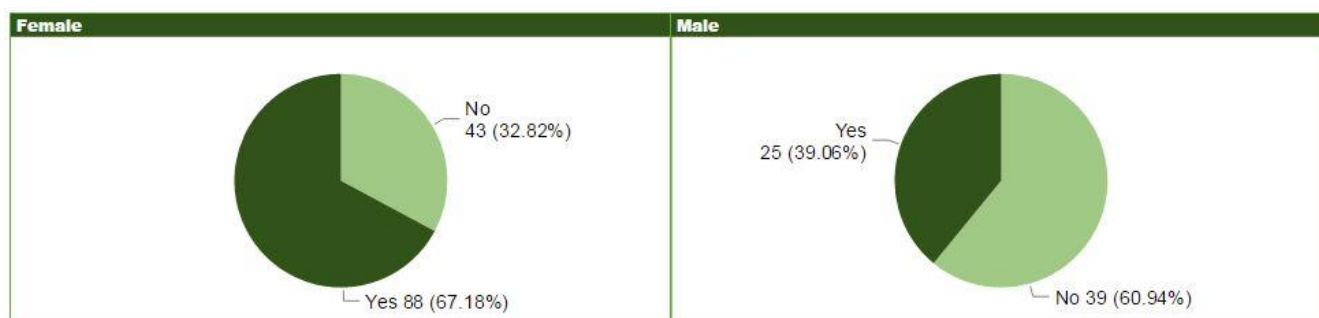
2.1 PERCEIVED RISKS AND THEIR IMPACT ON SANITATION FACILITIES USAGE

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 all 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.

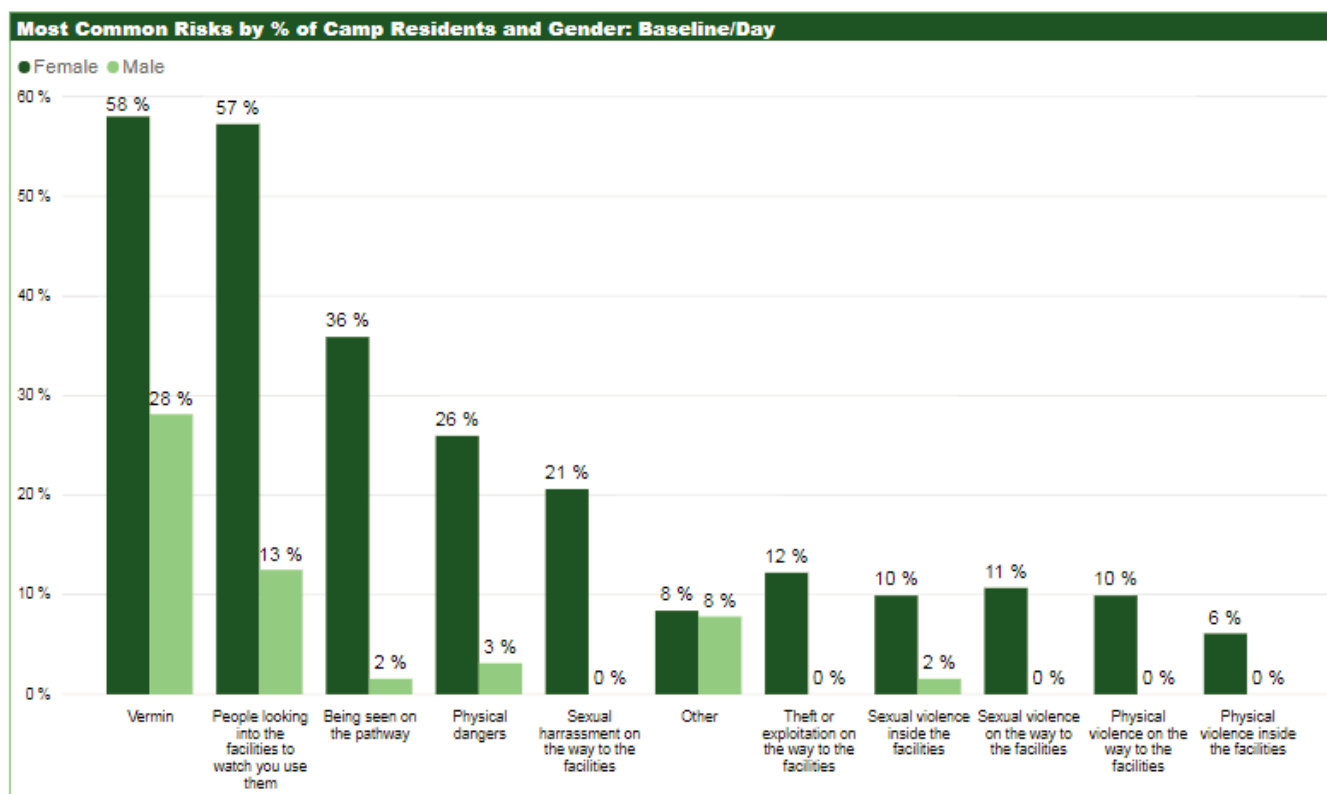
Daytime

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



In response, 67% of females said one or more of these risks prevented them from using the sanitation facilities during the day, as did 39% of males. 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 the tables below 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)



At baseline, 'vermin' was the most frequently cited risk that survey respondents said prevented them using the sanitation facilities during the day. This was the case for both women (58%) and men (28%), as shown in the figure. Shortly before the baseline research a woman had been bitten by a snake and died in severe pain in front of a large crowd, which may have led to exceptionally high fears of snakes among the refugees at that time. However, this fear was also reported in key

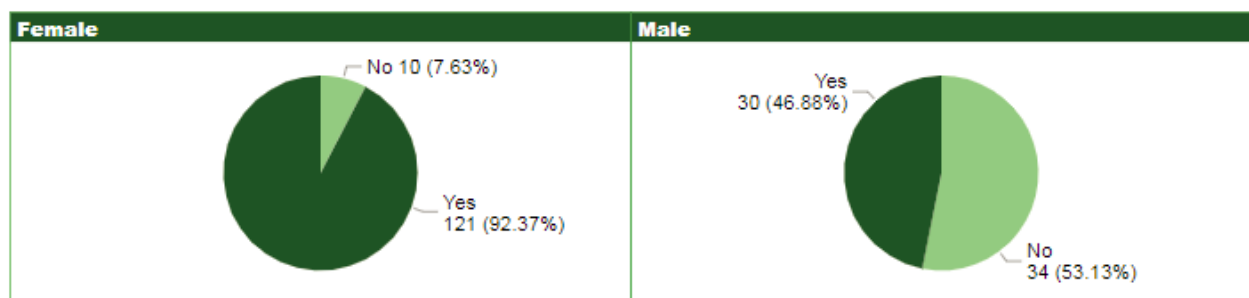
informant interviews at other settlements. The qualitative data confirmed that many camp residents had concerns about vermin, and specifically snakes and scorpions. The report of the snake attack was recounted by a key informant: *‘One woman was cutting grass when she was bitten by a puff adder... it’s a well-known case from the first week of October. It created a lot of fear. There are scorpions in people’s tents – they really want lights.’*⁵ The story was confirmed in another KII: *‘The woman and the puff adder scared everyone. I have seen snakes myself, including a cobra.’*⁶ Reports of other vermin were also given: *‘Lighting was demanded by the community due to the threat of snakes, scorpions, intruders, rape’* and *‘In Rhino there were three fatalities due to snake bites in 2014.’*⁷

As explored in more detail in section 2.2 below, 63% of women identified at least one risk relating to GBV as a reason for not using the sanitation facilities in the day, compared with 14% of men. Fear of being watched while using a latrine was high among women (57%). The other GBV-related risks e.g. ‘being seen’ on the way to the facilities (36%), sexual harassment (21%), and sexual violence on the way and inside a facility (10/11%) were evident among women, while for men these did not really feature as risks. Female respondents also registered high levels of concern about ‘being seen on the pathway’ which, while not one of the four GBV indicators, was found to have some links to risks of GBV as explored later in this report, as well as to feelings of shame and embarrassment at being seen going to the latrines by men.

These concerns were corroborated by several different qualitative sources. On the risk of people looking into the facilities to watch you use them, the group of older married and widowed women stated that *‘A man here just enters even though you are using the latrine; they don’t ask for permission, which makes you feel ashamed.’*⁸ They also feared travelling to distant latrines as *‘men will be watching you and can rape you’*. Fears of rape and other physical attack (such as robbery) were also high among older refugee women. Camp safety was confirmed as an issue by a key informant who made a comparison between this camp and others in the region, including Bidibidi and Imvepi, describing Omugo as *‘the worst in terms of safety, robbery, gang rape of girls’*.⁹

After dark

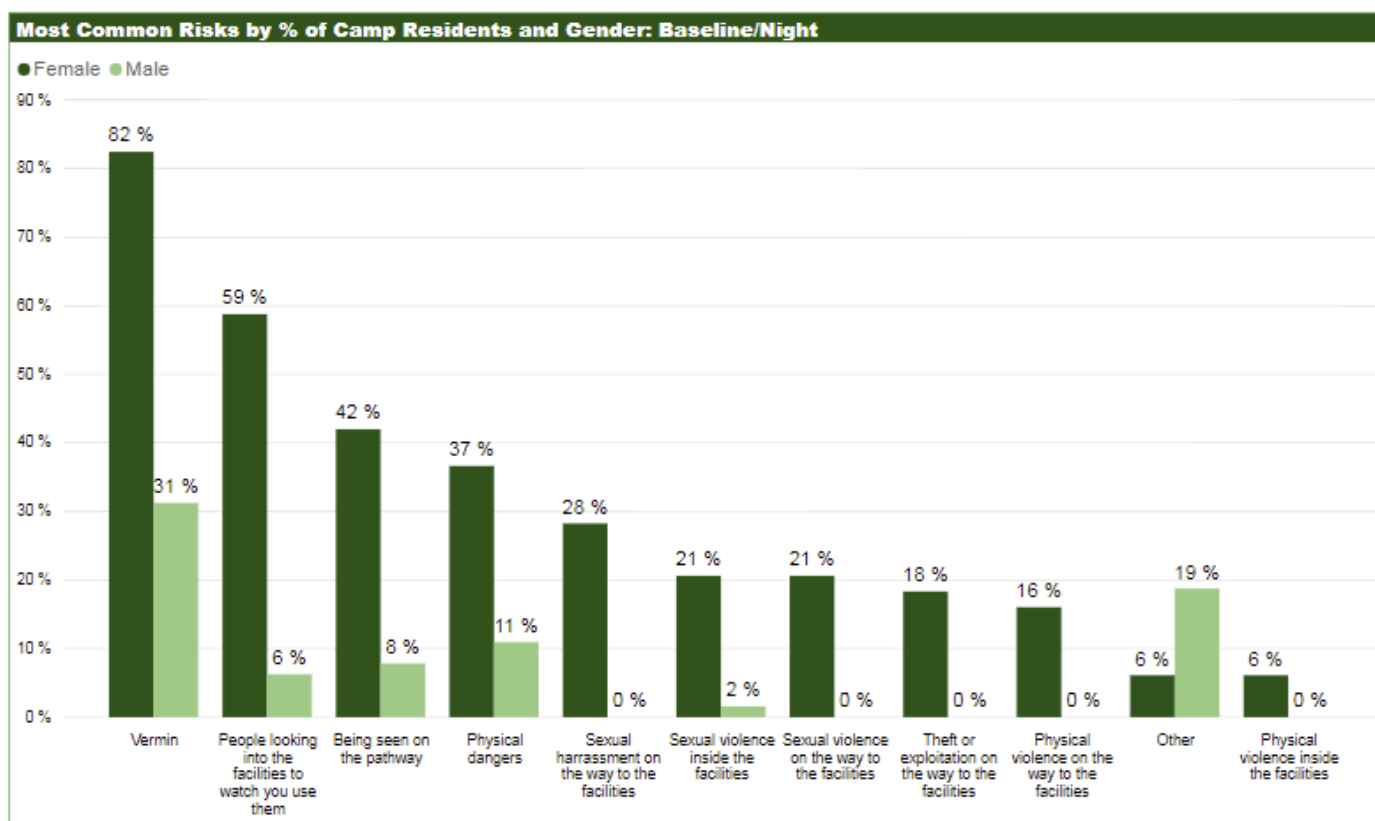
Figure 4: Do any of these risks prevent you using the sanitation facilities after dark (baseline)?



Both men and women were less likely to use the facilities after dark than during the day; however, many more female respondents reported that one or more risk factors prevented them using the facilities after dark (almost all the females in fact, at 92%) compared with less than half the male respondents (47%).

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 the tables below and add in any ‘other’, which was recorded in free text. Their responses are presented below.

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



In terms of what prevented them using the facilities after dark, 75% of women cited at least one risk relating to GBV as a reason to not use the latrines at after dark, compared with only 8% of men. Fears of GBV after dark were recounted many times in the FGDs and KIIs, as described in section 2.2.

The perceived risk from vermin increased from 58% in the daytime to 82% after dark – presumably as scorpions, snakes etc. could not easily be seen in the dark – for women, remaining roughly the same for men. Rates of perceived risk relating to fear of GBV all increased compared to daytime. Perceived physical danger risks also increased for men, from 3 to 11%.



Latrine shared by Sarah, a refugee caring for 12 young children, with five other households. Photo: Rachel Hastie/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, 76% of total respondents reported a fear of GBV, broken down as 95% of all female respondents and 38% of all male respondents.

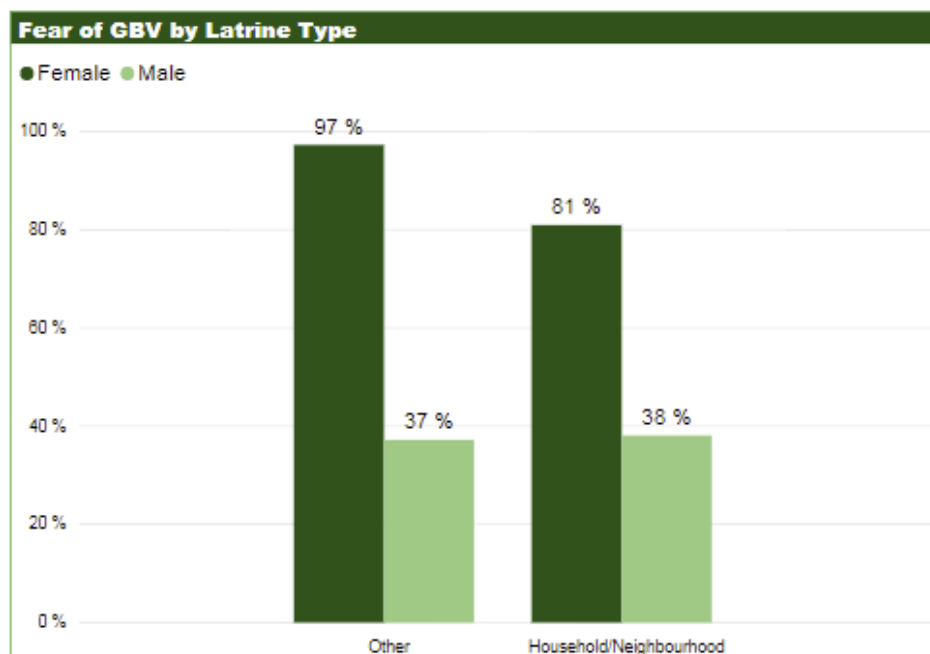
Table 2: Respondents citing fear of GBV, by sex (baseline)

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
195	148	76%	131	124	95 %	64	24	38 %

There is no clear pattern by age group in the quantitative data on fear of GBV; however, in the FGDs there were references to assaults on young girls and children. In response to the scenario about a mother with teenage daughters, older women said: '*When her children go to market they should come back early since there are many snakes and men can rape you. [The teenage girls should] not go to the disco because they will be raped and infected.*'¹⁰ In a FGD for young male refugees, they felt that the teenage girls should not go to the toilets alone to avoid rape, or shame because her 'boyfriend' might see her.¹¹

In Uganda, very few families had constructed their own household latrine at the time of the baseline. However, closer analysis shows a reduced level of fear of GBV among female respondents who stated that they used a household latrine or shared a latrine shared with fewer than five other households (see figure below).

Figure 6: Fear of GBV by latrine type (baseline)

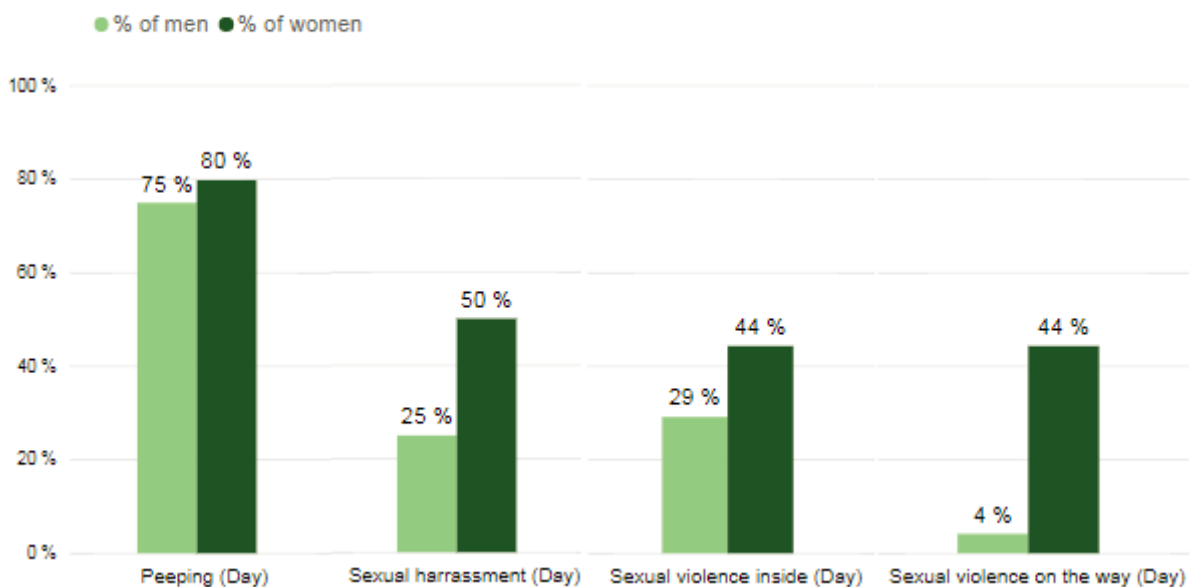


NB: 'Neighbourhood latrine' = max 5 households sharing

Of those who reported a fear of GBV, the breakdown by risk is shown in Figures 7a and 7b. 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%.

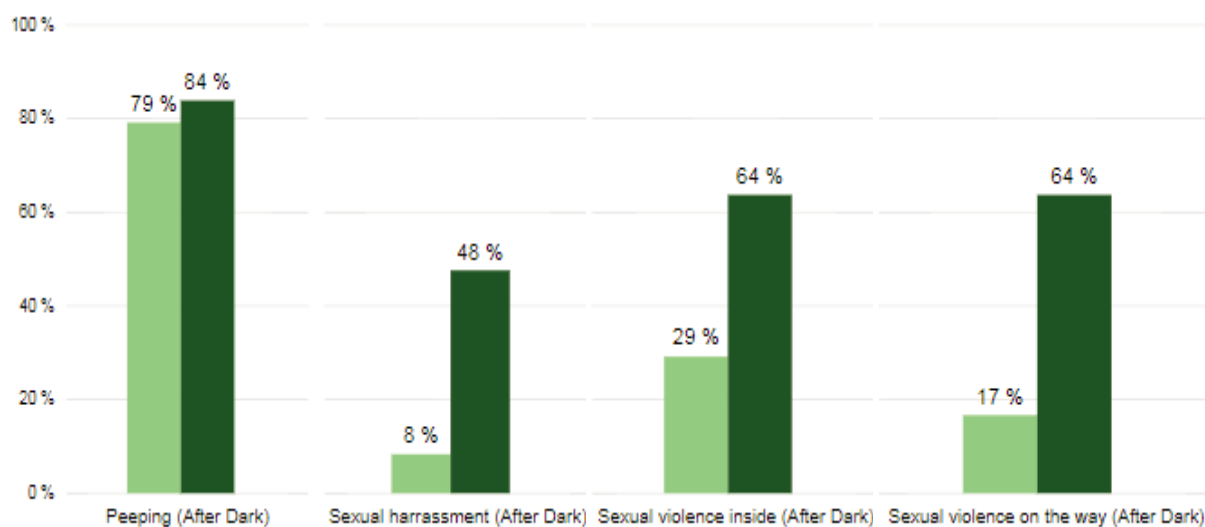
Of the 124 women who cited a fear of GBV, people peeping into the facilities was the biggest concern, with 80% of those 124 women very worried about this during the day and 84% very worried after dark. This was also the biggest concern for the 24 men who cited a fear of GBV: 75% were very worried about peeping during the day and 79% were very worried about peeping after dark. There were also high numbers of women reporting that they were very worried about sexual violence inside and on the way to the facilities after dark: this was the case for 64% of those who reported a fear of GBV.

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



NB: 124 females and 24 males reported a fear of GBV

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



NB: 124 females and 24 males reported a fear of GBV

The qualitative evidence indicates a general fear of GBV at any time: *'A man might rape you if he finds you half dressed in the latrine. A man might find you inside and you will feel ashamed'*;¹² *'Women also get worried because they use the same facilities as men, and a male can be inside and rape her'*;¹³ *'As the public toilets fill up, women are worried about being seen going to a neighbour's latrine – women are afraid, thinking men are in the toilets.'*¹⁴

Specific fears of GBV after dark were also revealed in the focus groups and KIIs. According to a member of the Ugandan police force: *'All criminals take advantage of the darkness of night – there are many dark spots or 'black spots' in the camp – perpetrators feel camouflaged and their identities can be hidden in the dark.'*¹⁵ Male FGD participants said: *'The distance [to the latrines] is a bit far and men will be watching you and can rape you'*,¹⁶ and *'Women are worried about being seen going to the latrine.'*¹⁷ Further reports of GBV were made by another key informant who had interviewed 30 people, and told us that the issue of light was mentioned by girls in particular: *'At night, people hide and call out to girls asking for sex. Harassment quickly becomes an actual assault. There are two cases of rape I know about, one adult and one teenager.'*¹⁸ It was observed that men focused more on theft as a crime, rather than rape.¹⁹

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 sex-disaggregated results are presented below.

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	50 %	11 %	29 %	53 %	43 %	8 %	4 %	47 %
Male	63 %	23 %	33 %	10 %	33 %	20 %	20 %	17 %
Total	53 %	13 %	30 %	44 %	41 %	11 %	7 %	41 %

Table 3 shows that men were more likely than women to respond that they would 'prefer not to say' what alternatives they used to the sanitation facilities. Women were more likely than men to use open defecation near the tent, although over half of all men said they use open defecation away from the tent. Women were more likely to ensure that household members relieve themselves before sunset. Two-thirds of men said that they defecate or urinate inside the tent, utilizing bags and buckets, compared with half the women.

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	50 %	9 %	32 %	50 %	27 %	14 %	5 %	50 %
20 - 25	42 %	10 %	32 %	48 %	39 %	3 %	0 %	55 %
25 - 44	55 %	13 %	22 %	42 %	48 %	13 %	13 %	39 %
45 - 60	50 %	14 %	29 %	36 %	36 %	7 %	0 %	21 %
60 years and above	71 %	24 %	53 %	47 %	41 %	12 %	6 %	29 %
Total	53 %	13 %	30 %	44 %	41 %	11 %	7 %	41 %

About half of all age groups said they utilize bags and buckets inside the tent, with the highest figure (71%) for those aged 60 years and above. It was common across all age groups for people to ensure that they relieve themselves before sunset. Open defecation away from the tent was also used by 30% of people in all age groups, and near the tent by 44% overall.

There is limited qualitative evidence to support these findings for both sex and age group. A key informant stated: '*There is a lot of fear, after dark people don't use public toilets, they dig a hole or go in the bush.*'²⁰ A hygiene promoter from Bidi stated that familiarity with, and understanding the importance of using latrines in a settlement, was very low among refugees from very low-population density areas. In Omugo, hygiene promoters had not been trained when the baseline survey was being carried out.

One scenario presented to a group of young male refugees asked them to advise teenager 'James', who looks after his younger sisters, about what they should do regarding sanitation. The group suggested that James and his sisters should '*construct their own toilet and the NGOs should help them with materials. If they have a hoe they should first dig a hole and then defecate there. If the communal latrines are full, we defecate in a kavera [a plastic bag] and buckets, and throw them in the bush or compound.*'²¹ Interviews suggested that these buckets and bowls were washed out at water points, a fact corroborated by the level of algae growth in the drainage channels.

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	78 %	63 %
Better or stronger doors	44 %	62 %
Better or stronger walls	47 %	54 %
Secured paths	33 %	48 %
Clearer view of surroundings	33 %	45 %
Locks/stronger security inside the facilities	50 %	42 %
Lighting inside facility	34 %	36 %
Further distance between men and women's facilities	41 %	29 %
Other	13 %	18 %
Windows	6 %	14 %
Security patrols	3 %	12 %
Going in groups	2 %	11 %
Handheld torch	6 %	9 %
Closing gaps people can see through	16 %	7 %
Better privacy screen	3 %	6 %
Attendants who would take care of the facilities	6 %	2 %

In the daytime, 'better location' is ranked highest by men and women as something that would make them feel safer. The qualitative evidence provides a better understanding of what a 'better location' means to camp residents. It suggests that a dangerous location is characterized by three factors: firstly, distance from people's shelters; secondly, whether the sanitation facilities for males and females are spatially separated or are in a single block; and thirdly, whether the facilities are sex-segregated with clear signage.

Factors such as the structure (including doors and locks) of the latrines and route were important to camp residents in ensuring feelings of safety, but more so for women than for men. Only one-third of men and women selected lighting among safety factors in the daytime. Distance between male and female facilities was also ranked highly (41% of men; 29% of women).

In relation to spatial separation of latrines for males and females, one enumerator at an FGD for older refugee women noted: '*They prefer latrines to be separated for men and women should be far from each other, like 50m.*'²² Other FGDs with male respondents found similar requests: '[The group] felt that women should have a different latrine from men, and [the female/male latrines should be] at least 40–50m apart.'²³

Shared blocks were unpopular with both men and women. CARE did a safety audit that found latrines were not sex segregated and there was a complete lack of privacy.²⁴ Men and women expressed dissatisfaction with this. '*The cubicles do not have doors and men just come in which makes them [women] feel unsafe and ashamed. [They would like] drawings that show this is for men and the other for women, like the way it is in school latrines.*'²⁵ Other suggestions by male informants were: '*People do not feel happy using the same the same latrine for both sexes. Markings could be made using marker pens on the tarpaulins*'²⁶ and '*The men and women use the same latrines, the cubicles are not*

separated. People don't feel happy about using the same facility. [There should be] drawings to indicate male and female.'²⁷

The only signage observed by the research team was on the public latrines in the temporary reception area where people stayed for a day or two before being allocated a plot. However, the signage was unclear; it seems that clusters of latrines were reserved for men or women, but this was not apparent until you got very close to the facility.



Unclear signage on a latrine. Photo: Brian Reed

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

Response	% of total respondents: male	% of total respondents: female
Lighting inside facility	89 %	74 %
Lighting outside facility	84 %	66 %
Better location	84 %	59 %
Lighting on pathways	45 %	57 %
Better or stronger doors	33 %	54 %
Better or stronger walls	33 %	47 %
Locks/stronger security inside the facilities	28 %	40 %
Lighting throughout the camp	8 %	34 %
Further distance between men and women's facilities	39 %	28 %
Handheld torch	14 %	27 %
Security patrols	8 %	16 %
Going in groups	3 %	12 %
Whistle to blow when you're at risk	0 %	11 %
Carrying a phone	2 %	7 %
Other	5 %	7 %
Attendants who would take care of the facilities	2 %	5 %
More people around	2 %	5 %
Better privacy screen	2 %	5 %

After dark, there was strong emphasis on lighting for both men (more than 80%) and women (more than a third), inside and outside the facility. It is not clear why more men listed this highly than women. About a half of all people (more women than men) wanted lighting on the way to the facility. Structure and locks remained of importance, again more so for women than men. The percentage of

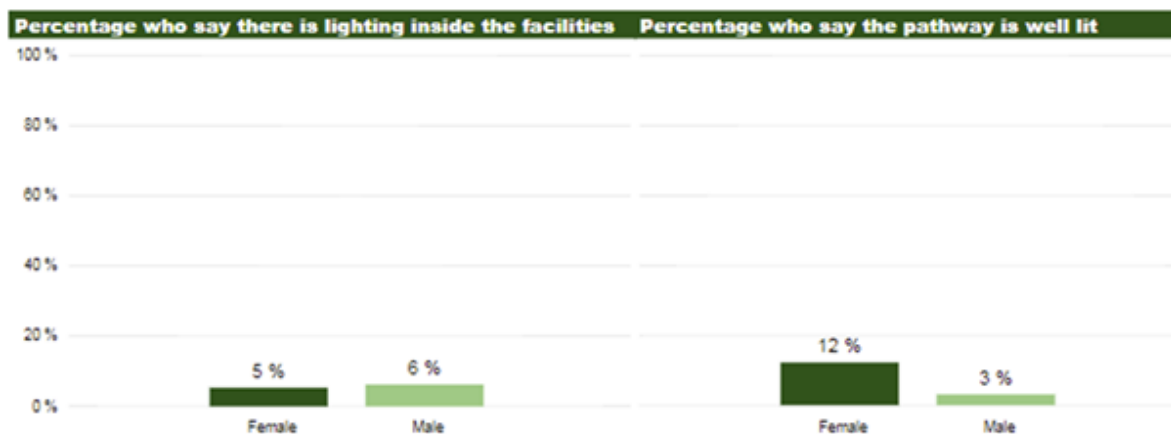
respondents saying that separation of latrines for males and females would make them feel safer after dark was similar to the percentage for daytime.

Some qualitative evidence was in line with the findings relating to demand for lighting after dark. When considering what advice they would give a woman, 'Martha' and her daughters who have just arrived in the camp, female camp residents said *'If she has no option but to go out after dark, we would advise Martha to get a solar lamp from the neighbour and escort the daughters and bring them home safely.'*²⁸ This is supported by a key informant who suggested that a way to improve safety would be: *'Solar lighting, both for homes and the whole camp, like in Ufo [another camp].'*²⁹

2.5 PERCEPTIONS ON WHETHER THE SANITATION FACILITIES ARE WELL LIT

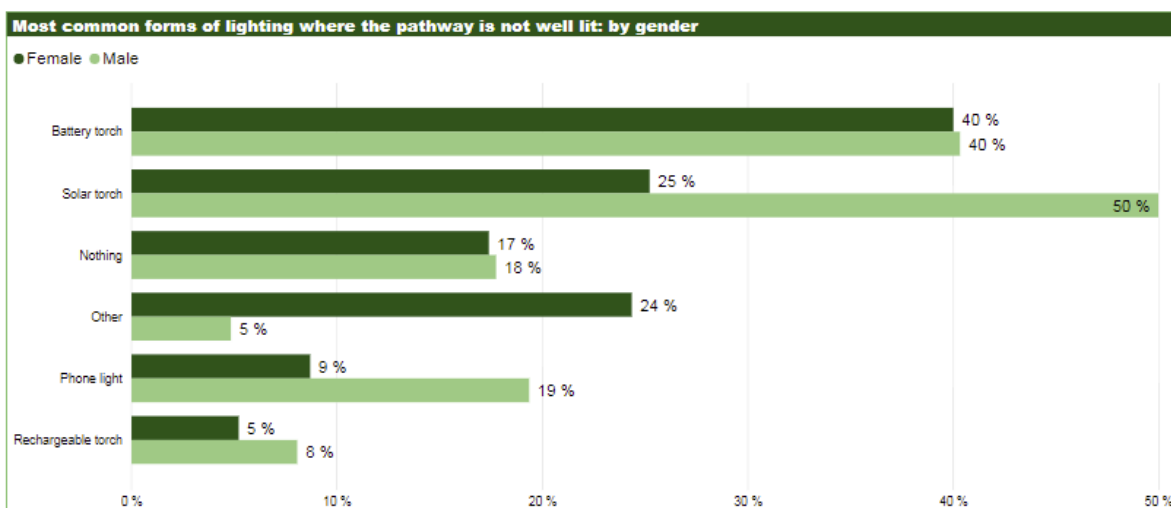
The research team asked survey respondents if they felt that the path to the sanitation facilities was well lit, and if there was fixed lighting inside the latrines.

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



At baseline, 9% of respondents said the path to the sanitation facilities is well lit (12% of women and 3% of men). Of those who said it is not well lit, alternative forms of lighting used are shown in Figure 9.

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

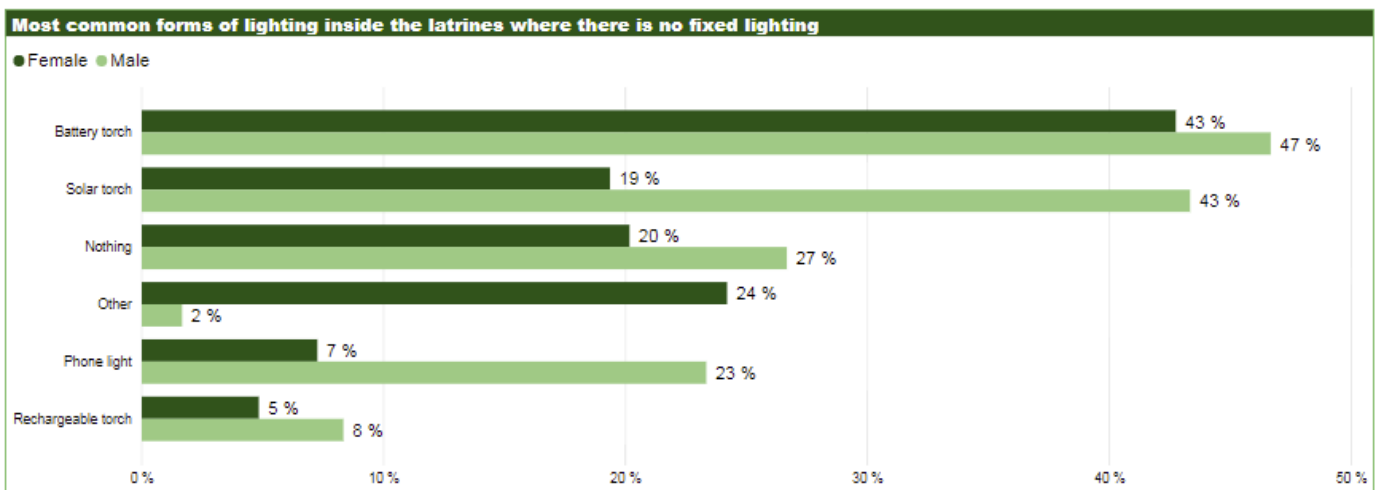


As shown above, 40% of both men and women who said the pathway was not lit said they used battery torches. Men in general, however, had more access than women to portable lighting, particularly solar and rechargeable torches and mobile phones. A similar number of men and women (17%/18%) said they used nothing. The category 'Other' relates mostly to use of a burning stick or burning grass (32 out of 35 responses), which was then added as a possible response at the endline survey. It appears that women (24%) were more likely than men (5%) to use these low-tech forms of lighting.

To try to understand the household gender dynamics that determine who has access to lighting, one focus group with men from the host (Ugandan) community was presented with a scenario asking how a family might prioritize use of a solar lamp when it was needed by different family members for phone charging, cooking, collecting water or studying for exams. Group members were unanimous that the lamp should be used to study for exams.³⁰ This focus on lighting for studying was reiterated by Oxfam's partner, CEFORD. It found that in a previous distribution in Rhino, with refugees who had been in Uganda for a year, that some had kept their solar lamps in boxes until exam time so that their children could use them to study.³¹

There was no fixed lighting in the sanitation facilities in Omugo extension camp at the time of the baseline survey; survey respondents were asked this question nonetheless, as the survey was the same for all three country studies. Of those who said there was no fixed lighting inside latrines (95% of women and 94% of men), the alternatives used to light the facilities are shown in the figure below.

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



Again, it appears that men had more access than women to portable lighting. Despite this, more men than women said they used 'nothing', and rates for both sexes on this category are higher than those given in relation to lighting the pathway to the facilities. This suggests that lighting inside the latrine was less important to respondents than lighting the pathway to the facilities.

Again, respondents who chose the option of 'Other' mainly indicated use of a burning stick or burning grass (33 out of 27 responses), which was then added as a possible response at endline, with women again being more likely to use these methods.

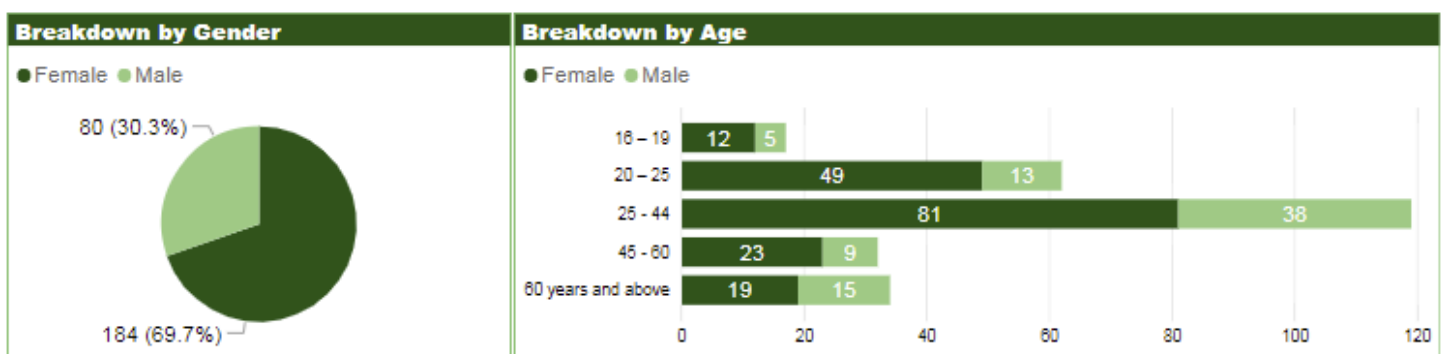
Qualitative data confirms that lighting had been distributed, and that camp residents felt that one light per household was inadequate: *'UNHCR gave lanterns. People like the lights, but households are given just one even if they have ten people across three shelters. They need multiple lights.'*³² *'Giving a single light, regardless of household size is not adequate.'*³³

Theft of lights was highlighted as a problem, particularly for vulnerable groups such as widows and the elderly. One focus group was presented with the scenario of a disabled man who was worried that his solar light would be stolen, and asked if he was right to be worried. The group confirmed that *'Theft of solar lights is rampant in the camp and people are more likely to steal when there is nobody in the home.'* When asked who was most vulnerable to theft, they suggested it was *'mostly widows who don't have husbands, the elderly and the people who are not at home most of the time that might be targeted. No replacement is made once the solar light is lost.'*³⁴

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. While Ugandan nationals were interviewed, the analysis generally excludes them as no lamp posts were positioned within the host community. The data collection was only carried out in the areas where lighting had been installed, rather than the areas that had been settled since the baseline. The endline research was carried out from 27 February–9 March 2018 and the individual survey had a total of 264 respondents; the figure below shows the breakdown by sex and age group. As at baseline, FGDs were held with several groups of camp residents as well as some members of the host communities, as well as KIIs.

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



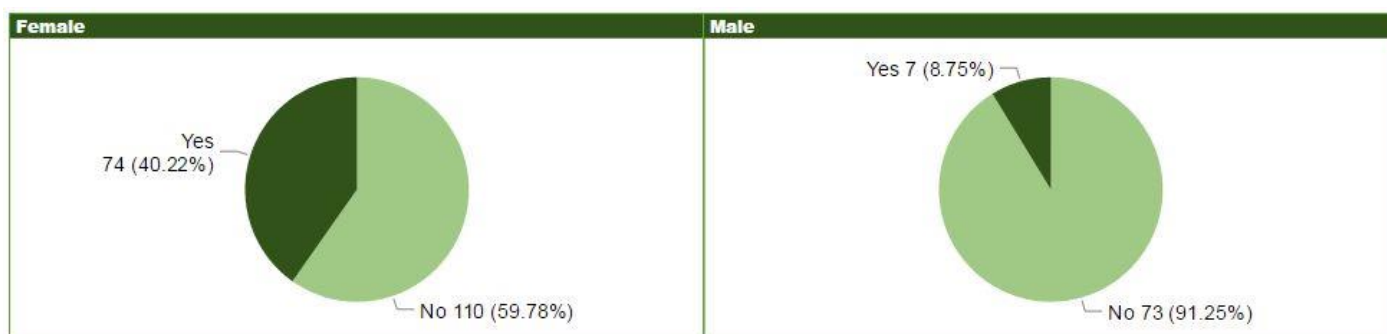
3.1 PERCEIVED RISKS AND THEIR IMPACT ON SANITATION FACILITIES USAGE

At endline, respondents were again asked to rate their level of worry about a series of 10 risks involved in using the latrines and bathing shelters, 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 all 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)?



In response, 40% of females said one or more of these risks prevented them from using the sanitation facilities during the day, which represented a reduction on the baseline figure of 67%. For male respondents the percentage of those who said one or more of these risks prevented them using the sanitation facilities dropped significantly, from 39% at baseline to 9% at endline.

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 the tables below 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)

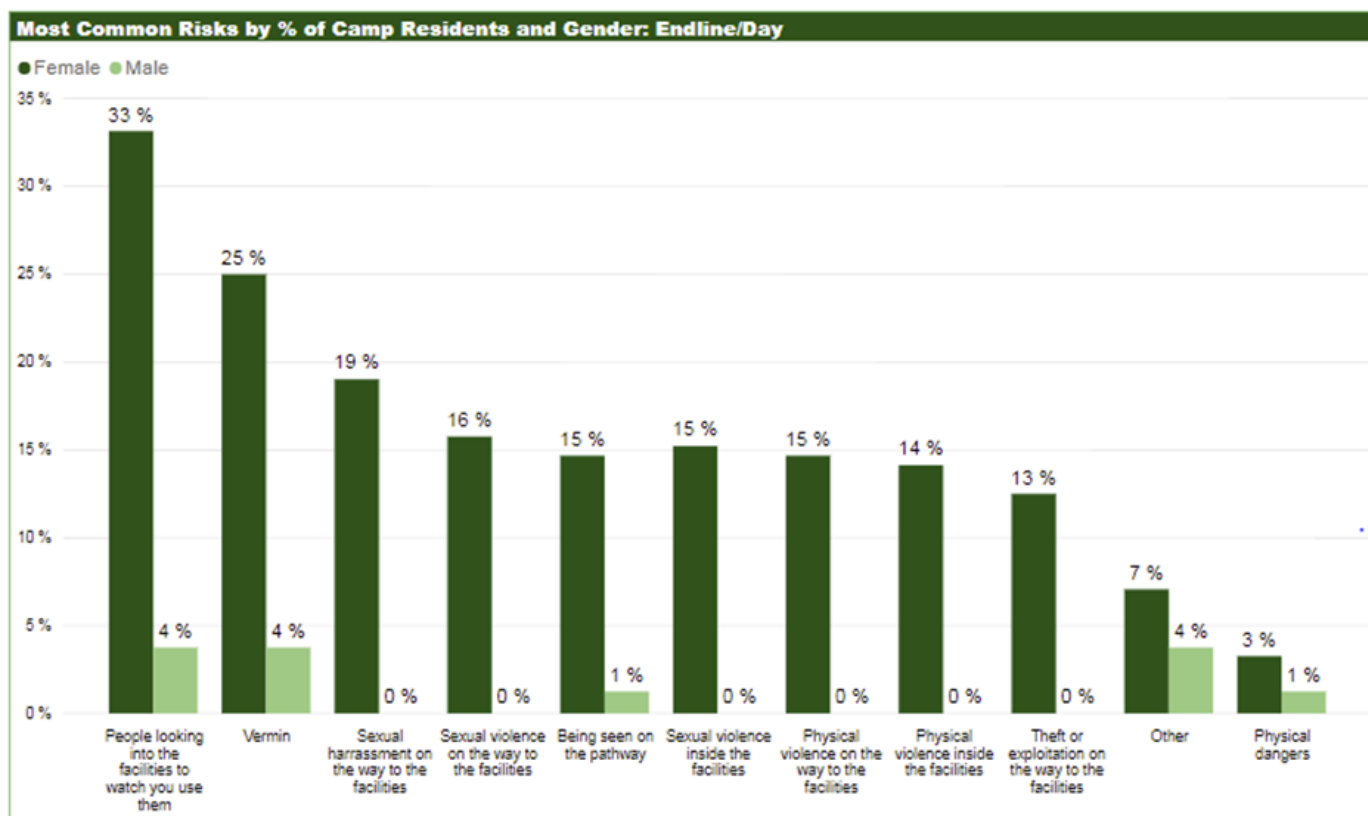
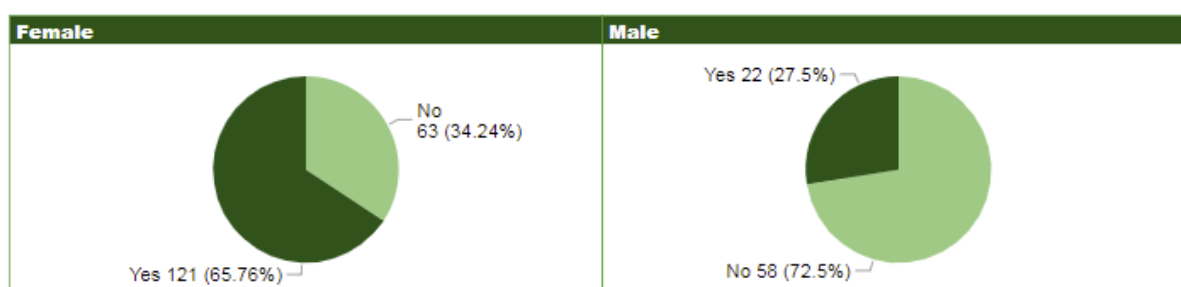


Figure 13 shows women’s higher concern about GBV-related factors during the daytime: people looking into the facilities (33%); sexual harassment (19%); sexual violence on the way to the facilities (16%); and sexual violence inside the facilities (15%). These fears were all at 0% for men. Fear of vermin was cited as a risk factor by 25% of women (compared to 4% of men).

After dark

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



The number of female respondents who reported that they did not use the sanitation facilities after dark due to one or more risk was 66% – a reduction from the 92% at baseline, but still an indication of very high non-usage of sanitation facilities after dark by females. For male respondents the number reporting that one of more of the risks prevented them using the sanitation facilities reduced from 47% at baseline to 28% at endline, indicating non-usage by more than a quarter of males.

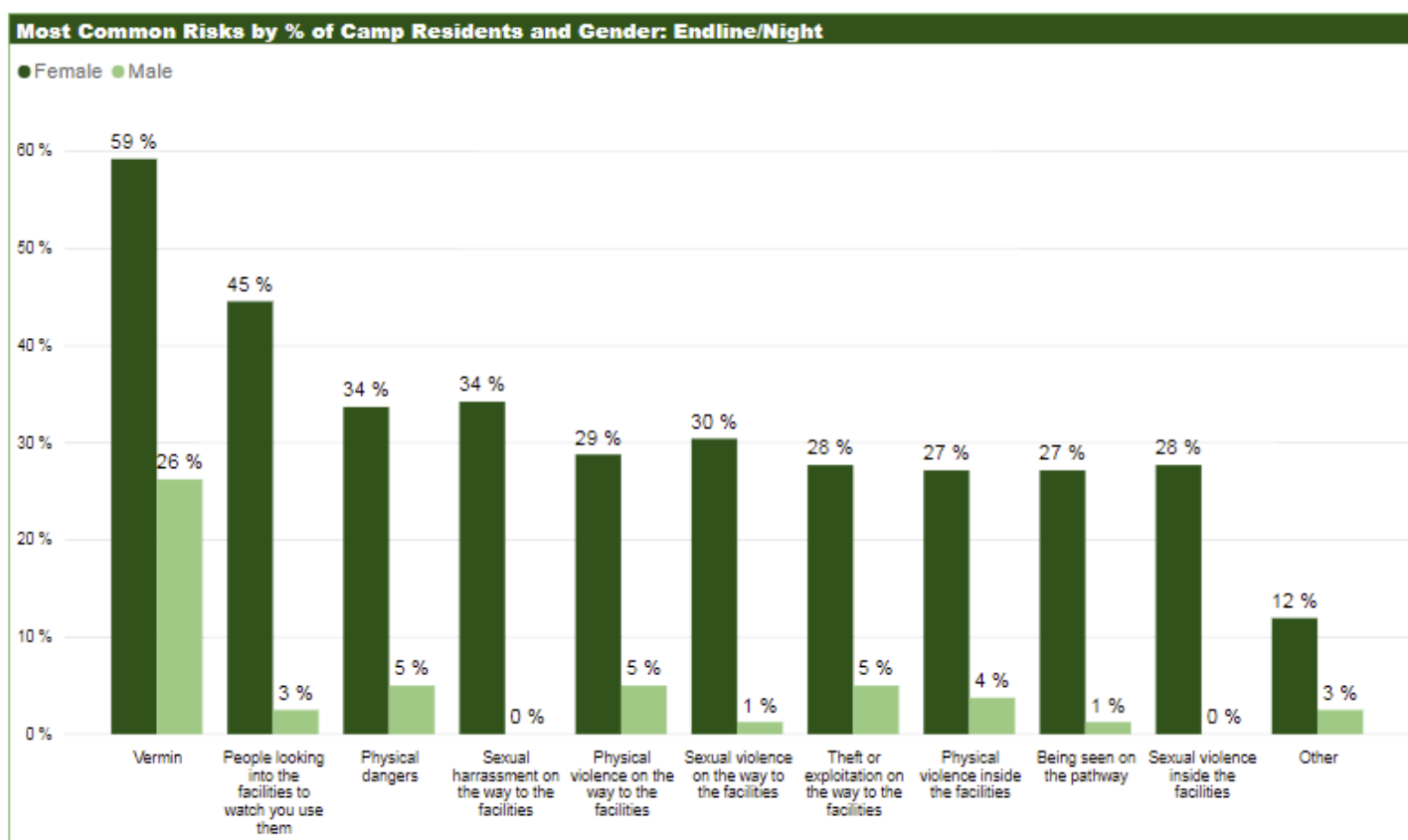
Table 7 compares the baseline and endline results on women and men who said the risks prevented them using sanitation facilities during the day and after dark. The number of people not using facilities during the day or after dark fell noticeably between the two surveys. While this is encouraging, it cannot be attributed directly to the lighting intervention, and levels of sanitation facilities usage were still very low.

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

	Baseline			Endline		
	Female	Male	Total	Female	Male	Total
Daytime	67%	39%	58%	40%	9%	31%
After dark	92%	47%	77%	66%	28%	54%

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 the tables below 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)



After dark, the threat posed by vermin was perceived to be higher than in the daytime (59% after dark compared to 33% in the daytime for women, and 26% compared with 4% for men). All four risks related to GBV were perceived by women to be higher after dark. Again, rates of concern among men on these issues were low (maximum 3%, for people looking into the facilities). The qualitative data confirms and elaborates on some of these risks. In one FGD with women,³⁵ the majority (13 out of 14) of respondents strongly agreed that they were afraid of ‘being seen’ going to the facilities. The women lamented the poor-quality construction and lack of maintenance of the facilities, complaining that ‘Privacy screens are not there for some [facilities], and if they are there, they are either torn or too transparent.’

One woman in another focus group said she was ‘afraid of being beaten by strangers’.³⁶ Others in the group agreed and reported that strangers sometimes walk through the camp holding *pangas* [large knives] and would want to beat them. The latrines continued to be perceived as areas of danger, with the generalized risk that risk that ‘Women and girls may be sexually harassed and raped if the latrines are very far from home’,³⁷ and also that potential assailants may lie in wait for specific women: ‘Men consider latrines as traps for women who reject their relationship or love proposals, so as to rape or harm them.’³⁸

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	58%	26%	25%	4%	82%	31%	59%	26%
People looking in	57%	13%	33%	4%	59%	6%	45%	3%
Sexual harassment on the way	21%	0%	19%	0%	28%	0%	34%	0%
Sexual violence on the way	21%	0%	16%	0%	21%	2%	30%	1%
Being seen on the way	36%	2%	15%	1%	42%	8%	27%	1%
Physical dangers	26%	3%	3%	1%	37%	11%	34%	5%
Physical violence on the way	10%	0%	15%	0%	16%	0%	29%	5%

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

Looking at the main risks as perceived by respondents before or after the lighting intervention, it can be seen that fears during the day all decreased, with the exception of 'sexual harassment on the way to the facilities', which did not alter much, and a fear of physical violence, which increased slightly. Fears after dark saw smaller falls in fear levels since the baseline, with fears of sexual and physical violence actually rising. Interestingly, fears relating directly to use of the sanitation facility (e.g. 'vermin', 'people looking in') dropped for both day and after dark scenarios, while the 'one the way' scenarios saw fears increase. It should be noted that these are measures of people's perceptions of risks, rather than actual incidents of sexual violence etc.

It should also be noted that the settlement and community developed between the baseline and endline. The reduction in the fear of physical dangers (e.g. trips and falls) from 26% to 3% during the day is probably accounted for by the fact that paths had become established, brush and grass had been cut back, and holes dug for latrines or refuse pits covered or fenced. The fact that this fear remained relatively constant after dark between baseline and endline, despite these physical improvements, is an indication that lack of personal lighting (e.g. torches) is still a problem.

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, 71% of total respondents reported a fear of GBV, broken down as 85% of all female respondents and 40% of all male respondents.

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
264	188	71%	184	156	85%	80	32	40%

At endline we can see a clearer pattern by age group than at the baseline, with younger men less fearful of GBV: only 20% of the 16–19 age group reported a fear, compared with 56% of the 45–60 age group. For women, the worry was greater among younger age groups, with 92% of those in the 16–19 and 20–25 age groups reporting a fear of GBV, compared with 74% of over-60s.

Figure 16: Fear of GBV by age group and sex (endline)

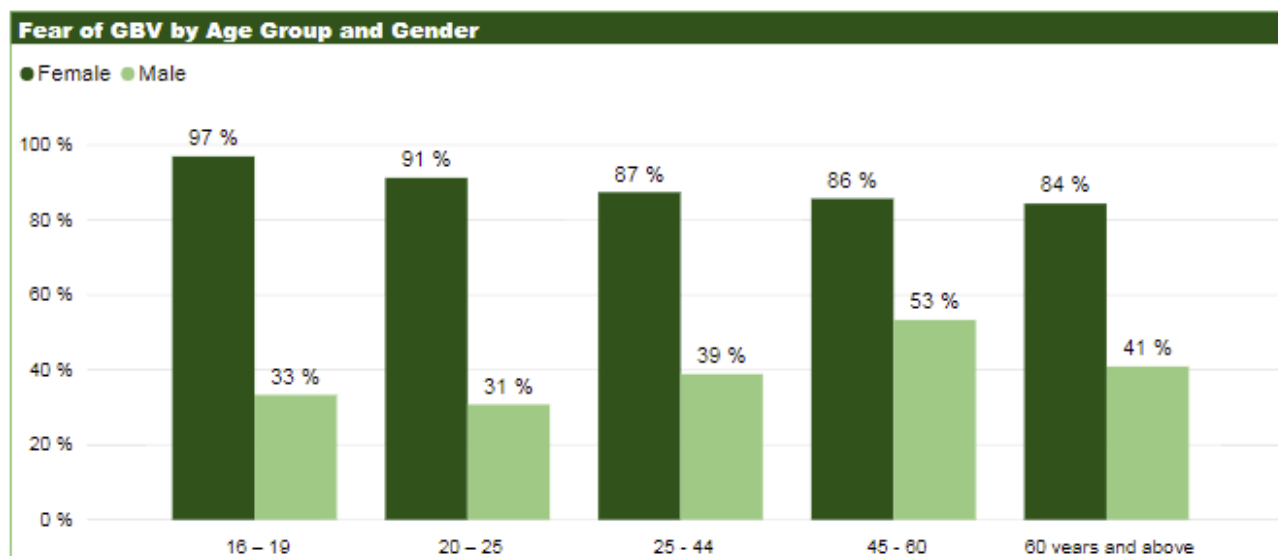
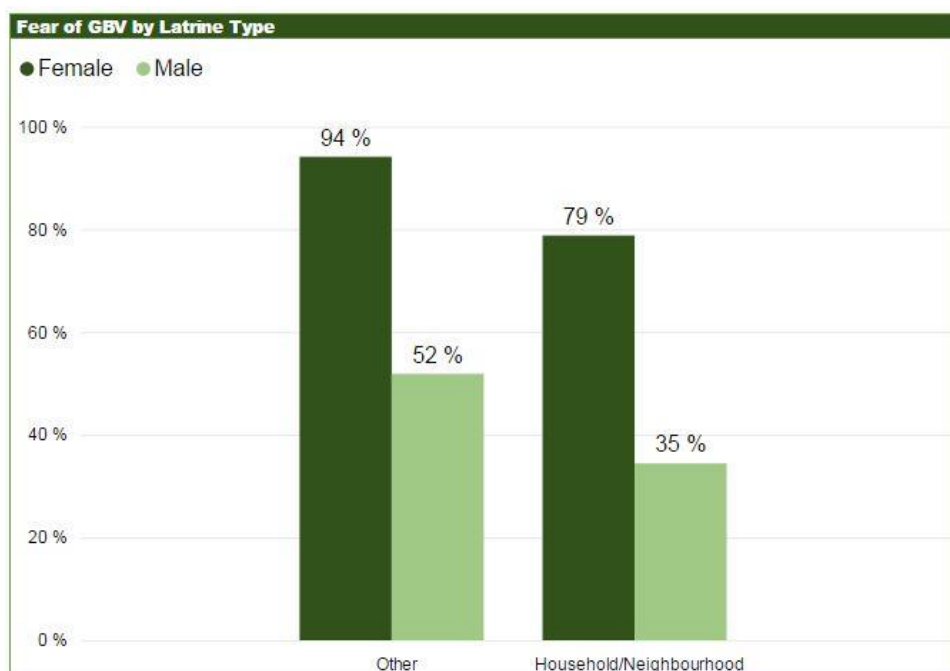


Figure 17 shows the impact on women's and men's fear of GBV at endline, broken down by latrine type: a 'fear of GBV' is recorded when the survey respondent said they were 'very worried' about any or all of the four GBV indicator risks. For men, the kind of latrine they had access to made no discernible difference to their fear of GBV, whereas for women, fear of GBV was higher among those who had no access to a household latrine or had to share a latrine with more than five other households (94%) compared to those with access (79%). This represents a slight reduction on the same data for baseline, again indicating that women feel safer when sharing a latrine with fewer people, especially when they know those people, but also that a shift to household latrines needs to be accompanied by other measures to effectively reduce fear – and perceptions of the risk – of GBV.

Figure 17: Fear of GBV by latrine type (endline)



NB: 'Neighbourhood latrine' = max 5 households sharing

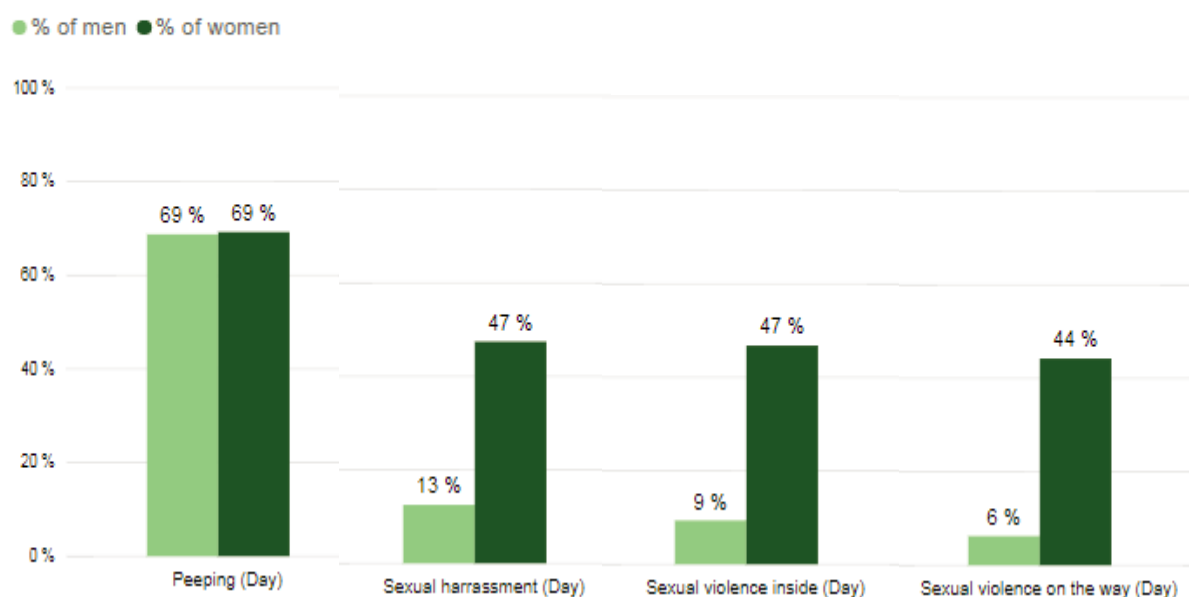
Using the endline data to compare results on the individual risks disaggregated by latrine type, it can be seen that women with access to a household or neighbourhood latrine reported lower levels of anxiety across all GBV indicators, particularly in relation to people looking into the facilities during the day (52% for household and neighbourhood latrines, compared to 80% for others) and fear of sexual harassment on the way to the latrines in the day and after dark (33% in the day/29% after dark for women with access to household and neighbourhood latrines, compared to 50%/48% for women who didn't). Responses from the endline FGDs support the finding that women feel safer if latrines are close to their home (even if this is hypothetical), e.g. *'A woman can easily go and relieve herself if the latrines are near the home, especially if she has diarrhoea'*;³⁹ and: *'Every home should have a household latrine that is not shared with neighbours.'*⁴⁰

This study did not specifically set out to test the assumption that the fewer people sharing a latrine, the safer it is perceived to be by women. Although the data set relating to this question is very small, there are indications that support this assumption both from quantitative data and from interviews and focus group discussions. More detailed research would be required to provide evidence of the impact of latrine type on women and girls' fear of GBV. However, in the interim, this study does uphold the recommendation that a faster transition to household latrines is recommended as best practice.

Of those who reported a fear of GBV, the breakdown by risk can be found below. Note that respondents could report being very worried about more than one of the four risks, so the percentages do not add up to 100%.

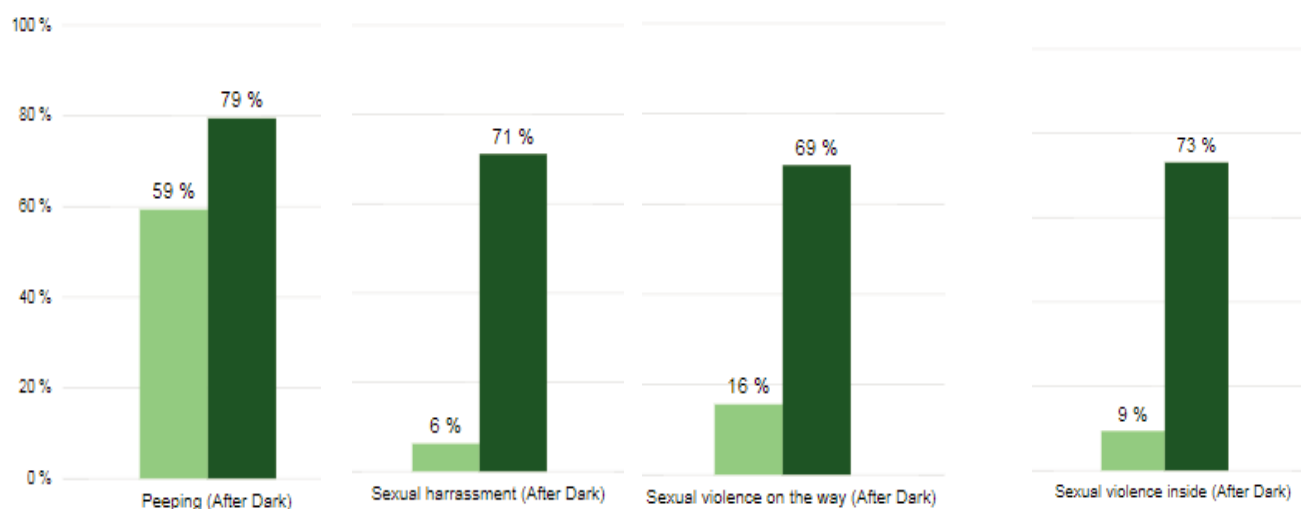
Of the 156 women who cited a fear of GBV, people peeping into the facilities while in use was the biggest concern, with 69% of those 156 women very worried about this during the day and 79% very worried after dark. This was also the biggest concern for the 32 men who cited a fear of GBV: 69% were very worried about peeping during the day and 59% were very worried about peeping after dark. For women who cited a fear of GBV, the level of concern around sexual harassment and sexual violence inside and on the way to the facilities increased, with 73% of those women reporting that they were very worried about sexual violence inside the facilities after dark, up from 64% at baseline.

Figure 18a: Perceived GBV risks during day for those reporting fear of GBV, by sex (endline)



NB: 156 females and 32 males reported a fear of GBV

Figure 18b: Perceived GBV risks after dark for those reporting fear of GBV, by sex (endline)



There is strong qualitative evidence relating to people’s fears of using sanitation facilities after dark, mostly in reference to being seen on the way to rather than inside while using the facilities. The majority of participants at an all-women FGD agreed that they were *‘afraid of being seen going to the toilet/latrine’*, with a quarter saying that their main fears were about going out after dark. These fears were compounded by the distance to the facilities and the lack of privacy screens and secure doors *‘with locks inside in both the latrines and bathing shelters’*. Sex-segregation of facilities, and clear signage indicating this, were also still important at endline.⁴¹

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 sex-disaggregated results are presented in Table 10.

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	54 %	25 %	13 %	39 %	12 %	17 %	4 %	28 %
Male	50 %	0 %	18 %	9 %	14 %	0 %	18 %	14 %
Total	53 %	21 %	14 %	34 %	12 %	15 %	6 %	26 %

As at baseline, men were still more likely than women to ‘prefer not to say’ what alternatives they used if the risks prevented them from using sanitation facilities. Women were again more likely than men to use open defecation near the tent (39% compared with 9%), although more men said they use open defecation away from the tent (18% of men and 13% of women). Ensuring that household members relieve themselves before sunset was equally reported by men and women. At endline, fewer men said they defecate inside the tent using bags and buckets (50% at endline compared with 63% at baseline). This is slightly less than the percentage of women, for whom the figure had slightly increased (54% at endline compared with 50% at baseline).

Qualitative evidence from a FGD supports some of the findings of the survey, such as the practice of open defecation, with participants saying they ‘*dig a hole near the house or tent for defecation after dark*’ and ‘*use a kavera [plastic bag] or basin*’. One woman said she often uses a plastic bag for defecation after dark.⁴² The need was raised for ‘*buckets with covers*’ for urinating and defecation as an alternative to going to a latrine in the dark.⁴³ Other evidence suggests that women bathe near the tent, although details were not given.⁴⁴

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	73 %	36 %	18 %	45 %	9 %	18 %	9 %	18 %
20 - 25	39 %	22 %	14 %	42 %	8 %	22 %	8 %	39 %
25 - 44	56 %	16 %	15 %	29 %	11 %	10 %	8 %	26 %
45 - 60	59 %	41 %	24 %	35 %	24 %	18 %	0 %	12 %
60 years and above	53 %	6 %	0 %	29 %	12 %	12 %	0 %	18 %
Total	53 %	21 %	14 %	34 %	12 %	15 %	6 %	26 %

As shown in Table 11, about half of respondents in all age groups said they use bags and buckets inside the tent, with the highest figure (73%) among those aged 16–19 years. It was common across all age groups for people to relieve themselves before sunset. Open defecation was less commonly reported across all age groups, from 14%–24% away from the tent and 29%–45% near the tent. A detailed breakdown of the most commonly used alternatives by sex, comparing baseline and endline, is shown below. In comparison with the baseline, going to the latrine before dark and ‘open defecation away from the tent’ both dropped markedly, with a smaller drop for open defecation near the tent. Defecation inside the tent remained at the same proportion.

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

	Baseline			Endline		
	Female	Male	Total	Female	Male	Total
Defecate or urinate inside your tent in a bag or bucket %	50%	63%	53%	54%	50%	53%
Open defecation away from tent	29%	33%	30%	13%	18%	14%
Open defecation near tent	53%	10%	44%	39%	9%	34%
Make sure that you and members of your household defecate and urinate before a certain time (before dark) %	43%	33%	41%	12%	14%	12%
Prefer not to say	4%	20%	7%	4%	18%	6%

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
Lighting inside facility	53 %	77 %
Lighting outside facility	38 %	73 %
Lighting on pathways	29 %	61 %
Better location	30 %	60 %
Better or stronger doors	26 %	51 %
Better or stronger walls	28 %	47 %
Locks/stronger security inside the facilities	33 %	46 %
Handheld torch	14 %	25 %
Lighting throughout the camp	9 %	22 %
Further distance between men and women's facilities	23 %	22 %
Whistle to blow when you're at risk	5 %	8 %
Other	5 %	7 %
Better privacy screen	4 %	6 %
Security patrols	8 %	5 %
Carrying a phone	0 %	4 %
Attendants who would take care of the facilities	1 %	2 %
Going in groups	5 %	1 %
More people around	0 %	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 or stronger doors	36 %	70 %
Better location	19 %	68 %
Better or stronger walls	49 %	58 %
Locks/stronger security inside the facilities	35 %	52 %
Further distance between men and women's facilities	26 %	30 %
Other	19 %	26 %
Clearer view of surroundings	21 %	23 %
Secured paths	14 %	22 %
Windows	1 %	14 %
Closing gaps people can see through	13 %	13 %
Better privacy screen	11 %	7 %
Lighting inside facility	3 %	7 %
Attendants who would take care of the facilities	4 %	5 %
Handheld torch	1 %	3 %
Going in groups	1 %	1 %
Security patrols	1 %	1 %

The qualitative endline data from a FGD with women aged 20–30⁴⁵ confirmed aspects of the quantitative findings in relation to demand for handheld lights and lighting inside and on the way to latrines, certain threats posed by lighting itself, the importance of strong locks and doors, fear of vermin, and the importance of the location of sanitation facilities. Participants specifically requested ‘*Lighting both inside the latrines and bathrooms*’; ‘*Both latrine and bathroom facilities should be lit inside and outside/around*.’ Some said that because the lights are only at the water point, they still don’t feel safe in other places: ‘*Light doesn’t cover a wide area – it only lights up areas near the tank*’, and ‘*Organizations install lighting in the same places – for example there are two lamp posts at [water] tank 19, which is wasteful – yet some tanks don’t have [any] light yet*.’ Some of the women requested handheld lights ‘*for lighting the households*’, or saying ‘*school-going children need lights for reading after dark*’. Women added that lighting ‘*helps us to see vermin, like snakes and scorpions*’. Some mentioned threats posed by lighting: ‘*Due to the light, thieves can easily spot what they want to steal from a distance*’.

In the same FGD, women requested that ‘*strong doors with locks inside*’ should be put on both the latrines and bathing shelters, and that ‘*doors with locks should be put on the latrine so that noise from the latrine doesn’t come out*.’ In terms of location, women said: ‘*The latrines should be completely separated from those of the men and distant from each other*’⁴⁶ and ‘*They should be located better, not directly facing the home*.’

Table 15, comparing the baseline with the endline results on the main factors that would make people feel safer, shows some stark gender disparities. Men generally had become more satisfied with the safety of sanitation facilities over time, both by day and after dark. Women stayed concerned about the same issues, although doors and locks became more of an issue for them, especially during the day.

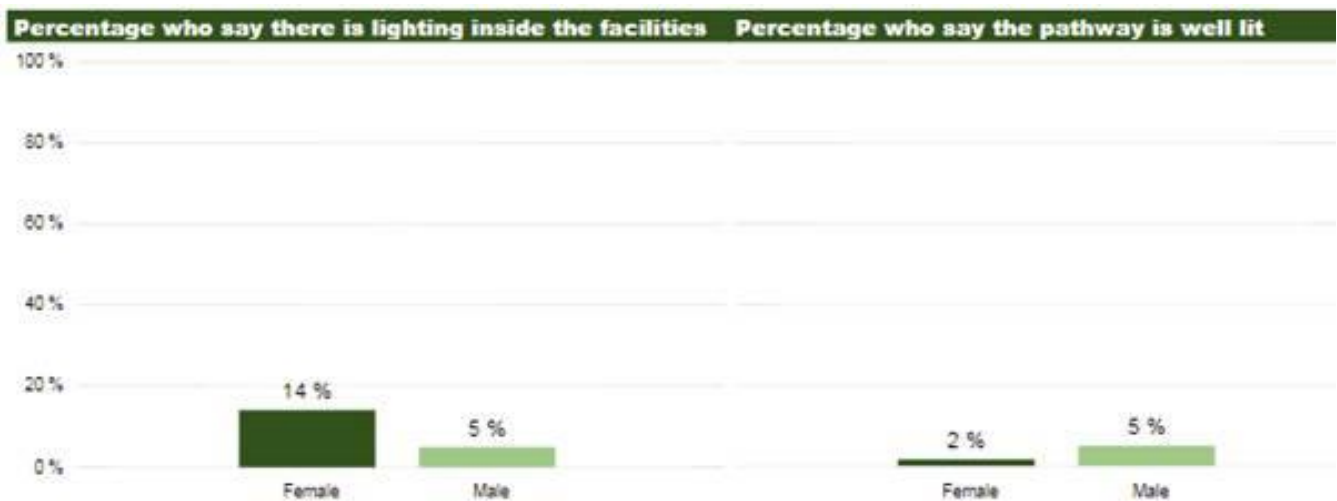
Table 15: Comparison of what people said would make them feel safer using sanitation facilities during the day and after dark at baseline/endline, by sex

	Daytime				After dark			
	Baseline		Endline		Baseline		Endline	
	Female	Male	Female	Male	Female	Male	Female	Male
Better location	63%	78%	68%	19%	59%	84%	60%	30%
Better or stronger doors	62%	44%	70%	36%	54%	33%	51%	26%
Better or stronger walls	54%	47%	58%	49%	47%	33%	47%	28%
Secured paths	48%	33%	22%	14%	0%	0%	0%	0%
Clearer view of surroundings	45%	33%	14%	21%	0%	0%	0%	0%
Locks/stronger security inside the facilities	42%	50%	52%	35%	40%	28%	46%	33%
Lighting inside facility	36%	34%	7%	3%	74%	89%	77%	53%
Greater distance between men’s and women’s facilities	29%	41%	30%	26%	28%	39%	22%	23%
Lighting outside facility	0%	0%	0%	0%	74%	84%	73%	38%
Lighting on pathways	0%	0%	0%	0%	57%	45%	61%	29%

3.5 PERCEPTIONS ON WHETHER THE SANITATION FACILITIES ARE WELL LIT

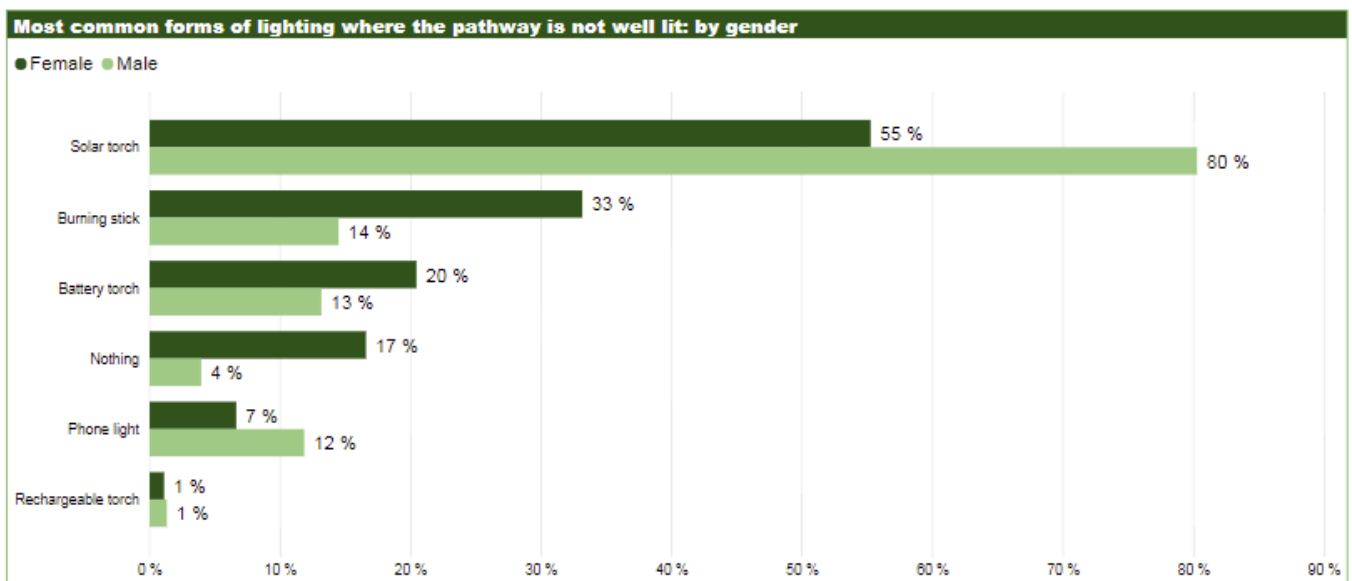
At endline, the research team again asked survey respondents if they felt the path to the sanitation facilities is well lit and if there was fixed lighting inside the latrines: the responses are shown in the figure below. Only 3% of total respondents said the pathway to the sanitation facilities was well lit (2% of women, 5% of men). This is a decrease from the baseline figure of 9% (12% of women and 3% of men).

Figure 19: Percentage of respondents who said there is lighting inside the facilities/who said the pathway to the facilities is well lit, by sex (baseline)



Those who answered 'no' to either question, were then asked what alternative lighting they were using in that situation (responses are shown in the figures below).

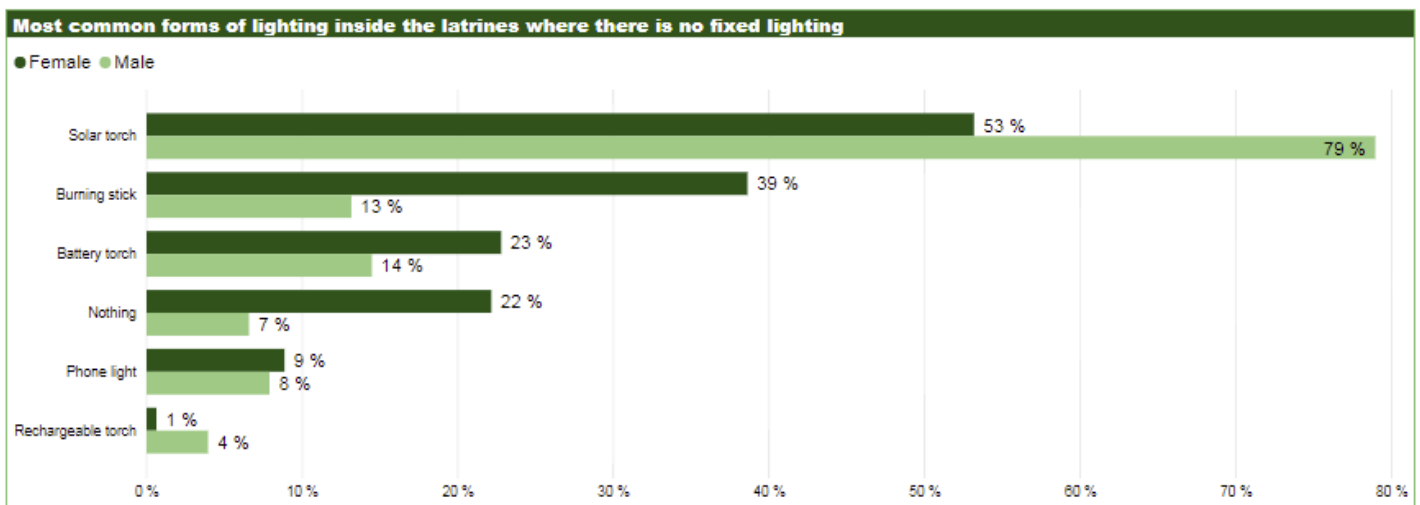
Figure 20: Lighting used by respondents who said pathway to sanitation facilities is not well lit, by sex (endline)



Again, more men reported use of solar torches and phone lights, with women more likely to use battery torches or to burn sticks or grass. Women were more likely than men to use nothing. Given the very large percentage of people who said the path is not well lit, these findings are likely to be fairly representative.

At endline, 89% of total respondents (86% of women, 95% of men) said there is no fixed lighting inside the latrines. This represents a reduction on the baseline study figures of 94% overall (95% of women and 94% of men). Of those who reported no fixed lighting in latrines at endline, the alternatives used are shown in Figure 21.

Figure 21: Lighting used by respondents who said there is no fixed lighting inside latrines, by sex (endline)



Again, women were more likely than men to use nothing, and men were more likely to use solar torches.

The qualitative data revealed that people want more handheld lights, suggesting that there were not enough lights for each household. It can be reasonably inferred from the comments that not everyone had access to a handheld light, and therefore many people relied on light from lamp posts, e.g. ‘Girls take advantage of lamp post sites for dating in pretence of reading their books’, and ‘The lights are fixed in one place [not mobile]’; ‘It would be better to have torches because lamp posts are not enough and most of them face in one direction.’¹⁴⁷

4 SUMMARY OF FINDINGS

4.1 KEY FINDINGS AND STRENGTH OF EVIDENCE

Table 16 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 sources of qualitative data support causal conclusions.

ANECDOTAL EVIDENCE: Qualitative data indicates unverified causal conclusions.

Table 16: Key findings of the Nigeria research

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 basic standards for latrines are not being consistently met and that the build quality of structures and their care and maintenance play a significant role in perceptions of the risk of GBV, and <u>some evidence</u> that the risk of 'being watched while using the facilities' is increased by poor quality structures.	<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 KII with UNHCR Protection Associate KII with CARE Protection Officer FGD older refugee women FGD male refugees with special needs FGD female refugees with special needs FGD with women refugees aged 20–30 FGD young male refugees, tank 14 FGD young female refugees FGD refugee women, tank 14 FGD refugee men, tank 19
There is <u>strong evidence</u> that fear of vermin – snakes and scorpions in particular – 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.	<ul style="list-style-type: none"> • If risks prevent access to latrines • Worries about accessing latrines 	KII with CEFORD MEAL Officer FGD women refugees, tank 7 FGD women refugees, tank 13 FGR refugee men, tank 19 FGD women refugees, tank 14
There is <u>strong evidence</u> that handheld lights improve feelings of safety but that lighting alone will not reduce perceived risks of GBV, as these are due to multiple other factors. There is <u>strong evidence</u> that perceptions of risk of GBV remain extremely high among women of all ages.	<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 	KII World Vision Protection Assistant KII Ugandan Police KII CARE Protection Officer FGD older refugee women FGD refugee men, tank 19 FGD women refugees, tank 20 FGD women refugees aged 20–30

Finding	Quantitative data <i>Baseline and endline surveys.</i> <i>Answers to questions about:</i>	Qualitative data <i>Research team observations; key informant interviews; focus group discussions</i>
There is <u>anecdotal evidence</u> that even where fixed public lighting is installed, handheld lighting devices for household and individual use are also required to effectively improve feelings of safety.	n/a	KII Office of the Prime Minister KII IRC Women's Protection Empowerment Officer FGD women refugees, tank 7 FGD refugee men, tank 19
There is <u>some evidence</u> that even when lighting is distributed to all households, women and girls have less access to sources of light than men and boys. Men have greater access to solar, mobile phone and battery torches, and women are the main users of low-tech lighting options. There is a strong demand for multiple lighting devices at household level.	<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 	KII CEFORD MEAL Officer KII IRC Women's Protection and Empowerment Officer FGD male host community
There is <u>anecdotal evidence</u> that lighting has wider benefits at household and community level, and improves service delivery by medical, police and ambulance services.	n/a	Research team observations KII Ugandan Police FGD women refugees, tank 7 FGD women refugees, tank 12 FGD refugee men, tank 19 FGD women refugees, tank 13 FGD women refugees, tank 12
There is <u>strong evidence</u> that low sanitation usage rates result in alternative practices such as open defecation and use of bags/buckets in shelters.	<ul style="list-style-type: none"> • Actions taken to mitigate risks/alternatives used 	FGD women refugees aged 20–30 FGD young male refugees FGD women refugees, tank 17
There is <u>strong evidence</u> that sanitation usage rates are affected by feelings of embarrassment and shame at being seen by men when accessing facilities both during the day and after dark.	<ul style="list-style-type: none"> • Worries about accessing latrines • If risks prevent access to latrines 	FGD older male refugees FGD male refugees with special needs FGD young male refugees, tank 14 FGD female refugees with special needs FGD female host community FGD women, tank 7
There is <u>anecdotal evidence</u> that sanitation facilities are perceived to be locations of potential danger for women and girls.	n/a	FGD female host community FGD young female refugees FGD female refugees with special needs
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.	n/a	KII IRC Women's Protection and Empowerment Officer FGD male refugees with special needs

4.2 HOW SANITATION FACILITIES USAGE RATES CHANGED SINCE THE LIGHTING INTERVENTION

The lighting intervention in Uganda did not specifically target sanitation facilities but provided widespread background lighting at water points. Willingness to use sanitation facilities during the day and after dark improved among both men and women, but the correlation does not imply causation, with community building activities, bush clearances, establishment of paths and more uniform settlement of plots all contributing to a reduction in fear. One change that may have had significant implications for latrine usage between the baseline and endline research in Uganda was the promotion of household latrines. At baseline, most households only had access to one pair of latrines shared by up to ten households – i.e. not enough for a sense of shared ownership to exist. By endline, 64% of respondents had access to either a household latrine or a latrine shared with fewer than five other households (referred to in the figures on ‘Fear of GBV by latrine type’ as ‘neighbourhood’ latrines).

However, usage rates of sanitation facilities in Omugo extension camp are still worryingly low, partly due to slow implementation of hygiene promotion activities, poor construction standards and lack of maintenance, which are all dependent on having adequate resources. The low usage rates probably also reflect the fact that some camp residents, from rural areas did not previously have access to latrines and may have habitually practiced open defecation.

The continued widespread use of informal container-based sanitation after dark is a cause of concern from a public health perspective. As single-use plastic bags are banned in Uganda, people resorted to using buckets and bowls – containers that are also used for purposes such as bathing, laundry and other domestic tasks, possibly including food preparation. Washing out these bowls and buckets at water points is a further area of concern, especially as vegetable gardens are being promoted to use the water that drains from the tap stands.

4.3 WHAT WOULD MAKE PEOPLE FEEL SAFER USING SANITATION FACILITIES?

The responses on this topic did not vary significantly between baseline and endline, although women did become more concerned about the need for doors and locks. The low standard of the temporary latrines and slow rate of construction of household latrines were apparent from the observations and, given the impact on people’s behaviour in terms of not using facilities, this is an area of concern. There is some evidence that having access to a household or neighbourhood latrine has a positive impact on people’s fears.

4.4 THE WIDER IMPACT OF LIGHTING

The survey and FGDs focused on the impacts of lighting on use of sanitation facilities and perceived risks of GBV in relation to this. While the quantitative results show that the position on both improved from baseline to endline, this was not caused directly by the provision of lights. However, the less structured KII and other comments made during the FGDs provided a wider range of perspectives on the impact of lighting.

The police commandant summed up the general feeling in the camp when he stated that ‘*the bush has become home*’. This sentiment was repeated by various people with words such as ‘*relieved*’ (police), ‘*big difference*’ and ‘*light is security*’ (Office of the Prime Minister), ‘*better now*’ (male refugee), ‘*being able to walk freely*’ (WASH Officer), all expressing a general feeling rather than illustrating a

specific WASH, GBV or other impact. One female refugee stated that although the nearest lamp post was over 100m away, the fact that she could see it after dark gave her a sense of security, with the area it lit being somewhere safe to go to if needed. People in FGDs noted an increased feeling of security, e.g. *'We feel like we are living in town too, due to the lamp posts in place.'*

The police, CARE and the Office for the Prime Minister all reported positive impacts of the lighting on crime. One area near the market was still considered to be a 'dark spot', which was a concern for the police, especially as the lighting meant the market was open until 10pm, increasing trading opportunities. Repeated comments about being able to *'see the enemy'* and references to seeing faces were positive effects of the lighting on general crime. Strangers could now be identified. While the police reported no crime in the study area in the month before the endline, and the protection teams had only heard reports of domestic disputes, a comment in one FGD related to reduced beating and rape cases for women who rejected relationship proposals, and reduced rape in community bathing facilities and latrines. FGDs also reported a reduction in the theft of jerry cans.

The police, Office for the Prime Minister and the camp's medical staff all reported the importance of the lights when moving around the camp after dark. The ambulance driver reported feeling safer as patients now waited under a lamp post, so all parties could see and be seen. The water tanks had become landmarks, and the location of the lamp posts at the tanks was reinforcing this. More specific medical impacts were the fact that the maintenance staff could now see the waste disposal area and had stopped dumping clinical waste just outside the door after dark. The handwashing stand point for the medical centre toilets used to be removed after dark to prevent theft, but now it is left out all night, enabling hand hygiene.

The lighting at water points had multiple impacts, including people being able to collect water until late at night, do their ironing, cook after dark and children being able to study. As the lamp posts were located at water points, these were in effect becoming a 'village centre' for the 500 or so people living in that area. The lighting also protected the water tanks, which had previously been subject to vandalism. Other reported benefits included a reduction in fire risk, as solar lighting was safer than burning grass, and the ability to catch *nsebene* (edible grasshoppers), which are attracted to the lights at night.

NOTES

- 1 As of 28 February 2018, according to UNHCR's Uganda Refugee Response Snapshot March 2018: <https://data2.unhcr.org/en/documents/download/64500>
- 2 Ibid.
- 3 IASC (2015) *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, p. 7
- 4 Ibid, p. 2
- 5 KII with Child Protection Assistant, World Vision
- 6 KII with IRC Women's Protection and Empowerment
- 7 KII with MEAL Officer, CEFORD
- 8 FGD with older refugee women (12 married or widowed women) near to tank 23
- 9 KII with Child Protection Assistant, World Vision
- 10 FGD with older refugee women (12 married or widowed women) near to tank 23
- 11 FGD with young male refugees, tank 14
- 12 FGD with older refugee women (12 married or widowed women) near to tank 23
- 13 FGD with male persons with special needs, tank 14
- 14 Young male refugees, tank 14
- 15 KII with Police Inspector at Yoro Police Post in Rhino Camp, Ugandan Police
- 16 FGD with male persons with special needs, tank 14
- 17 FGD with young male refugees, tank 14
- 18 KII with IRC Women's Protection and Empowerment
- 19 FGD with male persons with special needs, tank 14
- 20 KII with IRC Women's Protection and Empowerment
- 21 FGD with young male refugees, tank 14
- 22 FGD with older refugee women (12 married or widowed women) near to tank 23
- 23 FGD with young male refugees, tank 14
- 24 KII with Office of the Prime Minister, Arua
- 25 FGD with older refugee women (12 married or widowed women) near to tank 23
- 26 FGD with male persons with special needs, tank 14
- 27 FGD with young male refugees, tank 14
- 28 FGD older refugee women (12 married or widowed women) near to tank 23
- 29 KII with Child Protection Assistant, World Vision
- 30 FGD with host community men
- 31 KII with CEFORD MEAL Officer
- 32 KII with Office of the Prime Minister, Arua
- 33 KII with MEAL Officer, CEFORD
- 34 FGD with male persons with special needs, tank 14
- 35 FGD with women 20-30 years
- 36 FGD with women at tank 14
- 37 FGD with women at tank 14
- 38 FGD with women at tank 14
- 39 FGD with women (16–60 years)
- 40 FGD with women (20–33 years)
- 41 FGD with women 20–30 years
- 42 FGD with women 20–30 years
- 43 FGD with women 20–30 years
- 44 FGD with women 20–30 years
- 45 FGD with women 20–30 years
- 46 FGD with women 20–30 years
- 47 FGD with women (16–60 years); WASH, GBV and Lighting Stakeholders Meeting, Arua

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