Guiding principles for community engagement in WASH infrastructures' planning and design

1. Checklist for planning and design of WASH facilities

Introductory notes

- Some WASH agencies operating in camps or host communities have never attended a WASH coordination meetings or TWiGs. This is creating harm to other partners and to comminity themselves, especially when it comes to different approaches in terms of methodologies, distribution and subsidies. **Coordination for good programming and accountability is key**.
- All WASH staff (including contractors) should be trained on **child safeguarding** and **PSEA** before any consultations.
- **Human needs** (for food, shelter, health, WASH services, etc.) **are universal**. **Persons with disabilities share those needs with all other human beings**. Persons with disabilities may require action to meet needs that are specific to them (accessibility, communication, personal assistance, etc.). Rights-based actors usually replace the term '**specific needs**' with the term '**specific requirements'**, because this places the emphasis on realizing their rights.

WASH Service	Main considerations
1. All WASH services	• Define a **participatory design that is inclusive of community needs and requests** (see below): mandatory is the inclusion of persons with disabilities, adolescents, women, older persons, men, children, gender diverse population (SOGIESC), religious and community leaders. • Use a **participatory and intersectional approach for site selection** (see below), which includes considerations about distance, safety, access, challenges to access for everyone and confidentiality throughout the consultation (invitation, gathering, consultation, analysis of the information collected, sharing final results) • **Consult with site management** to understand land peculiarity of a specific block (risk of floods, landslides…) and environmental risk/impact of natural disaster on the specific location • Implementing partners should maintain a **constant two-ways communication and coordination**, throughout all the process, with CiCs, WASH focal points, AFA,other focal points of Age, Disability working group, SOGIESC group and WASH Sector; • **Lighting to be provided,** but being considerate of its possible **backlash in terms of security**[1]: **consultation with community, Gender/GBV experts MUST happen before planning lighting installation**; • Children/adolescent, persons with specific requirements and older persons should be included in **WASH Facility Management and Monitoring** and their voices properly heard: they should be involved in design of WASH facilities and protection/child protection staff and volunteers can support to ensure meaningful engagement • Development of WASH messages and **IEC materials** in child friendly language, accessible who cannot read and write, and accessible to person with disability • **No children can be used as labour**
2. Latrines	• The **user ratio for facilities** must align with the demographics of the population, the topography and the needs/time required of the different users (going beyond Sphere standards): the ratio of 1 latrine per 20 persons should be kept as reference but latrines have to be planned

[1] OXFAM, *Shining a Light: How lighting in or around sanitation facilities affects the risk of gender-based violence in camps*, here.

	according to clusters of users, to allow a semi-private space and HH-managed facilities. Moreover, additional facilities shall be placed in zones at challenging topography or to serve persons with specific requirements. • Latrines should be at appropriate distance from shelters (ideally not more than 15 meters from the household, to allow persons with challenged mobility to access), mosques, markets etc. • The **minimum internal dimensions of latrine** should be 160x190 cm (In average, 1 in 10 latrines should be accessible, using principles of universal design and other latrines built as barrier free as possible). The door should be at least 90 cm wide and open outwards to allow a caregiver to enter the latrine if necessary. • Every latrine, include the hand washing stations, should **be accessible to children and persons with disability** (handles have to be placed at appropriate height from the ground), latrines should be easily to be locks/unlocked, also by children or persons with reduced mobility (a rope to pull the door can be added, in addition to the lock). All the facilities need to be nearby and risk-free environment (discourage roadside facilities/any dangerous place). • At least **2 layers of privacy** have to be ensured from the inside the latrine to the outside (1 being the door and 2 being the privacy fence/wall or similar) • **Handrails** to be placed in every wet-area; in addition/alternative, anti-slip surfaces should be planned. Ensure there is a handrail on either side of the steps/stairs/ramps at 90 cm height (can add dual handrail with lower height of 60-70 cm for children) • **Handrails** should be installed to support people's transfer to the facility especially if the access is via a path on a slope (it could be made of strong plastic tubes if iron is not available) at a height of 80 cm above the ground and be strong enough to support body weight. • Place **clothes hangers and shelves** inside the latrines, for enhanced dignity • No sharp surfaces or elements should be present in the latrine (nails, CGI sheets edges etc.) • The **ideal solution for sanitation is an integrated toilet and laundry block**, that must have: toilet, hand washing station, bathing cubicle, laundry area, hanging area; women' cubicles to have as well MHM area and appropriate waste disposal arrangement (incineration on site or collectors to dispose the materials in dedicated secondary point and then to the landfill). • **No gaps** in the doors, walling, privacy screen should be present; walling should have appropriate height to ensure nobody can see into the cubicle; the integrity of the latrines should be included as a point of regular monitoring by dedicated staff/volunteers • Water points should be in the latrines' block/sanitation block proximity (min 30 meters should be respected between containment facilities and water sources) and easily accessible including for children; connect latrines for person with disability with running water. • **Color-coded gender-segregated latrines/sanitation blocks** (suggested: yellow for female). Consultation should be ensured with gender-diverse population to identify constraints in accessing the wash facilities due to gender-segregation and stigma. In alternative or in addition, segregated facilities can have a clear signage or marking – 'Female' and 'Male' in local language along with an image of female and male (large writing and symbols). • Only female can access the female services and only women volunteers in charge of cleaning and maintaining the female blocks. Likewise for men blocks. • **Provide additional support** at HH level (plastic commode/toilet chair, bed pans, diapers for urinary incontinence, handrails, hygiene items…), if the person with disability cannot access the sanitation facility. Liquid soap instead of solid soap can be easier to use for persons with reduced mobility. Ad-hoc distribution of liquid soap to be assessed and evaluated. • **Septic tanks and soak-pits should be properly closed and manholes casted** to result too heavy to remove for a child. Soak away pits of MHM facilities should convey to the rest of the grey water of the block, to ensure mixing of blood before it gets released in the open • Septic tanks should be easily accessible to desludging services (truck or pipes and teams) • Ensure children understand how to properly use toilets via engaging with them, with assistance from child protection staff/volunteers

	• **Nudges/motivators** to enhance hand washing practices to be included (optional) • Universal design for SOGIESC and security issues
3. Bathing spaces	• The **user ratio for facilities** must align with the demographics of the population, the topography and the needs/time required of the different users (going beyond Sphere standards): the ratio of 1 bathing place per 50 persons should be kept as reference but bathing places have to be planned according to clusters of users, to allow a semi-private space and HH-managed facilities. Moreover, **additional facilities shall be placed in zones at challenging topography or to serve persons with specific requirements**. • Every bathing place should be accessible to children (handles have to be placed at appropriate height from the ground) and person with disability; cubicles should be easily to be locked/unlocked, also by children/persons with reduced mobility (rope to pull the door can be added, in addition to the lock). • **At least 2 layers of privacy** are ensured from the inside the latrine to the outside (1 being the door and 2 being the privacy fence/wall or similar) Locks should be at a height accessible for children. • **Handrails** to be placed in every wet-area; in addition/alternative, anti-slip surfaces should be planned. • Place **clothes hangers and shelves** inside the bathing place, for enhanced dignity. • Provide **accessible bathing equipment** (consult with persons with disabilities or disability specific organisations for advise): bench, seats, utensils, etc. • **No sharp surfaces** or elements should be present in the latrine (nails, CGI sheets edges etc.). • The ideal solution for sanitation is an integrated toilet and laundry block, that must have: toilet, hand washing station, bathing cubicle, laundry area, hanging area; women' cubicles to have as well MHM area and appropriate waste disposal arrangement (incineration on site or collectors to dispose the materials in dedicated secondary point and then to the landfill). • **No gaps** in the doors, walling, privacy screen should be present; walling to have appropriate height to ensure nobody sees into the cubicle; • Water points should be in the sanitation block proximity and easily accessible (min 30 meters should be respected between containment facilities and water sources); connect bathing places for Person with disability with running water. This should be subject of regular monitoring by dedicated staff/volunteers. • **Color-coded gender-segregated latrines/sanitation blocks** (suggested: yellow for female). Consultation should be ensured with gender-diverse population to identify constraints in accessing the wash facilities due to gender-segregation and stigma. In alternative or in addition, segregated facilities can have a clear signage or marking – 'Female' and 'Male' in local language along with an image of female and male (large writing and symbols). • Only female can access the female services and only women volunteers in charge of cleaning and maintaining the female blocks. • Septic tanks and soak-pits should be properly closed and manholes casted to result too heavy to remove for a child. **Soak away pits of MHM facilities** should convey to the rest of the grey water of the block, to ensure mixing of blood before it gets released in the open.
4. Tap stands and wells/hand pumps	• The **user ratio for facilities** must align with the demographics of the population, the topography and the needs/time required of the different users (going beyond Sphere standards): the ratio of 1 well 400/500 persons and 1 tap per 250 persons should be kept as reference but additional facilities shall be placed in zones at challenging topography or to serve persons with specific requirments. • Water points should be accessible to children and persons with disabilities (**partners should challenge the concept that children cannot use water points**). • Ensure children are informed on how to use tap stands and hand pumps; ensure children are informed on how to avoid waste of water as part of environment resources preservation mainstreaming. **Ring wells/hand dug wells MUST be properly closed**, and inspection manholes to be sealed/difficult to remove, to limit drowning risks, • Ensure children are informed about the **location of wells** and about the **use of the wells** as some wells are known as not to be used for

	drinking (those are usually realised by community); wells to have needful information/IEC visible in term of security. • Children and caregivers should be sensitised that **children should not have responsibility for carrying large water containers**; children's water containers should be made available. • **Handrails** to be placed in every wet-area; in addition/alternative, anti-slip surfaces should be planned. • Pedestal made of bricks plastered with cement screed to be added to the platform if possible, to allow sitting while collecting water at the height of about 45cm (adult knee height): this is suitable for all users, but especially for those with limited strength, difficulty balancing or difficulty grasping a container[2]. • Make sure the design allows everyone, including persons with disabilities, older persons and children, to collect water safely and with dignity; ensure **taps are at appropriate height for everyone to operate them**. • Appropriate drainage should be placed around spilling areas, to avoid water logging and limit vector breeding • **Water collection time can be fixed and scheduled in a way so that children and women can return before dark**
5. SWM disposal sites (collection points and MRFs)	• Secondary collection points should be placed to cover a cluster of HH (possibly the same HH using/sharing the same latrines or bathing place): secondary collection points have to be planned according to clusters of users. Moreover, additional facilities shall be placed in zones at challenging topography or to serve persons with specific needs. • Collection points/communal bins have to be accessible to push-carts or to workers in charge of emptying them; • Bins should be secured to the ground and remain stable in case of strong winds • Rainwater shall not fill the bins and appropriate roofing/cover shall be planned • Bins and MRF shall be placed in a location that does not cause complains due to smell production: community engagement is a key for their acceptance • Waste disposal sites not to be placed in the vicinity of children playgrounds; **monitoring should be ensured to avoid children collecting scraps and other recycle objects from the secondary waste management sites** (this is particularly valid in the immediate aftermath of an emergency, eg. fire, flood); • **SWM** facilities not to be placed in flooded affected areas.
6. Fecal sludge management plants	• Located is areas accessible by desludging trucks or reachable by piping system • Not to be located in proximity of shelter/mosques/distribution or recreational sites.

[2] Please refer to, among others, WEDC, WaterAid, SHARE, *Compendium of accessible WASH technologies*, 2014, here.

2. Pillars for effective community engagement

Pillars	Components
1. Context	• **Decisions must be evidence-based**, with inclusion of social considerations, IP capacities and environmental characteristics.
2. People	• Community engagement must follow the principles of **inclusive representation, non discrimination,** recognizing and valuing the diversity of the population (including adolescents, children, persons with disabilities, older persons and gender diverse population): two-ways communication is key for inclusiveness programming; facilities must offer the maximum protection to users and **not to create harm**; • Designs must be **gender inclusive** and contribute to the dignity and safety of women and girls[3]; measures must be taken to ensure **gender segregation of facilities** in line with social stigmas (a gender sign is not sufficient to ensure correct use). • On average, 1 in 10 latrines should be accessible, using principles of universal design and other latrines built as barrier free as possible • Facilities **must address the issues of social stigmas**, especially regarding *purdah* and MHM needs; facilities must provide appropriate disposal for non-organic waste, such as MH materials, that are socially/environmentally acceptable. • Designs must be **age appropriate** including needs of both elderly and children in all phases of the design • Engagement of community in WASH planning and monitoring can be an opportunity to develop technical and leadership skills that can be functional to future opportunity
3. Behaviour + practices	• Willingness to change the "regular" patterns of intending WASH: Implementers partners should remember the process won't be perfect thus they should be willing to learn as they engage the community **(organization' pride is not the objective, good programming is)** • **Behaviroual change:** inclusion/participation, sharing unpaid care work, meaningful access, safety/do no harm and acocuntability should be included permamently as protection principle for community-engagement, not only at the assessment or monitoring phase but throughout the project cycle
4. Staff	• Ensure all the WASH staff and volunteers are trained on code of conducts and policies which ensure child safeguarding. • WASH staff and volunteers need to know the Protection, Gender and Child Protection focal and potential protection, GBV and child protection risks; WASH staff should be oriented on Child Safeguarding and safe programming • Ensure staff has basic understanding on Gender Mainstreaming in WASH at community level.
5. Coordination	• **Multi-stakeholder approach** is key: WASH to coordinate with site management, protection (including Child Protection sub-sector, Age and Disability working group, Gender diverse population working group), GenderHub, Health, Nutrition, shelter sectors and with local authorities such as RRRC/CiCs; • Work with the Child Protection and education actors to initiate child-to-child peer learning programs in child friendly spaces, multi-purpose centers, learning centers, to conduct hygiene promotion and spread health education and safety messages
6. Advocacy	• A participatory programming with intersectional approach is an opportunity to advocate for more attentions to quality and inclusiveness of WASH services and to positively influence IP practices and programs;
7. Monitoring, evaluation and	• **Existing literature** must be reviewed, and best practices incorporated (see WASH Sector Hygiene Promotion Guidance Framework); • Community engagement must be intended as a **learning process**, where implementers learn from communities' knowledge and where communities are learning skills and principles and, as such, empowered;

[3] On this regard, the OXFAM Social Architecture approach is a valid baseline.

learning	
8. Participation	• Community engagement initiatives, such as users' group or WASH committees, must **not be subsidized** but rather supported with capacity building and materials (e.g. cleaning materials, repair kits etc.); activities of users' groups/WASH committees must be monitored (performances vs objectives, community perceptions about their engagement…); • **Community engagement** must take place at all stages of the decision-making process (planning, design, implementation, monitoring and evaluation): participation leads to community ownership and to services' sustainability; communities can find solutions by themselves. Children should be consulted and community engagement must proactively account for age, gender and diversity of the population, • Users' group/WASH committees have to promote equal inclusion of various community segments and equal division of tasks (e.g. not only women in charge of cleaning, persons with disabilities to be included…); use Peer to Peer approaches and BCC initiatives;
9. Accountability	• **Accountability is a pillar of community engagement:** every organisation should set-up a mechanism in order to "close the loop" of the feedbacks and to refer to other Sectors feedbacks that are not WASH-related; p**opulation must be informed about objectives and plans, and contribute to those**; similarly, objectives and plans have to be adjusted according to community feedbacks. Child friendly feedback mechanisms should be established with support from CPSS

3. Process of community engagement in WASH infrastructures implementation

Steps	Community outcomes	Process (for more details on each stage refer below)	Hardware outcomes	Tentative timeframe
1. Training		Training for Implementing partners on Community Engagement Process, Gender mainstreaming, child safeguarding, PSEA and AGD principles as well as ethical standards in community consultations		1st Week
2. Stakeholder Mapping		Stakeholder Mapping (see above), Including but not limited to Mahjis, Imams, Women's Leaders, Chairmen, Influential Individuals		2nd Week
3. Discussions with diverse groups	Diverse opinions collected for collective decision-making.	Discussions with diverse community groups (different ages, vulnerabilities, disabilities, mobility issues , different sexual orientation, etc.). Each group maps their ideal location for the installation of WASH facilities (tap stands, latrines and bathing spaces, SWM points, FSM)		3rd & 4th Week
4. Reviewing ideal locations + selecting a final spot	Agreed facilities location that meets community needs	Review mapped points: showing the variations in location if any - confirm one final location that meets all groups' expectations through community meeting. What needs improvement about current latrines/bathing? Which are the conditions that ensure a latrine/bathing space will be used? IP impartial facilitation is crucial.	GPS Point location identified	3rd & 4th Week
5. Agree final design for the block	Facility design that meets community needs	Propose preferred designs to all groups and agree final design for the block. Repeat the process conducted for site selection or conduct community consultations about site selection and design at the same time. IP impartial facilitation is crucial.	Finalized preferred design	7th Week
6. Discussion on construction	Costruction plan and methods are agreed	Meetings with same groups on engagement in construction activities to use their knowledge and practices to make it user friendly while addressing the personalize demand of WASH facilities in the community.		8th Week
7. Facilitation of O&M plan	O&M system that is realistic and achievable. WASH committees'/users' group are responsible of facilities	Meetings with the same groups on management of facilities, and how they would like this to work	Set-up of an O&M schedule	During Construction
8. Reviewing of O&M	O&M system that is realistic and achievable	Meetings with same groups and stakeholders to facilitate community management		Asap after construction
9. Evaluation	O&M system is sustainable: infrastructures are in use, accepted and maintained	Review meetings to check and adapt O&M and community management. Consult with communities regarding their opinions and regarding any other issue related to acceptance, use, maintenance of the facility.		3 months after construction

4. Details on the process

Steps	Details
1. Training	Staff responsible for hygiene promotion/community mobilization and hardware aspects to be trained on protection principles and community engagement and its tools, by respective technical coordinators, AFAs or WASH Sector, if not done yet. A workplan for roll out community engagement should be designed, for respective areas (blocks). Workplans will be centralized to enable easy follow up and ensure the process remains on track in each camp. Tracking should be undertaken by the WASH Focal Point.
2. Stakeholder Mapping	Diverse stakeholders should be mapped per Mahji block; often there is a reliance on the decision of the Mahji, or limited engagement of other influential figures such as Imams. Whilst both are important stakeholders, relying only on their information both overburdens them and neglects the voices of less represented and vocal groups such as women, adolescent girls and boys and older persons people. Diverse stakeholders should be mapped in broad consultation with households in the block. These stakeholders can support with finding diverse groups within the community to hold discussions with. This approach ensures a wide number of voices are heard in making collective decisions at the block level. At an absolute minimum, partners must hold two discussion groups, one with men and one with women. For both groups, only 50% of the participants should be selected by the Mahji, however it is expected that each partner will hold more diverse discussion groups than this. Confidentiality and "do no harm" are key principles to consider in this phase.
3. Discussions with diverse groups	Once groups are identified, an initial meeting with each should explain the project, the outcomes and the decision-making process. A mapping exercise can be used – either using a printed map, or through a transect walk with the group members – to determine the groups' ideal locations for the block tap stand. Reasons for the location chosen should also be explored. Informed consent to participate should be obtained before the consultation, the objective, outcomes of the consultation should be clearly mentioned.
4. Reviewing ideal locations + selecting a final spot	Once all groups have decided, partners should review the locations to determine any differences. The results of mapping exercises across groups should be presented to each group, with an opportunity to revise their choice if it is very different to other groups. Where locations are roughly similar across each group, this should also be presented, and a final decision agreed upon by each group as to the final location. A GPS point of this location can then be taken and submitted to engineering teams for the finalization of network designs. Again Confidentiality and od no harm are key protection principles to consider in this phase.
5. Agree final design for the block	Groups are given the opportunity to revise their choice of design given the feedback from other groups, and a final design is agreed between all groups. The final design can be submitted to the engineering team, so that an overall harmonized design can be made for the network systems. The final decision should be taken via community meetings, with spoke-persons per every community group. If this is not culturally feasible, community engagement staff will bridge the gap among different groups and negotiate for final decision.
6. Discussions on construction	Discussions continue regarding community engagement in construction activities: selection criteria for CFW, how vulnerable groups can benefit from CFW. Feedback to be given to engineers/contractors to adapt the approach in line with communities' decisions.
7. Facilitation of O&M plan	Whilst construction is ongoing, discussions continue regarding how best to manage facilities at the community level. Feedback from each group will be shared amongst the groups and final decisions taken on the management approach each block would like to take. An action plan may be created which details any actions required (such as training, or purchase of materials), when this will happen, and who will take responsibility. These discussions link into the wider sustainability of each network.
8. Facilitation of O&M plan	Once WASH facilities are complete and functional, partners should support the implementation of the community management system agreed by each block. This may require training or the provision of materials.
9. Reviewing of O&M	After a period of 2-3 weeks, the groups should meet to discuss the management approach. Discussions should focus on whether the management system is working, whether there are any problems or issues with the management of the system.
10. Evaluation	After 3 months, a community evaluation of the project including evaluation of the community engagement process should take place.

5. Stakeholders identification

Who?	Social norms, beliefs, stigma associated to WASH	To keep in mind!
Women	• Before displacement, women would carry water from nearby ponds and water sources: now women are forced to carry water through congested parts of the camps that are often farther from their homes. As a result, water comes to play a role in whether, how often and for how long female bodies are 'out of place' in fetching safe water, and thus subject to social norms, gazes, policing and punishment. In this respect, fetching water is a particularized burden for women, as notions of honour, shame and decorum affect quite literally their access to water. • Perhaps the largest and most predominant value system shaping women's access to leadership positions and public space more generally is not the often-discussed *purdah* system, but rather the *izzot* (honour) system that governs the social reputations of men and women[4]: Rohingya have been unable to practice the same social norms, traditions and practices as before. Women are now regularly required to engage in many new activities, such as fetching water outside home compounds or going to distribution centres. • Some women reported clear boundaries lines such as crossing the road or travelling outside the Majhi block in discussions on what demarcated "public space", which required them to wear veils and carry umbrellas when they go out. Others reported that they only travelled at night to public spaces where they were less likely to be "seen" by male gazes[5].	• Nowadays, a significant number of both Rohingya and host community women did not consider the water points, bathing places and toilets to be safe, due to distance, access and risks of GBV. • Consultation should be with both male and female (even if facilities are for women, to ensure social cohesion) • Women and girl's empowerment have to be pursued with due considerations versus the characteristic of the Rohingya society which is quite conservative towards women: engagement of women and girls in hygiene promotion activities should be encouraged and discussed with due care. • Better WASH services design contributes in reducing protection risks for women (for example: GBV cases) and in reducing gender inequalities (for example: by reducing the time women and girls have to dedicate to water collection, cleaning/laundry, cooking etc.); • Consultation/participatory processes should aim to give power back to the women and girls by amplifying their voice;
Who?	**Social norms, beliefs, stigma associated to WASH**	**To keep in mind!**
Adolescent girls	• Adolescent girls are suffering for the same limitations in terms of accessibility of WASH services as the women (see above), although their freedom is even less because of the *purdah*. • Due to the *purdah*, adolescent girls are often restricted in their movements, especially after they reach puberty which makes it more difficult for them to access public spaces, including communal WASH facilities;	• Women and girl's empowerment have to be pursued with due considerations versus the characteristic of the Rohingya society which is quite conservative towards women: engagement of women and girls in hygiene promotion activities should be encouraged and discussed with due care. • Better WASH services design contributes in reducing protection risks for adolescents (for example: GBV cases) and in reducing gender inequalities (for example: by

[4] Danny Coyle, Marie S. Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM&UN Women, here.
[5] Danny Coyle, Marie S. Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM&UN Women, here.

		reducing the time girls have to dedicate to water collection, cleaning/laundry, cooking etc.);
Who?	**Social norms, beliefs, stigma associated to WASH**	**To keep in mind!**
Men	• Men in both refugee and host communities remain the ultimate decision-makers for family and society matters. • Men bear the responsibility for the protection and policing of women's *purdah* in order to affirm their own honor. Women's honor is both a reflection of individual actions of women, but also men's control and enforcement of purdah on women: from this perspective, *purdah* is a reflection of men's individual attitudes about their wives and daughters rather than that of women, as they are the primary enforcers of the norm[6]. • The men bathing at open water points may be considered to be culturally acceptable to some men and boys, but it poses a problem for women and girls and has been raised as a particular concern for adolescent girls[7]	• Men report the frustrations of the loss of their livelihoods in different displacement settings, which was central to the Rohingya's sense of purpose and belonging. Among men and women in the displacement camps, this feeling of "losing one's role" has coincided with women's participation and increased presence in many public spaces, leadership positions and paid forms of employment that were never before witnessed or experienced.
Who?	**Social norms, beliefs, stigma associated to WASH**	**To keep in mind!**
Adolescent boys		• The mobilization of adolescent is particularly important because it can help to avoid problems caused by boredom and can contribute to wellbeing, resilience, skills development and empowerment[8]. • Adolescent boys do not receive messaging that is tailored to their needs and rarely play a role of allies in the community when it comes to sharing WASH, MHM and puberty key messages.
Who?	**Social norms, beliefs, stigma associated to WASH**	**To keep in mind!**
Children	• Children are often prevented accessing water points, unless when they are sent by parents to fetch water, carrying heavy water containers. • Children are rarely engaged in decision-making processes and rarely consulted regarding WASH design: this is partially due to a cultural issue but also to minimum of consultative processes with children implemented by WASH partners	• More than half of camps' population is represented by children (0-17 years) • Children are challenged to access latrines, especially during night times. Moreover, latrines situated sloppy or in hilly areas are even more difficult to use for children. • WASH facilities construction and wrong design can represent life-threatening risks for children. • Little children might not be aware on which water point is

[6] Danny Coyle, Marie S. Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM&UN Women, here.
[7] S. House, *Strengthening the humanity in humanitarian action in the work of the WASH sector in the Rohingya response – Gender, GBV and inclusion audit of the work of the WASH sector and capacity development assessment*, main report and annexes (2019), here.
[8] Action for the Rights of the Children and UNHCR, *Foundations of Community Mobilization*, here.

		safe for drinking and which one must be used only for domestic purposes; similarly, children might not be aware about the harms of handling SWM or faecal contaminated materials; • A good acceptance and familiarity of children towards WASH facilities such as latrine can contribute reducing open defecation.
Who?	**Social norms, beliefs, stigma associated to WASH**	**To keep in mind!**
Older persons (and their caretakers)	• In Rohingya camps, older people face access challenges arising from discrimination and exclusion. Moreover, older persons and persons with disabilities expressed feelings of rejection and sadness due to limited interactions with others as a result of geographical isolation[9].	• Some 4% of the Rohingya population are persons over 60 years and represent one the most vulnerable parts of the society[10]. • Older persons are reporting difficulties in accessing services, including WASH, and information.
Who?	**Social norms, beliefs, stigma associated to WASH**	**To keep in mind!**
Persons with disabilities (including their caretakers)	• Similarly, as per the older people, persons with disabilities are often left out any consultative process but are one of the segments of the population that have most challenges in accessing WASH facilities and influencing their design. • Access to sanitation has important cultural and social implications for women, especially those with disabilities. Not having access to safe and adequate WASH facilities usually means women must navigate unsafe terrain, often alone and at night, to find a private place outdoors to take care of their sanitation needs, which puts them at risk. • Sometimes persons with disabilities are kept away from latrines or water points because they are considered taking too much time in using the facilities. • Social misconceptions sometime link disability with a curse or consider it as something contagious. • Ableism, as discrimination and social prejudice, can be a factor of exclusion from decision-making processes	• UNHCR and GoB data report around 35.000 persons with special needs living in Rohingya camps (4% of the total) • Individuals with disabilities were reported to feel unsafe accessing or using WASH facilities at a higher rate than individuals who were not found to have a disability[11].
Who?	**Social norms, beliefs, stigma associated to WASH**	**To keep in mind!**
Gender-diverse population	• Discussions on gender and WASH typically ignore non-normative gender identities • Transgender people face challenges when accessing public toilets or other communal facilities, which include verbal abuse, physical and	• The WASH Sector wants to advocate for agencies to start looking at non-binary gender communities and to start cooperating with NGOs that are already working with these persons on ground. Important at the beginning to fight bias

[9] UNHCR, *Culture, context and mental health of Rohingya refugees, A review for staff in mental health and psychosocial support programmes for Rohingya refugees*, 2018, here.
[10] Please see: REACH and ADWG, *Age and Disability Inclusion Needs Assessment*, May 2021, accessible here.
[11] REACH, *Rohingya refugees with disabilities: Prevalence, meaningful access, and notes on measurement*, 2019, here.

	sexual assault, denial of access.	within the service providers first to ensure safe and equal access to services to all minorities in the camps and host communities
Who?	**Social norms, beliefs, stigma associated to WASH**	**To keep in mind!**
Religious leaders, Majis and other community leaders	• Rohingya women overwhelmingly identified religious leaders or Imams as the key community decision-makers • Religious interpretations and rules play a large role in governing whether activities will be considered as culturally acceptable. • Majis system is purely male dominated	• Leaders are among the most influential segments of the society and, as such, their decision-making power have to be calibrated in order to make sure the views of everyone are included. • Religious and community leaders should be consulted on programmers and activities to better understand their perspectives and how compromises may need to be reached • Their view should nonetheless be balanced with the opinions expressed by the rest of the stakeholders consulted, in particular minority groups, to avoid excessive predominance of majis on the community
Who?	**Social norms, beliefs, stigma associated to WASH**	**To keep in mind!**
Camp in Charge (CiC)		• There are partners implementing WASH activities coordinating interventions with CiCs/RRRC only and not with the Sector. • CiCs represent the local authority in charge of camp management and, as such, need to be included in the decisions regarding programming

6. Key-questions and recommendation for different stakeholders' group involvement[12]

Who?	How can we consult with this group?	What shall we ask them?	How to select the persons?	Where to have the discussion?	What not to say/do?	Who can facilitate?
Women	• Age disaggregated target group discussions; • If the context requires, negotiate with the community leaders prior to talking with women community members, to enhance acceptance. • Community: FGD ensuring safety, confidentiality, dignity, privacy during need assessment, community consultation, design & implementation. Women' centres can be good locations to conduct consultations • Involving active women's' group/leaders in the consultations process • Ensure meeting time and place in consultation with them and in convenient time for them.	• Safety, security and access, satisfaction on the access and facility, feedback, whether they are women friendly? • Whether there is accessibility for persons with mobility issues • Preferred locations.	• Recommended to include groups who mostly remain out of the scenario, for example: adolescent married women. • Identifying local women rights' groups, networks and social collectives, informal networks, to be involved in the consultation.	• To make the consultation easy and accessible for the women participants, the venue can be at the HH level. • Women friendly spaces • Easy and understandable language	• Avoid mixed groups, but in situations where there are no other means than a mixed group, initiatives should be taken to address any barriers that stem from gender norms such as men's voice carrying more weight; • Women are not comfortable talking about hygiene issues in front of men so discussion should not be "pushed"; • Adolescent girl might not be comfortable to share issues in front of their mothers or elderly female neighbors.	• WASH staff with Gender, PSEA, SRH staff. • WASH partners to hire more women (including engineers and architects) and build an inclusive working environment • Influence and change the bias by WASH male colleagues; • Encourage women participation in decision-making processes.

[12] This table summarizes the findings of the multi-sector *"Multi-sector workshop on community engagement for WASH services design"* organized by the WASH Sector on the 29th April in cooperation with Education, Protection (Gender Diverse population WG and Age and Disability WG), Child Protection SS, GiHA W.G. Materials here.

Who?	How can we consult with this group?	What shall we ask them?	How to select the persons?	Where to have the discussion?	What not to say/do?	Who can facilitate?
Children	• Considering the age and gender of children it might not be a good idea to consult with children individually because they might not comfortable talking alone. Children consultation should conduct in small groups so that can exchange and share their ideas in a joyful and lively manner, with the support of child protection actors/volunteers; • We should put importance on their priority & consent, their voluntary participation in any consultation, etc. • We can ask the support of "Children Leaders Groups" to interact with other children in communities (Children Leaders Groups are community groups of children with natural leadership & voluntary participation). • Ensure more than one adult is present when you discuss WASH facilities with children and get the consent from both caregivers and children; • Speak in simple language; • Ask children what they don't like about WASH facilities and what would make them feel safer in the different facilities (bathing, latrine, etc).	• To get the basic ideas of Children regarding WASH inclusion drawing or construction of a "model" might be a very useful and effective way. Children might be asked to draw the latrine and letting them understandable in a way of adding some clues as like: do you need a lock and how it would be? Do you want a water supply inside the latrine, which is the favorite color for the latrine? • Ask them feedback on the services & facilities they are already using. Topics like open defecation, hand washing, water safety plan can be prioritized during consulting with this group of beneficiaries.	• Children should be selected in a participatory manner along with that age 5 to 15 can be considered to the children group; • Among them, we can divide the age into two age groups like 5-10 and 11-15 age; • Boys and girls children group will be consulted separately so they can freely express their ideas and expectations; • Selection should be based on their voluntary participation & consent from them & their parents as well.	• Mobilize and consult with the children in the Child-friendly space, adolescent-friendly space, learning center, etc. as those places will create a friendly environment for the children; • Any safe space where they feel comfortable to seat & talk. • Take the small group of children to a latrine or bathing facility and ask what they like about it, what is difficult for them about it, what would they want, can the reach everything (caregivers and CP staff to be present all the times);	• Don't ask or request the children to share the previous experience of any type of violence regarding WASH usage; • Do not impose anything/any decision etc. which are not agreed by them; • Not discussing any issues which are not possible for them to respond • Explain clearly to the children why they are being consulted in a child-friendly manner (child protection staff/volunteers can support).	• Child protection volunteers can play a vital role in communicating with the children as those volunteers are familiar with the child-friendly languages along with the WASH staff or volunteers • Children leaders Groups can be a good resource in support of the facilitation.

Who?	How can we consult with this group?	What shall we ask them?	How to select the persons?	Where to have the discussion?	What not to say?	Who can facilitate?
Adolescents	• Make separation sessions (girls and boys) with the participation Maji, teachers through Focus group discussion (FGD), KII (Key Informant Interview), peer-to-peer discussions, games/role plays. • A referral mechanism can be sought out from the adolescents to know how they want to communicate with required personnel on particular issues. • Community network members also can be involved in this process. • Orientation and training of staff is needed to be able to better engage with adolescents with disabilities. • Work with a cross-sectoral adolescent group and meeting with them on a regular basis too to make them easy to talk to. • For HC, the student's club at the school level can be contacted.	• To take concern from the adolescent group before having any session (including parents and caregivers). • Asking them about basic WASH knowledge, practice, infrastructure needs, challenges, their needs, what they want to know.	• Parents, caregivers. • Youth and adolescent group. • Women groups. • Volunteers. • Consider age 9-10 years old. • Segregated age group based on puberty like 10-13, 14-above.	• Ask the adolescent group where they prefer to talk; • Women and child-friendly spaces. • Household space with 2/3 groups sessions (maintaining the COVID-19 social norms). • Learning centers	• Take concern or get trust before asking any question (behave in a friendly manner so that they can feel comfortable.) • Don't ask any sensitive questions. • Don't force/ pressurize them to give answers. • Make a friendly and comfortable environment for the interview/discussion session to get the expected information. • Male/female mixed groups are not recommended as they might not feel comfortable talking in a mixed group (purdha)	• Adolescent team volunteer (male, female). • Teachers/Facilitators. • Can be involved Education staff- Teachers, Learning center management committee (LCMC). • Child Protection/ Protection staff.

Who?	How can we consult with this group?	What shall we ask them?	How to select the persons?	Where to have the discussion?	What not to say?	Who can facilitate?
Gender Diverse Population	• WASH team members recommended to ask first statistics of GDP in particular location to GDP partners; • WASH partners MUST liaise with partners or NGOs working with GDP (such as Bandhu, Sex workers organizations).	• Ask GDP population feedback about existent WASH design and challenges in using the available services; • Ask about the need of having gender segregated latrines or not and, if yes, how: GDP might want or not to have a latrine for non-binary gender. They might need gender non-binary latrine and they required some mix (male & female) equipment /logistics.	• Due to social and religious context GDP people are very hidden. Sex, sexuality and gender identity issues are very much shame in Bangladesh so the selection should be a confidential process; • Gender diverse populations are not only trans man or woman but could also be non-binary and gender neutral/queer/fluid. • Do not ask publicly questions on gender identity and sexual preference, rely on the GDPWG on dos/don'ts on how to effectively engage with GDP	• As GDP people are not disclose at their home/neighbor all the time due to stigma and discrimination. We always encourage discuss with GDP at safer and confidential place. The most confidential place will be for GDP at house of Hijra Guru/community leaders or CBO/community-based organization. Consult with the GDPWG for dos/don'ts	• Do not talk about sex and gender change in the same time, do not talk about genital organ in a group. • Not talk about sex reassignment surgery in a group. • Ensure that staff is prepared ot engage in a consultation with the GDP, bias free and adopts the right, most appropriate and sensitive vocabulary (no derogative or offensive colloquial words)	• Protection/GDP partners' staff, community organizer, peer educator, community field worker, leader of community-based organization and who know the local language.
Who?	**How can we consult with this group?**	**What shall we ask them?**	**How to select the persons?**	**Where to have the discussion?**	**What not to say?**	**Who can facilitate?**
Older persons and persons with disabilities	• FGD, community consultation, household visit, KII, one to one communication, other tools (non-verbal communication with pictorials), experience sharing, practical	• Should follow Norms, culture, religious first • What is the experience of the beneficiary in using the existent facilities? • Focus on types of	• Ask Protection FP and organisations working with older persons and persons with disabilities to support	• At home • At service point • At accessible (disability friendly) service point • Bilateral	• Any discriminatory/biased/ableist opinion to be avoided;	• Protection/GDP partners' staff, community organizer, peer educator, community

	demonstration, survey (KAP), Gender specific group discussions. • Recommendation: Sample of the facility/drawing/model, to be commented together, role play to get more recommendation from the community • Partners should think out of the box and modify the questionnaire with other options, there could be open ended questions, feedback from different types of people with disabilities, with different types of accessible communication methods/materials • Involvement of caretaker to facilitate the discussion, when relevant	disability: do you access the latrines? do you think the latrines you have ensure your privacy? • What are the recommendations you want to give to WASH organizations?		discussions or group discussions, nearby the persons shelter (means active seeking for older persons, not waiting for them to show up in community meetings)		field worker, leader of community-based organization and who know the local language.

This document is inspired by the discussions within the HPTWiG, by the work from OXFAM (SaniTweaks) and the outcomes of the Social Architecture project. Other relevant documents are the WASH Sector gender policy and tip-sheet, the Protection mainstreaming tip-sheets for WASH programs and the MHM strategy. Additional references are either linked or reported in the footnotes. Sections 3 and 4 were developed within the HPTWiG with the support from OXFAM and integrated in this document after adaptations and update.

Section 6 was developed after the "Community engagement for WASH facilities design" workshop, organized on the 29th April 2021 by the WASH Sector, in cooperation with Education, Protection and GiHA/GenderHub.

7. Annex: list of acronyms

ADWG - age and disability working group
AGD - Age, gender and diversity
AFA - area focal agency (UNICEF, UNHCR or IOM)
BCC - Behaviour change communication
CGI - corrugated galvanized iron (sheet)
CiC - Camp in Charge
CP - Child Protection
FP - focal point(s)
FSM - Fecal sludge management
GBV - Gender based violence
GDP - Gender diverse populations
HH - household
HP - hygiene promotion
KAP - knowledge, attitude and practice
KII - Key informant interview
IEC - information, education and communication (materials)
IP - Implementing partners
LCMC - Learning center management committee
M&E - Monitoring and evaluation
MHM - Menstrual hygiene management
MRF - Material recovery facility
O&M - Operation and maintenance
PSEA - Protection from sexual exploitation and abuse
RRRC - Refugee Relief and Repatriation Commissioner office
SOGIESC -Sexual orientation, gender identity and expression, and sex characteristic
SRH - Sexual and reproductive health
SWM - solid waste management
TWiG - technical working group
WASH - Water, sanitation and hygiene promotion