WASH in rural areas

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Key points

- Ensure that all WASH actors, and the local and national authorities, are coordinated and collaborate well.
- Ensure that every refugee living in a rural dispersed settlement has safe access to water, sanitation and hygiene.
- Monitor key WASH indicators and access to the WASH services regularly.

1. Overview

WASH (water sanitation and hygiene) interventions in rural dispersed settings aim to improve refugees' safe access to water of sufficient quality and quantity, and good quality sanitation; to improve hygiene practices; and to improve WASH in hospitals, health and nutrition centres, schools and other institutions, with the aim of providing the same quality of services to host villagers and ultimately reach national WASH service standards.

This entry discusses WASH responses in rural dispersed settings. WASH interventions help to improve hygiene and health and reduce morbidity and mortality among both refugees and host populations. In the first phases of an emergency, a WASH response in rural dispersed settings focuses on identifying WASH infrastructural gaps and needs, and software components required, as well as monitoring the WASH situation. The best outcome is to provide dispersed refugees with full access to national services. To achieve this, it is crucial to collaborate closely from the beginning with the ministries responsible for water, environment, and infrastructure, as well as with municipalities and development actors such as UNICEF, UN-Habitat, and bilateral donors.

The WASH sector works closely with health and nutrition to address potential causes of waterborne diseases and malnutrition, and to reduce public health risks associated with poor water, sanitation and hygiene services and practices. At the start of an emergency, in addition,
WASH works closely with physical/site planning and local authorities on the selection and allocation of sites and villages.

### 2. Main guidance

#### Protection objectives

- To ensure that refugees and host populations in rural dispersed settings have safe access to sufficient water of good quality.
- To ensure that refugees and host populations in rural dispersed settings have safe access to sanitation and hygiene of good quality.
- To respect the right to safe water and sanitation.

#### Underlying principles and standards

**UNHCR's Public Health Strategic Objectives 2014-2018:**
1. Refugees have safe access to water of sufficient quality and quantity.
2. Refugees have access to quality sanitation.
3. Refugees have improved hygiene.
4. Improved WASH in institutions.

*Note that UNHCR has developed a comprehensive public health strategy that applies to emergency and non-emergency operations in camp and out-of-camp settings.* In rural dispersed settings, UNHCR aims to integrate refugees into national services, and therefore, UNHCR and its partners should apply water & sanitation national standards.

The following SPHERE standards may apply for WASH in rural dispersed settings, among others:

**Hygiene Promotion**

- SPHERE, Hygiene promotion standard 1.1: Hygiene Promotion.

People are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them.

- SPHERE, Hygiene promotion standard 1.2: Identification, access and use of hygiene items.

Appropriate items to support hygiene, health, dignity and well-being are available and used by the affected people.

- SPHERE, Hygiene promotion standard 1.3: Menstrual hygiene management and incontinence.

Women and girls of menstruating age, and males and females with incontinence, have access to hygiene products and WASH facilities that support their dignity and well-being.
Water Supply

○ SPHERE, Water supply standard 2.1: Access and water quantity.

People have equitable and affordable access to a sufficient quantity of safe water to meet their drinking and domestic needs.

○ SPHERE, Water supply standard 2.2: Water quality.

Water is palatable and of sufficient quality for drinking and cooking, and for personal and domestic hygiene, without causing a risk to health.

Excreta Management

○ SPHERE, Excreta management standard 3.1: Environment free from human excreta.

All excreta is safely contained on-site to avoid contamination of the natural, living, learning, working and communal environments.

○ SPHERE, Excreta management standard 3.2: Access to and use of toilets

People have adequate, appropriate and acceptable toilets to allow rapid, safe and secure access at all times.


Excreta management facilities, infrastructure and systems are safely managed and maintained to ensure service provision and minimum impact on the surrounding environment.

Vector Control

○ SPHERE, Vector control standard 4.1: Vector control at settlement level.

People live in an environment where vector breeding and feeding sites are targeted to reduce the risks of vector-related problems.

○ SPHERE, Vector control standard 4.2: Household and personal actions to control vectors.

All affected people have the knowledge and means to protect themselves and their families from vectors that can cause a significant risk to health or well-being.

Solid Waste Management

○ SPHERE, Solid waste management standard 5.1: Environment free from solid waste.

Solid waste is safely contained to avoid pollution of the natural, living, learning, working and communal environments.
SPHERE, Solid waste management standard 5.2: Household and personal actions to safely manage solid waste. People can safely collect and potentially treat solid waste in their households.

SPHERE, Solid waste management standard 5.3: Solid waste management systems at community level.

Designated public collection points do not overflow with waste, and final treatment or disposal of waste is safe and secure.

WASH in disease outbreaks and healthcare settings

SPHERE, WASH standard 6: WASH in healthcare settings. All healthcare settings maintain minimum WASH infection prevention and control standards, including in disease outbreaks.

Protection Risks

WASH interventions have positive effects in numerous areas and address important protection risks.

- Girls, children and women who walk long distances to water points are at risk of sexual violence.
- When refugees do not have safe access to sufficient water of good quality, and sanitation, they are exposed to public health and nutrition risks (water related diseases and risks of malnutrition).
- Refugees who do not have safe access to sufficient water of good quality, and sanitation, may adopt risky coping mechanisms.

Other risks

If adequate WASH facilities are not available in rural dispersed areas:

- The host community may compete with refugees for resources, increasing tensions. Evictions may occur (often under-reported because refugees fear harassment, lack personal protection, etc.).
- Security risks may increase (riots, demonstrations, violent behaviour).
- Harmful short and long-term effects on health are likely, including severe diarrhea, dehydration, malnutrition, and even death.

Key decision points

Refugees living in rural dispersed areas must always have access to safe water and sanitation, and structures to promote hygiene.
Where local and national water and sanitation services are available and adequate UNHCR should encourage local authorities to grant refugees access to them. Where services are not adequate, UNHCR should work with local authorities, ministries responsible for water, environment, infrastructure, and energy, as well as UNICEF/UNDP/UN-Habitat and other development actors, to create new services or improve those that exist, for the benefit of refugees and host communities.

WASH interventions must always be:

- **Evidence-based.** Activities should be planned and implemented, based on the findings of the initial assessment.
- **Needs-based.** Interventions should be scaled and resources should be allocated to meet the needs of the population.
- **Technically sound.** Services should be based on current scientific evidence and operational guidance, and implemented by skilled staff.
- **Impact oriented.** UNHCR promotes the comprehensive WASH approach, which ensures that essential safe water, sanitation and hygiene needs of the entire population.
- **Priority-based.** Emergency WASH interventions and services should be prioritised to achieve maximum impact across the population. Interventions to address immediate health and WASH risks, such as disease outbreaks and malnutrition, must be priorities.
- **Integrated.** Avoid setting up costly parallel services. Assist the national waters authorities to extend its services to refugees.
- **Rights-based.** Water and sanitation are recognized human rights, which means they also extend to refugees as well as to people living in rural environments. The rights are specified by the five criteria, availability, quality, acceptability, accessibility and affordability.

**Key steps**

- To improve the effectiveness of WASH interventions, develop a clear WASH strategy as early as possible. All WASH actors should participate in this exercise.
- Ensure that the strategy sets priorities and targets the needs of refugees appropriately. Focus on (a) geographic location - mapping where refugees are concentrated and WASH services are poor; (b) groups with specific needs; and (c) individuals and households who have poor socio-economic status.
- Establish strong co-ordination with municipalities, district/regional authorities and the ministries responsible for water, environment, infrastructure, infrastructure, and energy, and development WASH actors, and municipalities to ensure wherever possible that national water and sanitation services are made available to refugees, and that all needs are covered, gaps identified, and follow-up is assured. Map services, including those provided by the private sector.
- Refugees residing in rural dispersed areas must have access to WASH services that comply with national standards. The services should be comparable with those available to the host population. Where services do not exist or are inadequate, UNHCR and partners should encourage their creation or improvement, if necessary by enhancing the capacity of municipal services (for example by seconding experts).
Ensure that refugees have access to information about services, know where WASH services can be obtained, and who is responsible for operating and managing them. Refugees with specific needs, who require assistance to access or use WASH services should be supported and prioritized. AGD: Apply an age-gender-diversity perspective and use community-based approaches in assessment and response analysis.

Site selection and WASH

Site selection. Assess sites jointly with physical planning and national authorities to ensure sufficient water can be provided throughout the year, keeping in mind seasonal differences and the needs of local communities. AGD: Apply an age-gender-diversity perspective and use community-based approaches in assessment and response analysis.

Water

 Refugees may have to pay for their water in rural dispersed areas. Ensure that (through multi-purpose cash grants for example) those who have few resources can pay for their water needs. Experience has shown that water supplied by municipalities is cheaper than bottled water in shops or water sold by private vendors, and ecologically more viable. Where fees are levied for maintenance or other water costs, seek to negotiate the charges with municipalities and water companies.

Sanitation

Protection of water sources. No excreta containment systems (pits, tanks, seepage, sewerage or spillage) should contaminate surface water or shallow groundwater sources. Toilets must be located at least 30 metres from groundwater sources. Additional measures should be taken in locations that have a high water table or are prone to flooding. The bottom of pits and soak-always must be at least 1.5 metres above the groundwater table. Toilet access. Toilets should be evenly dispersed throughout the settlement and no dwelling should be more than 50 meters from the nearest toilet. Each household should have access to a latrine at a ratio of 1 latrine per 5 persons. Universal access. Make sure that all toilets can be used safely by all refugees and members of the local community, including children, older persons, and pregnant women. Collect data on users who have disabilities and construct dedicated toilet facilities as near to them as possible, considering the results from community consultations and relevant guidelines. Hand-washing. Ensure that all public toilets, communal toilets, shared toilets and household toilets have hand-washing facilities, with soap (or a clean rubbing agent), and that arrangements are in place to ensure they remain functional. Gender-balanced representation. Ensure that programmes are developed and run in cooperation with the refugee and host population. Women must be consulted on the design and location of toilet facilities. All programmes should have active gender-balanced and representative sanitation or hygiene committees. Protection considerations. Ensure that the location and design of all toilet facilities
eliminate threats to the security of users, especially women and girls, day and night.

- Household latrines. Ensure as soon as possible that refugees and host populations have the means, tools, materials and appropriate technical guidance to construct, maintain and clean household toilets.
- Bathing and laundry facilities. Ensure that refugees and host populations have access to facilities for bathing, and laundering clothes and bedding. These facilities should provide privacy and dignity. If this cannot be achieved at household level, design and locate communal facilities in consultation with users, notably women, adolescent girls, and persons with disabilities.
- Drainage. Ensure that wastewater (from tap stands, bathing, laundering) is disposed of in properly designed drainage systems. In arid zones, runoff water may be re-used in sub-surface irrigation systems, e.g. for gardening purposes.
- Waste disposal. Ensure waste disposal is properly managed, to avoid health hazards (injuries to children, mosquito breeding sites, etc.). Medical waste generated by health centres is a hazard. Access to medical sanitary services should be well controlled, and waste (used syringes and needles, contaminated bandages, laboratory specimens, etc.) should be treated separately without delay. When planning distributions and kit items, make every effort to reduce the use of packaging and non-biodegradable materials, to limit households waste that subsequently goes to landfill.
- Monitoring. Ensure that water and sanitation facilities are monitored regularly. Progress reports should be communicated transparently at regular intervals to refugees, local authorities and donors. A complaints and follow-up system must be established.

**Sustainable WASH Programming**

- To satisfy principles of sustainability, when you plan any WASH intervention in rural dispersed situations, analyse carefully the long term consequences and draft an exit strategy. To avoid disruption in service provision when partners pull out, establish a strategy to handover services to local authorities.
- Involve local stakeholders and service providers from the start, so that they can take over. Make sure that UNHCR transparently informs village/district and regional authorities of all the contractual or financial responsibilities that they may be expected to assume.
- Ensure that a clear exit strategy exists from the start. Planning should consider the operation, maintenance, transition and eventual decommissioning of water and toilet infrastructures. Where it is appropriate, these should be handed over to the national authorities or national actors.

**Hygiene promotion**

- **Enable a hygiene-promoting environment.** Hygiene promotion does not only address knowledge and skills but also ALL other determinants of health and hygiene such as environmental and socio-economic barriers and enablers. Ensuring access to water, sanitation and hygiene facilities is as much part of of hygiene promotion as fluencing attitudes and mind-sets.
- Key hygiene messages. Too much focus on disseminating one-way messages and too much
focus on designing promotional materials without listening properly to the views of the population is considered a common pitfall in hygiene promotion. Once the most important messages have been identified, they should be in local languages (or pictorials if literacy rates are low) and should target practices that are responsible for the most critical hygiene risks. Do not attempt to communicate too many messages. Concentrate on practices that are most responsible for transmitting diseases and on interventions to prevent them.

- Household surveys. During an emergency and as soon as population figures stabilize, conduct a rapid household survey to evaluate access to WASH services. In post-emergency phases, a KAP (Knowledge, Attitude and Practice) survey should be carried out at least once a year (see also WASH needs assessment).
- Empowerment. Develop and run hygiene promotion programmes in full cooperation with refugees and the host population.
- A hygiene promotion strategy. With UNHCR field staff and partners, define and develop a WASH strategy for hygiene promotion (Who, What, Where, When, How and Why). Focus on priority groups at risk, risky practices, key interventions, and key indicators. The plan should be prepared in the first three months of displacement, and should be revised every six months based on monitoring feedback. It should be developed jointly by the WASH sector, the health and protection sector and national/local authorities.
- Water-borne diseases. If outbreaks of water-borne diseases (such as cholera) occur, establish a specific task force composed of the WASH and Health sectors and national or local authorities. It should meet weekly to make sure messages are consistent and harmonized.
- High risk vectors. UNHCR field staff and partners must ensure that the environment is free of high-risk disease vectors. Take steps to drain bodies of stagnant water, and clean up any dumps of organic solid waste, faeces, or other potential breeding sites for disease vectors. Elimination of high-risk disease vectors should be given the same priority as water supply, excreta management, solid waste management and hygiene promotion.

### Key management considerations

Early coordination and collaboration with the government, NGOs, and development partners is especially important. Where national WASH services do not exist or are inadequate, UNHCR and other UN agencies (UNICEF, UN-Habitat, UNDP) should encourage their creation or improvement, to the benefit of refugees and the host community. When national programmes are overwhelmed by exceptional need, UNHCR and partners should establish additional services to complement national WASH programmes.

Given that UNHCR has an overall accountability for the refugee response, UNHCR should deploy WASH staff as soon as possible to support the assessment, relevant WASH strategy and support the operational response.

UNHCR should ensure that the WASH situation in dispersed rural settlements is monitored and that relevant stakeholders receive regular reports of progress, so that they can respond rapidly if the situation changes. In the first phase of the emergency, to report, use the Emergency form of
the WASH monthly report card. Instructions on how to fill the form are available on the UNHCR WASH website, wash.unhcr.org. Access can be granted by the HQ team. Contact: HQWASH@unhcr.org.

Resources and partnerships

Staff

- Experienced UNHCR WASH officer to support and coordinate the WASH response, as well as develop the WASH strategy.

Partners

- Close collaboration with village, district and national water authorities is crucial.
- Work closely with and link to development, bilateral and UN supported (UNICEF) programmes for WASH.
- Experienced WASH partners and technical staff from partner organisations.
- Establish predictable partnership agreements at field level at an early date, so that interventions can be implemented rapidly.
- Community outreach workers from the community and from WASH partner organisations.

Annexes

- UNHCR WASH Manual
- WASH, Protection, and Accountability
- Hygiene Promotion Guidelines

3. Links

- MSF, Public Health Engineering in precarious situations
- UNHCR, WASH Manual, 2020
- UNHCR WASH indicators
- UNHCR WASH monitoring system - Monthly Report Card (Emergency Questionnaire)
- Updated WHO/WEDC Technical Notes on WASH in Emergencies
- WASH for children in emergencies
- http://wash.unhcr.org/wash-technical-designs/
- UNHCR Rights mapping tool, RiMa
- Harvey P.: Excreta disposals in emergencies 2007
- OHCHR: Realizing the human rights to water and sanitation: A Handbook, 2014
- OHCHR: Frequently asked questions on the rights to water and sanitation
4. Main contacts

Contact DRS/WASH unit. At: HOWASH@unhcr.org.