



WASH Sector
Cox's Bazar

ISCG

INTER SECTOR
COORDINATION
GROUP

Cox's Bazar WASH Sector Hygiene Promotion Strategy Guiding Framework

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Foreword

This document represents the guiding framework of the Hygiene promotion Strategy.

These two documents are complementary: the guiding framework (this document) wants to propose the results of a desk review of main HP-related researches and studies, overarching strategic framework, documentation of the consultative process around the strategy development, an in-depth analysis of the Rohingya and host communities for what concerns cultural and social aspects correlated to WASH, an abacus of main hygiene promotion topics and suggested field implementation guidelines and, finally, proposes a collection of hygiene promotion/community engagement methodologies used already in Cox's Bazar or elsewhere.

The **Hygiene Promotion Strategy** wants to draw the main axes for hygiene promotion activities implementation for the next years.

Both documents are produced with the support of UNICEF.

This work is the result of almost **10 months of work**, conducted side by side with humanitarian colleagues and communities of the Cox's Bazar response. It builds up on great achievements, lessons learned and important studies developed in the first 3 years of the emergency.

Around **80 women and 90 men**, from the host and Rohingya communities, from UN and national and international NGOs, have been consulted, at various stages and in various ways (bilateral meetings, thematic workshops, FGDs, presentations, strategy revisions and so on).

Nearly **120 documents**, researches, guidelines, reports have been analyzed and, when relevant, quoted, in support of this guiding framework.

Specifically, I want to open-heartedly recommend the work from Danny Coyle, Marie Sophie Sandberg-Petterson and Mohammed Abdullah Jainul, published in 2020¹, that shades a light in understanding traditions, gender roles, norms and values of the Rohingya community, all aspects that have great impact on how, among others, persons perceive, influence, accept and benefit from WASH services and community engagement initiatives.

I must also say that this document has its foundations on the extraordinary work that Sarah House² did for the WASH Sector in 2019, with the support of UNICEF: I want to totally echo her in saying that **we need to put "humanity" at the center of the WASH response**.

I personally advocate all of us to invest energies and resources to **build and equal and inclusive environment, where women are given the chance to be listened and to feel safe in every moment of their life, where children and adolescents are heard and respected, where persons with disabilities and elderly persons can influence decision making process and where gender-diverse populations feel valued and considered.**

"To change people's behaviours, we need to change ourselves first"

Dr. Salina Shelly, Senior Hygiene Promotion Manager, NGO Forum for Public Health, WASH Sector MHM technical workshop

¹ Danny Coyle, Marie Sophie Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).

² 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](#).



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- A very big number of colleagues that, formally and informally, have been giving me advices and inputs and that have inspired and shaped these pages;
- UNICEF for funding this work.

Rationale

This document, together with the Hygiene Promotion Strategy, is intended to support the WASH partners involved in the Rohingya response in Cox's Bazar in implementing quality oriented, inclusive and pertinent hygiene promotion interventions.

Nearly one million Rohingya have fled waves of violent attacks in the country since 1978 and sought refuge in neighboring Bangladesh. The overwhelming majority of them began arriving three years ago, starting on 25 August 2017, when more than 740,000 Rohingyas fled Myanmar³.

The Hygiene Promotion strategy and its guiding framework (this document) are **building up on the many positive lessons learned acquired by partners after 3 years from the onset of the emergency**; at the same time, are trying to find solution and provide recommendations concerning those areas that still need improvement and further engagement by the WASH partners.

The last WASH Sector strategy, finalized in January 2019, had a section dedicated to hygiene promotion; however, given the complexity of the response, **the WASH Sector is at the moment working on developing different strategies organized in different documents** (Fecal sludge management, solid waste management, water scarcity plan...) that will constitute the new WASH Sector strategy for the coming years.

This document and the strategy are then updating the "WASH Sector Strategy for Rohingyas Influx" for what concerns hygiene promotion aspects⁴.

Objectives

This document has the following main objectives:

- **Knowledge management (Sections 1, 4, 5):** to provide a consolidated resource to all WASH partners active in the response, for them to find the relevant information they might need, in one place. Documents, researches, studies, from WASH partners or from other sectors, have been presented and/or linked here: partners will be able to navigate this document and to find, for each section, bibliographic references to deepen their understanding of a specific topic, according to needs;

³ Amnesty International, "Let Us speak for our rights – human rights situation of Rohingya refugees in Bangladesh", 2020, [here](#).

⁴ WASH Sector Cox's Bazar, *WASH Sector Strategy For Rohingyas Influx*, January 2019, [here](#).



- **Strategic guidance (Section 2):** to frame the WASH humanitarian response within overarching national and international guidelines, standards and principles;
- **Process documentation (Section 3):** to provide details about the consultative process that led to this document;
- **People-centered guidance (Section 4):** to provide an in-depth analysis of the Rohingya and host communities and to support WASH agencies in understanding how social features are intertwined with WASH programming implementation, acceptance and impact;
- **Field guidance (Sections 6 and 7):** to provide front liners with comprehensive step-by-step guidelines on various hygiene promotion topics, tailored upon different population audiences;
- **Methodologies' capitalization (Section 8):** to collect and showcase successful hygiene promotion and community engagement methodologies, implemented in Cox's bazar or elsewhere by partners.

Limitations

Due to constraints related to COVID-19, most of the consultations took place on-line, which is not an ideal forum for formal and informal brainstorming processes.

Also, due to time limitations related to the pandemic, Hygiene promotion strategic workshops were delayed up to October 2020, when all Sector and agencies resumed majority of their activities such as in presence trainings and proposals and JRP preparation. Partners were really busy and could not ensure full presence in the consultations.

Moreover, for the same reasons above, we unfortunately missed the opportunity to properly engage with the Education Sector, although the plan is to nurture this cooperation in the coming months.



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1. Introduction

This section aims to provide a general brief background of the Rohingya WASH response, its gender aspects as well as to present the main public health risks affecting camps and host communities.

WASH brief context

Access to water

54%⁵ of refugees in the camps are accessing chlorinated water through piped distribution networks. 102 water networks are finalized and other 68 are under construction at the moment. Communities in camps rely as well on a **high number of deep or shallow tube wells**. Analyzing the water quality results from 2020, the 88% of sampled water sources (including production boreholes, tap stands and tube wells) are free from contamination. At HH level, however, 20% of the sampled water shows some form of bacteriological contamination⁶.

Notwithstanding some water shortages during dry season (January-May), especially in Teknaf area, the recent Multi-Sector Needs Assessment (MSNA) reported that 88%⁷ of households consider having enough water to meet all domestic necessities. Disparities, however, persist; for example, in host communities, only the 77% of the population reported accessing enough water according to their needs⁸.

Access to sanitation

Despite 84% of households reporting using pit latrines in the camps⁹ and acceptable quantitative standards reached (18 persons per latrine and 37 persons per bathing cubicle¹⁰), many qualitative challenges remain with 22%¹¹ of sanitation infrastructures requiring O&M. Sanitation coverage remains challenging due to lack of space in the camps with the highest density (e.g.: 1E, 1W, 2E, 2W, 3, 9, 10¹²).

Use of toilets, especially by women, girls is a constant challenge¹³: many reports have underlined the persistent risks of accessing sanitation facilities because of lack of privacy, gender segregation or related to GBV risks accessing latrines and bathing areas. This is considered being one of the main reasons why the 68% of households reported having a **private space inside or attached to their shelter for bathing** but those bathing places sometimes associated with laundry (56%) and dishwashing places (52%)¹⁴. Those makeshift sanitation installations if, from one side represent a GBV preventive measure, at the same time can be identified as potential public health risks, especially if those are used for defecation purposed (there are anecdotal reports but not systematic analysis/research on this topic).

⁵ WASH Sector, monitoring of water network coverage (July 2020), [here](#). An updated map is on-going at the moment.

⁶ WASH Sector, Water Quality Dashboard - Field Agencies, [here](#).

⁷ ISCG, *MSNA Rohingya Refugees, preliminary findings*, (2020), [here](#).

⁸ ISCG, *MSNA Host Communities, key findings* (2020), [here](#).

⁹ REACH and WASH Sector, *Water, Sanitation, and Hygiene Assessment: Dry Season Follow-up* (May 2019), [here](#).

¹⁰ WASH Infrastructures – gaps analysis - 28th of June 2020 – WASH sector, [here](#).

¹¹ REACH and WASH Sector, *WASH Infrastructure Quality Monitoring* (September 2019), [here](#).

¹² Calculation done by the WASH Sector team according to GoB/UNHCR data and camps' surface.

¹³ 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](#).

¹⁴ IOM NPM, *Bathing facilities assessment*, July 2020; study conducted in camps 9, 10, 11, 12, 13, 18, 19, 20, 20ext, 23, 24, 25, [here](#).



With 500 cubic meters of solid waste produce daily in the targeted area¹⁵, **SMW remains one of the main challenges** as only 51% of the refugee households are disposing waste in designated area and 27% are reporting the presence of garbage near their houses¹⁶.

Hygiene promotion

Hygiene promotion effectiveness has been improving a lot in the last 3 years, moving from an “emergency mode”, focused on messaging and distribution of hygiene items, towards a community engagement approach.

However, **there is a clear asynchrony among different implementing partners in terms of understanding and implementing effective community engagement mechanisms** (already flagged by S. House¹⁷). This is due to a series of reasons, laying mainly in uneven capacities and resources, prioritization given to water and sanitation programming as emergency response in the first years, limited understanding of what community engagement and inclusion really mean, language barriers among national staff and Rohingya volunteers impacting knowledge transmission and capacity building, limited efforts to engage women and other under-represented parts of the communities in the programming.

Recent MSNA study suggests that appropriated hygiene practices remain low even though progress has been observed partly due to fear from COVID-19 and focus on hand-washing promotion: indeed, 98% of the refugees increased handwashing practices since the COVID-19 outbreak¹⁸. However, **knowledge and practices like handwashing before feeding a child/breastfeeding or after scooping children feces appear to be still low**. Similarly, **menstrual hygiene awareness is poorly prioritized**.

WASH partners have also expressed the need to **better cooperate with relevant sectors** such as Nutrition, CWC, Education, to enhance the impact of hygiene promotion activities towards behavior change.

Regarding community engagement structures, such as WASH committee, MHM Groups/Committees, latrines committees/latrines' users' group, youth committees and all the various committees' and groups partners have established to ensure O&M of WASH facilities, **members are not supposed to be subsidized**. Those committees should ensure sustainability of WASH interventions and, as such, run on voluntarily participation and community engagement.

For communities to be able to practice correct hygiene behavior, availability of basic hygiene items should be granted; at the beginning of 2020, the WASH SAG has validated the minimum standard for hygiene kits¹⁹ and MHM kits²⁰.

Currently, the response relies on the following standards:

- **1 HP volunteer per 100 HH or 1 HP volunteer per 500 persons**
- **A team of 2 volunteers, 1 male and 1 female, to target 1000 persons²¹**

According to **ISCG Volunteers Incentive Rates**, hygiene promoters are considered “semi-skilled” volunteers and are supposed to be subsidized with an hourly rate from 50 to 75 BDT per hour (for

¹⁵ WASH Sector, *Solid Waste Management Operational Plan* (2019), [here](#).

¹⁶ ISCG, *MSNA Rohingya Refugees, preliminary findings*, (2020), [here](#).

¹⁷ 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](#).

¹⁸ ISCG, *MSNA Rohingya Refugees, preliminary findings*, (2020), [here](#).

¹⁹ Cox's Bazar WASH Sector minimum standards for hygiene kits, 2020, [here](#).

²⁰ Cox's Bazar WASH Sector MHM strategy, 2020, [here](#).

²¹ *The Sphere Handbook* (2018), [here](#).



infrequent engagement); for longer term engagement their subsidy has to be fixed from 7200 to 12600 BDT per month (assuming the volunteers works 7 hours per day, 24 days a month)²².

“What she knows matters”²³: WASH and Gender

At the beginning of the emergency, 3 years ago, gender considerations have not played a relevant role in the WASH response, as implementing partners have been driven by the urge to quickly scale up latrines coverage and water access for a population that started to live in areas lacking any previous services. This pattern, understandable due to circumstances, is however quite **difficult to challenge nowadays**.

Despite consistent improvement in WASH services provision, **gender considerations are often overlooked**, due to lack of understanding of women and girls challenges as well as lack of prioritization.

WASH camp focal points also identify the need of coordination between the camp level site management and development actors and CIC to maintain the facilities with dignified access. They point out that the camp set-up is regularly changing in terms of building new access roads, new centers and it changes the space patterns, and this often hinders the accessibility or privacy of latrines and bathing facilities.

“Site planning and WASH infrastructure planning/design have mainly been dominated by male architect and engineers and often with gendered assumptions about the user. Latrine provision was determined through an engineering eye and did not incorporate women’s/girls’ needs, gender disparities and socio-cultural constructs”

Michelle Farrington, Social and feminist design in emergency contexts: the Women’s Social Architecture Project, Cox’s Bazar, Bangladesh (2019), [here](#).

On the other hand, **lack of space for allocation of new WASH services and settlement density** is having a strong impact on the possibility to improve already existent latrines and bathing places, or to build new and better latrines (for example: latrines with dedicated MHM space for washing and drying clothes). Site selection of WASH infrastructures, unfortunately, is not something that can be always discussed and agreed upon in a participatory manner due to this space limitation. **Challenging topography** has also an impact on the possibility to serve (or not) a specific area with adequate WASH services. Water scarcity in some areas, like in Teknaf, as previously reported, impacts not only the water availability but also the time spent in queue: this has reported to occasionally lead to conflicts and violence at water points.

The result is that various surveys conducted in camps report of serious concerns from women and girls regarding their safety, security, dignity while using WASH facilities, especially related to latrines and bathing spaces. **Women report substantial risks of being harassed while using WASH facilities**, including the risk of gender and sexual based violence. This is one of the main reasons, for example, why many HH have set-up **“private” bathing places** in their shelter or just outside it. Therefore, **management of menstruation is as well of a paramount concern** among women and girls in camps.

It is reported that **COVID-19 has exacerbated the incidence of GBV cases in the camps even further due to a series of factors like reduced presence of humanitarian actors, increase fear, tensions among the population and emerging of negative coping mechanisms, such as survival sex**²⁴.

²² RRRC and ISCG, *Guidance on Rohingya Volunteer Incentive Rates* (2018), [here](#).

²³ Quote from a campaign from OXFAM Canada: [here](#).

²⁴ UN Women, *Action brief: Women, Peace, Power, Promoting the Women, Peace and Security Agenda in the Rohingya Refugee Crisis in Cox’s Bazar*, Bangladesh (Oct. 2020), [here](#).



Despite all the challenges, **the WASH Sector is advocating for continuing thinking to feasible solutions to improve the usability of WASH services to women, girls and vulnerable community members** starting by **simple retrofitting** such as providing gender segregation indications (after consultation), privacy screens (where space allows) or via establishing multi-family managed latrines/bathing facilities, via installing and repairing locks, adding shelves and hangers in the latrine cubicle to improve latrine usability, discussing and budgeting lighting when appropriate (in coordination with site planning), to improve the access to latrines in hilly areas, to continue providing latrines or appropriate alternatives for persons with disabilities.

Last but not least, **no gender inclusiveness can ever happen without the inclusion of women at all levels**, starting from high level fora to female community representatives.

Related resources

- WASH Sector, *Gender Policy and Tip-Sheets (2020)*, [here](#).
- WASH Sector, *Tip-sheets, translated in Bangla (2020)*, [here](#).
- 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](#).
- OXFAM, *Social Architecture Project (2018-2020)*, [here](#).
- UN Women, *Action brief: Women, Peace, Power, Promoting the Women, Peace and Security Agenda in the Rohingya Refugee Crisis in Cox's Bazar, Bangladesh (Oct. 2020)*, [here](#).
- ISCG, CARE, OXFAM, *COVID-19 Outbreak: Cox's Bazar Rapid Gender Analysis (May 2020)*, [here](#).

Summary of main public health risks

WASH related

- **Cholera/AWD and other diarrheal diseases:** Bangladesh is an endemic country with one of the world's highest burdens of cholera, with an estimated 109,052 cholera cases annually while a population of 166,495,209 is at risk with an annual incidence rate of 1.64/1,000 population²⁵. Despite the efforts of the humanitarian community to improve water and sanitation conditions, diarrheal disease remains one of the high proportional morbidity among communicable diseases²⁶. Regarding the seasonality of AWD in Cox's Bazar, it looks like there's a peak happening at the end of the dry season, from June to August, and another one from September to November. In 2019, AWD outbreak hit the Rohingya refugee camps with a peak registered in November (more than 6,000 weekly cases reported in w40), with first case reported on the 5th September²⁷. In 2020, total 28 RDT/Culture positive cases of cholera have been detected through sentinel testing. Specifically, 5 became confirmed by culture - 2 from Ukhiya Host, 1 from Teknaf host and 2 from Refugees²⁸. AWD/Cholera response is led by the Health Sector. The WASH Sector has recently completed the revision of the AWD plan for host and refugee's population²⁹.
- **Dengue** is a water-related insect vector disease. The virus is transmitted to humans through the bites of infected mosquitoes. The largest number of dengue cases ever reported globally was in

²⁵ Government of Bangladesh, *National cholera control plan for Bangladesh, 2019 – 2030*, [here](#).

²⁶ Please consult WHO Cox's Bazar weekly epidemiological bulletins for more details: [here](#).

²⁷ WHO, EWARS, Epidemiological Highlights, W1 of 2020, [here](#).

²⁸ WHO, EWARS, Epidemiological Highlights, W1 of 2021, [here](#).

²⁹ WASH Sector, *AWD preparedness and response plan (2020 update)*, [here](#).



2019: 101.000 cases were reported in Bangladesh alone, while higher numbers are expected in 2020 in the country³⁰. In Cox's Bazar response, 6 dengue confirmed cases and 17 suspected cases have been reported in 2019³¹.

- **Acute Jaundice Syndrome (referring to Hepatitis A³² and E³³)** is a fecal-oral water-borne diseases (non-bacterial but viral). In 2019, a total of 937 cases of AJA have been reported in EWARS, with 0% morbidity.

Impacted by WASH

- **COVID-19:** in late 2019, an acute respiratory disease emerged, known as novel coronavirus disease 2019 (COVID-19). On the 11th March 2020, the World Health Organization's (WHO) Emergency Committee declared the illness known as Coronavirus Disease 2019 (COVID-19) a pandemic³⁴. The pathogen responsible for COVID-19 is severe acute respiratory syndrome coronavirus (SARS-CoV-2, also referred to as the COVID-19 virus), member of the coronavirus family³⁵.

The **first confirmed case in Bangladesh was reported on 8th of March 2020**. A first confirmed case of COVID-19 has been registered in Cox's Bazar district on the 23rd of March. The first COVID-19 confirmed case in Rohingya refugee camps was detected on the 14th of May³⁶.

As of March 2021, every camp (34/34) has registered COVID-19 cases, 10 deaths have been registered due to COVID-19 among FDMN population and 73 host communities. 413 cases of COVID-19 have been confirmed in camps and 5553 in host. Overall positivity of tests is 2.0% in host and 0.9% in camps³⁷.

According to CDC, COVID-19 mainly spreads during close contact person to person. People who are physically near (within 6 feet) a person with COVID-19 or have direct contact with that person are at greatest risk of infection. When people with COVID-19 cough, sneeze, sing, talk, or breathe they produce respiratory droplets. These droplets can range in size from larger droplets (some of which are visible) to smaller droplets. Small droplets can also form particles when they dry very quickly in the airstream.

Infections occur mainly through exposure to respiratory droplets when a person is in close contact with someone who has COVID-19.

Some infections can be spread by exposure to virus in small droplets and particles that can linger in the air for minutes to hours. These viruses may be able to infect people who are further than 6 feet away from the person who is infected or after that person has left the space. This kind of spread is referred to as **airborne transmission**. COVID-19 spreads less commonly through contact with contaminated surfaces. Respiratory droplets can also land on surfaces and objects. It is possible that a person could get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. **Spread from touching surfaces is not thought to be a common way** that COVID-19 spreads³⁸. Hand hygiene, personal hygiene, and physical distancing, together with masks wearing, are still considered key elements in preventing this disease to spread. The WASH Sector has developed a dedicated COVID-19 response plan

³⁰ WHO, Dengue factsheet, [here](#).

³¹ WHO, EWARS bulletin, W50/2019, [here](#).

³² WHO, Hepatitis A factsheet, [here](#).

³³ WHO, Hepatitis A factsheet, [here](#).

³⁴ WHO, Virtual press conference on COVID-19, 11th March 2020, [here](#).

³⁵ WHO, UNICEF, *Water, sanitation, hygiene and waste management for the COVID-19 virus*, Updated technical note, 2nd edition, 6 April 2020, [here](#).

³⁶ Cox's Bazar Health Sector bulletin, n. 13, July-December 2020, [here](#).

³⁷ WHO Cox's Bazar Data Hub, [here](#).

³⁸ Centers for Diseases control and prevention (CDC), Coronavirus Disease 2019 (COVID-19) page, [here](#).



and annex guidelines³⁹. As of March 2021, vaccination has started in Bangladesh and Rohingya communities have been included in the National vaccination plan from GoB.

- **Malnutrition:** linear growth failure is the most prevalent form of undernutrition. Chronic undernutrition, also called stunting, reveals a gradual, cumulative and chronic process starting from conception, especially developing during the first 2 years of life. Globally, it is estimated that 24% of children under 5 are stunted. **Stunting has severe short and long-term consequences for children and their development.** Causes are multiple and complex, not only restricted to dietary intake. Poor WASH conditions are thought to be one of the main causes of child stunting. The household environment in which children develop and grow is highly related to their nutritional status. Direct and indirect pathways exist between WASH and stunting, from diarrheal diseases and Environmental Enteric Dysfunction (EED), to socio-economic conditions and time constraints to childcare practices. Malnutrition is reported to be one of the main causes that negatively impact the possibility to recover from cholera or diarrhea disease. Several studies have shown the association between improved WASH conditions (sanitation coverage and hand washing practices), child growth and stunting reduction⁴⁰.

A study conducted at the end of 2019 in Nayapara and Kutapalong registered camps showed that the prevalence of global acute malnutrition (GAM) among children (6-59 months) was 10.9% (high)⁴¹.

Non-WASH related

- **Diphtheria** is an infectious bacterial disease, which primarily infects the throat and upper airways and produces a toxin affecting other organs⁴². Diphtheria is regularly monitored in the EWARS. Up to the epidemiological week 6 of 2021 (8 to 14 February), a total of 9222 case-patients were reported (since 2017) to till date (confirmed = 343, probable = 2802, suspected = 6077). In 2020 only, according to EWARS there are 11 confirmed cases, 7 probable cases and 182 suspected. From 2017, the total deaths reported is 47 while the last death was reported on 25 October 2019⁴³.
- **Measles:** measles is a highly contagious viral disease and it is normally passed through direct contact and through the air. The virus infects the respiratory tract, then spreads throughout the body⁴⁴. Total 5 suspected measles cases were reported in EWARS in week 5 of 2021⁴⁵. In 2019, total 2446 cases were reported. Of the total number of measles cases recorded in 2019, 90.36% were under-five years of age, 9.64% were over five years⁴⁶; measles incidence is regularly monitored and reported in EWARS.
- **Acute respiratory infections (ARI):** Acute respiratory infection (ARI), (followed by diarrheal diseases & unexplained fever), is the diseases with highest proportional morbidity in EWARS (trend on-going since 2018).

³⁹ WASH Sector, *COVID-19 response plan and technical annexes*, [here](#).

⁴⁰ Action Against Hunger, *BabyWASH and the 1,000 days*, 2017, [here](#).

⁴¹ ACF and nutrition Sector, *Emergency nutrition assessment final report, Nyapara & Kutapalong registered Rohingya refugee camps and makeshift settlements, Cox's Bazar, Bangladesh, 25th September – 23rd October, 2019*, [here](#).

⁴² WHO, diphtheria key-facts, [here](#).

⁴³ Cox's Bazar Health Sector, EWARS report, w. 6/2021: [here](#).

⁴⁴ WHO, measles key-facts, [here](#).

⁴⁵ Cox's Bazar Health Sector, EWARS report, w. 5/2021: [here](#).

⁴⁶ WHO Bi-weekly situation report n. 26, 2 Jan. 2020, [here](#).



2. Framework

This section aims to contextualise the hygiene promotion strategy within the main international overarching principles and standards that guide the WASH humanitarian response.

Hygiene promotion objectives

Hygiene promotion is the term used to describe activities that aim to encourage changes of behavior with the ultimate goal of preventing water and sanitation related diseases⁴⁷. According to Sphere, effective hygiene promotion relies on:

- **Working with the community to mobilize action and contribute to decision-making**
- **Two-way communication and feedback on risks, priorities and services;**
- **Access to and use of WASH facilities, services and materials⁴⁸.**

WASH and the Sustainable Development Goals

In 2015 the governments of the UN agreed on 17 Sustainable Development Goals (SDGs) to guide all countries as they aim to end extreme poverty, reduce inequalities and tackle climate change globally by 2030. **Goal 6: Ensure availability and sustainable management of water and sanitation for all**, aims to ensure everyone has sustainably managed safe water and sanitation⁴⁹. It is a comprehensive goal addresses the entire water cycle, from access to use and efficiency, and the integrated management of water resources and water-related ecosystems.

Achieving equality in terms of access to WASH has positive impact as well on the following SDG.

- Goal 3: Good health and wellbeing
- Goal 4: Quality education
- Goal 5: Gender equality
- Goal 10: Reduced inequalities

Guiding principles

The following guiding principles were already stated in the WASH Sector strategy (Jan. 2019) and still valid for the purpose of this strategy:

- WASH partners respect **Humanitarian Principles**, the **Core Humanitarian Standard** and the 'do no harm' approach, in their interventions.
- WASH partner interventions will address the 'three prongs' of WASH (Water, Sanitation, and Hygiene), either as an **integrated program**, or in collaboration with other partners.
- WASH partner interventions will **integrate with the strategic and operational approaches of other sectors**, particularly Shelter, Camp Coordination and Camp Management, Health, Nutrition, Livelihood, Protection, including GBV, Age and Disability Working Group, Child Protection Sub-sector and Gender Diverse population group.

⁴⁷ WEDC, Managing hygiene promotion in WASH programs, Guide 13, [here](#).

⁴⁸ The Sphere Handbook, 2018 edition, [here](#).

⁴⁹ UN Sustainable Development Goals page [here](#).



- WASH partner interventions will seek to improve **good governance, human rights, gender equality, age and disability inclusion appropriateness and environmental protection** in all aspects of WASH program planning.
- WASH partners will do their utmost to ensure the **equitable provision of services** between Rohingyas in camps and Rohingyas in host communities as well as with the host communities themselves.
- All activities/implementation need to be **gender/age/disability** sensitive

Protection mainstreaming in project cycle management

- **Prioritize Safety and Dignity and Avoid Causing Harm:** Prevent and minimize as much as possible any unintended adverse effects of your intervention, which can increase people's vulnerability to both physical and psychosocial risks.
- **Meaningful Access:** Arrange for people's access to assistance and services in proportion to need and without barriers. Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services, e.g. persons with disability, elderly, children, etc.
- **Accountability:** Set-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and organizations can address concerns and complaints.
- **Participation and Empowerment:** Support the development of communities' and individual capacities and assist people to claim their rights, including – not exclusively – the rights to shelter, food, water and sanitation, health, and education⁵⁰.

Global WASH Cluster WASH minimum commitments for the safety and dignity of affected people

In 2015, the Global WASH Cluster established a set of “5 WASH minimum commitments for the safety and dignity of the affected populations”⁵¹, which are:

- **Assessment:** Consult separately girls, boys, women, and men, including older people and those with disabilities, to ensure that WASH programs are designed so as to provide equitable access and reduce incidences of violence
- **Design:** Ensure that girls, boys, women, and men, including older people and those with disabilities have access to appropriate and safe WASH services
- **Implementation:** Ensure that girls, boys, women, and men, including older people and those with disabilities have access to feedback and complaint mechanisms so that corrective actions can address their specific protection and assistance needs
- **Across the response:** Give priority to girls (particularly adolescents) and women's participation⁵² in the consultation process
- **Response monitoring:** Monitor and evaluate safe and equitable access and use of WASH services in WASH projects

⁵⁰ Cox's Bazar Protection Sector, *Protection Mainstreaming Guidance Note*, November 2020, [here](#).

⁵¹ Global WASH Cluster, *WASH Minimum Commitments for the safety and dignity of affected people*, 2016, [here](#).

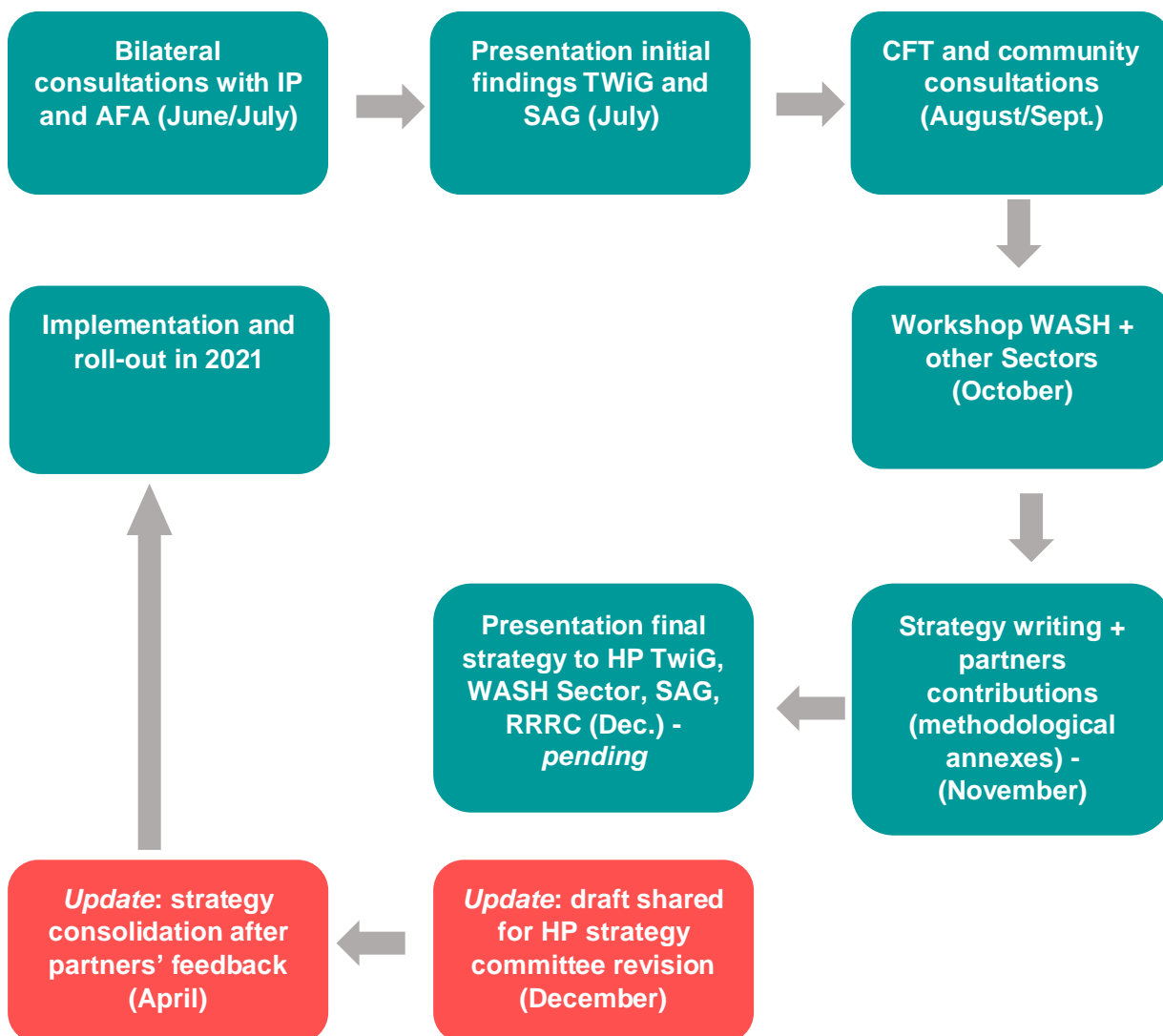
⁵² “Adolescents and women” have to be intended with and without disabilities.



3. The process

This aims to explain the process that led to the strategy development and the key-points emerged by the consultations with implementing partners, Core Facilitators Team members and community representatives. In total, more than 160 persons have been consulted, of which around 47% were female.

The HP strategy development roadmap





Stakeholders' consultation: challenges and priorities for a more effective hygiene promotion programming

Key concepts tag cloud

#Nutrition **#Indicators**

#SWM **#Inclusion**

#Gender **#Behavior change**

#Women are ready to be listened to **#RANAS**

#Core Facilitators Team **#Anthropological approach**

#Protection

#Gender diverse populations **#Education**

#Adolescents

#Community Engagement **#MHM**

#Users groups



UN agencies and NGOs

From the 29th of June to the 20th of July, 14 bilateral consultations took place with representatives on UN agencies, international and national NGOs. In total, 13 female staff and 17 male staff were consulted. The organizations that participated to the consultation have been (in chronological order): Solidarités International, ACF, OXFAM, UNHCR, IOM, VERC, Sushilon, NGOF, CARE, DSK, BRAC, UNDP, UNICEF and SHED.

Main points of attentions highlighted in the consultations:

- **House to house approach appears to be more and more intrusive**, as multiple sectors' volunteers visit HH on a daily basis. Humanitarian presence "fatigue" is having a negative impact on the willingness of community to engage in awareness raising activities.
- There's a need to include an **anthropological and multi-sectoral understanding of the Rohingya community**, specifically for what concerns considerations on social dynamics, stigma, beliefs, norms;
- **Community engagement is key for making behavior change happen**: no more 1-way communication. Need to aim to real empowerment.
- **Type of messages and methodologies should be tailored to community groups**. One guideline cannot serve all.
- The HP strategy should cover a mid-term timeframe, to be useful and for partners to have the right time to implement it
- The new strategy can build to the previous WASH strategy for the sector, but COVID-19 adaptations should be included
- **Solid waste management** needs to be addressed with high priority
- **Gender and protection mainstreaming** considerations to be fully considered and applied
- HP strategy should be **linking all materials and technical resources already available** (AWD plan, COVID-19 plan...): there are too many methodologies and information that appear disconnected
- **Qualitative monitoring for hygiene promotion**: how to better measure the impact of HP? Is it realistic to set up new indicators?
- There's a need of a strategy simple to follow and to be cascaded to frontlines
- **Hygiene promotion** is an integrated part of WASH response, **equally important to water and sanitation**
- **Exit strategy** from hygiene promotion, sustainability, ownership and users' groups
- Lessons from RANAS to be disseminated and applied further
- **Innovations** in WASH should be linked with hygiene promotion
- Hygiene promotion should never miss the **link with public health and diseases prevention and control**
- Hygiene promotion need to have **multi-sectorial links** with education, nutrition, health, protection, gender/GBV, age and disability partners
- The HP strategy should be organized in 2 parts: 1 theoretical guidance and 1 section with annexes to be translated for field staff dissemination
- **NGOs working under different AFAs suffer from the lack of unified approaches**
- **Hygiene promotion during natural disasters** should be considered
- **Core facilitators team** to be strengthened
- Focus on the **adolescents**: they are driving the communities towards change and are challenging stigmas
- **Women**: how to target them without putting them in difficult situation within their community/spouse (pressure, shame, stigma)?
- **Non-binary genders** need to be included in the response
- **Clown Without Borders** approach should be part of the strategy
- **Revision** or reorganization of available **IEC materials** is needed



Core Facilitators Team

On the 12th and 13th August 2020, 2 in-person meetings took place with representative of the CFT team. One meeting included Ukhiya representatives, the other one Teknaf's. The following points emerged:

Main challenges in conducting hygiene promotion activities in 2020

- Inter sector coordination gap and different organization are delivering multiple WASH messages in multiple channels, as result people are confused.
- There is no specific approach of behavior change: some agencies are following RANAS, CCC, CWB and others are not.
- No specific hygiene messages designed for doer or non-doer: we are always giving the same messages to everyone
- No specific guideline for community engagement: every implementing partner is following their AFA recommendations

Which are the aspects of hygiene promotion activities where you feel you need more support or more clarification from a strategy?

- Plan for demonstration-based hygiene session, regular visit and better monitoring
- Topics: hand washing, AWD, MHM, Water safety plan, toilet cleaning, COVID-19 messages
- Practical guidelines on what to say

Which topics should be included in the strategy (that now are not present)? What is missing at the moment?

- Community engagement issue for behavior change and sustainability

Which stakeholders require better inclusion?

- Religious community
- Child and adolescent group

Are you aware about sector IEC materials? Are you using them? Do you think that need to be updated?

- Different NGOs are using different IEC materials
- Need to revise the IEC materials as per Rohingya context such as Burmese language, camp related picture for all implementing agency but it must be unique

Any comment on how we could better work with other sectors on the field?

- WASH sector can maintain good coordination with other sectors and RRRC
- Camp level CIC and partners should communicate
- Camp focal timely communicating with CIC and other sector representative and camp

Which methodologies work better on the field and which other are more challenging? Can you explain why?

- Demonstration base practical session, community engagement strategy and follow up and monitoring

How do you see the cooperation with WASH focal points and CIC when it comes to hygiene promotion? How can the strategy be shared with them?

- During the hygiene promotion, strategy development if WASH sector share and explain main points with CIC at camp
- Camp WASH focal should timely communicate with CIC, other stakeholders and attend the camp level meeting



Community

Recommendations from female groups

Community consultations regarding the HP strategy took place on the 26th, 27th and 31st August 2020 in Camp 3, 19, 22, with **female members**. Below main points of discussions have been summarized:

- Participants were aware of the HP activities and they appreciate the maintenance and cleaning activities of the latrines and shower spaces.
- Many of the participants expressed that **they have had many sessions and meetings that they find repetitive**. On top of it, there have been regular announcements of COVID-19 messages, which they very often do not understand and feel they are repetitive.
- They would like to know more about handwashing, personal hygiene, AWD, solid waste management and reuse/recycle, menstrual hygiene.
- For the hygiene promotion session, **they like to house-to-house or group session by promoter/volunteer but not through Majhi or Imam as they ask them for money**
- If HP session are conducted in women or youth centers, **they prefer it as they receive messages in according to gender segregated groups**.
- **Female hygiene promoters must conduct the hygiene session with female group** but for the male group male promoters can do the hygiene session.
- If the male Hygiene Promotion volunteers are their community members who they are acquainted with them might feel less hesitant about communicating with them.
- Hygiene promotion volunteers usually come once a week. Most of the participants expressed that **they want the HP volunteers to come more frequently**.
- They prefer demonstration based on **practical sessions**, discussion with hygiene promoters.
- They also prefer **posters or pictures for children and elderly**.
- When Hygiene Promoters come, they discuss with families including all members present (females, teenagers, children, adults, persons with disabilities). Apart from that, the trained individuals also discuss the hygiene messages with their family members.
- Hygiene promoters should include elderly, children and person with disabilities in their messaged but **for elders and the persons with disabilities hygiene promoters should visit house and provide them hygiene messages in person**.
- To engage with the male group, it's better to organize hygiene sessions at tea stalls where usually they gather, on the other hand try to engage them in WASH committee so that they will involve with project activities.
- Compared to the last 2 years the hygiene situation of the camps has improved a lot. Previously the camps were extremely smelly everywhere, they could not even get out of the house. Now they receive safe water, hygiene behavior, solid waste management etc.

Recommendations from male groups

Community consultations regarding the HP strategy took place on the 26th, 27th and 31st August 2020 in Camp 3, 19, 22, 25 and Teknaf host community. Below main points of discussions:

- Community members are familiar with HP activities which are still ongoing at camp
- Generally, **hygiene promoter come one time a week and discuss with female and adolescent group** about personal cleanliness, hand washing, toilet cleaning and water safety plan, AWD, food hygiene, shelter cleanliness.
- Interesting topics for men are: hand washing, personal hygiene, food hygiene, AWD, COVID-19
- Men recognize they have been learning a lot on water safety and hand washing
- HP messages should be conveyed in group sessions, possibly using videos as well
- Elderly and persons with disabilities people should be targeted by H to H sessions
- **Male facilitator should take session with male group and female facilitator should take session with female, adolescent girls and child**

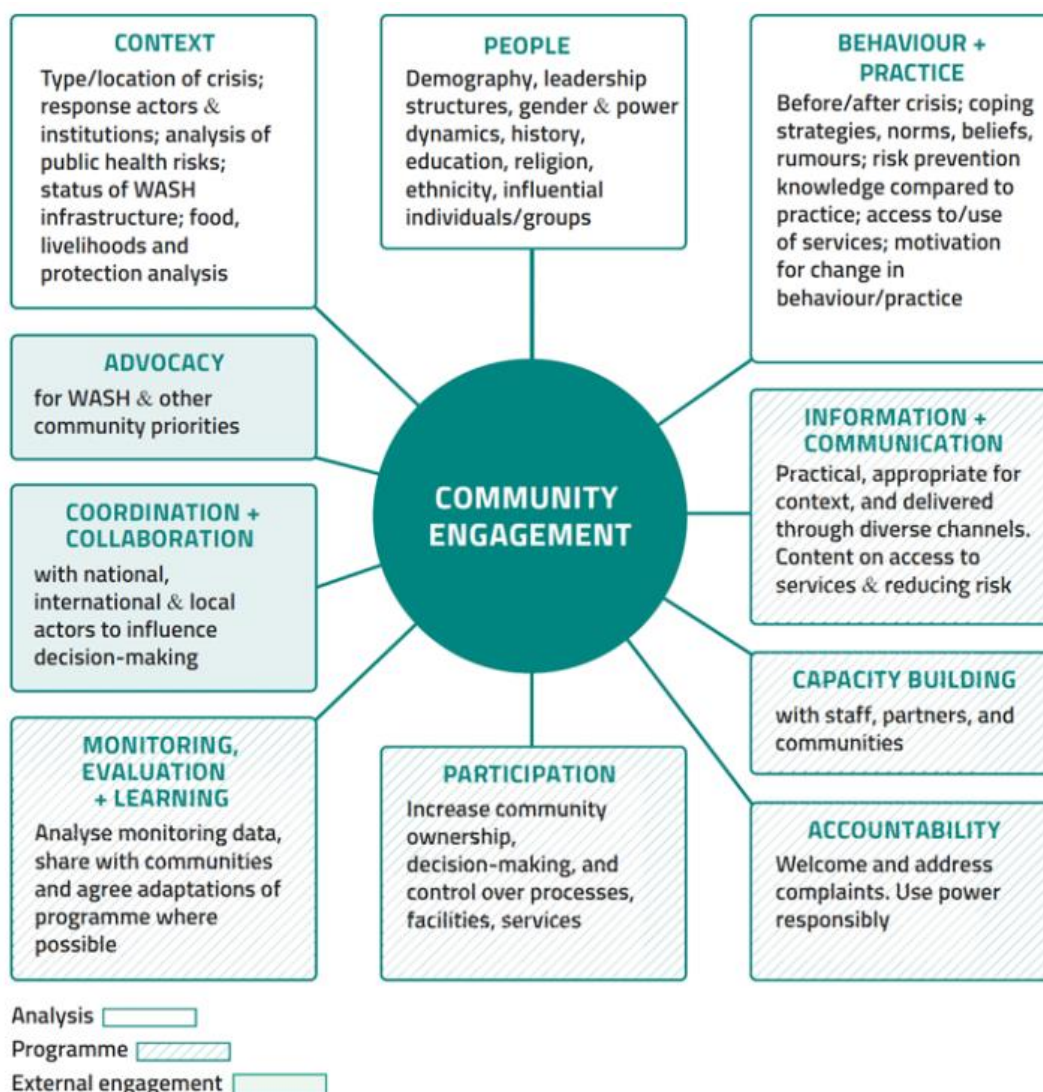
4. The community and the persons

This section is dedicated to understanding community engagement, the main features of the Rohingya community and which are the impacts of WASH services on different people's lives.

Community engagement

What is community engagement?

As defined by Sphere Handbook (see below diagram): community engagement in WASH is a **dynamic process connecting the community and other stakeholders so that people affected by the crisis have more control over the response and its impact on them**. Effective engagement links communities and response teams to maximise community influence to reduce public health risks, provide appropriate, accessible services, improve programme quality and establish accountability. It





explores the capacity and willingness of the community to manage and maintain WASH systems. Engaging with the community creates an **essential understanding** of perceptions, needs, coping mechanisms, capacities, existing norms, leadership structures and priorities, as well as the appropriate actions to take.

Monitoring and evaluation, including feedback mechanisms, demonstrate whether WASH responses are appropriate or need to be adjusted⁵³.

Community engagement requires a comprehensive understanding of existing, and previous, community structures such as traditional or elected leadership patterns, women's organisations, youth organisations, popular movements and so on: **social divisions based on ethnic, tribal, clanship, political or religious considerations** may severely limit a population's sense of community⁵⁴. **Ableism**, as discrimination and social prejudice, can be a factor of exclusion from decision-making processes.

This is what could be identified as "anthropological understanding" of the communities we are working with, which is something that has been identified as gap in the current response by the majority of WASH partners.

How to engage communities in WASH?

WASH is an integrated approach among infrastructure and hygiene promotion awareness, and its common and transversal interconnection is the way how communities are engaged, strengthened, supported, valued.

WASH staffs are encouraged to **"get out of their box"** and put not the latrine, not the tap stand, not the messages at the centre of their activities, but the **persons**: this means embracing diversities, via **including children and adolescents, women, persons with disabilities, older persons, gender diverse population and all the under-represented parts of a society.**

General challenges in hygiene promotion in the current context are represented by some partners still relying on messaging/one-way communication; also, **some partners are using obsolete communication methods** such as leaflets and posters that, if produced without a proper research and if not used together with other communication methods, result having very limited impact.

Some partners have also the ambition to target many topics and all community groups at the same time, with the same messages: **lack of messages tailoring** and the **repetitiveness of hygiene promotion** activities and/or messages have limited impact on behaviour change and could lead also to a **disengagement of communities** towards what hygiene promoters say and propose.

Another common expectation is that knowledge is easily translated in behaviour change, which is very rarely the case. On this regard, still very limited is the understanding that determinants such as sense of affiliation, disgust, pride and so on, do actually a lot when it comes to behaviour change.

If those aspects, listed above, are not understood by all the WASH partners in the response, hygiene promotion will continue be considered as something very "shallow" and yet not that effective in changing persons behaviours.

Challenges about community engagement are exacerbated by expectations: both communities and WASH implementing agencies have their own expectations from each other. A constant dialogue will

⁵³ The Sphere Handbook, 2018 edition, [here](#).

⁵⁴ Action for the Rights of the Children and UNHCR, *Foundations of Community Mobilization*, [here](#).



help understanding the needs but also managing these expectations and design tailored and achievable programming. We need to be aware of what we can or cannot support the communities with and we have to listen for what they have to say about this. It's an exchange. And maybe a compromise can be found as transparency, in most of the cases, pays back.

Staff, and especially frontlines, might feel alone and under pressure to meet indicators, objectives or managers' or donors' expectation. At the same time, it is constantly asked for help and additional support by communities, and there's nothing worst that having the same questions asked and no resources to answer to those needs. A lot of times, front-liners are not the decision makers, so decisions about priorities and not taken by them. Staff, moreover, might not have all the answers on some IP decisions or strategies: **community engagement starts with the dialogue within NGO and IP managers, staffs and frontlines, to then continue with the communities.**

Community engagement goes hands in hands with **accountability and learning**: organisations have to put in place systems to “**close the feedback**” and to be able to refer non-WASH complaints or concerns to respective units or Sectors. Accountability is a pillar of community engagement and populations' trust on aid organisations is intertwined with transparency and accountability.

Closing the feedback means answering to people's requests or getting the good information, if the answers are not known. Then means going back to individuals and communities to explain the findings; communities then have the right to ask for more clarifications that can be answered on the spot or after further follow-up, and so on and so forth. This is the **constant dialogue that makes community engagement real.**

Taking inspiration from OXFAM staff suggestions⁵⁵, meaningful community engagement tips can be summarised as:

- Listen well and be ready to learn from communities
- Remove the “technical glasses”: in most of the times it's not a technical solution that is needed but a better understanding of people's needs, beliefs and priorities
- Harmonise the approaches and be multi-sectorial
- Don't be afraid to manage people's expectations: not all the needs can be met
- Close the feedback loop
- Get to know the persons and be in the field, engage in conversations, don't go to the field with your own rigid “agenda”

Just to mention another source and perspective, UNICEF has recently developed comprehensive *Minimum Standards and Indicators for Community Engagement*⁵⁶, which define Core Community Engagement Standards as:

- Participation
- Empowerment and Ownership
- Inclusion
- Two-ways communication
- Adaptability and Localisation
- Building local capacities

⁵⁵ OXFAM, *Sanitation in emergencies - How to consult the user*, video, 2019, [here](#).

⁵⁶ UNICEF, *Minimum Standards and Indicators for Community Engagement*, 2020, [here](#).



Challenges to community engagement in the Rohingya context ⁵⁷

Social changes are determined and set by humanitarian indicators and interventions, often brought in from other contexts where requirements for community participation were developed in vastly different contexts and carry unquestioned assumptions before their application to Rohingya communities. **Practitioners need to be aware of their own normative assumptions and values, and how they are imposed upon Rohingya communities** in ways that do not create backlashes if they have not been formed in more organic, community-driven ways. This is perhaps acutely felt by the **Rohingya who are conspicuously absent within organizations' management and excluded from participating in higher-level discussions concerning programming**⁵⁸.

Rohingya are often thought of in terms of homogenous and defined via generalizations such as "Muslims from Rakhine". **Rohingya are however a diverse group of people with diverse opinions, beliefs, practices, behaviors, attitudes:** this is shaped, for instance, by regional differences of places of origin, the fact of living in rural or urban areas, the call or the status, the level of education and religious practices, just to mention some.

Before the displacement, Rohingya communities were tight knit. Most people knew everyone in their communities for generations or their whole lives. Large families formed "clans" within a given area. Clans had various levels of earning, status, wealth and respect: these clans were represented by senior male members. Respected people would often form a "*shomaz committee*" (sometimes referred to as a mosque committee) and the center of the community was the mosque around which much of social, religious, and communal activities were based.

The displacement had a negative impact on those links: communities relocated to Bangladesh without being able to keep relatives and families nearby: **currently, social dynamics, attitudes and perspectives vary significantly based on how fragmented the sub-blocks are** and made difficult for people to cooperate and collaborate as they might have done previously.

Community authority figures are "confused" – people are not necessarily living nearby or in an area where they have a trusted figure to rely on. Generally, there are still challenges in identifying new community-based leadership and our actions can help (or hurt) its formation. For women, the formation of leadership groups or figures is harder but equally important.

Whereas an urban community before would maybe share similar or more similar beliefs and behaviors, now an educated family is living next to a rural family who does not necessarily share similar beliefs and practices: this is obviously impacting as well the use, management and ownership of common WASH services such as latrines, tap stands or bathing spaces.

These **fragmented community patterns**, combined with the pressure of living in camps (limited resources, etc.), leads to complications in achieving collaborative actions and community-led initiatives.

Moreover, Rohingya perceive them as a "problem" after they moved to the camps. **Every day since they are here they have received messages implying that everything they do is wrong, and they don't belong here.** This brings a lot of hopelessness and depression. During COVID-19 they had strong feelings that their religion was a problem, which humanitarian community wanted to change their religious practices, including burials.

⁵⁷ Credits to this section go to Daniel Coyle from IOM and to his presentation to the technical workshop Community engagement for different stakeholders: "Towards a better understanding - Points to consider in engaging Rohingya in behaviour change".

⁵⁸ Danny Coyle, Marie Sophie Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).



Another aspect that makes community engagement complicated is that messages provided often contradict pragmatic issues like the lack of water in some locations or the fact that latrines are not easily accessible, for instance. Moreover, persons have abilities and those have to be acknowledged: Rohingya can identify problems and finding solutions for themselves and NGOs/IP could support this process with resources like tools.

Another issue is the terminology used by NGO staff: sometimes it's too technical and “does not sound” to them (for instance: bacteria, viruses...) and it could be rather be simplified by a simple word like *fuk*⁵⁹.

Quantitative approaches, like surveys, are a real challenge with Rohingya and need a lot of understanding and methodological adaptation to work while discussions and sharing are of extreme value. The didactic approach should be forgotten as quick as possible and a non-didactic and inclusive way of communication should be adopted.

The rhetoric of “we need to change them”, or “we vs them”, still reiterated by some partners during WASH or HP TWiG meetings, should stop. **Listening to challenges and beliefs without challenging them is critical “first step”; asking people to identify solutions to their own problems great “second step”.**

Community engagement can also be deployed as an instrumental approach, as defined by UNICEF, that uses engagement or mobilization methodologies to accomplish goals or outcomes such as behaviour change⁶⁰.

Internal organization challenges for effective community engagement⁶¹

Community engagement is more time consuming than construction activities. Despite constructions have logistic procedures, engaging communities still takes more time. However, the project and the budgets are aligned with outputs from hardware activities, as such community engagement is not receiving the needed timeframe. Also, the focus is mainly put on “achieving certain targets/numbers” and this is not leading to prioritize quality community engagement activities.

This year, moreover, with the COVID-19 emergency, a lot of what was already built has been stopped, delayed and some progress was lost.

The **staff turnover** has also a major impact on community engagement: building capacities and competencies takes time and resources. Furthermore, trainings are always prioritized on technical topic rather than on so called “soft” components.

Some organizations pay volunteers for cleaning latrines and maintaining WASH services: this goes against the principle of community engagement and sustainability.

Language barriers represent an issue as well, both for capacity building of Rohingya staff and for assessment, monitoring and so on.

Hygiene promotion staff are perceived by their same organizations as staff not having a real agenda and are often delegated with the tasks that other sections are not able to complete, also if those tasks do not fit with their job description. **The feeling is that hygiene promotion is something that can be**

⁵⁹ “Fuk” in Rohingya language refers to all what is small and dirty; it can remind the “insect” but it refers as well to garbage, bacteria, contamination, something that makes you sick and so on.

⁶⁰ UNICEF, *Minimum Standards and Indicators for Community Engagement*, 2020, [here](#).

⁶¹ These comments are the result of the group work carried out during the workshop: Community engagement for different stakeholders' group.



suspended to prioritize other tasks, without major impacts. However, on the long run, impacts are clearly there. Similarly, hygiene promotion activities are also de-prioritized in terms of budget, leaving limited resources for innovations.

External organization challenges for effective community engagement⁶²

One of the main challenges NGOs are facing is the harmonization of approaches if they are working under the umbrella of different AFAs. WASH Sector has a part to play with donors and AFA via advocating for real harmonization, including volunteers' subsidies.

Coordination with CiCs is sometimes problematic, with NGOs facing challenges when it comes to carry-out hygiene promotion sessions or distributions.

Additionally, there are partners implementing WASH activities coordinating interventions with CiCs/RRRC only and not with the Sector. **Some agencies are on ground and have never attended a WASH coordination meetings or TWiGs.** This is creating harm to other IP (i.e. communities appreciating organizations distributing hand sanitizer, while this is not recommended by the WASH Sector).

Lack of harmonization are visible also within the same camp/different blocks: different agencies have different timelines, when one agency has gaps in budget then the pressure is put on the "neighbor" agency, for instance when it comes to desludging; partners are forced to step in even if they don't have time or budget, to fill gaps. In solid waste management the lack of harmonized approach is even more visible (some agencies promoting segregation, some others not).

Lack of community ownership and sense of community is impacting acceptance of WASH initiatives, as explained before.

It is a common feeling, moreover, that **donors sometimes have unreasonable expectations on organizations capacities to implement inclusive WASH programming.** Staff capacity building is as well a big investment that requires time, budget and planning, while WASH schedule on ground is always tight and subject to emergency adaptation, as it happened this year with COVID-19 response.

Lastly, **change happens slowly:** partners should take one or two main issues per time and invest on that, instead of speeding time and energies in too many plans and objectives.

The Persons

Globally, groups of Rohingya have migrated to various countries and their migration histories shape their identity. There is also considerable difference between Rohingya in the northern parts of Rakhine state and those in the central parts of the state. Once more, **Rohingya refugees, should therefore not be considered a homogenous group⁶³.**

Children

Over the 860.000 persons living in the Rohingya refugees' camps, around 52% are children (from 0 to 17 years old)⁶⁴. **In addition to witnessing extreme violence in Myanmar, Rohingya children have been**

⁶² These comments are the result of the group work carried out during the workshop: Community engagement for different stakeholders' group.

⁶³ Tay, A.K., Islam, R., Riley, A., Welton-Mitchell, C., Duchesne, B., Waters, V., Varner, A., Silove, D., Ventevogel, P. (2018). *Culture, Context and Mental Health of Rohingya Refugees: A review for staff in mental health and psychosocial support programmes for Rohingya refugees*. Geneva, Switzerland. United Nations High Commissioner for Refugees (UNHCR), [here](#).

⁶⁴ GoB and UNHCR population figures as of 31 December 2020, [here](#).



exposed to continued stressful and uncertain living conditions in Bangladesh. After the influx, protection partners started focusing on psychological support due to the trauma children experienced. Around 1 year after the influx, programs shifted their attention to threats within the camps, such as **children trafficking, violence and abuses toward children and negative coping mechanisms due to the loss of livelihoods, such as child labor and child marriages**⁶⁵.

Policy restrictions, gender norms, such as child marriage, restricted movement in public, home care responsibilities, insecurity, and the lack of gender-inclusive teaching-learning facilities are the key reasons for lesser educational outcomes for girls in comparison to boys.

During COVID-19, protection partners have witnessed increased violence against children (including notable rise violence in the home and SGBV), **increase child marriage, lost and missing children, dangers and injuries, increase exposure to trafficking and smuggling, psychosocial distress and anxiety**^{66,67}. The most significant impact of COVID-19 on children is that they no longer can attend school. As women and girls are perceived to be primarily responsible for care work, girls are likely to face more difficulty allocating time to home-schooling than boys⁶⁸.

Regarding children and WASH links, a survey from end of 2019 suggests that **open defecation is predominantly practiced by children under 5**, with 48% of girls and 44% of boys between the ages of 1-4 years defecating outside⁶⁹ (these data are a bit outdated now). **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. To contribute reducing the problem of open defecation among children, most of the partners have included in their hygiene promotion awareness raising the collection and safe disposal of children feces, which might suggest why open defecation is less visible in camps now compared to years ago⁷⁰.

Child Friendly Spaces (CFS) and Temporary Learning Centers (TLC) often do not have adequate WASH facilities or do not have them at all, due to lack of space⁷¹. **Vulnerable children such as unaccompanied, children with mental or physical disabilities, from poor families, experience even more challenges to access services, including WASH ones.**

For children, there are risks associated as well with what concerns access to water: **children are often seen carrying heavy water containers as they are sent to fetch water by their families.** This is impacting almost similarly both female and male children, while becoming a predominantly women and girls' chore from adolescent age on-wards⁷². Tap stand are often crowded and slippery and might represent a risky environment especially for female children and adolescents. Moreover, especially little children might not be aware on which water point is safe for drinking and which one must be used only

⁶⁵ REACH and Education Sector, *Child protection Assessment – Rohingya Refugee Response*, 2019, [here](#).

⁶⁶ UNICEF and Cox's Bazar Child protection Sub-Sector, *Child Protection Risks during COVID-19*, 2020, [here](#).

⁶⁷ PPT presentation and discussions held in the Child protection webinar for WASH Sector, held on the 10th of June 2020. Materials available [here](#).

⁶⁸ ISCG, NPM, ACAPS, CARE, OXFAM, UNWomen, *In the shadows of the pandemic: the gendered impact of COVID-19 on Rohingya and Host Communities*, Advocacy Brief, 2020, [here](#).

⁶⁹ REACH, Water, Sanitation and Hygiene (WASH) Household Monsoon Season Follow-up Assessment (October 2019) All Camps, Ukhiya & Teknaf Upazilas, Cox's Bazar District, Bangladesh, Oct. 2019, [here](#).

⁷⁰ This consideration is based to observation and comments that emerged during various HP TWiG meetings, but it's not substantiated by data.

⁷¹ ACAPS, Rohingya Refugee Response, Child-Focused Secondary Data Review Thematic report – November 2019, [here](#).

⁷² ACAPS, Rohingya Refugee Response, Child-Focused Secondary Data Review Thematic report – November 2019, [here](#).



for domestic purposes. Also, playing with water in the waterlogged area or in ponds can represent a serious drowning risk⁷³.

Access to water, moreover, can be a challenge especially for little children: children are often considered responsible of “playing with water”, “wasting water” and so on, so, unless clearly tasked by family to fetch water with a HH water container, are often pushed away from the water points as well as from the hand washing stations.

Regarding distribution sites, concerns are there as well: **children are often sent to distribution points and are carrying the relief items home**, this representing a risk for them due to heavy weight and to the risks to be robbed on the way back to the shelter. Some children head of household/unaccompanied are not listed as beneficiaries and, as such, they miss humanitarian aid⁷⁴.

In general, regarding access to water points and distribution sites, location typically crowded, children have to be considered even at higher risk in times of COVID-19, as they might not apply physical distancing concepts and not wearing masks.

Related resources

- IRC International Water and Sanitation Centre, *The Joy of learning, teachers guide on school sanitation and hygiene education* (2005), [here](#).
- IFRC, WASH in school resources, [here](#).
- REACH and Education Sector, *Child protection Assessment – Rohingya Refugee Response, 2019*, [here](#).
- UNICEF and Cox's Bazar Child protection Sub-Sector, *Child Protection Risks during COVID-19, 2020*, [here](#).
- ACAPS, Rohingya Refugee Response, *Child-Focused Secondary Data Review Thematic report – November 2019*, [here](#).
- MOAS, *Investigating fatal childhood drowning incidents in the Cox's Bazar refugee camps*, [here](#).

Adolescents

WASH plays an important role in adolescents' lives. Both female and male adolescents go to multipurpose centers or other education and recreational spaces, are health facilities' users, live an active life within camps and host communities and often support families in HH chores or livelihood activities. For instance, quality WASH services in learning facilities, contribute to an improved learning space for menstruating adolescent girls.

Regardless of adolescent's specific needs and priorities, **WASH programming still tends to focus on broader categories such as “adults” and “children”**. Adolescent's needs and differences seem to be heightened when it comes to the sex of WASH facilities users: male and female adolescents have different gender roles within the Rohingya and host communities and, as such, are impacted differently by WASH services design and functionality.

⁷³ MOAS, *Investigating fatal childhood drowning incidents in the Cox's Bazar refugee camps*, [here](#).

⁷⁴ Outcomes from the discussion among child protection and WASH partners held in the Child protection webinar for WASH Sector, held on the 10th of June 2020. Materials available [here](#).



Indeed, **adolescent girls are often restricted in their movements, especially after they reach puberty which makes it more difficult for them to access tailored and specific services**⁷⁵. Some adolescents' girls used to attend learning and recreational facilities before COVID-19 restrictions came into play and were able to use clean WASH facilities on-site when menstruating, however due to the pandemic, girls lost that access. Moreover, girls are rarely encouraged to play a role in their communities in tackling these issues. According to a recent study in Rohingya communities, adolescent girls have reported being more interested to MHM topics and related taboos, than adult women.

Boys, on the other hand, who tend to have more freedom of movement, are at an increased risk of engaging in illegal activities or child labor. The mobilization of adolescent is particularly important because it can help to avoid problems caused by boredom and can contribute to wellbeing and resilience⁷⁶.

Regarding WASH, is not unusual to see adolescent boys engaged in hygiene kits transportation or tasked with activities related to waste collection/recycling and selling. Additionally, **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.**

It is often reported that women and girls face challenges to take decisions and to express their point of view: however, **adolescents have reported being interested in empowerment activities** (such as learning new skills) and being more interested in empowerment compared to adult women⁷⁷. Better inclusion of adolescents in WASH-related decision-making process can lead to:

- **Reducing protection risks for adolescents (for example: GBV cases)**
- **Reducing gender inequalities (for example: by reducing the time women and girls have to dedicate to water collection, cleaning/laundry, cooking etc.)**
- **Improving privacy, design, usability and acceptance of WASH facilities.**

In the Rohingya communities, opportunities of participation in the response are already scarce, every occasion has to be considered to support adolescent's confidence and empowerment⁷⁸: for example, only 4% adolescent girls compared to 14% adolescent boys aged 15 to 18 years attend education and learning programs, including literacy, numeracy, life-skills and vocational skills training⁷⁹. Another study, completed in March 2019, reports that only 1% girls compared to 9% of boys aged 15 to 18 years attend Temporary Learning Centers: the most commonly reported reason for non-attendance among boys was that "what is taught is not relevant or age-appropriate," reported for 52% of out-of-school boys.

For girls, however, gender norms appear to represent the main barrier to accessing education, with caregivers reporting cultural reasons for non-attendance for 65% of out-of-school girls, and non-attendance due to marriage for 24%. For out-of-school children in this age range, caregivers

⁷⁵ "In general, adolescents and caregivers reported being overwhelmingly against most child marriage practices. However, if the safety of a female child is at stake, 17% of adolescents and 25% of caregivers believe that it is acceptable for parents to arrange a marriage for that child", from: REACH and Child protection Sub-Sector, Child protection Assessment – Rohingya Refugee Response, 2020, [here](#).

⁷⁶ Action for the Rights of the Children and UNHCR, *Foundations of Community Mobilization*, [here](#).

⁷⁷ Fatima J., Albaab R., *Women & Girls' Safe Spaces in Rohingya Response*, 2020, CARE Bangladesh, [here](#).

⁷⁸ Most of the concepts expressed in this paragraph have been taken by the webinar: "Adolescent Engagement in WASH", organised by UNICEF WASH and Adolescent Development and Participation (ADAP), 29th October 2020. Additional guidance can be found in: "ENGAGED AND HEARD! Guidelines on Adolescent Participation and Civic Engagement", UNICEF, July 2020, [here](#).

⁷⁹ UNHCR, CARE and ActionAid (2020). An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar, Bangladesh. An Inter-Agency Research Report, September 2020, [here](#).



reported wanting their children to access educational services for only 18% of girls, against 44% of boys⁸⁰.

Women and girl's empowerment has 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.

Engagement of adolescents in WASH planning and monitoring, not only improves the quality of programming but also, on a personal angle, can be an opportunity to develop technical and leadership skills that can be functional to future opportunity (including employment or higher education).

Adolescents, through the support of hygiene promotion activities, can feel useful for the well-being of their family, can feel important and act as "allies" for the benefit of the whole society.

Peer-to-peer education is an opportunity to make sure hygiene promotion concepts are discussed in a culturally sensitive way: **youth/adolescents' groups or youth leaders** (adolescent-led initiatives) are already engaged by some organization to raise awareness among adolescent groups. The WASH Sector recommends replicating this model. Implementing partners have to keep in mind, however, adolescents can be involved in voluntarily activities that should not be intended as unpaid work.

Working with adolescents, likewise with other community stakeholders, is an opportunity of enforcing safeguarding. Suspected situations of abuse have to be safely referred⁸¹ to the Protection Emergency response Unit (PERU) volunteers within camps and host communities.

Related resources

- UNICEF, *ENGAGED AND HEARD! Guidelines on Adolescent Participation and Civic Engagement*, (2020), [here](#).
- Fatima J., Albaab R., *Women & Girls' Safe Spaces in Rohingya Response*, 2020, CARE Bangladesh, [here](#).
- UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar, Bangladesh*. An Inter-Agency Research Report, September 2020, [here](#).
- REACH and Cox's Bazar Education Sector, *Education Needs Assessment – Rohingya Refugee response*, March 2019, [here](#).
- Action for the Rights of the Children and UNHCR, *Foundations of Community Mobilization*, [here](#).

Women

A research done by UN Women, consolidated few months after the influx, reported that, according to community leaders and interviews with refugees, **almost every woman and girl in the Balukhali makeshift settlements in Cox's Bazar is either a survivor of or a witness to multiple incidences of sexual assault, rape, gang-rape, murder through mutilation or burning alive of a close family member or neighbor**⁸².

⁸⁰ REACH and Cox's Bazar Education Sector, *Education Needs Assessment – Rohingya Refugee response*, March 2019, [here](#).

⁸¹ Protection referral pathway as of 31 January 2021, [here](#).

⁸² UNWomen, *Gender brief on Rohingya Refugee Crisis Response in Bangladesh*, 2017, [here](#).



While safe from the violence they were subjected to in Myanmar, Rohingya women now living as refugees in the sprawling camps in Cox's Bazar face huge protection risks and challenges⁸³. It is fundamental not to forget that **those traumatic events have a toll on person's life and mental health and, as such, the expectations humanitarian community have on persons, including their engagement in O&M or hygiene promotion activities, cannot leave aside the "bigger picture" of the displacement and the associated violence.**

Humanitarian crises often exacerbate pre-existing gender inequalities and discriminations, which lead to different and often disproportionate risks, vulnerabilities and impacts on women and girls. Yet, these crises can disrupt gender inequalities and result in shifts in power relations⁸⁴.

For Rohingya, the central nexus between power and gender is evident in the established value system through which men and women's actions are deemed "honorable" or "dishonorable". **Perhaps the largest and most predominant value system shaping women's access to leadership positions and public space more generally was not the often-discussed purdah system, but rather the *izzot* (honor) system that governs the social reputations of men and women⁸⁵.**

A woman's honor is something that is carefully policed, assessed and evaluated through complex trade-offs that a woman makes between upholding traditional values, Rohingya identity and her engagement in "less acceptable" non-normative activities. Because of the displacement many 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, going to distribution centers, and participating in meetings alongside men. **Women are engaged in humanitarian activities in ways that often require them to compromise their honor and potentially result in further policing, harassment and shaming by men and women⁸⁶.**

Many Rohingya believe **returning to traditional religious values, social norms and practices is important after the attempted genocide**; however, this predominantly impacts Rohingya women and their opportunities for empowerment. The conflict and feeling of having their ethnicity attacked, as well as the gendered nature of the violence that occurred

"Men are above women. We have to listen, or they will beat us and break our bones."

A Rohingya refugee woman, From: OXFAM, VOICES RISING: Rohingya Women's Priorities and Leadership in Myanmar and Bangladesh, 2020.

during displacement, has meant that women's bodies and behaviors are increasingly scrutinized and associated with "Rohingya identity." Hence, **the feeling of "losing control of women" is related to experiences of "losing control" over Rohingya identity; the inflict terror, humiliation and anguish on both the female and male survivors and observers was intended to destroy "honors" of individuals and groups and subjugate communities as a whole.**

This consideration is particularly important in order to explain the use of sexual violence and rape of Rohingya women as a weapon of war to "attack" the Rohingya identity in the years preceding and during

⁸³ OXFAM, *VOICES RISING: Rohingya Women's Priorities and Leadership in Myanmar and Bangladesh*, 2020, [here](#).

⁸⁴ Danny Coyle, Marie Sophie Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).

⁸⁵ Danny Coyle, Marie Sophie Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).

⁸⁶ Danny Coyle, Marie Sophie Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).



the genocide – both undermining women’s ability to “produce the nation” and symbolically violating its boundaries⁸⁷.

The interlink between a women’s honor and a man’s control of it be seen more evidently in the practice of *pardah*, the Islamic practice requiring women to be veiled from “public” gazes or remain within “private” spaces controlled by the family. This is an older tradition in many Muslim communities but there are many different understandings of an individual’s practice *pardah*, why it is practiced, and what rules govern acceptable appropriate “veiling”. *Pardah* is practiced at various times of a woman’s life when her honor is generally perceived as being at risk. Hence, **pre-pubescent girls are not required to follow *pardah* and generally, a girl’s sexual maturity coincides with the start of *pardah* as well as marriage⁸⁸.**

Because there is a disproportionate ratio between young women and men with a higher number of women, **dowry paid to men’s families has become a common practice** and women are unable to find or pay for marriages in the camps. Many families reported distress and anxiety over younger, unmarried daughters in their families (see also below section on Menstrual Hygiene Management)⁸⁹.

Within the new context of the camps, women are in a difficult situation with respect to how they practiced *pardah*. **Many women are in process of reimagining their social boundaries and what constitutes public spaces because all spaces are public, unlike their homes in Rakhine.** 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. However, when asked what had changed since they were in Rakhine, **women reported that their participation in discussions, meetings and committees had either allowed them to obtain education and or “show their cleverness” in spaces they were previously denied⁹⁰.**

Outside of religious education and leadership, there are several women-led civil society organizations in the Rohingya camps that have mobilized, most notably Shanti Mohila and Rohingya Women’s Empowerment and Advocacy Network (RWEAN). However, it should again be noted that, while both groups carry out a range of activities related to women’s rights and awareness raising, they are also politically oriented towards the objectives of repatriation with citizenship rights and redress for survivors of the genocide. Here, **women’s political activism is again permitted because it is ‘in-line’ with overall objectives of the group**, and the prevailing political agendas of both groups predominantly represent their public advocacy agenda. There is a **clear value in having women leaders who act as their own change agents and interpreters of social norms, which is critical for engaging women in the transformation of social norms** and provide both men and women role models of educated, female leaders. Again, it seems that giving women educational opportunities to show their intelligence is key.

⁸⁷ Danny Coyle, Marie Sophie Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).

⁸⁸ Danny Coyle, Marie Sophie Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).

⁸⁹ Danny Coyle, Marie Sophie Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).

⁹⁰ Danny Coyle, Marie Sophie Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).



Despite women's interest in taking on leadership roles, **social, structural, policy, and institutional factors act as constraints in the flourishing of female leadership in the camps.** Through the power analysis, female groups identified several challenging factors, such as limited family support, resistance by their husbands, household responsibilities, care work, as well as a lack of awareness of opportunities, consideration with regard to education level, confidence and shyness.

Regarding formal and informal presence of women group in the camps, **one space of social aggregation could be represented by the *Taleem* - a women's prayer space - as a site of identity, home and belonging, which is practiced in the refugee camps in Cox's Bazar.** The literal meaning of *Taleem* is "education" in Arabic. *Taleem* in the Rohingya community are led by women and are organized usually after the Friday *Jumma* prayer, or any other day, and are held in one of the women's shelters. *Taleem* is a space for Rohingya women to engage with other women through religious activity and prayer. The significance of *Taleem* for Rohingya women can be perceived in three ways: in the **social relations, bonds and friendships it generates; through religious observance as a coping strategy;** and, in providing a **sense of collective identity and belonging in displacement,** as well as reminiscing about memories of home. Thus, *Taleems* appear to be a significant part of Rohingya women's life in the refugee situation⁹¹.

There are limited opportunities for women in the host community to participate in their community governance structures and influence decision-making processes⁹².

Women and girls are primarily responsible for cooking (100%), cleaning (100%), care work (95%), collecting water (92%), homestead gardening (41%).

Along with this they are also engaged in working as paid volunteers or participating in activities run by NGOs⁹³.

Financial pressures are not only preventing or driving higher costs associated with dowry payments, but also compromising women's honor by incentivizing their engagement in paid work outside their houses or under the control of men outside the family.

"We are working here by maintaining our purdah. Community people don't stop us from doing job. They tell us to maintain the purdah, not to talk with other men, not to do anything wrong and not to get involved with other man. While working here, we have to talk with other men. But they are also working here in different NGOs. The community people know that, therefore there is no pressure on us. But when an outsider, someone who doesn't work here and is not known by community people, then they take it negatively"

From: Danny Coyle, Marie Sophie Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). Honour in Transition: changing gender norms among the Rohingya. Bangladesh: IOM & UN Women.

In recent consultations, it emerged that women should not work alongside men because women honor would be harmed. Women leaders in particular commented that they disagreed that women should feel forced to compromise their honor by working alongside men and performing the same types of work as men. Those insights testify how **women involved in humanitarian work could easily lose social approval and support from their**

⁹¹ UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar, Bangladesh.* An Inter-Agency Research Report, September 2020, [here](#).

⁹² UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar, Bangladesh.* An Inter-Agency Research Report, September 2020, [here](#).

⁹³ UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar, Bangladesh.* An Inter-Agency Research Report, September 2020, [here](#).



community. That's why is seen as of **paramount importance the involvement of men and religious leaders in the gender equality agenda.**

They also pointed out that this put them in direct competition with men over the limited number of income sources within the camp and **challenged men's role as providers.** Cash-for-work interventions, in particular, was a point of contention. Women and men are both forced to make **difficult trade-offs** between the immense value that income has in alleviating financial pressures and the compromising positions that women feel forced to engage in across the camps. The only exception to these restrictions reported by respondents was for widows, who were believed to have "no choice" since they lacked husbands to provide for them.

Findings show that there are less social norms restrictions on women to be engaged in activities outside the home provided that they are within their own close community of people they know; another key entry point is to focus initially on involving women in activities within their own camp block areas only⁹⁴.

Despite changes in gender roles with some women working with NGOs or as volunteers, **the household division of labor appears to be relatively static amongst Rohingya families in the camps**⁹⁵.

Before displacement, women would carry water from nearby ponds and water sources as part of their work – often in localized spaces that were less public and more permissible for them to access because of the presence of their family members. Now women are forced to carry water through congested parts

Related resources

- Danny Coyle, Marie Sophie Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).
- IOM and ACAPS, *Different and Unequal, How COVID-19 affects different sex, age, ability and populations differently* (2020) [here](#).
- ACAPS, NPM, *Impact of COVID-19 on gender programming*, 2020, [here](#).
- WASH Sector, *Gender Policy and Tip-Sheets* (2020), [here](#).
- WASH Sector, *Tip-sheets*, translated in Bangla (2020), [here](#).
- 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](#).
- OXFAM, Social Architecture Project (2018-2020), [here](#).
- ISCG, CARE, OXFAM, GenderHub, *In the Shadows of the Pandemic: The Gendered Impact of COVID-19 On Rohingya and Host Communities*, 2020, [here](#).
- UN Women, *Action brief: Women, Peace, Power, Promoting the Women, Peace and Security Agenda in the Rohingya Refugee Crisis in Cox's Bazar*, Bangladesh (Oct. 2020), [here](#).
- ISCG, CARE, OXFAM, *COVID-19 Outbreak: Cox's Bazar Rapid Gender Analysis* (May 2020), [here](#).
- *Rohingya Refugees and Host Communities in Cox's Bazar, Bangladesh*. An Inter-Agency Research Report, September 2020, [here](#).
- OXFAM, VOICES RISING: *Rohingya Women's Priorities and Leadership in Myanmar and Bangladesh*, 2020, [here](#).
- Physicians for Human Rights, *Sexual Violence, Trauma, and Neglect: Observations of Health Care Providers Treating Rohingya Survivors in Refugee Camps in Bangladesh*, 2020, [here](#).
- WaterAid, *Understanding and addressing equality, non-discrimination and inclusion in water, sanitation and hygiene (WASH) work*, [here](#).
- WaterAid and WEDC, *Violence, Gender and WASH Toolkit* (case studies, videos, scenarios, methodologies), [here](#).



of the camps that are often farther from their homes. As a result, the body becomes the site of social control of women and 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 honor, shame and decorum affect quite literally their access to water**. Nowadays, a significant number of both Rohingya and host community women did not consider the water points to be safe, due to distance, access and risks of GBV.

From a health perspective, participants in one of the sector workshops, held in 2019, noted that it is possible that women who are pregnant may be at risk of aborting their babies if they are carrying water for long distances⁹⁶.

For all the considerations listed above, programs should seek to more actively and seriously consult with women and men, including Rohingya women and men who are recognized as leaders and reference groups for social norms in their communities. These norms will shift over time, and these conversations can be regularly revisited for women and men to reframe their opinions as they also change over time. This is particularly true for **distributions that require men and women to stand in the same lines and for shared water, sanitation and hygiene (WASH) facilities**. Gender segregation is currently a key value. In contrast, forcing the integration of genders is causing backlash, and a resultant increase in gender-based violence, even though there are many people who are not against women's work, entry into public spaces, and non-traditional arenas.

There is no reason that provisions cannot be made to engage women separately and allow them to dictate what is acceptable for their engagement.

Men, Majis and religious leaders

Men in both refugee and host communities remain the ultimate decision-makers for family and society matters.

In Myanmar, Rohingya men had a traditional role as breadwinners and took on primary roles in community life while in the refugee camps in Bangladesh, men are largely unemployed and primarily depend on humanitarian aid for their livelihood. Some men spend time being totally or partially engaged in childcare (41%), collecting water (52%), doing housework and cleaning (48%), and providing care for relatives (47%). The ones that manage to get a job work as nightguards, run small businesses inside the camp, work as NGO volunteers, and participate in cash-for-work interventions by NGOs.

“People are saying that the genocide was our fault because we had sinned. Maybe we did sin. Otherwise, what is the reason for our oppression? Men are crying during morning prayers”

From: Danny Coyle, Marie Sophie Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women.

“From the time, I have become a refugee my manhood has halved, I have no house of my own, no place for agriculture; without these I am just half a man”

From: Danny Coyle, Marie Sophie Sandberg-Petterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women.

A handful of Rohingya men function as Majhis, a volunteer position in the camp governance system in the majority of camps, but not all⁹⁷. In the 1990s, the Bangladesh Army established what is known as the

⁹⁶ 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](#).



‘Majhi’ system. This was a group of Rohingya men chosen and organized by the Army for the purpose of information dissemination, coordination of distributions, estimating population numbers, and linking the needs of Rohingya refugees to humanitarian aid. During the 2017 refugee emergency, this system was revived by the authorities. **The unelected camp governance structure (Majhi system) lacks female representation**⁹⁸.

Rohingya women overwhelmingly identified religious leaders or Imams as the key community decision-makers (women 76%, men 24%). In contrast, nearly half of the Rohingya men identified Majhis as being the key decision-makers in the refugee community (men 54%, women 46%). This finding gives an indication of the **power and influence of both Majhis and Imams in governing the lives of Rohingya refugees**⁹⁹.

As leaders are primarily men, they also dominate and define community mediation verdicts, which are likely to exclude women’s interests, consent, and disregard their rights¹⁰⁰.

As per the above, religious leaders should be consistently consulted on programmes and activities to better understand their perspectives and how compromises may need to be reached. Religious interpretations and rules play a large role in governing whether activities will be perceived as socially acceptable. Religious dynamics are a key social norms reference system that set group norms and rules for women and girls¹⁰¹.

The lack of income generation opportunities for men has seriously undermined their pre-displacement identities as household heads and breadwinners, which has in turn exacerbated violence against women, drug use, gambling, alcoholism, abandonment of families, and the rise of IPV associated with polygamy.

The Rohingya understand masculinity and men’s role within the family as producers and providers of wealth and honor. **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.

For men honor is something produced, whereas for women, honor is something that can only be lost – like her chastity – symbolized and evaluated through her actions and practices. Male sexuality is understood within Rohingya communities as uncontrollable, **naturalizing male sexual aggression against any woman who is the object of male desire, even if this is against her own wishes**¹⁰².

Despite evolving gender roles, the Rohingya refugee context is shaped by pre-displacement social roles for men and women: men in both the refugee and the host communities primarily hold the decision-making power, despite humanitarian efforts at promoting female leadership and empowerment.

⁹⁷ UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox’s Bazar, Bangladesh*. An Inter-Agency Research Report, September 2020, [here](#).

⁹⁸ UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox’s Bazar, Bangladesh*. An Inter-Agency Research Report, September 2020, [here](#).

⁹⁹ UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox’s Bazar, Bangladesh*. An Inter-Agency Research Report, September 2020, [here](#).

¹⁰⁰ OXFAM, VOICES RISING: Rohingya Women’s Priorities and Leadership in Myanmar and Bangladesh, 2020, [here](#).

¹⁰¹ Danny Coyle, Marie Sophie Sandberg-Peterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).

¹⁰² Danny Coyle, Marie Sophie Sandberg-Peterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).



In both the refugee and the host communities, women appear to have less control over five identified domains: working to earn money, buying or selling assets, accessing health, family planning, and schooling for children. Women from the refugee and the host communities further had little decision-making power concerning expenditure. The HH survey showed that 3% of refugee women in comparison to 42% of refugee men, and 7% of host community women compared to 35% of host community men had control over decision-making on household expenditure¹⁰³. This can be something to keep in mind when designing cash-based interventions and when analyzing capacity of women to access the market and to buy what they need for themselves, like menstrual materials.

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, blurring individual and collective notions of honor within families and groups.** From this perspective, *purdah* is a reflection of men's individual attitudes about their wives and daughters rather than that of women, since they are the primary enforcers of the norm¹⁰⁴.

It is clear that men and boys are mainly bathing at water points and comments have also been repeatedly been made about men and boys using the bathing facilities and toilets allocated women and girls. 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. Effectively what women and girls are being expected to do is to see men and boys washing their bodies in a public open space¹⁰⁵.

More men and boys, including male youth, can become great champions of women and girls if they are encouraged to do so through dialogue with the humanitarian actors. **Sometimes there has been a tendency to assume that men and boys are the problem, rather than part of the solution.** This includes in the work of the WASH sector, through increasing dialogue and engagement with men and boys and this includes on challenges that are being faced by women and girls.

Like the Rohingya community, **gendered divisions of labor are evident in the host community where it is predominantly women who are responsible for childcare, collecting water and firewood, cooking, cleaning, and overseeing the health care of family and relatives over long hours.** Unlike in the refugee community where men are engaged to some extent in non-traditional roles, **men in the host community maintain rigid gender roles.** For instance, childcare seems to be predominantly the responsibility of women. Women spend up to three hours every day in comparison to men, who are either engaged for shorter periods or not engaged at all. More than half of the women participants in the HH survey spent long hours in farming or homestead gardening compared to men. Boys spend time attending school or madrasah, in private tuition or playing with friends¹⁰⁶.

¹⁰³ UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar, Bangladesh*. An Inter-Agency Research Report, September 2020, [here](#).

¹⁰⁴ Danny Coyle, Marie Sophie Sandberg-Pettersson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).

¹⁰⁵ 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](#).

¹⁰⁶ UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar, Bangladesh*. An Inter-Agency Research Report, September 2020, [here](#).



Married host community men with family marrying Rohingya women generates resentment and anger, and reportedly leads to IPV. **There is a reported increase in violence among polygamous families in both refugee and the host communities**¹⁰⁷.

The humanitarian response should strengthen partnerships with community influencers and religious leaders, men and boys, to change harmful social norms and practices. Humanitarian agencies should enhance skills training and awareness raising activities targeting adolescents, youth, and adult males to **cultivate positive masculinity**¹⁰⁸.

Older Persons and persons with disabilities

Discrimination and marginalization of persons with disabilities in society is a structural problem, underpinned by ableism, a form of discrimination based on disability. **Ableism is a value system based on certain standards of appearance, functioning and behavior, which are assumed to be necessary for living a fulfilling life.** Many persons with disabilities do not meet those standards, so the assumption that they have a very low quality of life, no future to look forward, and that, for this reason, their engagement is not worth it¹⁰⁹. Which, of course, is an assumption that this document wants to totally challenge.

Some **4% of the Rohingya population are elderly individuals over 60 years of age** and represent one the most vulnerable parts of the society¹¹⁰: in the camps only live around 14.000 female and 17.000 male over 60 years old.

UNHCR and GoB data report around **35.000 persons with special needs living in Rohingya camps** (4% of the total), and more than 8.000 families (16% of the total) with at least one family member with a form of disability. A WASH household survey conducted by REACH (May 2019) reports overall 5% of individuals (above 5 years) having a form of disability and 14% of households reporting at least one individual with a disability¹¹¹.

Regarding **host communities**, a reference can be found in the 2016 Bangladesh Household Income and Expenditure Survey (published in 2019), which estimates that **persons with disabilities constitute around 7%** (Female: 7.59%, Male: 6.27%) **of the total population in Bangladesh.**

Despite humanitarian efforts by a few agencies, information on people living with different disabilities is limited. In Rohingya camps, existing reports from show that very few women and girls living with disabilities attend the Safe Spaces for Women and Girls (SSWG). For instance, research conducted by Humanity and Inclusion, an INGO working with people living with disabilities, shows that 90% of female FGD participants who were living with a disability never accessed SSWG. The report further shows that **people with disabilities are more likely to be at risk of sexual abuse and exploitation**¹¹².

Women and girls living with disabilities, particularly those with intellectual disabilities, are vulnerable to sexual violence. The existing SGBV services and limited SGBV outreach program activities makes it

¹⁰⁷ UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar*, Bangladesh. An Inter-Agency Research Report, September 2020, [here](#).

¹⁰⁸ UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar*, Bangladesh. An Inter-Agency Research Report, September 2020, [here](#).

¹⁰⁹ OHCHR, *Report on the impact of ableism in medical and scientific practice*, 2019, summary and full report [here](#).

¹¹⁰ UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar*, Bangladesh. An Inter-Agency Research Report, September 2020, [here](#).

¹¹¹ REACH, *Rohingya refugees with disabilities: Prevalence, meaningful access, and notes on measurement*, 2019, [here](#).

¹¹² UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar*, Bangladesh. An Inter-Agency Research Report, September 2020, [here](#).



challenging for service providers to safely identify and support SGBV survivors who are living with disabilities. Limited outreach services, coupled with social norms of maintaining *purdah*, means that women and girls living with physical disabilities experience more challenges than men and boys living with physical disabilities when it comes to accessing services. As shared by a group of Majhis and Imams in a meeting: *"It is inappropriate to see our women being carried by a man"*¹¹³.

While older people are commonly accepted as being a vulnerable or potentially vulnerable group, at present very little is done worldwide to meet their needs, or to recognize their unique capacities and contributions. Humanitarian interventions often ignore older people's special needs, using systems that discriminate against them and, on occasion, undermine their capacity to support themselves.

Reducing the vulnerability of older people is not primarily about creating special services for them. It is about **ensuring that they have equal access to vital services**. Ensuring equal access for older people relies on making service providers more aware of the problems and obstacles they face. It means including older people in the planning and delivery of services and supporting their capacity to live independent lives once the emergency has passed.

Older people have consistently asked:

- to be seen, heard and understood
- to have equal access to essential support services
- to have their potential and contributions recognized, valued and supported¹¹⁴

In WASH, disability inclusion is water, sanitation and hygiene that is available, affordable, dignified, and accessible to all persons with disabilities¹¹⁵.

In Rohingya camps, older people face access challenges arising from discrimination and exclusion, and inaccessibility in a terrain with steep hills. 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**¹¹⁶.

Often, institutional barriers or not-inclusive WASH programs do overlook their needs or prevent their participation in the design and delivery of interventions. It has been reported that **sometimes persons with disabilities are kept away from latrines or water points because they are considered taking too much time in using the facilities**. If persons with disabilities are not supported by caregivers, they encounter more difficulties in accessing basic services, like getting enough water to cover all their needs, accessing distribution sites and so on. Social misconceptions sometime link disability with a curse or consider it as something contagious.

According to REACH survey, **a higher proportion of individuals with disabilities were reported to face difficulties accessing all WASH-related facilities - water points, latrines, and bathing facilities - compared to individuals without disabilities**. The assessment captured problems accessing communal, shared, or self-made latrines only (and excludes single household latrines). More than half of individuals with a disability were reported to face difficulties related to water access. The most frequently

¹¹³ UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar*, Bangladesh. An Inter-Agency Research Report, September 2020, [here](#).

¹¹⁴ HelpAge, *Older people in disasters and humanitarian crises: Guidelines for best practice*, [here](#).

¹¹⁵ WorldVision, *WASH: Disability inclusion*, [here](#).

¹¹⁶ 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](#).



reported challenges for all individuals - long waiting times, facilities being too far, overcrowding, or the path being too steep - may all have compounding effects for persons with disabilities. **Furthermore, 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**¹¹⁷.

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. Disability inclusion focuses the ultimate removal of physical, environmental, attitudinal and institutional barriers. Physical barriers are addressed through adaptations to infrastructure, such as ramps or assistive devices for toileting. The remaining barriers are addressed through community engagement, advocacy and training.

Possible solutions to support persons with disabilities in accessing WASH services are:

- To provide a water tank and accessible toilet near to their home
- To support bathing facilities in their homes
- To set up a system where caretakers could daily support to collect water from distant locations and to empty buckets of feces after they have used them with their commode chair in their house. This is particularly where they live some distance from the toilet facility¹¹⁸
- To provide additional support (plastic commode, bed pans, diapers for urinary incontinence, handrails...) for other specific sanitation needs
- Extra hygiene items/kits can be provided to meet the needs of people with disabilities (e.g.: soap)
- Detergent soap (liquid or in powder) can be provided instead of laundry soap bar, to minimize the difficulties of older people and people with disabilities to wash their clothes.
- Accessible IEC materials should be produced for older people and people with disabilities (color contrast should be strong, people with disabilities should be always represented in the drawings/pictures).
- To ensure that women and adolescent girls with disabilities have their menstrual hygiene needs met
- Include people with disabilities as members of community committees, for them to be represented, empowered and to make committees inclusive for all.
- To include persons with disabilities in hygiene promotion sessions, also through house-to-house dedicated sessions
- To coordinate efforts among WASH and Age and Disability Working Group (ADWG): ADWG can provide technical support needed for people with disabilities and older people.
- To use SADDD (Disaggregation of Data by Sex, Age & Disability) to identify and include people with disabilities in different HP program

Regarding COVID-19, people with disabilities, older adults, and older adults with disabilities, particularly those with underlying health conditions, are at a higher risk of dying from COVID-19. One in three older people in camps have a disability; **people with disabilities are more likely to have other pre-existing health conditions** (such as diabetes, asthma, hypertension and chronic pulmonary obstructive disease), which put them in higher risk categories for developing serious COVID-19 symptoms should they become infected¹¹⁹.

¹¹⁷ REACH, *Rohingya refugees with disabilities: Prevalence, meaningful access, and notes on measurement*, 2019, [here](#).

¹¹⁸ 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](#)

¹¹⁹ Hygiene Hub, *Summary report on considering disability and ageing in COVID-19 hygiene promotion programmes*, [here](#).



A recent research from ACAPS¹²⁰ has shown that there are significant differences in terms of needs, access to information and impact of the COVID-19 response on different demographic, age, and ability groups among Rohingya and host community. Among Rohingya, **older women, adult women, and people with disabilities report concerningly low access to information about COVID-19.** Microphones, tom-toms and other messaging taking place in camps is somewhat effective but limited in reach to people with less access to public spaces, including women, older people, and people with disabilities. As recommendation that applies for all hygiene promotion activities, older groups and persons with disabilities need to be provided with targeted information campaigns tailored to the communication capacities and differential access to public spaces¹²¹.

Related resources

- Cox's Bazar Age and Disability working group, *Hygiene items recommendations for people with disabilities*, 2020, [here](#).
- Cox's Bazar Age and Disability working group, *Minimum requirements for inclusive sessions*, 2020, [here](#).
- Cox's Bazar Age and Disability working group, *Inclusive consultations on MHM practices*, 2020, [here](#).
- Multisector, *Older persons and WASH response during COVID-19* (2020), [here](#).
- Multisector, *Community engagement recommendations with the elderly and most vulnerable as part of COVID-19 preparedness and response plan*, [here](#).
- REACH, *Rohingya refugees with disabilities: Prevalence, meaningful access, and notes on measurement*, 2019, [here](#).
- HelpAge, *Older people in disasters and humanitarian crises: Guidelines for best practice*, [here](#).
- IOM and ACAPS, *Different and Unequal, How COVID-19 affects different sex, age, ability and populations differently* (2020) [here](#).
- UNICEF, *Guidance Including children with disabilities in humanitarian action* (2020), [here](#).
- WASH Sector,
- Humanity and Inclusion, *Inclusive services for persons with disabilities in Jadimura Camp, Cox's Bazar* (2019), [here](#).
- D. Richard, *Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions* (2019), [here](#).
- Hygiene Hub/Jane Wilbur, *Summary report on considering disability and ageing in COVID-19 hygiene promotion programmes*, [here](#).
- WaterAid, *Understanding and addressing equality, non-discrimination and inclusion in water, sanitation and hygiene (WASH) work*, [here](#).

Gender diverse population

Discussions on gender and WASH typically ignore non-normative gender identities. The evidence is scanty, and mostly focused on developed countries, although there is a growing body of evidence looking at South and South-East Asia. Most of the publications focus on the **challenges transgender people face when accessing public toilets or other communal facilities, which include verbal abuse, physical and sexual assault, denial of access, arrest and expulsion.**

¹²⁰ ACAPS, IOM and NPM, COVID-19 explained, *Different and Unequal How COVID-19 affects different sex, age, ability and populations differently*, [here](#).

¹²¹ ACAPS, IOM and NPM, COVID-19 explained, *Different and Unequal How COVID-19 affects different sex, age, ability and populations differently*, [here](#).



There are a lot of resources and international studies and resources analyzing the link between WASH and women and adolescents GBV risks. However, **the understanding of gender in the sector is, worldwide, predominantly binary: male vs female**. As such, it misses out on the how WASH affects people with non-normative gender identities (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex). One example of the relevance of this relationship is the problems transgender people may have accessing public toilets and other WASH services in camps.

Recent research work on sanitation and transgender community has been carried out in India, Nepal and Bangladesh, countries which all recognize a “third gender”. Problems identified include **being harassed and abused in men’s toilets, feared and ridiculed in women’s toilets, suspected of sex work when using public toilets or denied access to public toilets** altogether.

There are many gaps on this topic, especially going beyond transgender people (or even transwomen). Interrelationships of LGBTQI+ and sanitation have been hypothesized by Benjamin and Hueso (but no published evidence has been found in the review they conducted on this topics): first, given that male public toilets rarely have hardware for menstrual hygiene management, it seems likely that transmen would face practical difficulties using male toilets. It seems also likely that intersex people face many similar problems to transgender individuals in regard to public toilets. Lesbian and bisexual women might experience greater vulnerability to gender-based violence and sexual violence than heterosexual women, because of their actual or perceived sexual orientation, and also be at greater risk of being rejected by their families for the same reasons. These two elements might have links to sanitation, where **family rejection could affect access to private facilities**. Public toilets could also act as sites of increased vulnerability, where being female intersects with being lesbian or bisexual to increase risks of gender-based violence¹²².

According to the finding of the Sanitation Action Summit (2016): *Changing Hearts & Minds to Leave No ONE Behind*¹²³, held in India, **consulted transgender persons report the following challenges when it comes to sanitation:**

- We are not accepted because of our sexual identity by our family, society and service providers.
- We are denied basic services as well as livelihood opportunities even if we are educated
- Almost no one understands who a transgender person is and what his/her needs are
- Due to the lack of toilets in their homes, we have to either use community toilets or opt for open defecation. Some use the toilet in train coaches parked at nearby railway stations
- Public toilets are meant for men or women. Transgender people face a dilemma whether to use the toilet for men or for women. In the men’s toilet, we are molested or sexually violated, whereas in women’s toilets we are ridiculed and abused.

As mentioned above, on January 26, 2014, the Bangladesh cabinet announced the recognition of a third gender category in its gazette with a single-sentence: *“The Government of Bangladesh has recognized the Hijra community of Bangladesh as a Hijra sex.”*, **although the road to a full integration in the society is far from reach**¹²⁴.

In Cox’s Bazar, few national organizations are working with LGBTQI community, including those engaged in sex work.

¹²² WEDC International Conference, C. Benjamin & A. Hueso, *LGBTI and sanitation: what we know and what the gaps are*, [here](#).

¹²³ Sanitation Action Summit: *Changing Hearts & Minds to Leave No ONE Behind*, 2016, [here](#).

¹²⁴ Human Rights Watch, *“I Want to Live With My Head Held High”*, Abuses in Bangladesh’s Legal Recognition of Hijras, [here](#).



Individuals of diverse gender and sexual identity, including transgender persons, report difficulties in accessing health (SRHR as well as for general communicable diseases) and protection services of the humanitarian response in Cox's Bazar, due to stigma and discrimination. There is a significant information gap on *kothis*¹²⁵ and *hijra*¹²⁶ and their needs in the Rohingya camps.

Participants in the Rohingya response gender analysis (Aug 2018)¹²⁷ were asked about particularly vulnerable people in the community and as part of this, researchers specifically asked if they knew of any transgender people in the community. The majority of respondents did not know of any, but 7% of respondents indicated that they did. Of those who knew of transgender people, 62% indicated that their response was usually to make jokes about them. 12% indicated that they would also be discriminated against by others. Only 11% indicated that they would accept them normally.

The current situation of post-flight from Myanmar has negatively impacted the Hijras, who are gender diverse individuals, in both the Rohingya and host communities. Before the 2017, some Hijras in the host community used to work as private tutors, wood cutters, and participated in some functions and recreational activities. **FGDs with Hijras in both Refugee and host communities suggest that they often experience psychological, physical and sexual abuse by the public, including verbal harassment, physical assault, humiliation and rape.** This finding is in line with the existing report that discrimination, harassment, and violence against *hijras* are reportedly prevalent in both Myanmar and Bangladesh. In the camps, they have no livelihoods now, and they rely on the humanitarian assistance received by their families. Hijras do not have access to cash-for-work, skills training and leadership training offered by humanitarian agencies¹²⁸. Hijras in the host community receive a small amount of allowance from the Department of Social Welfare.

A survey conducted by Women's Refugee Commission reveals that some refugee men and boys in Ukhiya have been subjected to sexual abuse, violence and exploitation in Myanmar and again in the camps, which is likely to cause persistent physical and mental health problems.

Issue of misinformation, confusion and stigma around gender diverse community among refugees, host communities and service providers, including government departments, community/religious leaders are of concern, leading to discrimination and lack of access to basic services¹²⁹.

Recently, **it has been reported an increased stigma against transgender persons is occurring because social discrimination against them is based on the perception that that they are spreading coronavirus**¹³⁰. Also in WASH programming, the understanding and the inclusion of non-binary genders is almost not existent. **In terms of hygiene promotion, some recommendations to ensure gender diverse persons to be addressed in a dignified way are as follows:**

¹²⁵ A kothi or koti, in the culture of the Indian subcontinent, is an effeminate man or boy who takes on a female gender role in same sex relationships (Wikipedia).

¹²⁶ In South Asia, the term 'Hijra' refers to an identity category for people who were assigned as male at birth, but who develop a feminine gender identity.

¹²⁷ Action Against Hunger, Save the Children and OXFAM (2018) Rohingya Refugee Response, Gender Analysis; Recognising and responding to gender inequalities, August 2018, quoted in: 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](#).

¹²⁸ UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar*, Bangladesh. An Inter-Agency Research Report, September 2020, [here](#).

¹²⁹ Protection Sector, *Summary note on 2021 priorities*, 2020, [here](#).

¹³⁰ ISCG, ACAPS, NPM, CARE, OXFAM, UNWomen, *In the Shadows of the Pandemic: The Gendered Impact of COVID-19 On Rohingya and Host Communities*, Sector Brief: WASH, [here](#).



- Produce messaging that is inclusive of SGM community members, showing them as people living through this crisis alongside other community members
- Review diversity within iconography, drawings and photography, including where possible, diverse families and people with diverse genders
- Ensure messaging reaches SGM community members by taking specific steps to work with SGM organizations or trusted community members to share information in communal housing, community gatherings (where safe and permitted) or through SGM community social media channels¹³¹.

Echoing the recommendations from OXFAM, UN Women, CARE, NPM and ACAPS, **women, men and other vulnerable groups such as transgender persons, people with disabilities, and sex workers are willing to participate in the COVID-19 response and must be officially recognized, visible and actively involved in the response at all stages**¹³².

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.

The WASH sector further plan to strengthen the collaboration with the Protection Sector and to rely on the expertise of the Gender-Diverse Population WG (a body within the Protection Sector) on capacity building for the WASH sectors members and actors in the field to **ensure inclusion and overcome personal bias**; ensure data collection and research and evidence-based analysis to minimize the information gap on access to WASH services for the gender-diverse population, in respect of the protection principle of Do No Harm and confidentiality; share knowledge on referral mechanisms in place among the Sector members and collaborate with the Protection Mainstreaming Focal Points to ensure the application of a protection lenses throughout the phases of project implementation (assessment, design, implementation, monitoring and evaluation). WASH sector should not be identifying people who are gender diverse due to the increased risks of harassment or abuse that this could cause the individuals.

Related resources

- UNHCR, CARE and ActionAid (2020). *An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar, Bangladesh*. An Inter-Agency Research Report, September 2020, [here](#).
- ISCG, ACAPS, NPM, CARE, OXFAM, UN Women, *In the Shadows of the Pandemic: The Gendered Impact of COVID-19 On Rohingya and Host Communities*, Sector Brief: WASH, [here](#)
- Edge Effect, Water for Women, *Sexual and Gender Minorities and COVID-19: Guidance for WASH delivery Actively supporting Sexual and Gender Minorities so that they are not left behind in COVID-19 WASH responses*, [here](#).
- Edge Effect, Water for Women, *Stepping Up: Ensuring sexual and gender minorities are not left behind. Reflections from the Water for Women Fund's South Asia Regional Learning Event*, [here](#).
- C. Benjamin & A. Hueso, *LGBTI and sanitation: what we know and what the gaps are*, [here](#).
- J. De Mulder, *Sexual and gender minority adolescents must be prioritized during the global COVID-19 public health response*, [here](#).

¹³¹ Edge Effect, Water for Women, *Sexual and Gender Minorities and COVID-19: Guidance for WASH delivery Actively supporting Sexual and Gender Minorities so that they are not left behind in COVID-19 WASH responses*, [here](#).

¹³² ISCG, ACAPS, NPM, CARE, OXFAM, UNWomen, *In the Shadows of the Pandemic: The Gendered Impact of COVID-19 On Rohingya and Host Communities*, Sector Brief: WASH, [here](#).



5. Thematic areas and resources

This section wants to give an overview of the main hygiene promotion thematic and provide a catalogue of available resources, including studies, reports and IEC materials, per each thematic.

Hand washing

Handwashing is one of the main topics of hygiene promotion and diseases prevention campaigns. In 2020, WASH partners have been strengthening hygiene promotion finalized to COVID-19 prevention and containment, insisting a lot on hand washing awareness. The recently concluded MSNA¹³³ study has reported that **98% of the respondents reported having increased their handwashing practices since COVID-19**. 73% of the respondent HH are practicing handwashing before eating, 69% after defecation.

In a REACH survey conducted in 2019, the 74% of the respondents were able to identify at least 3 key moments of handwashing and the results are similar to the 2020 MSNA: **usually, the most reported, and possibly applied hand washing moment are handwashing after defecation (82%), before eating (75%) and before food handling (46%)**. Similarly, to the 2020 MSNA results, **hand washing before feeding a baby was reported only by the 19% of the population, after handling children feces by the 18%, before breastfeeding by the 8%**.

Despite hand washing with soap practices have been increasing considerably as a consequence of COVID-19 hygiene promotion activities, as highlighted as well in the “Hygiene promotion and nutrition” section, **maximum of importance should be given to encourage partners engagement in promotion handwashing after cleaning children bottom, before breastfeeding and before feeding a child**.

Handwashing should be intended as handwashing with soap and clean water (drinking water quality is not needed for hand washing). Hand washing with ash, despite being a valuable substitute of soap, is not recommended in this contest as soap is regularly distributed. Handwashing with soil is not recommended and should not be promoted.

Related resources

- RANAS, *Handwashing intervention strategy, 2020*, [here](#).
- Various authors, Hygiene promotion multi-topic folder on WASH Sector Google Drive, [here](#).
- Various authors, Hand washing folder on WASH Sector Google Drive, [here](#).
- 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](#).
- ISCG, *MSNA Rohingya Refugees, preliminary findings, (2020)*, [here](#).

¹³³ ISCG, *Joint Multi-Sector Needs Assessment (J-MSNA): Bangladesh Host Communities*, July - August 2020, [here](#).



Use of latrines and children open defecation

At the moment, there are around 64022 latrines cubicles in the camps. **Access, design, risks of GBV and poor maintenance seems to be the main factors that make using latrines still a challenging experience for Rohingya communities, 3 years after the influx.**

According to a qualitative assessment on sanitation conducted by REACH for the WASH Sector in 2019, **poor road conditions and insufficient lighting** reportedly limit refugees' access to facilities. For some participants that live further away from the closest latrine, **landslides and muddy conditions** during the monsoon season made the roads slippery and difficult to walk on. Other difficulties reported during the FGD included the narrowness of the road as well as **drains** which hamper the participants' access to the facilities. When latrines were not accessible by road, participants reported having to cut across their neighbors' premises to get to the latrines¹³⁴. These issues make **even more difficult to children and persons with reduced mobility to access latrines**: the monsoon-season assessment from REACH reported that 40% of the children under five reported practicing open defecation, among others defecating habits such as using potties (16%)¹³⁵.

In Myanmar, children would either defecate in the open, or adults would remove the feces and dump it to a convenient location away from the household (only occasionally flushing feces into a latrine). In Bangladesh, participants reported that open defecation remains common (according to May 2019 REACH/WASH Sector household survey data, almost 40% of children under five are still reported as practicing open defecation), but that they sometimes do not have the tools or the appropriate location to dispose of feces¹³⁶.

Open defecation is tackled differently by different partners and, in some camps, efforts of containing and mitigating this incidence are very successful: caregiver are collecting and disposing children feces from open spaces to latrines are the 68% of the respondents of the REACH survey, with, however, 24% reporting disposing in open area, 14% disposing it with garbage and 18% burying it¹³⁷.

Moreover, as explained also in the section "Hygiene Promotion and Nutrition", **children under 5 do not wear nappies and are often naked**, also to make easier the "bottom cleaning" after defecation.

Women still face insecurity in using latrines given the lack of lighting or clear gender segregation. Women and girls in various studies have noted feeling uncomfortable standing in queues together with men to go to the toilet or bathing cubicles and they are ashamed to go to the toilet and take a bath during the daytime. This was raised in responses in FGDs across different studies and also in almost all of the discussions held during the audit with male and female community members, community volunteers and leaders led by S. House in 2019¹³⁸.

The outcomes of discussions with women held in mid-2018 by OXFAM, during one workshop of the "Social Architecture" program, highlighted the following requests from women, about latrine's design":

¹³⁴ REACH, UNICEF and WASH Sector, Water, Sanitation and Hygiene Qualitative Assessment Findings on Sanitation Needs (September 2019), [here](#).

¹³⁵ REACH, UNICEF and WASH Sector, Water, Sanitation and Hygiene (WASH) Household Monsoon Season Follow-up Assessment (October 2019), [here](#).

¹³⁶ WASH Sector, REACH and UNICEF, *Water, Sanitation and Hygiene Qualitative Assessment Findings on Sanitation Needs* (September 2019), [here](#).

¹³⁷ WASH Sector, REACH and UNICEF, Water, Sanitation and Hygiene (WASH) Household Monsoon Season Follow-up Assessment (October 2019), [here](#).

¹³⁸ 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](#).



- Threshold space – obscuring exit and entry from the toilet
- Roofs that allowed sunlight, but also privacy (hilly terrain)
- Lighting
- Concrete floors & pillars
- Full height doors for privacy
- Water harvesting
- Shelves, hooks, mirrors
- Effective door locks
- Discrete drainage
- Place to sit
- Communal drying space¹³⁹

Despite a lot has been done since them by single agencies, there are still a lot of suggestions that are un-heard: the simple installation of shelf and hook in latrine cubicle, that do not require space or specific budget allocated, continues to be an exception and not a rule.

There is some progress with improving the lighting situation in the camps, with increased lighting on pathways. The WASH facilities are generally however still not lit up. Whether women and girls would prefer the lighting to be provided:

- Inside the latrines and bathing facilities
- Over the top of them
- Only on the paths going to them¹⁴⁰

Rohingya and host communities are aware about the importance of using latrines. The data presented above, however, suggest the lack of or of enabling environment to ensure adequate sanitation facilities are accessible by everyone. **Any “message” on use of latrines should be wisely tailored following the conditions of the camps and the actual challenges of using latrines. As recommended multiple times, by multiple consultants and studies, hygiene promotion is NOT disconnected from discussions on infrastructure, desludging, design and so on.**

Related resources

- RANAS, *Open defecation intervention strategy*, 2020, [here](#).
- RANAS, *Latrines' cleaning intervention strategy*, 2020, [here](#).
- 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](#).
- OXFAM, *Social Architecture Project* (2018-2020), [here](#).
- OXFAM, *SaniTweaks sessions for WASH Sector partners* (2020), [here](#).
- OXFAM, *Latrines Users group: guidelines for establishments and other various materials* (2018), [here](#).
- Various authors, *Sanitation folder on WASH Sector Google Drive*, [here](#).
- ELHRA, WEDC, HIF, OXFAM, *Shining a Light: How lighting in or around sanitation facilities affects the risk of gender-based violence in camps*, 2019, [here](#).

¹³⁹ Anne Lloyd for OXFAM, *Review of Social Architecture Project*, Rohingya Response Programme, Cox's Bazar, Bangladesh, 2020, [here](#).

¹⁴⁰ ELHRA, WEDC, HIF, OXFAM, *Shining a Light: How lighting in or around sanitation facilities affects the risk of gender-based violence in camps*, 2019, [here](#).



The WASH Sector is currently conducting a research on bathing spaces at HH level to understand also sanitation patterns and to eventually advocate for WASH services at HH level.

Strong focus should be put by WASH partners on awareness raising on open defecation, in camps where this is still a major concern.

Latrines users' group or WASH committee or sanitation committee should be established, if not done yet, and their capacities and knowledge increased, to make sure **community engagement in O&M of sanitation facilities. O&M activities should not be subsidized.**

Menstrual hygiene management

Menstruation in the Rohingya context

Everyone can acknowledge that menstruation is a critical starting point for biological, psychological and social aspects of a woman's life. **In many cultures, menstruation represent a cultural marker that implies readiness for marriage. Capacity to properly manage menstruations has impacts on adolescents and adult psychosocial health, impacting personal confidence, self-efficacy and wellbeing¹⁴¹.**

In Rohingya community, menstrual hygiene is a personal topic and often women and girls do not want others to know when they are menstruating, thus limiting their ability to access information on MHM from others. **Taboos and stigma regarding menstruation are reportedly widespread with a substantial impact on how daily life is structured^{142 143}.**

There's a significant and rapid transition that occurs for girls within Rohingya communities after menarche: it is interesting to note that the most common way to refer to menarche and when a girl reaches puberty is "*ghor goille*" which means "has gone inside the house". Hence, it is clear that **for many Rohingya women, the experiences of puberty coincide with the immediate cessation of access to public spaces.** Young girls are exempt because they do not constitute full "persons" in public spaces, but this changes with the sudden occurrence of their first period¹⁴⁴.

Many families reported distress and anxiety over younger, unmarried daughters in their families. For Rohingya families, the space between their daughter's menstruation and her marriage is a difficult and precarious time where the potential to harm or threaten her families' collective social reputation in addition to her own is at the greatest¹⁴⁵.

This is clearly a complex moment and is intertwined with many other cultural beliefs. Other practices require menstruating women to carry objects made from iron metal such as screws, nails or keys, to protect themselves from *djinn* (spirits in the Islamic faith). Here, **it is apparent that menstruation is considered something that makes women vulnerable to possession by *djinn* who might make them go mad and force them to "do things" that might compromise their honor.** An assessment

¹⁴¹ Considerations expressed in the webinar: Columbia University, Period Posse Presents: Webinar Series: *How Do We Measure Progress? Monitoring Menstrual Health and Hygiene*, recording available [here](#).

¹⁴² UNICEF, REACH, WASH Sector, DPHE: Water, Sanitation and Hygiene Qualitative Assessment, Findings on Menstrual Hygiene Management Needs, 2019, [here](#).

¹⁴³ Danny Coyle, Marie Sophie Sandberg-Peterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).

¹⁴⁴ Danny Coyle, Marie Sophie Sandberg-Peterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).

¹⁴⁵ Danny Coyle, Marie Sophie Sandberg-Peterson, and Mohammed Abdullah Jainul (2020). *Honour in Transition: changing gender norms among the Rohingya*. Bangladesh: IOM & UN Women, [here](#).



done in 2019 by REACH is echoing this: both male and female participants across the FGDs reported potentially **harmful stigmatizing beliefs related to menstruation, specifically that monthly periods are an illness, that women are dirty, or that menstrual bleeding is connected to black magic**¹⁴⁶.

Menstrual hygiene and materials

Menstrual practices in Myanmar, before the displacement, were similar to the ones in use here with the difference that, **in Myanmar, panties were not used by older women** (while those were used by adolescents)¹⁴⁷.

Regarding knowledge of MHM topics, a series of FGD conducted in camps in 2018¹⁴⁸ reported that **majority of the women, when reached their menarche, knew something about it but with very little details**. Some MHM information are usually shared among sisters, sisters in law, friends, teachers or other women family members. The same question asked to adolescents referred that very little information on MHM was made available to them, not necessarily coming from mothers.

Regarding restriction during menstruation, all the respondents agreed that women cannot go out of their purdah (cover, veil), they cannot go out of the house, in front of men or even other people. If there's another person available to cook in the house, they will refrain from cooking. Women do not sleep with their husband and hide hygiene items.

In the REACH Menstrual Hygiene Materials (MHMA) survey, 68% of households reported receiving information on menstrual hygiene materials and 58% reported receiving information on menstruation since arriving to Bangladesh. Almost all assessed households reported wanting to receive (more) information on menstrual hygiene materials and menstruation (92% and 89% respectively)¹⁴⁹.

Several male and female explained to REACH how it was important for bars of bathing and laundry soap to be separated between genders in order to minimize the risk for children or male household members of coming into contact with menstrual blood¹⁵⁰.

Regarding the possibility to buy menstrual materials in the markets, Rohingya women reported feeling embarrassed to buy from male shopkeeper, that are the vast majority of the shop owners in the market.

MHM for disable women and adolescents is even more challenging: especially girls with intellectual disabilities have a poor understanding on self-care and personal hygiene; also, they struggle to maintain clean cloths and pads. Women with physical disabilities, on the other hand, may find difficult to tighten/untighten and change menstrual materials. More research has to be done in this sense, to make sure WASH actors are able to adequately support every person with menstrual needs¹⁵¹.

In terms of materials disposal, this is still a challenge and an overlooked aspect of SWM. Littering pads or MHM materials does not seem to be a usual practice as it's something seen as very sinful. Some adolescent girls, in 2018, reported to OXFAM and UN Women about burial practices of used cloths. Girls seemed to prefer reusable pads over cloths, while women referred being more

¹⁴⁶ UNICEF, REACH, WASH Sector, DPHE: *Water, Sanitation and Hygiene Qualitative Assessment, Findings on Menstrual Hygiene Management Needs* (September 2019), [here](#).

¹⁴⁷ UNICEF, REACH, WASH Sector, DPHE: *Water, Sanitation and Hygiene Qualitative Assessment, Findings on Menstrual Hygiene Management Needs* (September 2019), [here](#).

¹⁴⁸ UN Women and OXFAM, *Menstrual Hygiene Management workshop findings*, 2018, [here](#).

¹⁴⁹ REACH Initiative, *Menstrual Hygiene Materials Assessment* (Cox's Bazar, 2019), p. 2, [here](#).

¹⁵⁰ UNICEF, REACH, WASH Sector, DPHE: *Water, Sanitation and Hygiene Qualitative Assessment, Findings on Menstrual Hygiene Management Needs* (September 2019), [here](#).

¹⁵¹ Age and Disability Working Group, *Inclusive MHM Practice*, 2020, [here](#).



comfortable with cloths¹⁵². **Over half of female participants to the REACH qualitative assessment on MHM reported being shamed by WASH staff when menstrual waste was found in latrines¹⁵³.**

MHM challenges and opportunities for improvements

Despite, or maybe as a result of the stigma that women and girls are dirty, participants across both male and female FGDs assessed by REACH reported the importance of hygiene practices while women are menstruating¹⁵⁴. Rooted with religious beliefs are the concepts of “purity” and “cleanliness”: Islam defines menstruation time as a status of impurity; **as hygiene promoters, we need to make sure not to imply that a women is dirty because she’s bleeding; women have not to be referred as “dirty” because having their period otherwise we continue contributing to stigmatization towards menstruation and women.**

In the framework of the “do no harm principle”, hygiene promoters should be aware of the sensitivity of the MHM topic and do not go beyond the WASH agenda. Topics like “sexual and reproductive health”, “pregnancy and birth control”, “child marriage and GBV” should be discussed solely by health and/or protection staff. Community requests on these topics can be referred to PERU volunteers on ground.

It is recommended that any session that related to topics considered “sensitive”, such as menstrual hygiene, needs to be discussed, with mothers/caregivers first, to avoid community rejection. However, WASH partners should always advocate for menstrual hygiene to be addressed in their programs and challenge community positions that are against it. Adult women can be asked, for example, to relate to their experience regarding their first menstruation (do you remember how you felt that time? What would you have liked to be told on that occasion? What do you think it’s important girls to be aware of?): this is the occasion to explain women that hygiene promoters will discuss the points that for them are considered important and that they are (maybe) not comfortable discussing with their daughters.

According to discussions held within the technical workshop on MHM hygiene management (not active at the moment), participants have reported a general lack of expertise from humanitarian staff, including field workers, on MHM. Trainings on specific MHM topics are considered urgent.

Staff, moreover, do not feel comfortable to discuss this topic, this being another reason why this topic is often overlooked or not prioritized. Some organizations have majority of male staff, in so representing an additional barrier to the promotion of MHM awareness.

The general scarce capacities or understanding of community engagement impacts a lot the menstrual hygiene management sessions as trust, open communication and fight of stigma could be openly discussed and addressed in the sessions: failure in establishing engagement with women and girls on this sensitive topic is a missed opportunity to get more information about cultural norms an stigma.

Another comment made by the attendants of the **MHM workshop is that menstrual hygiene sessions are often carried out gathering together adolescents, adult women, having family links: it is reported being an uncomfortable and embarrassing situation the fact of attending MHM sessions with the mother in law or with the mother.** As much as possible, MHM should be conducted per age

¹⁵² UN Women and OXFAM, *Menstrual Hygiene Management workshop findings*, 2018, [here](#).

¹⁵³ UNICEF, REACH, WASH Sector, DPHE: *Water, Sanitation and Hygiene Qualitative Assessment, Findings on Menstrual Hygiene Management Needs* (September 2019), [here](#).

¹⁵⁴ UNICEF, REACH, WASH Sector, DPHE: *Water, Sanitation and Hygiene Qualitative Assessment, Findings on Menstrual Hygiene Management Needs* (September 2019), [here](#).



groups, **avoiding persons from the same family** (mother-daughter or women-mother in law) in the same sessions.

Lack of adapted and MHM responsive sanitation designs are seen as a clear obstacle in promoting good MHM behavior (enabling environment challenges). Same considerations when it comes to disposal of menstrual materials: women have not many choices to dispose used pads or cloths in a safe and dignified way.

Women are perceived not to be listened enough when it comes to decisions around the design of the facilities: this is including both women from Rohingya and host communities and WASH female staff. Male/female staff field visits should happen more often and male engineers being more receptive of women feedback.

The **voucher system** is considered to be a possible positive option to make sure women can decide autonomously what to buy for their menstrual needs: this would contribute ending the perception of having same quantities and type of items subsidized, to all women, without considering different needs and priorities.

MHM can be discussed also with men and boys and can be an opportunity to brainstorm on gender roles and on help that men can give to their female family members when they are menstruating: man can support via carrying loads like water, going to distribution, supporting in HH chores, in managing babies as so on. **There's a clear and promising willingness, from some partners at least, to try to change the society towards gender equality, even though with "baby-steps":**

One of the attendants to the workshops pointed out about the fact that **it is unnecessary to tell women where to dry the menstrual clothes or pads (in the open, under the sun...) when they cannot apply those recommendations.**

"If I find even one man willing to listen to this topic [MHM], I will start with that men"

Shajeda Begum, UNICEF WASH Officer, WASH Sector MHM technical workshop

It is better to stress the fact that MHM materials must be dried in a hygienic way, depending on the possibilities of the single woman. Sometimes also a hidden but ventilated corner within the shelter, even if not ideal, can be a reasonable, hygienic and achievable solution. Lastly, in December 2020, the HP TWiG has reached a consensus that menstrual hygiene materials have to be included in the 72-hours emergency kit, distributed to HH affected by natural disasters.



Related resources

- WASH Sector, *MHM strategy* (2020), [here](#).
- Various authors, IEC and training materials, [here](#).
- Cox's Bazar WASH Sector, *WASH Sector advocacy note on inclusion of MHM items in the 72-hours WASH emergency kit* (2020).
- RANAS, *MHM intervention strategy* (2020), [here](#).
- 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](#).
- ShareNet Bangladesh, *Involvement of Male in Menstrual Hygiene Management (MHM) – Ritu Project*, article, [here](#).
- RedOrange, *Involvement of Male in menstrual Hygiene Management – Bangladesh Ritu Project*, [here](#).
- WASH Sector, *Bibliography on MHM, Gender and COVID-19* (2020), [here](#).
- OXFAM and UN Women, *MHM workshop* (2018), [here](#).
- WASH Sector and REACH, *MHM assessment* (2019), [here](#).
- WASH Sector and REACH, *Qualitative assessment on MHM needs* (2019), [here](#).
- IFRC, *Summary on MHM FGDs* (2018), [here](#).
- IFRC, *Review of MHM and solid waste management* (2018), [here](#).
- WaterAid, *MHM guidelines* (Bangla), [here](#).
- M. Schmitt, D. Clatworthy, R. Ratnayake, N. K.-Metzner, E. Roesch, E. Wheeler and M. Sommer, *Understanding the menstrual hygiene management challenges facing displaced girls and women: findings from qualitative assessments in Myanmar and Lebanon*, article, [here](#).
- Margaret L Schmitt, O. R. Wood, D. Clatworthy, S. Rashid, M. Sommer, *Innovative Strategies For Providing Menstruation-Supportive Water, Sanitation And Hygiene (Wash) Facilities: Learning From Refugee Camps In Cox's Bazar, Bangladesh*, article, 2021, [here](#).
- RANAS and IFRC, *School absenteeism and menstruation in Bangladesh*, [here](#).
- Days for Girls, *Men who know*, free on-line course on MHM for men, [here](#).
- IFRC, *Addressing menstrual hygiene management (MHM) needs Guide and Tools for Red Cross and Red Crescent Societies* (2018), [here](#).
- IRC, *Menstrual hygiene management (MHM) in emergencies toolkit* (2017), [here](#).
- UNHCR (adapted from S. House, 2013), *Considerations for selecting sanitary protection and incontinence materials for refugee contexts* (2016), [here](#).
- WaterAid, *Menstrual hygiene matters – training guide for practitioners*, [here](#).
- UNICEF, *Guidance on Menstrual Health and Hygiene* (2019), [here](#).
- Water Aid, *Period Excuses* (2020) – activity book, [here](#).
- M. Sommer and others, *Beyond menstrual hygiene: addressing vaginal bleeding throughout the life course in low and middle-income countries*, 2017, [here](#).
- International Federation of Red Cross and Red Crescent Societies, ELHRA, *Case study Periods don't stop in emergencies: Addressing the menstrual hygiene needs of women & girls*, 2018, [here](#).
- Krishnan, S., Twigg, J. (2016). *Menstrual hygiene: A 'silent' need during disaster recovery*. *Waterlines*, 35(3), 265–276, [here](#).
- *Menstrual Hygiene: Challenges during natural disaster*, ShareNet Bangladesh, [here](#).
- IFRC, *Upholding women and girls' dignity: managing menstrual hygiene in emergency situations*, 2013, [here](#).



Water safety and safe water chain

Snapshot on water quality

Majority of areas in the camps are served by piped water networks (around 54%). Moreover, camps and host communities are supplied as well by tube wells. A survey conducted by REACH¹⁵⁵ for the WASH Sector in 2019 reported that **100% of the population reported collecting water for drinking purposes from a protected source** (protected wells, piped networks or water trucking).

The recent MSNA study highlights that 61% of the respondents reported accessing water to tube wells and 47% through piped networks and tap stands¹⁵⁶.

Regarding water quality, in 2020 around 2% of the samples tested for bacteriological contamination at HH level had more than 100 colonies of E. Coli, almost 12% had from 10 to 100 colonies and around 8% had up to 10 E. Coli. Only 11% of the samples tested at source level, most of them from wells, present some level of bacterial contamination.

Only 55% of the HH samples tested for FRC had from 0.2 to 0.5 mg/l of residual chlorine: those samples included both water taken from water network or wells. However, only 24% of water tested at tap stand level had from 0.2 to 0.5 mg/l of FRC and the 56% had more than 0.5 mg/l. Very limited (0.4%) the tests reporting no FRC at tap stand level¹⁵⁷.

The few data presented show how contamination post collection is happening in camps, even not on a major scale. **Hygiene promotion, however, needs to target on safe water chain** and eventually in HH water treatment (Aquatabs is the most common purification method at the moment), especially in those camps not covered by piped water network and/or where AWD alerts are reported. Aquatabs distribution has its criticalities mainly due to acceptance problems (taste) and also due to some misconceptions related to the aspect of a dissolving tablet, which is often referred as similar to a snake or insect.

Water containers

Aluminum pitchers for water collection and/or storage are widely used in camps and host communities: **the pitcher is a traditional container that has a narrow neck** but that, however, is usually used without lid. Some partners, at least at the beginning of the emergency, distributed pitchers with lid but, at the moment, most the pitchers observed in camps or host have no lid: this could represent one of the reasons why post-collection contamination is happening, as often pitchers are also used as storage containers at home.

Despite constant distribution by partners (at least 1 distribution per year), in some cases it seems that the water containers own by the HH are old, dirty or not of a good quality: there are not clear data on this, however has been reported that a number of hygiene items are sold after distribution (similarly, NFIs, not only from WASH partners, are often seen in the markets nearby the camps or in Cox's). At least some HH are keeping old water containers and selling the new ones. This is an aspect of the response that would deserve further research. However, **some partners are at the moment shifting to hygiene items distribution via voucher system**, which would likely limit these aspects via enhancing community freedom to choose what they really need and value.

¹⁵⁵ REACH, Water, Sanitation and Hygiene (WASH) Household Monsoon Season Follow-up Assessment (October 2019) All Camps, Ukhiya & Teknaf Upazilas, Cox's Bazar District, Bangladesh, Oct. 2019, [here](#).

¹⁵⁶ ISCG, Joint Multi-Sector Needs Assessment (J-MSNA): Bangladesh Host Communities | July - August 2020, [here](#).

¹⁵⁷ WASH Sector water quality dashboard, [here](#).



Partners are recommended to continue raising awareness on **water containers cleanliness, on the need of keeping water containers covered and elevated from ground** if possible when stored at home. **Regular water containers cleaning campaign can be organized, at block level, with the support of WASH committees.** Key messages on water safety can include as well recommendations on how to scoop water without contaminating the whole batch, on the need to use a dedicated cup for serving water (in case the storage container has no tap) and on the need to keep small children and animals away from the water containers.

Water users' group and management of water points

For this topic, transversal to hygiene promotion, refer to the work done by OXFAM in 2018 around Water Users Group establishment and training (quoted in the below box).

Design of water networks and community engagement

Concerning participatory design of water network, refer to the work done by OXFAM together with the WASH Sector/Water TWiG and HP TWiG (quoted in the below box).

Related resources

- RANAS (UNICEF support), *Safe water collection strategy (2020)*, [here](#).
- RANAS (UNICEF support), *Water storage and handling strategy (2020)*, [here](#).
- RANAS (UNICEF support), *Cleaning water utensils strategy (2020)*, [here](#).
- RANAS (UNICEF support), *Drinking chlorinated water strategy (2020)*, [here](#).
- Various authors, *Hygiene items market assessment (2017/2018)*, [here](#).
- NGOF and UNHCR, *Water Safety Plan IEC materials*, [here](#).
- WASH Sector and OXFAM, *Water pack*, [here](#).
- Various, *Chlorination and Aquatabs materials (IEC, guidelines...)*, [here](#).
- OXFAM, *Water Users Group, various materials*, [here](#).
- OXFAM, *Water sources, IEC*, [here](#).
- OXFAM, *Safe water options, IEC*, [here](#).
- OXFAM, UNHCR, Water TWiG, HP TWiG, *Water networks and community engagement, various materials*, [here](#).

Environmental hygiene and solid waste management

The following section on SW is intended to be seen as “starting point” to ignite new initiatives in the field of SWM and provide some points of further discussion, to be developed further. The below section is not intended to be exhaustive due to the complexity of the topic and the need of specific expertise to contribute to the behavior change and to develop, for example, training curricula for implementing partners, rewarding system S.o.Ps. and so on.

WASH Sector Solid Waste Management Strategy

In 2020, solid waste management has been highlighted as main priority for the WASH Sector. Consultations and polls run at the beginning and toward the end of the year with **WASH partners have clearly shown the necessity to have more resources, time and expertise engaged in solid waste management.** SWM it's also trusted to be a field that is requiring multi-sector involvement and commitment (especially with site planning).

Solid waste management, like water and sanitation, requires a holistic approach, that keeps together technologies and infrastructure considerations from one side and community engagement and awareness from another side.



Due to other priorities, SWM has been not prioritized in past years and the Sector believes that any effort should be put in place to bridge this gap. The Sector has a SWM strategy that was approved in 2019.

The strategic principles are the following:

- Operations are, or participate in, full chain solid waste management systems defined as the collection, transport, disposal, reuse, recycling and the corresponding behavioral change activities.
- Waste is separated at source
- Operations seek to reduce, reuse, recover and recycle as much of the waste stream as possible, where possible providing income generating activities and private sector engagement.
- Waste disposal minimizes environmental impact.
- The Area Focal Agency and corresponding Camp Focal Agency is responsible for ensuring the quality of SWM in each camp.

It is clear how important is the community engagement for behavior change to engage communities in practicing segregation at home and to properly dispose the garbage in collection sites, avoiding littering.

Solid Waste management in camps

Multiple studies¹⁵⁸ have contributed estimating the amount of waste produced every day in the camps: including HH production and shops/market production, the total amount is of around 512m³.

	Amount	Weight	Weight total	Volume	Volume total
Domestic	910,000	0.13 kg./cap	118.3 ton	0.55L/cap	500.5 m ³
Commercial	5,805	0.25kg/shop	1.5 ton	2L/shop	11.6 m ³
Total	-	-	119.8 ton	-	512.1 m ³

It has been estimated as well that the organic component represents the 60% of the waste produced and that the remaining 40% is made by 9% or recyclable (plastic, cardboards, metal) and 31% of non-recyclable fraction (soil, diapers or sanitary napkins etc.).

The solid waste management cycle is based on 3 distinct phased that are:

- **Primary collection:** is happening at HH level, via temporary storage in color-coded HH bins (1 green bin for the organic waste and 1 red (camps)/blue (host) for non-recyclable waste and recyclable such as aluminum, plastic cardboards).
- **Secondary collection:** it can take place in color coded communal pits (1 to 2 m²) or color-coded communal bins (70-120 lt.). Volunteers collect the waste from the secondary collection points and bring it to the camp-level solid waste disposal site.
- **Disposal:** after collection from secondary collection sites, recycling, composting or other approaches are utilized before final disposal in sanitary landfill. Composting can be undertaken at disposal or communal level. Recycling should be undertaken throughout each stage of collection with a final separation of waste at disposal site.

The focus on waste segregation at source is funded on the fact that materials can be recovered and turned into new resources and the segregation at HH level contributes to make this process quicker, more efficient and less risky for the workers. Segregating the waste at HH level implies a change of

¹⁵⁸ Details available in the WASH Sector *Solid Waste management operational plan* (2019), [here](#).



perspective as well towards waste that is considered not only something to get rid of as soon as possible but a process with its benefits: **the waste has to be seen as resource.**

Segregating, recycling and upcycling the waste before final disposal contributes to reducing the costs transportation to the final disposal as the volume is reduced.

In general, the recycling and segregation activities have also a positive impact on livelihoods as generate job opportunities.

Quoting from the Sector strategy: the objective of the Community Approach is to organize block or camp-level cleaning activities involving the CiC and associated staff, UN and NGO agencies, community-based organizations, religious groups, volunteer networks, households and other relevant groups. Cleaning activities should occur at least quarterly and at most monthly, involve no paid labor and take place as a coordinated activity between WASH, SMS and other relevant Sectors. This could involve the Core Facilitator Team of Hygiene Promotion, Site Management Volunteers, Communication 4 Development Volunteers and any other interested group.

In 2020, camp cleaning campaign and waste removal was conducted by UNDP in all camps in Ukiya: an average 154m³ per camps were removed and disposed in the temporary landfill in Camp 22-ext, operational since October 2019 (although with a forced stop from December 2019 to February 2020)¹⁵⁹.

Challenges in solid waste management

Women and children as stakeholders in the host community have more freedom of choice when they interact with their surroundings. Rohingya women and children on the other hand move within a constrained environment and are limited in their movements and living patterns¹⁶⁰. This is impacting the capacities as well to contribute to effective SMW.

The following challenges have been identified by UNDP when it comes to challenges in SWM at community level:

- Access to communal pits (or shared bins) is a concern in hilly areas
- Difficulty to reach the communal bins or pits if they are far
- Also if women follow strict segregation in the house, then man or children are the ones to throw the garbage in communal places and sometimes they don't mind where
- Women may not go to the communal bins when men are around
- Women may prefer to dispose sanitary pads/diapers into drains or alternative places
- If the organic and non-organic communal bins are not in the same location, people tend to put all the garbage in the same/nearest
- If the organic bin has non-organic materials in it, then the motivation for segregation is low
- Organic waste smells and is not stored in HH but thrown right after each cooking time
- Lack of understanding why waste needs to be segregated¹⁶¹.

Other challenged identified by the SWM workshop held in October by the WASH Sector is the fact that some organizations are paying staff to do the SWM house-to-house while other are relying on volunteers.

¹⁵⁹ WASH and SMS Sectors, UNDPs Clean Up Campaign: Operational plan, [here](#).

¹⁶⁰ UNDP, Solid Waste Management Gender strategy, Bangladesh, August 2020, [here](#).

¹⁶¹ From: UNDP, Behavior change and waste segregation, October 2020, Solid Waste Management in camps – key concepts, presentation to the technical workshop, [here](#).



Organizations would like to better know and understand how to make compost and how to promote it: a recommendation is also that **it would be easier to promote waste segregation if links with compost sellers/or camp initiatives in demand of compost** such as camp plantation organized by EETWiG **would be established** (links with livelihood).

Compost production is also something that could be promoted as **educational activity for children, in school or outside school**. This would not necessarily reduce the amount of organic fraction produced but could contribute to raise awareness towards waste seen as a resource.

Participants to the workshop also highlighted challenges internal to their organization:

- Limited priority given to SWM while most of emphasis is on water and sanitation. Consequently, SWM activities are also less funded
- There's a lack of proper guidance on how to work on SW on the field: what to say beyond the key hygiene messages?
- There's a lack of coordination among organizations as well as low/difficult inter-agencies coordination on SW themes
- People keep for themselves the items that can be sold. They are throwing only items that cannot be recycled or sold

Participants to the workshop also challenges external to their organization:

- Communities still have no idea about why they should segregate the waste at HH level
- Lack of positive reinforcement/no motivation on why they should segregate (no livelihood modelling in the camp) or, if they understand, they believe it is NGO's responsibility, not theirs
- In all the SWM cycle, communities should be engaged: from the choice of the bins, to the definition of IEC materials, on how they should do the segregation
- Which are the social norms related to SW: this is still uncertain; for example, is segregation seen as "female task"? Is disposal seen as "male task"? Are children involved in this? How the gender norms impact the SWM chain?
- CiC do not allow tools to be distributed to the community so cleaning activities are difficult to implement on regular bases
- Lack of carrot-stick approach: regulatory measures should be collectively designed and defined by the community. Not one-approach-serves-all
- Feedback mechanism is not really in place
- Social cohesion challenges: while HP volunteers are Rohingya and host community members, collectors are only Rohingya and this is creating conflict/blame/lack of engagement

Possible starting points to improve SWM in camps

Solutions to internal challenges identified by the attendees to the SWM workshop:

- Internal monitoring: development of post-distribution monitoring on HH bins (sometimes it is reported that bins are used as storage rather than for waste)
- Experience sharing among partners on SWM interventions (success stories but also lessons learned)
- Establishment of communication channel to discuss SWM (SWM TWIG)
- Training NGO staff on SWM (composting, segregation, market value chain/business plan)

Solutions to external challenges identified by the attendees to the SWM workshop:

- Development of IEC materials to explain communities what they have to throw and where (e.g. stickers for the bins)
- Discuss with the communities to find a common ground for solutions and put those feedback together: SWM strategy at behavioral level + understanding of gender roles impact on SW (role



- plays) + incentives/rewards system definition + IEC materials development + capacity building + liaison with Education sector for didactic activities on SWM
- Block-based approach (decentralization): incitement and support are needed to nurture behavior change, for example via establishing and inter block cleaning competition. Need to define which reinforcement works better (provision of compost? Is it needed) Is the “self-pride” and respect from other blocks inhabitants an enough incentive?
 - Financial resources to be provided to support SW initiatives but not as direct subsidy: it should be a transversal subsidy (for example, the cleanest block will receive some additional support from the NGO, to be defined)
 - Female leaders and religious leaders should have a voice in this complex topic such as SWM. Imams can support segregation if aware of its importance
 - Social cohesion problems of SW should be addressed starting from refraining from unbalance in terms of subsidy and resources allocation
 - Set up regular cleaning campaigns at block level, community-led, not subsidized (if not done yet)
 - Incentive further knowledge: regular FGD on SWM can be organized (discussions about what worked and what didn't about the cleaning campaign, how to improve it, better timing needed? etc.)
 - Establishment of environmental committee or use WASH committee support for cleaning campaigns and monitoring SWM systems in the camps
 - Install in public places some boards with before and after pictures

Related resources

- WASH Sector, *Solid Waste management operational plan (2019)*, [here](#).
- UNDP, *Standard Operating Procedure (SOP), Use of the Temporary Solid Waste Facility (TSWF) by authorities/humanitarian actors managing solid waste in Ukhia Camps*, [here](#).
- RANAS (UNICEF support), *Waste segregation intervention strategy (2020)*, [here](#).
- RANAS (UNICEF support), *Non littering intervention strategy (2020)*, [here](#).
- UNDP, *Behavior change and waste segregation, Solid Waste Management in camps – key concepts*, presentation to the WASH Sector, 2020, [here](#).
- UNDP, *SWM Gender strategy, 2020*, [here](#).
- UNDP, *Cleaning campaign lessons learned*, presentation to the WASH Sector, 2020, [here](#).
- UNDP, *SWM communication materials, 2020*, [here](#).

Safe animal slaughter during Eid

Key-concepts to be shared with communities during animal slaughtering have been revised in July 2020, adding of COVID-19 measures. A first version of safe animal slaughtering during aid is known as animal

Related resources

- Multi-sector, *Guidance Note for Animal Sacrifice During Eid-ul-Adha in Camps (2020) – COVID-19 adapted*, [here](#).
- GoB, *Guidelines of hygiene measures at the sacrificial cattle market and on occasion of holy Eid-ul-Adha (2020)*, [here](#).
- WASH Sector, *Guidance note on maintaining hygiene conditions for Animal sacrifice during Eid-ul-Azah (2019) – non COVID-19 adapted*, [here](#).
- WHO, *Safe Eid al Adha practices in the context of COVID-19*, Interim guidance, 25 July 2020, [here](#).
- WHO, *WHO recommendations to reduce risk of transmission of emerging pathogens from animals to humans in live animal markets or animal product markets*, 26 March 2020, [here](#).
- FAO and GoB, *Issues to consider during animal sacrifice, (Only in Bangla)*, [here](#).



sacrifice guideline and was developed by HP TWiG and Core facilitators' team before 2020. Both versions are available in the HP TWiG Google Drive and have been both translated. Key messages are reported below, in the "Field Guidelines" section.

Hygiene promotion and diseases prevention

COVID-19

The WASH Sector has developed a COVID-19 response plan (last version approved in June 2020). In terms of hygiene promotion, the strategy recommends the following:

- **Formation of communication strategy:** This will include training community-based volunteers, training community stakeholders, adapting and testing visual aids, preparing radio shows, house-to-house visits, planning small discussion groups with community leaders and more vulnerable groups in the community. Communication plans should always be based on two-way dialogue with communities, and not on messaging. Key information for discussion with communities would be: signs, symptoms and transmission of COVID-19, personal and community protection and prevention of spread, actions to take if an individual or household suspects someone is ill with COVID-19. See the risk communication strategy [here](#). Community Perception Tracking tools support the development of the communication strategy and help adapting it according population feedbacks.
- **Capacity building and information sharing with field staff** regarding new messages, IEC materials, rumors, misconceptions, guidelines developed by WASH or other relevant sectors.
- Hygiene promotion activities focusing on **house to house sessions**, with maximum 5 persons attending the session each time and with sessions conducted out-doors, keeping into consideration known physical distancing¹⁶² and PPE recommendations¹⁶³. Hygiene promotion activities should be inclusive and participatory, going beyond the simple "messaging": multiple surveys have found out that older persons and persons with disabilities and other vulnerable individuals need special support in terms of understanding COVID-19 spread and mitigation measures. Other relevant hygiene promotion topics, like safe water chain, food hygiene or menstrual hygiene, must continue.
- HP should support in reducing stigma related to COVID-19 and to encourage communities to seek medical attention without creating shame or panic.
- Focus on **older persons** as most-at-risk population, according to WASH Sector recommendations. Specific focus with hygiene messages, soaps and water containers distribution to the elderly lead family based on the actual needs, household hand-washing stations. Please see also: May 2020, Cox's Bazar WASH Sector, *Older persons and WASH response during COVID-19*, [here](#).
- Focus on **children**: learning centers and schools are closed so children must be targeted at home (child to child approach to be continued)¹⁶⁴.
- Use sector and ISCG endorsed available audio or video [messages](#) to reach, also liaising with CWC/camp-base info hubs. Remote hygiene promotion through mass media campaigns, use of megaphones, messaging via Imams to be explored (although these methods are largely used by all sectors and, on the long run, can lead to a loss of interest from communities)¹⁶⁵.
- Continue the **engagement with key-stakeholders** like Imams/Maji, other community leaders, CiC (Camp in Charge), specifically regarding change in implementation modalities (i.e.

¹⁶² Key messages are focused on: changing sneezing, spitting and coughing behaviors, enhancing systematic hand washing practices with soap, beyond the known "5 critical times" for hand washing. See [here](#) complete WASH key-messages.

¹⁶³ See: *Cox's Bazar WASH Sector recommendations on PPE for WASH staff in light of COVID-19*, [here](#).

¹⁶⁴ See [here](#) materials from Clowns Without Borders, adapted to COVID-19 context.

¹⁶⁵ Please see also the media resources from BBC Media Action and others, available [here](#).



distributions) or regarding communities' misconceptions and fears about the pandemic. Provide them correct information to announce and appropriate audio materials to play using the loudspeakers in the mosques and other facilities. Please see audio/video messages [here](#).

- Continue ensuring **regular hygiene items distributions** (soap, hygiene kits, menstrual hygiene kits) according to the regular schedule of each agency, via agreed house to house adapted modality, as defined here: May 2020, *Cox's Bazar WASH Sector technical [guidance on accountability in distribution procedures for COVID-19 response](#)*¹⁶⁶.
- Hygiene promotion during non-WASH distributions, when requested and bilaterally agreed with other sectors (e.g: hygiene promotion during food distribution). This activity to be performed only when minimum safety measures of physical distance can be respected.
- Promote shelter hygiene according to these recommended guidelines: "Keep your shelter [clean](#)" and via using [these](#) IEC materials on NFI care and maintenance.
- **Individuals in home-care**: mild and moderate COVID-19 cases might be requested to stay in home care by health staff, when/if there will be no more beds available in health centers. In this case, no hygiene promotion is recommended, to avoid putting staff at excessive risk and contributing the further spread of disease but also considering that HP focusing on COVID-19 happened before the first cases araised. However, discussions with caretakers should happen, specifically regarding personal support and shelter cleanliness. See [here](#) resources on home-care patients.

Related resources

- WASH Sector, *COVID-19 Response plan, June 2020*, [here](#).
- Multisector, *Older persons and WASH response during COVID-19*, [here](#).
- WASH and Health Sectors, *Recommendations regarding PPE*, [here](#).
- WASH Sector and Age and Disability Working group, *Disability-inclusive WASH and COVID-19 response*, [here](#).
- WASH and Health Sectors, *Disinfection guidelines*, [here](#).
- Shongjog, *Coronavirus – communication tools*, [here](#).
- IFRC, *COVID-19 resources*, [here](#).
- WHO Bangladesh, *Home care for suspected and mild cases of COVID-19* (English and Bangla subtitles), video (not adapted for camps), [here](#) and [here](#).

Diarrheal disease and cholera

The HP TWiG has revised the AWD response plan for the Rohingya response in September 2020¹⁶⁷. Relevant documents are listed below.

Related resources

- WASH Sector, *Guidelines for hygiene promoters for AWD prevention and response* (English, Burmese, Bangla), August 2020, [here](#).
- F.A.Q. on AWD (English), 2019, [here](#).
- F.A.Q. on AWD (Bangla), 2019, [here](#).
- F.A.Q. on AWD (Burmese), 2019, [here](#).
- Various authors, IEC materials collection, [here](#).
- Various authors, *Chlorination and Aquatabs materials* (IEC, guidelines...), [here](#).
- WASH Sector, *AWD response plan, 2020 update*, [here](#).
- WASH Sector, *Live listening story activities on AWD*, [here](#).
- UNICEF and BBC Media Action, *Audio public service announcement for cholera prevention, symptoms and treatment*, [here](#).



Dengue fever

Main key-messages concerning Dengue fever preventions are collected in the dedicated field guideline (below). Dengue fever prevention is a topic that is usually reinforced via specific campaigns, together with CWC and Health partners, when increase of Dengue cases is reported. Messages reported in the below field guidelines have been developed by the Risk Communication TWiG and validated by Cox's Bazar Civil Surgeon. **Preventive awareness raising activities can take place throughout all the year, especially for what concern the solid waste management, drainage cleanliness/not littering and the monitoring of stagnant water.**

Related resources

- From Risk Communication Taskforce/BBC Media Action/Translators without Borders: CXB multimedia – Dengue fever: including audio messages, posters, key messages in English, Bangla and Burmese and others, [here](#).
- Dengue audio messages (Bangla), [here](#).
- Dengue F.A.Q. (English, Bangla and Burmese), [here](#).
- BBC Media Action, *Malaria and other mosquito-borne diseases*, [here](#).

Food hygiene and nutrition¹⁶⁸

Food hygiene

Food can be a major source of transmission of bacteria that cause acute watery diarrhea (AWD) and other diseases. Not washing hands before food preparation, insufficiently cooked food, improperly reheated, leftover food, dishes washed in contaminated water, and the presence of flies in large numbers can all contribute to the risk of a person ingesting bacteria and becoming infected. Hygienic preparation, cooking, storage and serving of food are paramount. The training of food handlers working in food outlets and markets and the monitoring of food quality for adherence to minimum standard of hygiene are critical elements of preventing and responding to AWD¹⁶⁹.

WASH and nutrition links

Lack of access to WASH can affect a child's nutritional status in many ways. Existing evidence supports at least three direct pathways:

- Via **diarrheal diseases**: this remains a leading cause of death globally among children under five years of age. Diarrhea can impair nutritional status through loss of appetite, malabsorption of nutrients and increased metabolism; as such, it contributes to nutritional deficiencies, reduced resistance to infections and impaired growth and development. Severe diarrhea leads to fluid loss, and may be life threatening, particularly in young children and people who are already malnourished or have impaired immunity¹⁷⁰.
- Via **intestinal parasite infections**: soil-transmitted helminth infections are directly caused by poor sanitation. Helminth eggs and larvae can survive for months in the soil and can infect humans when ingested (e.g. via contaminated water or food), by contact with fomites or by direct contact with the skin when walking barefoot on contaminated soil (hookworm larvae). Soil-transmitted helminth infections can affect nutritional status by causing malabsorption of nutrients,

¹⁶⁸ A special thanks to dr. Salina Shelly, Hygiene Promotion Manager NGO Forum for Public Health, for the support in developing this section.

¹⁶⁹ Cox's Bazar HP TWiG, *Food safety and hygiene among food vendors - Draft Concept*, 2018, [here](#).

¹⁷⁰ WHO, e-Library of Evidence for Nutrition Actions (eLENA), [here](#).



loss of appetite and increased blood loss. Hookworm infections are a major cause of anemia in pregnant women and children, which in turn increase the risk of preterm delivery and low birth weight babies and, eventually, child undernutrition¹⁷¹.

- Via **environmental enteropathy**: enteric pathogens can impair nutritional status even in the absence of symptoms such as diarrhea. Children living in poor sanitary conditions are exposed to a high load of pathogens, especially between 6 months and 2 years of age, when they start crawling on the floor and putting objects into their mouths (exploratory ingestion). Chronic ingestion of pathogens can cause recurring inflammation and damage to the gut, leading to malabsorption of nutrients¹⁷².

WASH may also impact nutritional status indirectly by necessitating walking long distances in search of water and sanitation facilities and diverting a mother's time away from childcare¹⁷³.

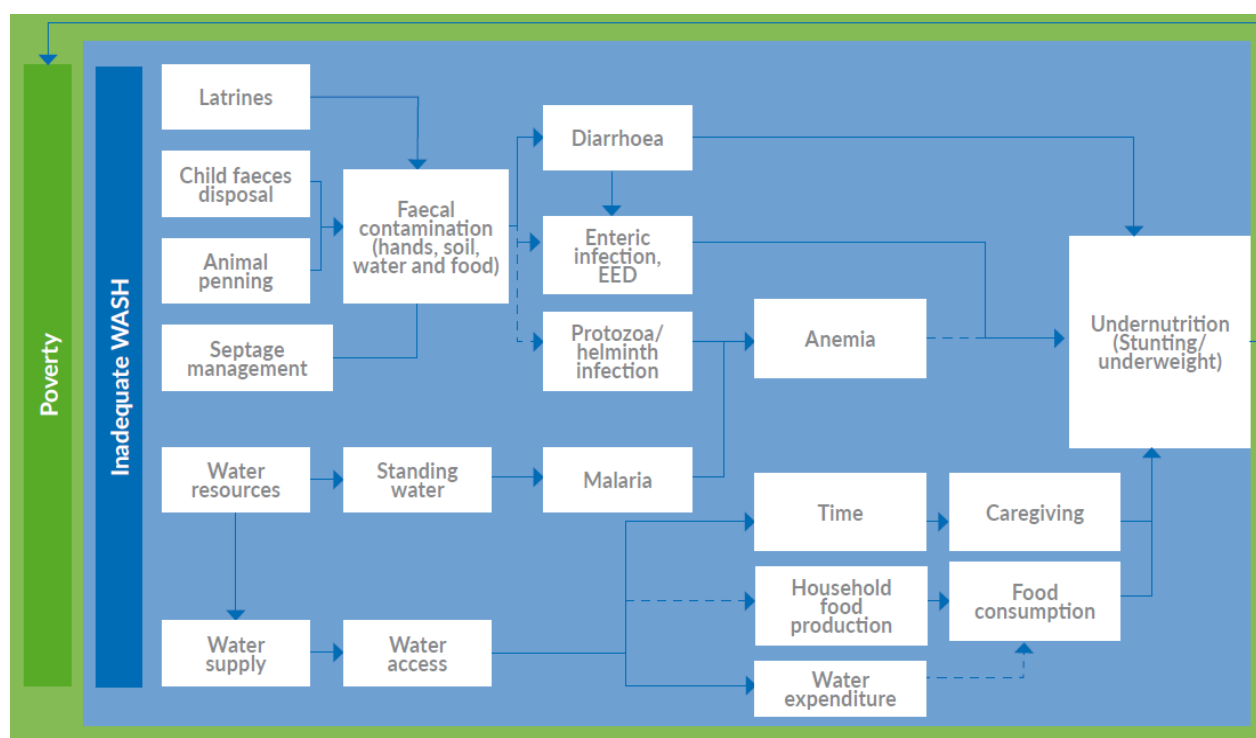


Figure 1 Pathways linking WASH and Nutrition, from: C. Chase and F. Ngure, *Multisectoral Approaches to Improving Nutrition: Water, Sanitation and Hygiene*, 2016

¹⁷¹ WHO, UNICEF, USAid, *Improving nutrition outcomes with better water, sanitation and hygiene: practical solutions for policies and programmes*, 2015, [here](#).

¹⁷² WHO, UNICEF, USAid, *Improving nutrition outcomes with better water, sanitation and hygiene: practical solutions for policies and programmes*, 2015, [here](#).

¹⁷³ WHO, UNICEF, USAid, *Improving nutrition outcomes with better water, sanitation and hygiene: practical solutions for policies and programmes*, 2015, [here](#).



Links among WASH and nutrition in camps and host communities¹⁷⁴

Severe Acute Malnutrition (SAM), Moderate Acute Malnutrition (MAM) and stunting in camps and host communities have progressively improved from 2018 to 2019, as shown by the below data from the Nutrition Sector.

Rohingya Camp	2018			2019		
	SAM	MAM	Stunting	SAM	MAM	Stunting
Makeshift	2.0%	12.0%	37.7%	0.9%	10.1%	28.9%
Nayapara	1.4%	13.6%	40.4%	0.0%	13.3%	34.1%
Kutupalang	No data	No data	No data	1.3%	10.3%	27.7%

Figure 2 SAM, MAM and stunting in camps, Cox's Bazar Nutrition Sector

Host Communities	2017			2018 & 2020		
	SAM	MAM	Stunting	SAM	MAM	Stunting
Ukhhiya, Teknaf	1.7%	9.7%	40.8%	1.5%	9.8%	33.1%

Figure 3 SAM, MAM and stunting in host communities, Cox's Bazar Nutrition Sector

The nutrition sector liaises with 7 partners (including UN, NGOs and INGOs); it is responsible of coordinating the partners in treating SAM and MAM and in conducting preventive activities such as blanket supplementary feeding program (BSFP), vitamin A campaign and micronutrient provision. Nutrition centers are located in each camp and are found also in host communities: when a child with malnutrition is identified, he/she is referred by Community Nutrition Volunteers and a follow up visit is conducted at HH level.

It has been observed that women do not wash their hands before breastfeeding or before handling spoons used to feed a baby; also, during breastfeeding it could happen that a child defecates into the mother's lap: the mother then cleans the feces but does not wash her hand before going back to breastfeeding. In fact, there's a belief that children feces are not harmful. It is reported as well that **exclusive breastfeeding until 6 months of age is not always respected, in so prematurely exposing children to potential bacterial contamination from ingested food.**

Babies' hands are not cleaned before they are fed: in theory a child that is fed is not meant to touch the food but, during the process, it can happen that he/she puts a hand on the plate and, as such, the food gets contaminated.

Regarding sanitation practices, reports (see above the "Children" section) and observations, a lot of children do not use the latrines and practice open defecation. Nappies are not used until at least 2/3 years. Caregivers, if they happen to be present while the child defecates, are usually tasked to collect

¹⁷⁴ When no references are provided it means that the information reported are coming from the discussions held among nutrition and WASH partners within the "Hygiene Promotion and Nutrition" workshop held on the 18th of October 2020, as preparatory work for the HP strategy.



and dispose the feces. However, feces might be thrown in the latrines afterward or in the drainage or in the garbage: needless to say, the first option, dispose the feces in a latrine, is the only one that should be recommended. Sometimes feces are covered with ashes and left there.

WASH and nutrition field staffs also report poor hygiene practices during complimentary feeding or meal preparation. Food might be cooked in the morning and eaten after hours. The common practice is to check if the smell of the food is good and then to eat it, without re-heating it. Also, different foods are often kept together (for example meat, fruits, vegetables) so contamination from one element to another can easily happen. Same knives or utensils are as well used to chop and handle those different foods.

In areas where there's not 100% coverage of water supply, **utensils are often washed without soap and with water used for "domestic purposes"**, such as water that might not be safe for drinking. In alternative to soap, mud or ashes are used to wash kitchen utensils: while ash can be still considered a good option, mud cannot be recommended because of the possibility of contamination with soil-transmitted helminths.

Areas characterized by different water sources availability (water networks and tube wells) can impact water uses patterns: it's not unusual that some tube wells are known by communities to be avoided for drinking purposes, while used for washing clothes or shower. Children, however, as previously reported (see above the "Children" section) might not be aware about the difference and drink from unsafe tube wells.

Ideally, spoons, cups and plates used to feed babies should be used by babies only and cleaned, managed and stored with extra care; however, due to the vulnerability of the population, this cannot always be possible and, as such, hygiene promoters must be able to understand if this is a message that can be passed or not.

During discussions with population, both by nutrition and WASH partners, not surprisingly, it emerges that practices related to food preparation and handling are shaped by customs: what done in the past by grandmothers or ancestors it's perceived as "good".

WASH and Nutrition Sectors: how to work together?

Hygiene promotion staff could liaise with nutrition staff on ground and support in providing hygiene promotion sessions to caregivers of children suffering from malnutrition. Visits could be paid to the HH, to discuss how to change behaviors related to management of children feces, hand washing and food hygiene after the child was supported by nutrition colleagues. WASH focal points can liaise with Nutrition camp focal points for safe referrals of malnutrition cases: hygiene promotion volunteers could visit the HH (3 sessions minimum, in the next 2 months). If the HH has no soap or water containers, WASH to evaluate the possibility to replenish those items. When adequate (e.g. suspicious increase of AWD cases in the area, no piped water network present etc., Aquatabs distribution can be evaluated).

Similarly, Nutrition colleagues can refer to WASH if, among the cases they are following, there are some gaps in access to WASH services.

WASH and Nutrition trainings could be also planned.

Food hygiene for street food shops

In 2018, the HP TWiG has done a lot of work in the past to address food safety of food vendors, however since then those materials have not been revised.

Hygiene promotion in this case has to be focused on hand washing messages, encouragement of installation and maintenance of hand washing station for customers (with soap and proper management



of waste water), proper food conservation (covering food), having good level of kitchen utensils and kitchen clothes hygiene, avoidance of smoking in proximity of kitchen area and food in general, keep the kitchen and shop free from waste and ensure proper waste disposal, utilization of safe water for cleaning utensils, washing and preparing food, refraining from coughing/sneezing in proximity of food, refraining from using the same cooking oil for too long, keeping nails short and clean. All the materials available to carry-out activities with food vendors, including assessment of food stalls/cooks, are reported below.

Related resources

- OXFAM, Mum's Magic Hands, [here](#).
- ACF, Baby WASH, [here](#).
- UNICEF, Nutrition-WASH toolkit, [here](#).
- WHO, Five keys to safer food, 2016, [here](#).
- HP TWiG, Food vendor/cook assessment sheet, [here](#).
- HP TWiG, Food safety and hygiene among food vendors Draft Concept, 2018, [here](#).
- A. Lloyd, revised by CFT, Short training for those who prepare, cook & sell food, 2018, [here](#).
- UNHCR and NGOF, Street food campaign guidelines, [here](#).
- CARE, Food vendor training module (only in Bangla), [here](#).
- BBC Media Action, Nutrition resources, [here](#).

Hygiene promotion in the context of natural disasters

Natural disasters in Bangladesh

Cox's Bazar is located in one of the 19 coastal districts of Bangladesh: coastal regions are characterized by tidal impact, saline water intrusion, cyclone and tidal surge¹⁷⁵.

Bangladesh is a land of 165 million people where millions live at (or in some cases below) sea level. Every centimeter of sea level rise (and it's currently rising at 4-8 millimeters per year) has huge human consequences¹⁷⁶.

Damage due to Disaster	Affected Upazila	Completely damaged houses #	Death #	Completely damaged road km	Damaged embankment km
Cyclone Sidr 2007	200	56,4967	3,363	1,714	1,875
Cyclone Aila 2009	64	24,3191	190	2,233	1,742
Flood 2004	265	894,954	747	14,271	3,158
Flood 2007	263	8,1817	970	3,705	88

Source: DMB, <http://www.dmb.gov.bd/>

¹⁷⁵ WaterAid Bangladesh, *Handbook on Climate Change and Disaster Resilient Water, Sanitation and Hygiene Practices*, [here](#).

¹⁷⁶ OXFAM, *Up to our knees in Climate Change in Bangladesh*, [here](#).



Geographic features, location and adverse environment made Bangladesh one of the most disaster-prone countries in the world. Every year different types of disasters cause huge damages to assets and environment and that seriously disrupt life and livelihood and put people in great distress. Moreover, climate change magnifies their distresses. Disaster affects the infrastructures of water and

Coastal region			
Hazards	Catalysts of Climate change	Catalysts of Water Supply	Catalysts of Sanitation
<ul style="list-style-type: none"> • Cyclone • Continuous Rainfall • Tidal Flooding 	<ul style="list-style-type: none"> • Temperature rise • Salinity increase • Humidity increase • Increase in numbers of overcasted days 	<ul style="list-style-type: none"> • Saline contaminated water sources • Tube-wells became ineffective for potable water supply • PSFs became ineffective for potable water supply 	<ul style="list-style-type: none"> • Infrastructures collapse due to cyclone • Decadence of infrastructure due to salinity • Difficulties in using CI sheet made latrines due to excessive heat

sanitation and the supply system the most. During floods or tidal surges inundate tube-wells, ponds and water bodies and contaminate the natural sources of fresh water. People in the affected communities are often forced use unsafe water. Also, latrines are, if set up on low grounds, easily collapse or get heavily damaged, leaving people no other options but to go for open defecation. Such crisis in safe water supply and sanitation service severely disrupts hygiene practices.

Gendered aspects of natural disasters

Climate change is not gender-neutral; women are disproportionately (and, often, more severely) affected by its impacts. Gender-based inequities lead women to face more adverse climate change impacts than men. The same holds true with disasters: women are particularly exposed to disaster risks and are likely to suffer higher rates of mortality, morbidity and post-disaster ruin to their livelihoods. Several underlying factors exacerbate women's vulnerability to the impacts of disasters, including limited livelihood options, restricted access to education and basic services and discriminatory social, cultural and legal norms and practices.

Women are under-represented in decision-making processes at local, national and international levels. Their needs and concerns are not often adequately integrated into development programming and policy. This is particularly distressing because well-intended adaptation and disaster risk reduction actions could lead to unintended adverse outcomes for women and girls. Investing in women as part of the climate change adaptation and disaster risk reduction effort can lead to greater returns across the SDGs and other, broader development objectives¹⁷⁷.

What to assess after a disaster?

- Affected HH – n. of HH evacuated
- Hygiene practices: what has changed/which messages are more relevant
- Soap availability/hygiene kits
- Water storage at HH level: needs/gaps

¹⁷⁷ UNDP, *Gender, climate change adaptation and disaster risk reduction*, 2016, [here](#).



- Water borne diseases incidence/variations (with health sector)
- Hygiene situation at cyclone center/in displacement
- Functionality of water sources
- Assess in cyclone center and floods areas about the status of age/gender/disability needs
- SWM system in place or possibility to set up a temporary SWM system for relocated persons
- Infrastructure damage assessment including latrines
- Identified contaminated water sources (including water testing: bacteriological and turbidity as minimum parameters)
- Aquatabs use and monitoring

Activities

- Distribution of 72-hours kits (including MHM materials and Aquatabs) and replenishment of hygiene items after 15 days
- Hygiene promotion (see below)
- Installation of hand washing stations
- Set-up of WASH committees in displacement areas (e.g. management of latrines in cyclone shelters)
- Provision of drinking water
- Water testing
- Monitoring Aquatabs use and acceptance

Hygiene promotion topics

After a major disaster the risk of becoming ill from disease or infection go way up. After a hurricane or flooding situation, the greatest disease risk is from gastrointestinal illnesses which come from damaged sewer systems. The waters flood the area with pathogens like E. coli, Shigella, Norovirus, Hepatitis A and E, which are transmitted through fecal-oral contamination. Therefore, it is important to prevent floodwaters from touching the skin, contaminating drinking water, food, open cuts, etc.

Floodwaters should be treated as infectious material. **The maintenance of personal hygiene and a hygienic environment are the biggest WASH priorities after a disaster has ended.** Keeping good personal hygiene habits, such as hand washing, is one of the best defenses against diseases¹⁷⁸.

Water supplies can have breakdowns during disasters; similarly, wells can experience floods and contamination from dirty surface water. Affected populations are receiving the 72-hours WASH kit that contains soap, jerry cans, MHM items and Aquatabs. Hygiene promoters and community mobilisers are recommended to monitor Aquatabs use and acceptance and to advise for additional distributions according to needs. It is recommended, as well, to conduct FRC checks at HH level and bacteriological analysis to water sources affected by floods, to better plan the response. In case of high levels of turbidity in drinking water, liaise with WASH colleagues for ways forward as Aquatabs are less effective with turbidity highest than 5NTU. Water containers cleanliness with clean water, to be prioritized.

During disasters water might log for many days: **vector control measures should be applied and communities contributing as much as possible to clear drainages and get rid of stagnant water bodies to avoid mosquitoes to breed.** Dengue preventive messages can be used.

Awareness rising shall be also raised over personal hygiene, shelter and food hygiene.

¹⁷⁸ L. Mack, *Hygiene – the invisible threat after natural disasters*, 2017, [here](#).



Continuing with HP activities as “regular” activities like MHM has to be assessed but not discouraged; sometimes “non-emergency-related” HP, like a session on MHM hygiene, can help persons to feel that their life is not only “emergency but there’s some normality in it. On another hand, it’s good to remember that HP and even WASH related discussions might not be perceived as priority by populations that have no more shelter or food.

Challenges

Participants to the HP in natural disasters workshop identified the following challenged in WASH response during natural disasters:

- Lack of quick accessibility because of road/communication challenge issues
- Lack of integration/coordination and risks of overlap
- Difficulties to engage people in community activity (they are busy, they are traumatized, they have other priorities namely thinking about their shelters and belongings and food)
- Identification of key messages: which good message to select for that specific context
- Solid and wastewater management is complicated, especially during floods
- Integration with other actors, including with other sectors (health, food, shelter, site management, protection...) can be a coordination challenge
- Donor compliance and requirements (especially in a multi-donor program, sometimes agencies are not allowed to full flexibility)
- Market availability: majority of NGOs do not have stock capacities/no warehousing and cannot pre-position goods in advance and when it comes the disaster the market can be disrupted.
- Lack of preparedness
- Lack of resources and limited movements (including low mobile phone network coverage)
- Lack of logistic support (some agencies)
- Traumatized persons not willing to receive HP messages
- People relocate due to HH damage and we might not find them
- Increase O.D. and AWD/cholera risks

Related resources

- Cox's Bazar WASH Sector, *Hygiene Promotion and natural disasters*, field guideline (2020).
- Cox's Bazar WASH Sector, *WASH Sector advocacy note on inclusion of MHM items in the 72-hours WASH emergency kit* (2020).
- GoB and UN, *HCTT Contingency Plan 2020 for Climate-Related Disasters in the COVID-19 Pandemic Context*, [here](#).
- BBC Media Action, *Communication tools for flood-affected areas*, [here](#).
- Cox's Bazar Health Sector, *Cyclone and monsoon health-related risks - message pack*, [here](#).
- BBC Media Action, *Cyclone Amphan - communication tools and resources for outside Rohingya camps*, [here](#).
- Emergency Communications Group, BBC Media Action, Translators without Borders, *CXB multimedia: Landslides, floods and lightning*, [here](#).
- WaterAid, *Wild Water: The State of the World's Water* (2017), [here](#).
- UNDP, *Gender, climate change adaptation and disaster risk reduction, 2016*, [here](#).
- OXFAM, *Policy and practices, Climate change*, [here](#).
- CARE, *Climate Change advocacy toolkit*, [here](#).



WASH and innovations

This section has not been developed but can be expanded in the future according to inputs from implementing partners, including findings from pilot projects. In 2021, OXFAM, for instance, will pilot a new hand washing design, in partnership with LSHTM. Examples of innovation that could be adapted to the Rohingya crises context could be found in the box below.

Related resources

- Solar Impulse foundations, 1000 solutions to change the world, [here](#).
- Field Ready, [here](#).
- ELHRA, The humanitarian innovation guide, [here](#); The humanitarian innovation catalogue, [here](#).

Qualitative monitoring of hygiene promotion activities

JRP 2021 Sector objective and indicators for hygiene promotion

Below are reported the sector objective and indicators for hygiene promotion activities.

SECTOR OBJECTIVE 3: Ensure the change of potentially dangerous behaviors through participatory hygiene promotion and distribution of hygiene items with particular focus on contagious diseases, for all refugees and targeted host communities.

INDICATOR	UNIT	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Percentage of targeted people disaggregated able to mention 3 critical times for handwashing	%	1.361.409	71	80	KAP Survey, HH Survey, MSNA	IOM/ UNICEF/ UNHCR, ISCG	Twice in year
Percentage of women and girls accessing MHM supply according to WASH Sector standards and at least twice a year	%	270.048	0	80	4W	WASH partners	Monthly
Percentage of household in camps have at least two clean and covered water containers during assessment	%	187.756	0	100	4W	WASH partners	Monthly
Percentage of HH reporting	%	229.917	95 in	100	KAP Survey,	IOM/ UNICEF/	Twice in



having soap during assessment			camps 96 in HC		HH Survey, MSNA	UNHCR, ISCG	year
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During partners' bilateral discussions, some raised concerns about the fact that **quantitative indicators**, such as the ones captured in the JRP, **fail to capture the qualitative nature and impact of hygiene promotion and community engagement initiatives**.

Indeed, the JRP indicators have to be considered as the minimum standards for tracking progress while however can be integrated by additional monitoring methods. At the moment the Sector is not requesting to the partners to report more than what agreed in the past (4W, COVID-19 and monsoon report...) while however is encouraging partners to conduct qualitative monitoring and evaluation exercises and to share the findings with the Sector and the other WASH partners.

Additional monitoring tool should have clear objectives, should be able to be used by every partner and should not be an additional burden to the normal reporting.

Possible qualitative monitoring tools and elements to assess

During the workshop held in October, attendants have brainstormed about possible additional monitoring tools to be adopted; the below have to be considered as potential options. Most of the ideas emerged during the workshop would require further work on the definition of the monitoring tool itself and the frequency of monitoring. In 2021, if the HP TWiG will consider it necessary, uniformized monitoring tools could be agreed upon (knowing that there are already a lot of data and reporting already available):

- MHM kits use (PDM and qualitative methodology): a PDM questionnaire is available in the MHM strategy
- Hygiene kits PDM (some agencies are already conducting PDMs and sharing outcomes with the Sector)
- HP session conduction process (to be developed: checklist on quality of the session, facilitation techniques, body language...); how to assess a venue is adapted? How to verify timing is convenient for the audience? Please see the document from ADWG: **Minimum Requirements for Inclusive Session, What You Need to Know, 2020**, [here](#).
- Functionality of HW device
- Knowledge of hygiene practices (hand washing, water safety plan, MHM, AWD prevention, SWM management): how to check this on a day-to-day routine?
- SWM checklist (to be developed): for example, use of waste segregated bins at HH level
- Gender and disability in WASH: how to monitor the capacity of WASH activities to support vulnerable persons?
- IEC materials: how to verify are understood? Which are the IEC that should be used for each session?
- Facilitators' knowledge assessment tools (to be developed): how to monitor knowledge and training needs of field workers? How to monitor their communication and language skills? How to monitor facilitator's capacity to deal with literate, illiterate, other vulnerable persons (e.g. visually impaired...) How to verify facilitators' capacity to effectively engage communities?

Age, gender and disabilities in WASH

Partners agreed on the need to improve the monitoring of inclusion of different age, gender and disabilities groups in the activities, specifically via monitoring the following:

- Participation in regular HP activities (percentage of persons included)
- Participation in decision making activities (consultation)



- Latrines: is a latrine gender friendly? is it segregated? is it placed along the main road? Is it accessible? ...
- Inclusive IEC materials: "audit" about the inclusiveness of representation in posters, banners, videos etc.
- Male/female ratio within a team: some age groups have to be targeted by men, some by women (for example, male adolescents can be approached only by men). If an agency hires too many female or too many men to conduct field activities, this will have an impact on the inclusiveness of the activities.

Exit strategy and sustainability

In October 2020, a workshop has been organized to discuss the issue of sustainability of hygiene promotion interventions and on the "exit strategy".

Reduction of funding's is already impacting a lot of WASH partners working in Cox's Bazar and several adjustments are expected for 2021 in terms of partners' presence and financial volume reductions.

Back in 2019, another full day workshop had been organized by OXFAM and funded by UNHCR to discuss possibilities to better cooperation and limitation of overlapping between health community volunteers, hygiene promoters' volunteers and communication for development (C4D) volunteers: one of the main findings of the 2019 workshop has been the fact that those teams have a lot of margins to improve cooperation and limit overlaps; some of the recommendations provided are listed below:

- Redesign job descriptions to avoid overlaps (1 block per 1 agency): better mapping
- Reinforce multi-sector cooperation, from Sector meetings up to the field level
- Ensure equal subsidies
- Improve communication capacities and skills (2-ways communication)
- Volunteers should encourage decision making and ownership, not only carry messages
- Share good practices among organizations and encourage inter-camps visits

A common understanding is that hygiene promotion, if successful, is an activity which subsidies have to be reduced with time, towards a full sustainability and community ownership (which implies termination of subsidies).

Although a lot of relevant points were raised in 2019 workshop, it is unclear how many were considered and applied. At the moment of the compilation of this strategy, implementing partners are still subsidizing a lot of activities, including in some cases O&M of latrines and water points and solid waste collection at HH level. Moreover, a lot of disparities have been detected in monthly subsidies for volunteers. It was reported that a threshold of 6000 BDT was agreed within the HP TWiG, although no mention in any official minutes was found. In addition, the rate of 6000 BDT per month is way below the ISCG and RRRC agreed rate for volunteers, as approved in 2018.

For the future, there's a need to work on drafting what has to be subsidized and what hasn't and with which monthly rate, to avoid or limit frustrations at field level and to ensure equity of treatment.

Most "costly" activities when it comes to hygiene promotion

- Hygiene kits and MHM kit: procurement, transportation and distribution
- IEC materials: design and printing
- Observation of GHW Day, WW Day, Sanitation month and similar
- CBV incentives/HP incentives (at the moment 1 CHV "covers" 100 HH or 500 persons)
- Capacity development staff and CBV and trainings
- WASH facilities maintenance group (via subsidies and/or provision of cleaning items in kind)



- HW device installation (some organization have this activity under hygiene promotion budget)
- Latrines cleaning kits distribution

Solutions to reduce hygiene promotion budget expenditures: propositions

- Change modality of MHM of HK distribution activity: start using e-voucher/SCOPE cards or similar modalities
- CHV/CBV incentives: numbers could be reduced (1 CHV per 100 HH instead of 1 per 100)
- IEC materials: no organization-wise new productions; 1 organization in cooperation with the WASH Sector could take the lead for a common design if needed - costs to be split among partners; before, an analysis of what is needed, what should be revised and improved should be carried on as there are a lot of resources already available.
- HW device installation: ensure O&M (not subsidized) and prefer design that do not require continuous maintenance/replacement of spare parts
- Reduce hygiene promotion activities and tailor interventions to what is really needed: for example, vulnerable HH, remote areas, camps/blocks with high rates of AWD, camps that present some "bottlenecks" due to enabling environment or other socio/cultural reasons (avoid or limit "blanket approach")
- Stop observation of "international days" (although this is something that causes a lot of resistances among the partners, as it seems something unavoidable despite those initiatives having unclear/debatable impact on behavior change)
- More efforts on community engagement and ownership

During bilateral consultations, some agencies expressed the hypothesis to merge, in the future, hygiene promoters with health promoters' volunteers' teams, given the clear overlap of responsibilities in terms of public health and disease prevention activities. Although this can be considered an option, as WASH Sector we advocate for looking for alternative solutions first, such as the ones listed above. A better cooperation on IEC materials production, training, piloting of sustainable hand washing solutions (e.g. OXFAM model) could help reduce budget expenses.

However, the most challenging strategy that should be put in place in the next months is to start a discussion of what to be subsidized and what not to, on how to harmonize and possibly decrease monthly subsidies and how to slowly hand over hygiene promotion activities to communities. This is a discussion that has to start as soon as possible in 2021, involving all senior managers of WASH agencies and organizations, with the objective to reach a consensus before the consolidation of next JRP.



6. Hygiene Promotion field guidelines

This section is providing a guideline for field workers: the following guidelines are intended to be translated and to be shared with field staff, volunteers, authorities, camp focal points, CiCs and so on.

The guidelines are collecting already present messages, information, documents produced in the past 3 years of the response; where needed, the topics have been expanded and adapted to the different audiences.



FIELD GUIDELINE n. 1: Hygiene promotion for children (5 to 14 y.o. indicatively)

OBJECTIVES

- Children to understand key-hygiene behaviors
- Children are empowered, can express themselves and have fun
- To create a moment to increase children's self-esteem
- To provide a dedicated time and understanding of children and their needs

TOPICS

- Hand washing at critical times
- Use of latrines
- Open defecation
- Management of children feces
- Safe water
- MHM (refer to adolescent field guide)
- Personal hygiene
- Waste segregation at HH level
- Environmental hygiene

LOCATIONS

- Temporary Learning Centers (agree with Education colleagues and teachers first)
- Child Friendly spaces (ask Protection colleagues on ground first)
- Open spaces: water points or any safe open space

Locations must be safe where children can interact without risks (no activities, for example, where garbage is piling, no near roads...). In light of COVID-19, no gathering should be organized.

DOS

- Treat all children with dignity and respect. Greet them in the traditional way – by shaking hands, this gives them a sense of being respected (not applicable now as per COVID measures)
- Use child friendly language and tone
- Use child friendly messaging (drawing/pictures/cartoons)
- Create eye contact and smile
- Allow the child to talk and express ideas
- Respect their opinion, beliefs and thoughts; be interested to their point of view also if they say something funny or not realistic
- Follow the child interest and rhythm (if they want to leave let them go; if you have not finished what you planned to tell them it's not a problem)
- If you notice something suspicious about a child do not gossip about it but discretely share your concern to protection volunteers
- Ensure accessible learning center and CFS for children with and without disability.

DON'TS

- Push them to attend HP sessions or push them to “tell more” or to talk if they don't want to
- Shout or blame them
- Do not hug or touch children
- Do not shout or raise your voice at a child
- Tell that their reactions are not normal
- Don't tell them “stop crying” or “stop being angry”, “you are lying” or similar as this is traumatizing and stigmatizing to the child.
- It is normal to have emotion, therefore when a child is expressing their emotion (crying, being angry) do not stop them from expressing their emotion.
- Do not compare children: every child is unique.
- Do not engage in debates about children wasting water or damaging wash facilities. It can be true, but we need to understand children have almost no opportunity to have fun in camps
- Never 1 humanitarian staff to be alone with one or more children
- Do not take inappropriate photos of children. Ensure to seek consent from parents.



- It is very important to liaise with caregivers before discussing with children, to explain them the topics you want to discuss
- Do not give presents/gifts to children

HOW TO APPROACH CHILDREN? (EXAMPLE)

Good morning! How are you today? My name is _____ and her/his name is _____ and we are working for _____. What is/are your name/s? (allow children to answer). Encourage children to conversation by saying something line “nice name!” or “nice meeting you!”. Break the ice by asking them what they were doing before your arrival, which is their favorite color or animal and so on.

After you have gained some trust you can proceed by asking them if they feel like having a discussion around a specific HP topic that you have planned. If they say they are more interested in another topic, allow them to choose. Continue the conversation showing enthusiasm: “Thank you! I am very happy to be here today discussing hand washing; now tell me, have you washed your hands today?”. Most of the children will say “yes”. Ask one of the children to explain why and when he/she has washed his/her hands. Encourage participation and be thankful: “thanks a lot for sharing this, it’s very good that you have washed your hands (for example) before eating”. This will help you keeping healthy and be strong, happy and playing with your friends”. “Let’s all clap for our friend! Can someone now show me how to wash hands?”. Etc etc.

FACILITATORS

Up to around 10/11 y.o. it’s indifferent if male and female are dealing with children. Once girls reach the menstrual age, it becomes important to have female to deal with them, in order to ensure purdah is respected and that girls feel comfortable while attending HP sessions.

KEY MESSAGES

- Wash your hands with soap before eating
- Wash your hands before feeding your little brother or sister
- Wash your hands after you wash your little brother or sister bottom or after you clean his or her poo
- Do not play or put your hands in the water that is stored in your home: ask an adult to serve you a cup of water
- Be a clean kid! Wash your hands, body, face and teeth everyday with clean water
- After playing with your friends or with animals wash your hands with soap!
- After coming home wash your hands with soap!
- After toilet or after poo, wash your hands with soap
- Do not poo around but use latrines: if it’s impossible to use latrines always collect the poo and put it in the latrine and wash your hands after. Ask your mum/dad/brother or sister to help you cleaning after, if you don’t know how to do it.
- Waste is making our environment ugly and

TOOLS

- Puppets
- Glitter (route of contamination game)
- Pieces of soap (unwrapped) and hand washing stands/tippy tap (for practical demonstration and/or incentive)
- 3-piles or 2-piles sorting
- Pocket chart
- Drawing supplies/stationaries (e.g. “draw your dream environment”)
- HH waste bins to show segregation process (“basket” game with “clean” rubbish can also be organized)
- IEC materials
- Sticker (with HP-related drawing or messages, to be given out as a gift at the end of the session)
- Bracelets with key-messages or as reminder of a specific behavior/commitment
- Recycled plastics to be re-used as pots (planting seeds/gardening exercise)
- Children can initiate their own composting exercise and experiment it, under guidance from hygiene promotion staff. The compost



<p>smelly: be smart and throw food remaining in the green bin and card, paper and plastic in the red (for camps)/blue (for host) bin you have in your house.</p> <ul style="list-style-type: none"> Waste can be useful in many ways! Used plastic, tins and cardboard can be re-used with creativity: with these materials you can make games, decorations for you house or school, create some pots for plants and many other (make sure you wash them first!) 	<p>can be used to be added to the seed/plants that they are growing in the recycled plastic bottles/broken water containers etc.; this could be a way to encourage segregation and composting at HH level and to practically see its benefits, while having a fun activity to be engaged in.</p> <ul style="list-style-type: none"> Up-cycling activities (for example: creating games, jewelry with recycled plastic or metal)
<p>ATTENTION</p> <p>Children tend to gather and not to respect physical distance. Make sure you don't encourage these gathering at least until COVID-19 emergency is solved. For example, at the moment theatre, hand-in-hand circles ("Ring Around the Rosie") games have to be avoided as it's very difficult to comply with COVID-19 recommendations.</p>	<p>METHODOLOGIES</p> <ul style="list-style-type: none"> Clowns Without Borders CHAST (adaptation) Puppet games/theater/circus Storytelling/roleplay Public commitment Community mapping Joint (children and NGO staff) risks assessment on latrines and water points FGD Child-to-child approach or "children ambassadors" approach Child Health Clubs establishment Drawing competitions Songs Video/audio materials Composting activities/waste segregation/gardening initiatives
<p>BEFORE LEAVING</p> <p>If the children has told you that, for example, in their home there is not soap, there's no water available, he/she has often diarrhea or there are no waste bins for waste segregation, please pay a visit to the HH to check the WASH status. Also, if a child tells you that cannot have a shower, that does not have food, that nobody is taking care of his/her and so on, please liaise immediately with the protection focal points at the respective camp.</p>	



FIELD GUIDELINE n. 2: Hygiene Promotion for adolescent girls

OBJECTIVES

- Young women to get awareness about main hygiene topics
- Young women to be empowered and feel worth it
- Young women to understand menstruation is not a taboo but a natural phase of life
- To be seen as a “entry point” to reach adolescent girls and can offer the opportunity for broader discussions on issues related to mental health, GBV and sexual and reproductive health (that have to be referred to Protection/Child Protection/GBV staff on ground and not discussed by WASH staff).
- Better MHM awareness is also key to better health and well-being, self-confidence, freedom of mobility and an entry point to gain life-skills¹⁷⁹.

HP TOPICS

- Hand washing at critical times
- Personal hygiene
- Children open defecation/management of children feces (for the girls that have already children or that are taking care of siblings)
- Food and kitchen hygiene
- Water Hygiene and HH water treatment
- Solid Waste Management
- Menstrual hygiene

LOCATIONS

- The better option is for girls to propose the best location for a hygiene promotion session: ask and accept suggestions
- House to house, better if via group sessions (MHM discussions are not recommended at house to house)
- Water point (MHM discussions are not recommended at water points)
- Women friendly bathing places
- When accessible, women friendly spaces (discuss with protection colleagues first)

DOS

- Use friendly and clear language and tone. Adapt the conversation according to the literacy of the audience. Do not teach but engage.
- Pay attention to how the conversation about health and hygiene affects girls or triggers certain reactions. Notice if any participants bring challenging behaviors to the group. Disruptive behaviors should be addressed but not punished
- Give examples when trying to explain difficult ideas. Use a specific scenario, role-play or rephrase the idea
- It is important to frame menstruation and

DON'TS

- MHM has to be discussed among women only, from the same-age groups: no MHM sessions with daughter, mother, mother in law at the same time as it's making women feel uncomfortable
- Don't push girls to attend HP sessions if they don't want to or are busy
- If girls don't feel comfortable discussing MHM, try to understand why but do not push the conversation/do not force girls to explain you why
- Do not ask direct questions to girls about sensitive topics
- Don't blame them

¹⁷⁹ 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](#).



<p>female bodies in a positive manner to ensure girls feel body positive and normal</p> <ul style="list-style-type: none"> • Allow girls to talk, ask questions and express their opinions (2-ways communication) • In case of group sessions, Create a participatory environment. Create a relaxed atmosphere by arranging seating in a circle so that participants can see each other • Respect girls' opinions and be interested to their point of view • Refer to appropriate services in case girls have questions on sexual and reproductive health, child marriage, GBV and so on. • Keep the session a "safe space" for discussions and for some fun as well: boys, or adults should not be allowed in the space during group time • Remind participants that confidentiality is part of the group agreements you put together and that things they share will stay in the group. • Remind participants that if they want to further discuss any point confidentially with you, you are available. • Explain that there are no right or wrong answers • Thank the girl for sharing (use healing statements if relevant, for example, "I'm glad that you told me", "You are very brave for sharing this", "This is not your fault.") • Caregivers might not be approving the MHM sessions: inform them about your plans to have personal hygiene sessions with the adolescent girls 	<ul style="list-style-type: none"> • No taking pictures/video beneficiaries sharing them on social media (including WhatsApp) without consent • Do not discuss contraception, antenatal/postnatal care, protection issues but refer to competent staff on ground • Don't give personal opinions
<p>WHY IS IT IMPORTANT TO TALK TO ADOLESCENT GIRLS?</p> <p>Adolescents are an active part of the society and are not easily targeted by hygiene promotion. Some adolescents dropped out of school because of COVID or are kept home after menstruation; some adolescent girls are spending most of their time at home, with limited access to opportunities and information. Adolescents want to be included and "seen" by humanitarian actors.</p>	<p>KEY CONSIDERATIONS</p> <ul style="list-style-type: none"> • The young adolescent brain has not yet fully developed the capacity for higher-level thinking. Their thinking usually can often take place by accessing the emotional memory part of the brain. • If adolescents are called on to answer a question or asked to read aloud, they can feel they are in a threatening situation and thus may have difficulty learning. • As facilitator, become comfortable with being uncomfortable! Much of this information may also be new to mentors/facilitators, and so it might be challenging to talk about at first. Spend extra time with the material and concepts that are unfamiliar or more complicated. • Always show patience, enthusiasm and empathy
<p>TOOLS</p> <ul style="list-style-type: none"> • IEC materials • Audio/visual materials • Tippy-tap (construction/competition) • Soap (for demonstration/incentive) 	<p>FACILITATORS</p> <ul style="list-style-type: none"> • No male facilitator with adolescent girls • Only female facilitators <p>METHODOLOGIES</p> <ul style="list-style-type: none"> • Peer-to-peer education • Awareness raising via "youth groups"/adolescents' clubs • Role play/Storytelling



- Demonstrations (for example: hand washing)
- Drawing competition/art context
- Public commitment
- RANAS
- Baby WASH
- Clown Without Borders

HP TOPICS EXPLAINED

These messages are not intended to be read out loud to adolescents but represent key concepts to be discussed.

Hand washing at critical times

- Safe hand washing helps reduce diseases such as diarrhea, scabies, typhoid, etc.
- Always use clean water and soap; it may seem like a simple thing to do, but often we rush or forget to wash our hands thoroughly, and then disease can spread and make you and everyone around you sick.
- Washing hands at critical times will reduce your risk of catching or spreading bacteria that cause food poisoning or diarrhea.
- Wash your hands before eating
- Wash your hands after toilet
- Wash your hands after handling garbage
- Wash your hands after you come back home from learning centers, markets or from outside
- If you have a little brother or sister that cannot use the latrine, clean after and wash your hands after you dispose the feces in the latrine
- Wash your hands after touching animals
- Wash your hands before handling food or kitchen utensils
- Wash your hands before and after preparing poultry, raw eggs, meat and seafood
- If you help your little brother and sister eating, wash your hands before feeding him or her
- Wash your hands before and after caring for someone that is sick
- Wash your hands after removing a face mask
- Wash your hands before and after treating a scar or a wound

Personal hygiene

- If possible, bathe every day with wash to clean your body and manage body smells
- Wash your clothes when they get dirty, so they are neat and clean
- Change your underclothes daily to manage smells and discomfort from sweat and dirty clothing¹⁸⁰
- Brush your teeth every day

Children open defecation/management of children feces

- It is important to live in a clean environment where there are no feces laying around. Sometimes small babies defecate in the open. Help your mum via keeping clean after your little brother/sister defecates in the open. Wash your hands after that.

Food Hygiene and kitchen hygiene

- If you go to the market to buy food like vegetables or fruits, choose the vendor that keep food in good shape (protected from flies, elevated from ground, not damaged/rotten...)
- If you buy cooked food, choose a place where there's a handwashing station with soap available and where food is kept covered and protected from flies and dust. Check also if the cook is

¹⁸⁰ Mami Sommer and Leah Scandurra, *To become a young man*, 2015, [here](#).



washing his/her hands and keeping the cooking place clean

- Keep your kitchen utensils clean and well stored when not in use. Wash kitchen utensils with water and soap after every use.
- Do not take shower in the same place where you clean your dishes
- Use safe drinking water to cook

Water Hygiene and HH water treatment

- When you collect water, make sure you wash your hands first, collect the water in a clean container, and then carefully transport the water home so no bugs or dirt get into it. Use clean cups to serve water. Help your family by washing the water containers once a week. This will help everyone have better quality water and be safe.
- If possible, always collect water for drinking from a tap stand; if no tap stand, choose a deep tube well.
- If you rely on 2 different water sources, such as 1 for drinking and 1 for domestic purposes, make sure you use separate containers and your family members are aware of this.
- (if relevant: in areas where Aquatabs is distributed) Drinking water from tube wells can be made safe by using Aquatabs. Aquatabs are tablets that are added to the water to kill the bacteria that can be in it. Aquatabs are very safe and are used all over the world. Aquatab is made by chlorine.
- Fill your bucket or jerry can with water – ensure that water. If water is turbid, allow the water to stand for an hour to let solids settle, or filter with a clean piece of cloth (lungi, gamcha) until it is clear. Add Aquatabs: use 1 tablet (33mg Aqua tabs) for every 5 liters of water
- If using a jerrycan, shake it to mix the tablets; If using a bucket, you can add Aquatabs before filling your bucket to help with mixing. Once treated with Aquatabs, do not put hands or dirty utensils into the bucket or jerry can. Wait for 30 minutes, then water is safe to drink
- Boiling it for at least 1 minute can also purify water¹⁸¹.

Solid Waste Management

- When we are at home or outside it is important that we manage our waste in the good way. At home we have to throw the waste in the home garbage bins and when we are outside, we can use the community bins: in the camps there are bins for organic and inorganic waste with the same colors of the bins you have at home.
- We don't have to throw the garbage here and there because this is making our living place dirty and unhealthy. Garbage scattered around smells bad and attracts rats and cockroaches. Garbage in the drainages is a big problem because it's difficult to remove and, when it rains, drainage get blocked by garbage and can flood the place we live. Also, mosquitoes lay eggs in stagnant water: so drainages have always to be clean.
- In your home you have 2 waste bins: 1 is green and has to be used for organic waste; 1 is (red – for camps or blue – for host communities) and has to be used for inorganic waste. Organic waste is made by food remaining, leaves, skin of fruits or vegetables like potatoes; inorganic materials are plastic, carton, paper etc. Be sure to put the correct garbage in the correct bin and support your family in this.

Menstrual hygiene

- Between the ages of 10 and 14, most boys and girls begin to notice changes in their bodies. These changes are often called “puberty” or “adolescence” and girls and boys at this age are called “adolescents”. Adolescence is the time when girls develop into young women. A lot of changes happen in this period and one of this is the start of menstruation¹⁸².
- Every female is born with thousands of eggs in her ovaries. The eggs are so small that they

¹⁸¹ USEPA, Emergency disinfection of drinking water, [here](#).

¹⁸² M. Sommer and S. Connolly, *Growth and Changes*, 2012, [here](#).



cannot be seen by the naked eye. Once a girl reaches puberty, a tiny egg matures in one of her ovaries and then travels down a fallopian tube on its way to the uterus. If the eggs are not fertilized, those are discarded along with some body fluids and blood. This flow of blood is called the “period” or menstruation. The blood and tissue usually leave the body slowly over three to seven days.

- The average cycle time for most girls and women is 28 days, but a cycle may last from 21 to 35 days and still be normal. On average, women have menstruation until around when they are 50.
- A girl can shower when she is on her period. There is no medical evidence to suggest that showering on your period will cause infertility or affect your periods in any way.
- When a girl’s period begins, she might get a feeling of dampness in her underwear because of the blood coming out of the vagina. The flow of blood is usually heaviest on the first day and become less until it stops (usually after 3 to 7 days, it varies from woman to woman).
- Our periods are a healthy and normal part of growing up. We shouldn’t be ashamed of our periods. They are a natural part of our lives
- Girls should wear something clean to capture the blood to prevent infection, such as cotton cloth or reusable sanitary pads. They should not insert these materials inside the vagina.
- Pads or cloths should be changed frequently: usually at least 3 or 4 hours but it depends on the flow you have. Wash your hands with clean water and soap after changing menstrual materials.
- Keep unused cloths and pads clean (wrapped in tissue or plastic bag) so they are ready to be used.
- Girls shouldn’t wait until they feel dirty to take a bath; it’s important to take a shower once a day or as often as possible to stay clean and healthy
- Pads, cloths and underwear should be washed with clean water and soap
- It’s necessary to change underwear as often as possible, ideally every day.
- Pads, underwear or cloths should be dried in a clean place: this can be a women friendly bathing place or shower, somewhere private in the open or inside the shelter. It’s better to dry menstrual materials under the sun/outside but we know it is difficult because of privacy.
- Make sure that the pads or cloths you are wearing are dried well: wearing wet materials can cause skin rash or infections
- During menstruation you can eat what you want and feel like: there are no food recommendations
- Used pads can be wrapped in paper or plastic until the moment when is it possible to wash them.
- Pads or cloths not in use anymore should be disposed in the garbage, wrapped in plastic or paper. If you access latrines or bathing spaces with dedicated disposal system, use those ones. Never dispose the menstrual materials in the latrine because it can block it. Never dispose pads or cloths in the drains or in the open.
- When girls have their periods, they are not dirty. This is a normal part of being a girl or a woman. We just need to be sure to keep our bodies clean while we have our period and also when we don’t have our period.
- Having menstruation does not interfere with your physical or mental capacities. However, every women or girl experience menstruation in different ways (facilitator here can open a debate on what girls feel or not feel like doing when they have the period).
- It is normal to feel some pain or to have mood changes during the period: everyone experiences different range of feelings and emotions during menstruation. If you feel you need to rest, drink, eat more just follow your needs.
- If you during one period you think you are having much more pain or much more blood discharge compared to other times, go to see a doctor

ATTENTION

Don’t encourage gathering for hygiene promotion sessions at least until COVID-19 emergency is

BEFORE LEAVING

- Observe and recognize warning signs for girls who may be at risk of violence (for example,



over.	<p>behaving out of character, withdrawn, visibly distressed, signs of physical harm or neglect, signs of pregnancy, etc.) and if necessary, refer them to supportive services.</p> <ul style="list-style-type: none">• Follow the agreed referral and reporting procedures if girls are at risk or require support.• Make sure to maintain girls' confidentiality¹⁸³.
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¹⁸³ IRC, *Girl Shine Life Skills Curriculum*, part 2, [here](#).



FIELD GUIDELINE n. 3: Hygiene Promotion for adult women

OBJECTIVES

- Women to get awareness about main hygiene topics
- Women to be empowered and feel worth it
- Women to understand menstruation is not a taboo but a natural phase of life
- To be seen as a “entry point” to reach women and offer the opportunity for broader discussions on issues related to mental health, GBV and sexual and reproductive health (that have to be referred to Protection/Child Protection/GBV staff on ground and not discussed by WASH staff).
- Better MHM awareness is also key to better health and well-being, self-confidence, freedom of mobility.

HP TOPICS

- Hand washing at critical times
- Personal hygiene
- Children open defecation/management of children feces
- Food and kitchen hygiene
- Water Hygiene and HH water treatment
- Solid Waste Management
- Menstrual hygiene

LOCATIONS

- The better option is for women to propose the best location for a hygiene promotion session: ask and accept suggestions
- House to house, better if via group sessions (MHM discussions are not recommended at house to house)
- Water point (MHM discussions are not recommended at water points)
- Women friendly bathing places
- When accessible, women friendly spaces (discuss with protection colleagues first)
- Make sure to target women with same age group: daughters in law and mother in law might not feel comfortable to be targeted in the same session

DOS

- Use friendly and clear language and tone. Adapt the conversation according to the literacy of the audience. Do not teach but engage.
- Pay attention to how the conversation about health and hygiene affects women or triggers certain reactions.
- Give examples when trying to explain difficult ideas. Use a specific scenario, role-play or rephrase the idea.
- It is important to frame menstruation and female bodies in a positive manner to ensure women feel body positive and normal.
- Allow women to talk, ask questions and express their opinions (2-ways communication)
- In case of group sessions, create a participatory environment. Create a relaxed atmosphere by arranging seating in a circle so that participants can see each other.

DON'TS

- MHM has to be discussed among women only, from the same-age groups: no MHM sessions with daughter, mother, mother in law at the same time as it's making women feel uncomfortable
- Don't push women to attend HP sessions if they don't want to or are busy with other HH or personal chores. Women are very busy in camps or host communities; sometimes they do not have time.
- If women don't feel comfortable discussing MHM, try to understand why but do not push the conversation/do not force women to explain you why
- Do not ask direct questions to women about sensitive topics
- Don't blame them
- No taking pictures/video beneficiaries sharing them on social media (including WhatsApp) without consent



<ul style="list-style-type: none"> • Respect women' opinions and be interested to their point of view • Refer to appropriate services in case women have questions on sexual and reproductive health, child marriage, GBV and so on. • Keep the session a “safe space” for discussions and for some fun as well: men and boys should not be allowed in the space during group time • Remind participants that confidentiality is part of the group agreements you put together and that things they share will stay in the group. • Remind participants that if they want to further discuss any point confidentially with you, you are available. • Explain that there are no right or wrong answers • Thank the women for sharing (use healing statements if relevant, for example, “I’m glad that you told me”, “You are very brave for sharing this”, “This is not your fault”) • Include adult women with disabilities in the session and ensure accessibility/ reasonable accommodation for them 	<ul style="list-style-type: none"> • Do not discuss contraception, antenatal/postnatal care, protection issues but refer to competent staff on ground • Don’t give personal opinions <p>KEY CONSIDERATIONS</p> <ul style="list-style-type: none"> • As facilitator, become comfortable with being uncomfortable! Much of this information may also be new to mentors/facilitators, and so it might be challenging to talk about at first. Spend extra time with the material and concepts that are unfamiliar or more complicated. • Always show patience, enthusiasm and empathy <p>FACILITATORS</p> <ul style="list-style-type: none"> • No male facilitator for sessions with women/only female facilitators
<p>TOOLS</p> <ul style="list-style-type: none"> • IEC materials • Audio/visual materials • Tippy-tap (construction/competition) • Soap (for demonstration/incentive) 	<p>METHODOLOGIES</p> <ul style="list-style-type: none"> • Peer-to-peer education • Awareness raising via "women groups" • Role play/Storytelling • Demonstrations (for example: hand washing) • Drawing competition/art context • Public commitment • RANAS • Baby WASH • Mum's Magic Hands
<p>HP TOPICS EXPLAINED</p> <p>These messages are not intended to be read out loud to adolescents but represent key concepts to be discussed.</p> <p>Hand washing at critical times</p> <ul style="list-style-type: none"> • Safe hand washing helps reduces diseases such as diarrhea, scabies, typhoid, etc. • Always use clean water and soap; it may seem like a simple thing to do, but often we rush or forget to wash our hands thoroughly, and then disease can spread and make you and everyone around you sick. • Washing hands at critical times will reduce your risk of catching or spreading bacteria that cause food poisoning or diarrhea. • Wash your hands before eating • Wash your hands after toilet • Wash your hands after handling garbage • Wash your hands after you come back home from learning centers, markets or from outside 	



- If you have a baby that cannot use the latrine, clean after and wash your hands after you dispose the feces in the latrine
- Wash your hands after touching animals
- Wash your hands before handling food or kitchen utensils
- Wash your hands before and after preparing poultry, raw eggs, meat and seafood
- Wash your hands before feeding a baby
- Wash your hands before and after caring for someone that is sick
- Wash your hands after removing a face mask
- Wash your hands before and after treating a scar or a wound

Personal hygiene

- If possible, bathe every day with wash to clean your body
- Wash your clothes when they get dirty so they are neat and clean
- Change your underclothes daily to manage smells and discomfort from sweat and dirty clothing¹⁸⁴
- Brush your teeth every day

Children open defecation/management of children feces

- It is important to live in a clean environment where there are no feces lying around. Sometimes babies defecate in the open: clean the feces and dispose them in the latrines and wash your hands after that.

Food Hygiene and kitchen hygiene

- If you go to the market to buy food like vegetables or fruits, choose the vendor that keep food in good shape (protected from flies, elevated from ground, not damaged/rotten...)
- If you buy cooked food, choose a place where there's a handwashing station with soap available and where food is kept covered and protected from flies and dust. Check also if the cook is washing his/her hands and keeping the cooking place clean
- Keep your kitchen utensils clean and well stored when not in use. Wash kitchen utensils with water and soap after every use.
- Do not take shower in the same place where you clean your dishes
- Use safe drinking water to cook

Water Hygiene and HH water treatment

- When you collect water, make sure you wash your hands first, collect the water in a clean container, and then carefully transport the water home so no bugs or dirt get into it. Use clean cups to serve water. Washing the water containers once a week. This will help everyone have better quality water and be safe.
- If possible, always collect water for drinking from a tap stand; if no tap stand, choose a deep tube well.
- If you rely on 2 different water sources, such as 1 for drinking and 1 for domestic purposes, make sure you use separate containers and your family members are aware of this.
- (if relevant: in areas where Aquatabs is distributed) Drinking water from tube wells can be made safe by using Aquatabs. Aquatabs are tablets that are added to the water to kill the bacteria that can be in it. Aquatabs are very safe and are used all over the world. Aquatab is made by chlorine.
- Fill your bucket or jerry can with water – ensure that water is clear. If water is turbid, allow the water to stand for an hour to let solids settle, or filter with a clean piece of cloth (*lungi, gamcha*) until it is clear. Add Aquatabs: use 1 tablet (33mg Aqua tabs) for every 5 liters of water
- If using a jerrycan, shake it to mix the tablets; If using a bucket, you can add Aquatabs before

¹⁸⁴ Mami Sommer and Leah Scandurra, *To become a young man*, 2015, [here](#).



filling your bucket to help with mixing. Once treated with Aquatabs, do not put hands or dirty utensils into the bucket or jerry can. Wait for 30 minutes, then water is safe to drink

- Water can also be purified by boiling it for at least 1 minute¹⁸⁵.

Solid Waste Management

- When we are at home or outside it is important that we manage our waste in the good way. At home we have to throw the waste in the home garbage bins and when we are outside, we can use the community bins: in the camps there are bins for organic and inorganic waste with the same colors of the bins you have at home.
- We don't have to throw the garbage here and there because this is making our living place dirty and unhealthy. Garbage scattered around smells bad and attracts rats and cockroaches. Garbage in the drainages is a big problem because it's difficult to remove and, when it rains, drainage get blocked by garbage and can flood the place we live. Also, mosquitoes lay eggs in stagnant water: so drainages have always to be clean.
- In your home you have 2 waste bins: 1 is green and has to be used for organic waste; 1 is (red – for camps or blue – for host communities) and has to be used for inorganic waste. Organic waste is made by food remaining, leaves, skin of fruits or vegetables like potatoes; inorganic materials are plastic, cartoon, paper etc. Be sure to put the correct garbage in the correct bin and support your family in this.

Menstrual hygiene

- Women can shower when she is on her period. There is no medical evidence to suggest that showering on your period will cause infertility or affect your periods in any way. It's important to take a shower once a day or as often as possible to stay clean and healthy.
- Our periods are a healthy and normal part of growing up. We shouldn't be ashamed of our periods. They are a natural part of our lives. Support your daughters understanding this is a natural part of women life and that there's nothing to be ashamed of. Support your daughters also mentally as they might feel uncomfortable or unsure on how to behave when the first period happens.
- Pads or cloths should be changed frequently: usually at least 3 or 4 hours but it depends on the flow you have. Wash your hands with clean water and soap after changing menstrual materials.
- Keep unused clean cloths and pads (wrapped in tissue or plastic bag) so they are ready to be used.
- Pads, cloths and underwear should be washed with clean water and soap; used pads can be wrapped in paper or plastic until the moment when is it possible to wash them.
- It's necessary to change underwear as often as possible, ideally every day.
- Pads, underwear or cloths should be dried in a clean place: this can be a women friendly bathing place or shower, somewhere private in the open or inside the shelter. It's better to dry menstrual materials under the sun/outside but we know it is difficult because of privacy.
- Make sure that the pads or cloths you are wearing are dried well: wearing wet materials can cause skin rash or infections
- During menstruation you can eat what you want and feel like: there are no food recommendations
- Pads or cloths not in use anymore should be disposed in the garbage, wrapped in plastic or paper. If you access latrines or bathing spaces with dedicated disposal system, use those ones. Never dispose the menstrual materials in the latrine because it can block it.
- When women or girls have their periods, they are not dirty. This is a normal part of being a girl or a woman. We just need to be sure to keep our bodies clean while we have our period and also when we don't have our period.

¹⁸⁵ USEPA, Emergency disinfection of drinking water, [here](#).



- Having menstruation does not interfere with your physical or mental capacities. However, every woman or girl experience menstruation in different ways (facilitator here can open a debate on what women feel or not feel like doing when they have the period).
- It is normal to feel some pain or to have mood changes during the period: everyone experiences different range of feelings and emotions during menstruation. If you feel you need to rest, drink, eat more just follow your needs.
- If you during one period you think you are having much more pain or much more blood discharge compared to other times, go to see a doctor

ATTENTION

Don't encourage gathering for hygiene promotion sessions at least until COVID-19 emergency is over.

BEFORE LEAVING

- Observe and recognize warning signs for women who may be at risk of violence (for example, behaving out of character, withdrawn, visibly distressed, signs of physical harm or neglect, signs of pregnancy, etc.) and if necessary, refer them to supportive services.
- Follow the agreed referral and reporting procedures if girls are at risk or require support.
- Make sure to maintain women's confidentiality¹⁸⁶.

¹⁸⁶ IRC, *Girl Shine Life Skills Curriculum*, part 2, [here](#).



FIELD GUIDELINE n. 4: Hygiene Promotion for adolescent boys

OBJECTIVES

- Young men to get awareness about main hygiene topics
- Young men to be empowered and feel that they can contribute to the public health and wellbeing of their families and communities
- Young men to understand they can be involved in simple hygiene-related tasks and be supportive to the family health
- Young men to understand menstruation is not a taboo and that girls have to be respected
- HP sessions be seen as a “entry point” to reach adolescent boys and can offer the opportunity for broader discussions on issues related to mental health, GBV and sexual and reproductive health (that have to be referred to Protection/Child Protection/GBV staff on ground and not discussed by WASH staff).
- More knowledge about hygiene promotion and diseases prevention can nurture better health and well-being, self-confidence and represent an entry point to gain life-skills.

HP TOPICS

- Hand washing at critical times
- Personal hygiene
- Children open defecation/management of children feces (for the boys that have already children or that are taking care of siblings)
- Food and kitchen hygiene
- Water Hygiene and HH water treatment
- Solid Waste Management
- Menstrual hygiene

LOCATIONS

Boys can be easily found playing in camps or host communities: adolescents can be targeted at home, in the market spaces, on the playground or wherever it is safe and they feel comfortable.

DOS

- Use friendly and clear language and tone. Adapt the conversation according to the literacy of the audience. Do not teach but engage.
- Notice if any participants bring challenging behaviors to the group. Disruptive behaviors should be addressed but not punished.
- Give examples when trying to explain difficult ideas. Use a specific scenario, role-play or rephrase the idea¹⁸⁷.
- It is important to frame menstruation and female bodies in a positive manner to ensure boys normalize girls and their body and treat them with respect¹⁸⁸.
- Allow boys to talk, ask questions and express

DON'TS

- Do not discuss menstrual hygiene if girls are present
- Don't push boys to attend HP sessions if they don't want to or are busy
- If boys don't feel comfortable discussing MHM, do not push the conversation but still try to approach the topic
- Do not ask direct questions to boys about sensitive topics¹⁹⁰
- Don't blame them
- No taking pictures/video beneficiaries sharing them on social media (including WhatsApp) without consent
- Do not discuss contraception, or protection issues but refer to competent staff on ground

¹⁸⁷ IRC, *Girl Shine Life Skills Curriculum*, part 2, [here](#).

¹⁸⁸ UNICEF Education section, *Adolescents life skills curricula*, under revision at the moment.

¹⁹⁰ IRC, *Girl Shine Life Skills Curriculum*, part 2, [here](#).



<p>their opinions (2-ways communication)</p> <ul style="list-style-type: none"> • In case of group sessions, create a participatory environment. • Respect boys' opinions and be interested to their point of view • Refer to appropriate services in case boys have questions on sexual and reproductive health, child marriage, GBV and so on. • Keep the session a "safe space" for discussions and for some fun as well: girls, or adults, should not be allowed in the space during group time¹⁸⁹ • Remind participants that confidentiality is part of the group agreements • you put together and that things they share will stay in the group. • Remind participants that if they want to further discuss any point confidentially with you, you are available. • Explain that there are no right or wrong answers 	<ul style="list-style-type: none"> • Don't give personal opinions <p>KEY CONSIDERATIONS</p> <ul style="list-style-type: none"> • The young adolescent brain has not yet fully developed the capacity for higher-level thinking. Their thinking usually can often take place by accessing the emotional memory part of the brain. • If adolescents are called on to answer a question or asked to read aloud, they can feel they are in a threatening situation and thus may have difficulty learning. • As facilitator, become comfortable with being uncomfortable! Much of this information may also be new to mentors/facilitators, and so it might be challenging to talk about at first. Spend extra time with the material and concepts that are unfamiliar or more complicated. • Always show patience, enthusiasm and empathy
<p>WHY IS IT IMPORTANT TO TALK TO ADOLESCENT BOYS?</p> <p>Adolescents are an active part of the society and are not easily targeted by hygiene promotion. Some adolescents dropped out of school and are already working so might not access to hygiene promotion sessions. Adolescents want to be included and "seen" by humanitarian actors.</p>	<p>FACILITATORS</p> <p>Male staff or volunteers</p>
<p>TOOLS</p> <ul style="list-style-type: none"> • IEC materials • Audio/visual materials • Tippy-tap (construction/competition) • Soap (for demonstration/incentive) 	<p>METHODOLOGIES</p> <ul style="list-style-type: none"> • Peer-to-peer education • Awareness raising via "youth groups"/adolescents' clubs • Role play • Storytelling • Demonstrations (for example: hand washing) • Drawing competition/art context • Public commitment • RANAS • Baby WASH (key concepts) • Clown Without Borders
<p>HP TOPICS EXPLAINED</p> <p>These messages are not intended to be read out loud to adolescents but represent key concepts to be discussed.</p>	

¹⁸⁹ IRC, *Girl Shine Life Skills Curriculum*, part 2, [here](#).



Hand washing at critical times

- Safe hand washing helps reduce diseases such as diarrhea, scabies, typhoid, etc.
- Always use clean water and soap; it may seem like a simple thing to do, but often we rush or forget to wash our hands thoroughly, and then disease can spread and make you and everyone around you sick.
- Washing hands at critical times will reduce your risk of catching or spreading bacteria that cause food poisoning or diarrhea.
- Wash your hands before eating
- Wash your hands after defecation or urination
- Wash your hands after handling garbage
- Wash your hands after you come back home from learning centers, markets or from playing outside
- If you have a little brother or sister that cannot use the latrine, clean after and wash your hands after you dispose the feces in the latrine
- Wash your hands after touching animals
- If you help your mother or sister cooking, wash your hands before handling food or kitchen utensils
- If you help your little brother and sister eating, wash your hands before feeding him or her
- Wash your hands before and after caring for someone that is sick
- Wash your hands after removing a face mask
- Wash your hands before and after treating a scar or a wound

Personal hygiene

- If possible, bathe every day with wash to clean your body and manage body smells
- Wash your clothes when they get dirty, so they are neat and clean
- Change your underclothes daily to manage smells and discomfort from sweat and dirty clothing¹⁹¹
- Brush your teeth every day

Children open defecation/management of children feces

- It is important to live in a clean environment where there are no feces laying around. Sometimes small babies defecate in the open. Help your mum or sister via keeping clean after your little brother/sister defecates in the open. Wash your hands after that.

Food Hygiene and kitchen hygiene

- If you go to the market to buy food like vegetables or fruits, choose the vendor that keep food in good shape (protected from flies, elevated from ground, not damaged/rotten...)
- If you go to eat in a market stall, choose a place where there's a handwashing station with soap available and where food is kept covered and protected from flies and dust. Check also if the cook is washing his/her hands and keeping the cooking place clean.
- In your shelter, you can support in keeping the kitchen area clean and tidy, especially if your mum or sisters are not feeling well and need some help from you. This means bringing clean water, keeping cooking area free from food remaining, washing dishes etc.

Water Hygiene and HH water treatment

- If you need to bring your water from a source to your home, make sure you wash your hands first, collect the water in a clean container, and then carefully transport the water home so no bugs or dirt get into it. Use clean cups to serve water. Help your family by washing the water containers once a week. This will help everyone have better quality water and be safe.

¹⁹¹ Mami Sommer and Leah Scandurra, *To become a young man*, 2015, [here](#).



- If possible, always collect water for drinking from a tap stand; if no tap stand, choose a deep tube well.
- If you rely on 2 different water sources, such as 1 for drinking and 1 for domestic purposes, make sure you use separate containers and your family members are aware of this.
- (if relevant: in areas where Aquatabs is distributed) Drinking water from tube wells can be made safe by using Aquatabs. Aquatabs are tablets that are added to the water to kill the bacteria that can be in it. Aquatabs are very safe and are used all over the world. Aquatab is made by chlorine.
- Fill your bucket or jerry can with water – ensure that water. If water is turbid, allow the water to stand for an hour to let solids settle, or filter with a clean piece of cloth (lungi) until it is clear. Add Aquatabs: use 1 tablet (33mg Aqua tabs) for every 5 liters of water
- If using a jerry can shake this to mix the tablets; If using a bucket, you can add Aquatabs before filling your bucket to help with mixing. Once treated with Aquatabs, do not put hands or dirty utensils into the bucket or jerry can. Wait for 30 minutes, then water is safe to drink
- Water can also be purified by boiling it for at least 1 minute¹⁹².

Solid Waste Management

- When we are at home or outside it is important that we manage our waste in the good way. At home we have to throw the waste in the home garbage bins and, when we are outside, we can use the community bins.
- We don't have to throw the garbage here and there because this is making our living place dirty and unhealthy. Garbage scattered around smells bad and attracts rats and cockroaches. Garbage in the drainages is a big problem because it's difficult to remove and, when it rains, drainage get blocked by garbage and can flood the place we live. Also, mosquitoes lay eggs in stagnant water: so, drainages have always to be clean.
- In your home you have 2 waste bins: 1 is green and has to be used for organic waste; 1 is (red – for camps or blue – for host communities) and has to be used for inorganic waste. Organic waste is made by food remaining, leaves, skin of fruits or vegetables like potatoes; inorganic materials are plastic, cartoon, paper etc. Be sure to put the correct garbage in the correct bin and support your family in this.
- You can support your family also by throwing the garbage produced at home. In the camps there are bins for organic and inorganic waste with the same colors of the bins you have at home.

Menstrual hygiene

- As the body of the boys are changing at around 12 to 14 years old, also the bodies of girls are. You probably have heard about the word “menstruation”.
- Menstruation is a discharge of blood from intimate parts, that happens to every girl and woman in the world. Every month, a girl experience around 5 days of menstruation.
- Menstruation happen when girls are around 12 and ends at around 50.
- Menstruation can be a very embarrassing moment for women and especially for girls that are experiencing this for the first time. Also, women and girls can feel more tired than usual because of menstruation.
- For most of the women, menstruation is painful: girls and women can feel pain in the belly, legs and have difficulties to do what they usually do: you can help and support the women of your family by taking some of those tasks if you see them tired. Collecting water, going to distribution sites, doing laundry, buying food, cleaning the shelter, cooking, managing little children: men are capable to do everything!
- Sometimes the blood can be seen through in the clothes: this is embarrassing for women so please so not tease girls or women if this happens. Be a supportive brother or friend.

¹⁹² USEPA, *Emergency disinfection of drinking water*, [here](#).



ATTENTION

Don't encourage gathering for hygiene promotion sessions at least until COVID-19 emergency is over.

BEFORE LEAVING

- Observe and recognize warning signs for boys who may be at risk of exploitation/child labor (for example, behaving out of character, withdrawn, visibly distressed, signs of physical harm or neglect, etc.) and if necessary, refer them to supportive services.
- Follow the agreed referral and reporting procedures if girls are at risk or require support.
- Make sure to maintain boys' confidentiality¹⁹³.

¹⁹³ IRC, *Girl Shine Life Skills Curriculum*, part 2, [here](#).



FIELD GUIDELINE n. 5: Hygiene Promotion for adult men

OBJECTIVES

- Men to be empowered and feel that they can contribute to the public health and wellbeing of their families and communities
- Men to get awareness about main hygiene topics
- Men to understand they can be involved in simple hygiene-related tasks and be supportive to the family health
- Men to understand menstruation is not a taboo and that women and girls do not have to be stigmatized because of menstrual period
- HP sessions be seen as a “entry point” to reach men and can offer the opportunity for broader discussions on issues related to mental health, GBV and sexual and reproductive health (that have to be referred to Protection/ GBV staff on ground and not discussed by WASH staff).
- More knowledge about hygiene promotion and diseases prevention can nurture better health and well-being and self-confidence.

HP TOPICS

- Hand washing at critical times
- Personal hygiene
- Children open defecation/management of children feces
- Food and kitchen hygiene
- Water Hygiene and HH water treatment
- Solid Waste Management
- Menstrual hygiene

LOCATIONS

Men can be easily found in the market, tea stalls, mosques and other public places; however, men can be also targeted at HH level or at water points or distribution sites.

DOS

- Use friendly and clear language and tone. Adapt the conversation according to the literacy of the audience. Do not teach but engage.
- Give examples when trying to explain difficult ideas. Use a specific scenario, role-play or rephrase the idea¹⁹⁴.
- It is important to frame menstruation and female bodies in a positive manner to ensure men normalize girls and their body and treat them with respect¹⁹⁵.
- Allow men to talk, ask questions and express their opinions (2-ways communication)
- In case of group sessions, create a

DON'TS

- Do not discuss menstrual hygiene if women and girls are present
- Don't push men to attend HP sessions if they don't want to or are busy
- If men don't feel comfortable discussing MHM, do not push the conversation but still try to approach the topic
- Do not ask direct questions to men about sensitive topics¹⁹⁶
- Don't blame them
- No taking pictures/video beneficiaries sharing them on social media (including WhatsApp) without consent
- Do not discuss contraception, or protection

¹⁹⁴ IRC, *Girl Shine Life Skills Curriculum*, part 2, [here](#).

¹⁹⁵ UNICEF Education section, *Adolescents life skills curricula*, under revision at the moment.

¹⁹⁶ IRC, *Girl Shine Life Skills Curriculum*, part 2, [here](#).



<p>participatory environment.</p> <ul style="list-style-type: none"> • Respect men opinions and be interested to their point of view • Refer to appropriate services in case men have questions on sexual and reproductive health, child marriage, GBV and so on. • Remind participants that confidentiality is part of the group agreements and that things they share will stay in the group. • Remind participants that if they want to further discuss any point confidentially with you, you are available. • Explain that there are no right or wrong answers 	<p>issues but refer to competent staff on ground</p> <ul style="list-style-type: none"> • Don't give personal opinions <p>KEY CONSIDERATIONS</p> <ul style="list-style-type: none"> • As facilitator, become comfortable with being uncomfortable! Much of this information may also be new to mentors/facilitators, and so it might be challenging to talk about at first. Spend extra time with the material and concepts that are unfamiliar or more complicated. • Always show patience, enthusiasm and empathy <p>FACILITATORS</p> <ul style="list-style-type: none"> • Male staff or volunteers
<p>TOOLS</p> <ul style="list-style-type: none"> • IEC materials • Audio/visual materials • Soap (for demonstration/incentive) 	<p>METHODOLOGIES</p> <ul style="list-style-type: none"> • Peer-to-peer education • Awareness raising via engagement of Imams or religious leaders • Role play • Storytelling • Demonstrations (for example: hand washing) • Public commitment • RANAS • Clown Without Borders
<p>HP TOPICS EXPLAINED</p> <p>These messages are not intended to be read out loud to adolescents but represent key concepts to be discussed.</p> <p>Hand washing at critical times</p> <ul style="list-style-type: none"> • Safe hand washing helps reduces diseases such as diarrhea, scabies, typhoid, etc. • Always use clean water and soap; it may seem like a simple thing to do, but often we rush or forget to wash our hands thoroughly, and then disease can spread and make you and everyone around you sick. • Washing hands at critical times will reduce your risk of catching or spreading bacteria that cause food poisoning or diarrhea. • Wash your hands before eating • Wash your hands after defecation or urination • Wash your hands after handling garbage • Wash your hands after you come back home from markets or from outside • If you have a child that cannot use the latrine and defecates in the open, clean after and wash your hands after you dispose the feces in the latrine • Wash your hands after touching animals • Wash your hands before handling food or kitchen utensils • If you have small babies that cannot eat by themselves, support them and wash your hands before feeding him or her • Wash your hands before and after caring for someone that is sick 	



- Wash your hands after removing a face mask
- Wash your hands before and after treating a scar or a wound

Personal hygiene

- If possible, bathe every day with wash to clean your body and manage body smells
- Wash your clothes when they get dirty, so they are neat and clean
- Change your underclothes daily to manage smells and discomfort from sweat and dirty clothing¹⁹⁷
- Brush your teeth every day

Children open defecation/management of children feces

- It is important to live in a clean environment where there are no feces lying around. Sometimes small babies defecate in the open: clean the feces of your baby and wash your hands after that.

Food Hygiene and kitchen hygiene

- If you go to the market to buy food like vegetables or fruits, choose the vendor that keep food in good shape (protected from flies, elevated from ground, not damaged/rotten...)
- If you go to eat in a market stall, choose a place where there's a handwashing station with soap available and where food is kept covered and protected from flies and dust. Check also if the cook is washing his/her hands and keeping the cooking place clean.
- In your shelter, you can support in keeping the kitchen area clean and tidy, especially if your wife and daughters are not feeling well and need some help from you. This means bringing clean water, keeping cooking area free from food remaining, washing dishes etc.

Water Hygiene and HH water treatment

- If you need to bring your water from a source to your home, make sure you wash your hands first, collect the water in a clean container, and then carefully transport the water home so no bugs or dirt get into it. Use clean cups to serve water. Help your family by washing the water containers once a week. This will help everyone have better quality water and be safe.
- If possible, always collect water for drinking from a tap stand; if no tap stand, choose a deep tube well.
- If you rely on 2 different water sources, such as 1 for drinking and 1 for domestic purposes, make sure you use separate containers and your family members are aware of this.
- (if relevant: in areas where Aquatabs is distributed) Drinking water from tube wells can be made safe by using Aquatabs. Aquatabs are tablets that are added to the water to kill the bacteria that can be in it. Aquatabs are very safe and are used all over the world. Aquatab is made by chlorine.
- Fill your bucket or jerry can with water – ensure that water. If water is turbid, allow the water to stand for an hour to let solids settle, or filter with a clean piece of cloth (lungi) until it is clear. Add Aquatabs: use 1 tablet (33mg Aqua tabs) for every 5 liters of water
- If using a jerry can, shake it to mix the tablets; If using a bucket, you can add Aquatabs before filling your bucket to help with mixing. Once treated with Aquatabs, do not put hands or dirty utensils into the bucket or jerry can. Wait for 30 minutes, then water is safe to drink
- Boiling it for at least 1 minute can also purify water¹⁹⁸.

Solid Waste Management

- When we are at home or outside it is important that we manage our waste in the good way. At home we have to throw the waste in the home garbage bins and when we are outside we can use the community bins.
- We don't have to throw the garbage here and there because this is making our living place dirty and unhealthy. Garbage scattered around smells bad and attracts rats and cockroaches. Garbage

¹⁹⁷ Marni Sommer and Leah Scandurra, *To become a young man*, 2015, [here](#).

¹⁹⁸ USEPA, *Emergency disinfection of drinking water*, [here](#).



in the drainages is a big problem because it's difficult to remove and, when it rains, drainage get blocked by garbage and can flood the place we live. Also, mosquitoes lay eggs in stagnant water: drainages have always to be clean.

- In your home you have 2 waste bins: 1 is green and has to be used for organic waste; 1 is (red – for camps or blue – for host communities) and has to be used for inorganic waste. Organic waste is made by food remaining, leaves, skin of fruits or vegetables like potatoes; inorganic materials are plastic, carton, paper etc. Be sure to put the correct garbage in the correct bin and support your family in this.
- You can support your family also by throwing the garbage produced at home. In the camps there are bins for organic and inorganic waste with the same colors of the bins you have at home.

Menstrual hygiene

- Menstruation happens when girls are around 12 and ends at around 50.
- Menstruation can be a very embarrassing moment for women and especially for girls that are experiencing this for the first time. Also, women and girls can feel more tired than usual because of menstruation.
- For most of the women, menstruation is painful: girls and women can feel pain in the belly, legs and have difficulties to do what they usually do: you can help and support the women of your family by taking some of those tasks if you see them tired. Collecting water, going to distribution sites, doing laundry, buying food, cleaning the shelter, cooking, managing little children: men are capable to do everything!
- Sometimes the blood can be seen through in the clothes: this is embarrassing for women so please so not make harsh comments towards girls or women if this happens. Be a supportive husband or brother.

ATTENTION

Don't encourage gathering for hygiene promotion sessions at least until COVID-19 emergency is over.



FIELD GUIDELINE n. 6: Hygiene promotion, food hygiene and nutrition (adults' audience, male and female)

OBJECTIVES

- Communities to understand the links between hygiene practices, use of latrines and the health status of children, especially the kids less than 5 years old
- Caregivers (women and men) to understand they have an important role in their children well-being

TOPICS

- Hand washing at critical times
- Children open defecation/management of children feces
- Food hygiene
- Kitchen hygiene
- Water hygiene
- HH water treatment (when applicable)
- Solid Waste Management

LOCATIONS

- The better option is for communities to propose the best and accessible location for a hygiene promotion session: ask and accept suggestions (2-ways communication)
- Nutrition centers (agree with Nutrition colleagues on ground first)
- Food distribution sites or WFP outlets (agree with Food Security and Livelihood colleagues on ground first)
- Open spaces: water points
- House to house, better if via group sessions
- House to house, as follow up of malnutrition case (agree with Nutrition colleagues on ground first)

DOS

- Use friendly and clear language and tone. Do not use technical words
- Allow persons to talk, ask questions and express their opinions
- Respect people opinions and be interested to their point of view

DON'TS

- Don't push women or men to attend HP sessions if they don't want to or are busy
- Don't blame parents for not taking care of their children
- Don't tell them "if your child is sick it's your fault" or "what people will think about you if your child gets diarrhea?" or similar comments
- Don't make people afraid of losing their babies: don't say "if your child gets diarrhea, he/she will die"
- Never 1 humanitarian male staff to be alone with one or more women
- No taking pictures/video beneficiaries sharing them on social media (including WhatsApp) without consent

WHY IS IMPORTANT TO LINK WASH AND NUTRITION?

- Diarrhea is a life threat for children under five. Diarrhea can cause dehydration, loss of appetite and children with diarrhea struggle in getting the nutrients and energy from the food, contributing to malnutrition.
- Open defecation represents a real threat to babies, especially up to 2 years old; they explore the environment and they usually put things in their mouth. Feces carry parasites that, if ingested, can cause diarrhea and can negatively impact the growth of a child.
- A dirty environment, for example with scattered garbage, represents a harm for small children that crawl: garbage and any dirty place expose children to high load of bacteria and infection that can slow children growth and development.
- Good food, water, sanitation, environment and personal hygiene (especially hand washing) help make children grow healthy and with the good weight.



FACILITATORS

- Women facilitator for engagement with women
- Male facilitators for engagement with men
- Mixed male and female teams for engagement with mixed groups
- Male and female teams for engagement with religious leaders

TOOLS

- 3-piles or 2-piles sorting
- Pocket chart
- IEC materials
- Sticker (with HP-related drawing or messages, to be given out as a gift at the end of the session)
- Handwashing devices and soap (for hand washing demonstration)
- Aquatabs and water containers (in case Aquatabs distribution is considered an appropriate activity – to be evaluated)
- F-Diagram (simplified version!): explain 1 route of transmission at a time

METHODOLOGIES

- Mum's Magic hands
- Baby WASH
- Traditional theater
- Observation (of food preparation practices)
- FGD
- Video/audio materials
- Storytelling/roleplay
- Public commitment
- Community mapping (to spot open defecation patterns, for example)
- Songs

HP TOPICS EXPLAINED¹⁹⁹

Handwashing at critical times

- Wash your hands with clean water and soap before handling food or cooking
- Wash your hands with clean water and soap before feeding your child or before breastfeeding him/her
- Wash the hands of your child with clean water and soap before he/she eats, also if you are feeding him/her: this because the child will try to touch the food and if the hands are dirty, he/she can accidentally contaminate it
- Wash your hands with clean water and soap after you clean your baby's bottom
- After using toilet, wash your hands with clean water and soap
- (only if the facilitator is female and there are no men around) After changing menstrual pads, wash your hands with clean water and soap

Children open defecation/management of children feces

- Children feces are harmful as the ones of the adults: collect the open defecation of your baby and throw it in the latrine (not in the garbage or drainage or other locations)
- If your child defecates in a potty, make sure to clean it properly after every use (soap and water) and to dispose the feces in the latrines. Do not wash the potty inside the shelter, especially nearby cooking places. Wash the potty in the open.

Food hygiene

- Cook thoroughly food, especially meat, poultry, eggs and seafood
- Re-heat your food and make it boil for some minutes before eating it again
- Make sure food is stored in clean containers, covered and that cannot be contaminated by flies,

¹⁹⁹ Part of these messages have been quoted from: "Outline training on food hygiene for food sellers", developed by Anne Lloyd, consultant, during one deployment in Cox's Bazar (2018); this document has been revised by the Core Facilitators Team in 2018, [here](#).



cockroaches or rats

- Prepare food in small amounts to reduce the amounts of leftovers
- Wash food and vegetables, especially if eaten raw

Kitchen hygiene

- Wash your kitchen utensils with clean water and soap. If you have no soap, use ashes. Do not use soil
- Cook in a clean environment and keep animals out of cooking place
- Keep raw food (e.g. meat) & cooked food separate; using different utensils to prepare them
- Do not keep cooked food for a long time (more than two hours in hot weather and with no fridge), and always reheat before serving
- Dispose your garbage, after segregation, in communal bins every day, to avoid attracting rats or cockroaches in the shelter; keep rubbish bins covered (with lid)
- Do not smoke nearby cooking area or food

Water hygiene/HH water treatment (when applicable)

- Store the drinking water in clean and covered containers. At least once a week, wash your water container with water and rinse it properly
- Keep drinking water separated from the water from other uses
- Use safe drinking water to wash and prepare food
- (only when relevant) Use Aquatabs to disinfect your drinking water

Solid Waste Management

- When we are at home or outside it is important that we manage our waste in the good way. At home we have to throw the waste in the home garbage bins and when we are outside we can use the community bins.
- We don't have to throw the garbage here and there because this is making our living place dirty and unhealthy. Garbage scattered around smells bad and attracts rats and cockroaches. Garbage in the drainages is a big problem because it's difficult to remove and, when it rains, drainage get blocked by garbage and can flood the place we live. Also, mosquitoes lay eggs in stagnant water: so drainages have always to be clean.
- In your home you have 2 waste bins: 1 is green and has to be used for organic waste; 1 is (red – for camps or blue – for host communities) and has to be used for inorganic waste. Organic waste is made by food remaining, leaves, skin of fruits or vegetables like potatoes; inorganic materials are plastic, cartoon, paper etc. Be sure to put the correct garbage in the correct bin inside and outside home and make sure your family contribute to this.

ATTENTION

Don't encourage gathering for hygiene promotion sessions at least until COVID-19 emergency is over.

BEFORE LEAVING

If women or men share with you that they have limited or no access to WASH facilities and items, like soap or water containers, please check the information via HH observation and understand why they don't have those items. If they report not being able to other services (nutrition, health, protection, food), please refer to the camp focal points of respective sectors.



FIELD GUIDELINE n. 7: Hygiene promotion and diseases prevention: dengue fever (all audiences)

OBJECTIVES

- Adults and children to understand the importance of environmental cleanliness to prevent mosquitoes breeding sites
- Adults and children to understand risks of dengue fever and its symptoms

TOPICS

- What is dengue?
- How do you protect yourself?
- What if you think you have Dengue?
- Environmental hygiene

LOCATIONS

Depending of the audience: house to house, group sessions in the open, mosques or madrassa, temporary learning centers etc...

DOS

- For children: refer to the field guideline “Hygiene promotion and children”
- For adolescents: refer to the field guidelines “Hygiene promotion and adolescent girls” and “Hygiene promotion for adolescent boys”
- For adult audience:
- Use friendly and clear language and tone. Do not use technical words
- Allow persons to talk, ask questions and express their opinions
- Respect people opinions and be interested to their point of view

DON'TS

- For children: refer to the field guideline “Hygiene promotion and children”
- For adolescents: refer to the field guidelines “Hygiene promotion and adolescent girls” and “Hygiene promotion for adolescent boys”
- For adult audience:
- Don't push women or men to attend HP sessions if they don't want to or are busy
- Don't blame parents for not taking care of their children
- Don't tell them “if your child is sick it's your fault” or “what people will think about you if your child gets diarrhea?” or similar comments
- Don't make people afraid of losing their babies: don't say “if your child gets diarrhea, he/she will die”
- Never 1 humanitarian male staff to be alone with one or more women
- No taking pictures/video beneficiaries sharing them on social media (including WhatsApp) without consent



HP TOPICS EXPLAINED

What is dengue²⁰⁰?

- Dengue is a serious, sometimes fatal viral illness spread by Aedes mosquitoes
- Disease spread by Aedes mosquitos infected with dengue
- Mosquito usually bite during early morning, late afternoon and early evening
- Usually symptoms are high fever and severe headache, severe pain behind the eyes, severe body ache, rash and nausea
- Dengue is usually a mild illness but can become severe in some people and sometimes it can cause death
- Pregnant women, babies are vulnerable to develop severe dengue disease

How do you protect yourself?

- Sleep under a mosquito net during day and night;
- Mosquito become infected when they bite people who fall ill with dengue virus, mosquito nets and mosquito coils will effectively prevent mosquitoes from biting sick people and help prevent spread of dengue
- Use mosquito coils inside the house during early morning, late afternoon and early evening but remain careful about fire incidence
- Wear full sleeves clothes and try to keep your body covered as much as possible
- Clean your drinking water containers at least once a week; all the stored water containers should be kept covered all the time to prevent mosquitos from breeding there
- Clean up around your home to remove containers, coconut shells and other rubbish; don't let water to settle in anything for few days
- Each time it rains empty water from water storage containers, old tires, buckets, water containers in bath places, water tanks, tins, chips packets and drums.

What if you think you have Dengue?

- Go to doctor/health post/clinic or hospital
- Rest and drink plenty of fluids (water, coconut water, lemon juice) to prevent dehydration
- Do not take aspirin, ibuprofen and antibiotics.

Environmental hygiene

- We don't have to throw the garbage here and there because this is making our living place dirty and unhealthy. Garbage in the drainages is a big problem because it's difficult to remove and, when it rains, drainage get blocked by garbage and can flood the place we live. Also, mosquitoes lay eggs in stagnant water: drainages have always to be clean.

FACILITATORS

- Up to around 10/11 y.o. it's indifferent if male and female are dealing with children.
- Women facilitator for engagement with women
- Male facilitators for engagement with men
- Mixed male and female teams for engagement with mixed groups
- Male and female teams for engagement with religious leaders

TOOLS

- IEC materials

²⁰⁰ These key messages have been discussed and approved by Cox's Bazar Civil surgeon in 2019.



- Sticker (with HP-related drawing or messages, to be given out as a gift at the end of the session)

ATTENTION

Don't encourage gathering for hygiene promotion sessions at least until COVID-19 emergency is over.

METHODOLOGIES

For children:

- Refer to the field guideline "Hygiene promotion and children"

For adolescents:

- Refer to the field guidelines "Hygiene promotion and adolescent girls" and "Hygiene promotion for adolescent boys"

For adults:

- Traditional theater
- Observation (of environmental/littering practices)
- Quiz
- Problems/solution tree
- FGD
- Video/audio materials
- Storytelling/roleplay
- Public commitment
- Community mapping (to spot dumping practices, drainages clogging for example)
- Songs



FIELD GUIDELINE n. 8: Guidance Note for Animal Sacrifice During Eid-ul-Adha in Camps (COVID-19 adapted)

OBJECTIVES

Support communities understanding basic hygiene measures in light of COVID-19, to apply during animal sacrifices.

LOCATIONS

Every place where animal sacrifices are happening. Community mobilization to start before the day of sacrifice. Hygiene items to be supplied (e.g. soap, hand washing, water containers and/or other), in coordination with other sectors such as site management.

TOOLS

- IEC materials
- Audio/visual materials
- Soap (for demonstration/incentive)

METHODOLOGIES

- Group sessions
- House to house sessions
- Mosques loudspeakers and engagement of religious leaders

- There is no evidence that livestock or poultry can catch or pass on the Corona Virus. Still, everyone should follow safe slaughter, processing, storage, and food preparation practices to ensure food safety and quality, animal welfare, and the community's safety. Following basic principles of food hygiene will allow for a safe and healthy holiday celebration.
- If you visit "Hat"/ places where animals are sold, you must wear mask, wash your hands with soap/sanitizer at the entry and exit points, and always maintain physical distance from other people (3 feet/1 meter/2 hands). Do not visit if you have fever, cough, cold or breathing problems. Children, older persons, and sick people should not visit such places.
- Be aware that the animal should be healthy as it is dangerous to consume sick animals. The person handling animals should provide them with adequate drinking water. Before purchasing or accepting an animal, ensure that it has been eating and defecating normally. Ensure that that animal is alert and can walk normally. Do not slaughter pregnant and lactating animals.
- Use the animal sacrifice area allocated by the CiC and ensure the sacrifice will be performed a safe distance from the community. It is important to respect social distancing practices and Corona-prevention measures in the animal sacrifice area (wear masks, avoid touching face, eyes/mouth, hand washing with soap, avoiding contact with the animal, waste from slaughter, and animal fluids.).
- If you don't feel well, do not visit the animal sacrifice area.
- Dig a hole or gutter (4-5ft/1.5m/4.5 hands deep) before animal sacrifice. The hole should be at least 10m/33ft/30 hands away from any water sources. Avoid low lying, flood prone areas.
- Make sure the sacrifice area has adequate water for cleaning. Do not use water from rivers or ponds to clean animals, surfaces, and tools used for slaughtering. Dispose of the animal remains in the hole, cover with soil and add an unbroken layer of hydrated lime before filling is completed. Lime should not be placed directly on animal parts, because in wet conditions it can slow or prevent decomposition.
- Lay down clean plastic sheeting (washed with soap/detergent and water) in a clean area. If the animal's legs are tied it may be difficult to know where it will fall. However, all blood should be collected (in a bucket or plastic sheeting). If blood spreads to other areas, make sure it is collected (with soil for burial with other waste).
- Ensure the cleaning team has access to handwashing stations (water/soap) and wears protective gear (i.e. boots, overalls or apron). The gear should be disposed in solid waste bins or, in absence of bins, buried with the animal waste. If the gear is stained with animal fluids, it should be buried.
- Place all blood, skin, excreta, offal, intestines and other organs from animals into the gutter/hole.



- Place all dirty water and remaining waste into the gutter/hole after cleaning the animal's stomach.
- Provide water and soap at the sacrifice area for cleaning and handwashing. Clean the sacrificial area thoroughly with soap/detergent and water after the sacrifice. Cover blood with soil.
- Inform Site Management and the CiC where the animal remains have been buried.
- Use designated distribution points for sharing meat and follow Corona Virus prevention measures during distributions (physical distancing, wearing mask)²⁰¹.

ATTENTION

Don't encourage gathering for hygiene promotion sessions at least until COVID-19 emergency is over.

²⁰¹ Additional information, guidelines and IEC materials can be found [here](#).



FIELD GUIDELINE n. 9: Hygiene promotion and natural disasters (adult audience)

OBJECTIVES

- Adults understand the importance of adapting hygiene behaviors when they are affected by natural disasters

TOPICS

- Food hygiene
- Water hygiene
- Personal hygiene
- Vector control
- Shelter hygiene
- Sanitation
- Menstrual hygiene management
- Solid waste management

LOCATIONS

Depending on the impact of the disaster: discussions can be held in the proximity of usual living areas, in relocation sites or cyclone shelters.

DOS

- Understand that persons have suffered a traumatic experience due to the disaster and that might not feel like engaging in hygiene promotion. Be kind and respectful.
- Use friendly and clear language and tone. Do not use technical words
- Allow persons to talk, ask questions and express their opinions
- Respect people opinions and be interested to their point of view

DON'TS

- Don't push women or men to attend HP sessions if they don't want to or are busy
- No taking pictures/video beneficiaries sharing them on social media (including WhatsApp) without consent
- Don't blame parents for not taking care of their children
- Don't blame survivors of a disaster and for not observing hygienic practices

HP TOPICS EXPLAINED

Food hygiene

During floods, contaminated water might get in contact with food. Basic indications for food hygiene during disasters like flood can be summarized as:

- Perishable food that has not been refrigerated or frozen properly due to power outages has to be thrown away (for food vendors that have refrigerator)
- Food that may have come in contact with floodwater or stormwater should be thrown away (HH or market level)
- Food with an unusual odor, color, or texture should be thrown away
- Food in packages that are not waterproof should be thrown away
- Clean sealed food cans and tins that have been flooded: brush away silt or dirt, rinse them, wash containers with clean and soapy water, disinfect the food containers with chlorine solution (contact



time: 15 minutes minimum) or by boiling for 2 minutes minimum.

- Throw away canned food that have been damaged and leaking²⁰²

Water hygiene

- Do not drink water from a tube well that has been flooded
- Do not drink water if you suspect it has been contaminated
- Do not drink water that is not clear
- Wash your water containers with clean water and soap if they have reached by flood water
- Wash your water containers with clean water and soap after you have received them from distribution
- Use Aquatabs to purify your water (to be evaluated on case to case scenario)

Personal hygiene

- Personal hygiene measures to be reinforced and adapted during emergencies:
- Practice hand washing with safe water and soap at critical moments
- Make sure you use clean water for mouth and teeth hygiene (although dry teeth brushing with sticks is also very common in Rohingya context)
- It is not needed to use drinking water for bathing purposes: however, if the tube well you normally use for taking water for bathing is flooded or the water has an unclear color, evaluate the possibility to seek for a different water source for bathing.
- Avoid contact with flood waters if you have an open wound²⁰³.

Vector control

- Sleep under a mosquito net during day and night;
- Use mosquito coils inside the house during early morning, late afternoon and early evening but remain careful about fire incidence
- Wear full sleeves clothes and try to keep your body covered as much as possible
- Clean your drinking water containers at least once a week; all the stored water containers should be kept covered all the time to prevent mosquitos from breeding there
- Clean up around to remove containers, coconut shells and other rubbish; don't let water to settle in anything for few days
- Empty water from water storage containers, old tires, buckets, water containers in bath places, water tanks, tins, chips packets and drums to avoid mosquitoes to breed.

Shelter hygiene

- When returning to your shelter after a hurricane or flood, be aware that flood water may contain germs from sewage and other germs that can make you sick.
- Use bleach to kill germs on things touched by flood water
- If possible, wear gloves to protect yourself while cleaning.
- If the weather is hot and humid, take plenty of breaks in a cooler place and drink lots of water.
- Wash surfaces with soap water to remove dirt and debris.
- Sanitize surfaces with household bleach solution²⁰⁴
- Scrub rough surfaces with a brush and air dry
- If you don't have household liquid bleach, use soap and water²⁰⁵
- Disinfect children objects with bleach solution, rinse them with clean water and let them dry

²⁰² Adapted from: CDC, Keep Food Safe After a Disaster or Emergency, [here](#).

²⁰³ Adapted from: CDC, Personal Hygiene and Handwashing After a Disaster or Emergency, [here](#).

²⁰⁴ 250 ml of HH bleach to be mixed with 20 lt.

²⁰⁵ Adapted from: CDC, Kill germs with bleach, [here](#).



Sanitation

There are no specific messages regarding sanitation but, in case latrines are not usable due to the damages, a discussion and action plan with community and WASH partners have to take place, to make sure people have other options than open defecation.

Menstrual hygiene management

MHM should accompany the distribution of MHM materials provided during the emergency. Also, sessions should be adapted to the type of sanitation facilities available and the level of privacy that is granted (see other technical annexes for details on the messages).

Solid waste management

SWM messages to be adapted to the location where communities are living after disaster. If waste segregation is not feasible due to the transitory status of the displacement, non-littering messages should be promoted and emergency SWM disposal system should be put in place asap.

FACILITATORS

- Women facilitator for engagement with women
- Male facilitators for engagement with men
- Mixed male and female teams for engagement with mixed groups
- Male and female teams for engagement with religious leaders

TOOLS

- IEC materials
- Soap
- Cleaning materials
- Aquatabs and water containers
- Portable hand washing stands

ATTENTION

Don't encourage gathering for hygiene promotion sessions at least until COVID-19 emergency is over.

METHODOLOGIES

- Observation (of environmental/littering practices)
- One-to-one sessions (including food vendors)
- FGD/group sessions
- Video/audio materials
- Loudspeakers, megaphones, mosques
- Problems/solution tree
- Public commitment
- Community mapping (to spot dumping practices, drainages clogging for example)
- Songs
- Engagement of WASH committee/users' group or establishment of new ones (e.g. collective shelters management)
- RANAS (or adaptation of doers and non-doers' analysis)



7. Games and Icebreaker catalogue

This whole section has been taken from “*The Girl Shine life skills curriculum*” – part 2 (all credits go to the authors)²⁰⁶. These games can be carried out and/or adapted to the context and the sensitivity of the local culture. The following have to be considered as example for inspirations: the WASH Sector trusts every frontline will be able to adapt and use it according to children/adolescence acceptance. Majority of those games, especially if done with adolescents, has to be played according to gender-segregated groups.

- **Name Game:** Form a circle with everyone standing up. The first person says her name and makes a motion or symbol to represent herself. The next person repeats the name and symbol of the person before them, then says her own names and adds her own motion or symbol. The next person repeats the name and symbol of everyone before them and then adds her own. Repeat until everyone in the circle has gone. This game supports the girls/boys in getting to know each other and learning everyone’s names.
- **The Wave:** Form a straight line with girls/boys standing behind each other. The leader starts off making an arm motion; the group members repeat this motion one at a time immediately following each other to make a wave. See how fast they can go. The leader can change the motion and the pattern of the wave.
- **Group Lap Sit:** The group will start standing in a circle, shoulder-to-shoulder. Everyone then turns to the right and puts their hands on the shoulders of the girl in front of them. The group will need to work together to communicate. At the count of 1-2-3, everyone is instructed to sit on the knees/lap of the girl behind her. If this is done too quickly, group members will fall over. Once this has been completed, the group may wish to try to walk in this formation. This is a dynamic activity, and one that will make the group feel a great sense of accomplishment when successfully completed!
- **Human Knot:** Girls/boys stand shoulder-to-shoulder in a circle, placing both hands in the center. When the leader says “Go” everyone grabs the hands of someone else, being careful not to grab both hands of same girl or the hands of someone right next to them. Once everyone is connected, the object is to untangle the knot, without releasing the grip, except for permissible pivoting, as long as girls/boys’ hands continue to touch.
- **Telephone:** Everyone stands in a line. The person at the front of the line whispers something into the ear of the next person, and so on and so on, until the last person hears the whisper from the person in front of them. The last person then says what the sentence was to the whole group and checks to see if it’s the same thing the first person started with. Most often, it isn’t!
- **Fruit Festival:** Ask the girls/boys to form groups according to their favorite fruit or divide them into groups and ask each group to agree on a kind of fruit. Ask each fruit group to find a very small song (two or three words, and/or vocals and sound effects) and dance (a pattern of rhythmic movement) for their group. Act as a “maestro” and call them group by group to present their performance. Then start mixing them together, for example mangoes and bananas, so the groups who are called together have to perform together. From time to time, shout “fruit carnival”

²⁰⁶ IRC, *Girl Shine Life Skills Curriculum*, part 2, [here](#).



at which time all fruit groups should perform together. Try and explore different arrangements and variations. Be creative!

- **Animal Game:** Give slips of paper to each member of the group. Write the name of an animal on each slip (maximum three to four different animals total, depending on the size of the group). Hand the papers out at random. After you count to three, each person should make the sound of the animal on their paper and find the other members of their animal group. The first group to find each other the quickest, wins.
- **Fatima Says:** The mentor/facilitator asks the girls/boys to stand in a circle and listen carefully to the instructions. When the mentor/facilitator says, for example: "Fatima says kneel down, or put your hands on your lower back" etc., the girls/boys should do what Fatima says. But if the mentor/facilitator says: "Put your hands on your lower-back," the girls/boys shouldn't do that because Fatima didn't say that! If a girl moves on a time when the mentor/facilitator doesn't say "Fatima says," then she is out. The game continues until a single girl win.
- **Act How You Feel Today:** Ask the girls/boys to stand in a circle. Each girl will take a turn to act out how they are feeling today. For example, if they are feeling tired, they can do a big yawn. If they are excited, they can jump up and down. If they are happy, they can laugh. The only rule is that they cannot use words to say how they feel. The mentor/facilitator can start off first so that the girls/boys can see how the game works.
- **Clothes Swap:** Ask participants to stand in a circle. One girl will volunteer to stand in the middle of the circle. The girl in the middle will say a color or accessory. For example, "If you are wearing blue" or "If you are wearing a skirt." The girls/boys who match that description will quickly try to swap places with another girl who matches that description. The person in the middle must also try to find a space so that another girl is left in the middle. This girl will now do the same for example, "If you are wearing earrings" or "If you are wearing green."
- **Exchanging Faces:** Ask girls/boys to stand in a circle. One girl will start. This first girl will make a face or action to her neighbor on her right. The neighbor will make the same face and action back to the first girl. Then she will turn to her neighbor on her right and make a different face/action. That neighbor will make the same face and action back to the second girl and then turn to her neighbor on her right and make a different face/action. The game will continue until all girls/boys make the faces or actions. Note: This can be done two times or more, until the girls/boys get better at the game.
- **Who's the Leader:** Ask girls/boys to stand in a circle. Explain that one volunteer will be asked to leave the room, and then one girl in the room will be chosen as the leader. The leader must do a series of actions, such as clapping, tapping a foot, dancing, etc., that are copied by the whole group. When the volunteer comes back into the room, she will stand in the middle of the circle and try to guess who is leading the actions. The group will try not to look at the leader, making it more difficult for the girl to guess who it is. The leader must change the actions regularly, without getting caught. When the volunteer guesses the leader correctly, they join the circle. A new girl can volunteer to leave the room. After she leaves, a new girl can be chosen as the leader.



8. Methodological annexes

This section reports contributions from organisations that have been implementing specific methodologies in Cox's Bazar context. Those approaches have been developed by the respective authors and are sometimes implemented as well in other countries and/or contexts.

According to partners' interest and willingness. The contributions reported below have been written and shared with the WASH Sector to be included in this document.

Partners interested in the below methodologies can contact the WASH Sector and/or respective organisations for further details.

The below have not be intended as WASH Sector endorsed methodologies, although the Sector is strongly supporting all the presented approaches and encourages other implementing partners in engaging with one of more of the below.



SANI TWEAKS - Changing implementation of sanitation programs in emergencies

CONTRIBUTOR: OXFAM



What is Sani Tweaks?

According to recent research²⁰⁷, an average of 40% of women and girls do not use the communal or shared family latrines that agencies provide. Reasons include - not wanting to be seen going to the latrine; a lack of privacy (people peeking in); sexual harassment; a lack of lighting at night; a lack of locks on doors; a fear of vermin.

Acting on these findings, Oxfam launched Sani Tweaks, an approach that seeks to improve the quality of sanitation programs in emergencies, through a series of communication tools and trainings that aim to:

- promote best practices in sanitation;
- put users at the heart of sanitation programs;
- ensure safety, privacy and dignity, particularly for women and girls.

The Goal

The aim of Sani Tweaks is to ensure that, before the superstructure is designed, even in rapid onset emergencies, appropriate consultation with potential users happens. The goal is to ensure that all user groups are consulted, and feedback is acted upon through design modification. The approach can therefore be summarized by three key words: CONSULT, MODIFY, CONSULT. For it is only through continuous engagement with the affected community and modifications made according to their feedback that our sanitation programs can be improved.

The approach

The Sani Tweaks approach will be supported by the wide dissemination of communication tools and interactive workshops run in numerous countries for WASH staff. The workshops will encourage participants to put themselves 'in the shoes' of the crisis-affected population, to understand the needs of different users and identify opportunities to adapt latrine designs. Participants will also learn important skills around how to ask the right questions to get good honest feedback and improve the quality of designs. As each emergency sees an increased number of less experienced staff, participants will also be consulted on what tools and dissemination methods might provide the most effective support.

²⁰⁷ HIF funded interagency Sanitation Lighting Research & User-Centred Design Project; and Oxfam's Social Architecture Project.



Working together

The Sani Tweaks project will continue into 2021 and Oxfam is actively looking for other agencies to join the initiative. All agencies will be supported with communication tools and workshop methodologies to enable them to conduct their own training on improving the inclusion of all in sanitation programs.

Why do we recommend it for field practitioners?

As Sphere now states, it is not enough to provide the right quantity of toilets, but we also need to measure use by various community groups and satisfaction of users with the toilets we build and ensure that these mitigate possible protection risks. Evidence from CXB shows that women and adolescent girls are avoiding the communal latrines and using buckets or shower cubicles at home, which is not only risky for public health, but also a very undignified experience to go through every single day. Research in CXB also showed that some women were restricting the amount of food and water they consumed and restricted this for their children to avoid using communal latrines. This is a serious concern and highlights the need to promote good and safe sanitation for all, including all the vulnerable groups that have access issues due to a variety of reasons.

Links to resources

All Sani Tweaks resources (in multiple languages) can be viewed and downloaded at www.oxfamwash.org/sanitweaks.



Community Perception tracker (CPT) - Engaging communities during a disease outbreak

CONTRIBUTOR: OXFAM



What is the Community perception tracker?

During a disease outbreak, formal qualitative information is rarely collected in a systematic manner and thus tends to become anecdotal, and no longer relevant to the response. Nevertheless, it is key to better understanding the views and perspectives of the people/groups living in the communities we work with.

In 2018, Oxfam launched a new approach to better understand the perceptions and beliefs of crisis-affected communities, particularly in relation to disease outbreaks. The CPT is an approach that uses a mobile tool to enable staff to capture, analyze and understand the perceptions of communities during disease outbreaks.

The goal

There are four key objectives to the CPT's use, each interconnected to serve multiple purposes. To better document on-going context analysis; to swiftly adapt programs based on communities' perceptions; to genuinely advocate on behalf of communities supported by their perceptions; and to effectively monitor changes in comprehension and behaviors throughout the disease outbreak.

The approach

The CPT is a systematic approach that enables rapid analysis of data and capturing of trends. During a disease outbreak, qualitative information is often informal and subjective, and can be considered anecdotal – rather than integral to the response. By capturing such information in a more systematic manner, we can translate informal data into more purposeful evidence that can inform current and future response activities. We know from previous experience with data collection that the use of digital tools to capture information can support faster, more accurate, data collection in a way that avoids placing burden on program staff. In doing so, it also provides reports that are rapidly analyzed to produce findings that can (in real time) directly impact a humanitarian response. The rapid analysis of systematically collected data enables us to generate concrete evidence. This enables us to identify relevant trends, anticipate their reoccurrence and thereby inform future responses and preparedness plans.





Working together

The CPT is not a standalone approach. For it to work effectively, it should supplement an emergency response program. It is currently exclusively used for epidemics but in time, could be adapted to suit other types of response. The CPT provides more of an ongoing context analysis and is based on information and perceptions that communities voluntarily share, rather than assessing specifics. Its methodology also differs to a KAP survey. The CPT is a process that supports program modifications, fosters trust with the community and encourages positive behavior change. Whilst the CPT contributes to improved accountability, it is not an accountability tool.

Why do we recommend it for field practitioners?

In DRC during the Ebola outbreak of 2018-2020, Oxfam learned that during an outbreak, communities' perceptions can rapidly change depending on the different stage of the outbreak, the context, and the direction in which the emergency response is heading. The CPT has been specifically designed for use during disease outbreaks (currently for the COVID-19 in the Rohingya response) to enable staff to capture qualitative information, in real time, on perceptions and beliefs related to a disease outbreak. Ideally, the CPT should be set up from the outset of a program to capitalize on the process' ability to shape/adapt activities based on the analysis of captured data.

Links to resources

All CPT resources (available in multiple languages) can be viewed and downloaded at: <https://www.oxfamwash.org/communities/community-perception-tracker>.



WASH Social Architecture - Promoting meaningful participation of women and girls using feminist designs and architecture

CONTRIBUTOR: OXFAM



What is Social Architecture (SA)?

Within the humanitarian community itself, site planning and WASH infrastructure planning/design processes have mainly been dominated by male architects and engineers, often with gendered assumptions about the user. In general, latrine provision in the initial stages of the response was largely determined through an engineering lens or from the perspective of quantitatively reaching minimum standards, and did not always incorporate women and girls' needs, gender disparities and socio-cultural constructs.

Acknowledging these challenges, Oxfam implemented a project to work with architects, particularly female architects with a background or interest in social or feminist design and architecture, to add a different perspective into the design and siting of WASH facilities. While there has been research on urban planning with feminist architecture, there is relatively little research that applies this to emergency settlements and camps in conflict, disaster or rapid population movement contexts.

The goal

The WASH Social Architecture approach aims at generating community-based solutions for gendered WASH facilities and communal space designs by and for women/girls through the active involvement of women and girls themselves. This means doing the WASH architecture of the facilities through women's and girls' eyes.

The approach

The WASH Social Architecture approach scopes out community-based solutions using perspectives from feminist architects that put women & girls at the center of the design process and exposes the diversity of female's experiences on the gendered usage of WASH facilities. The approach develops detailed designs for different female population groups (women and adolescent girls) that elaborate preferences, capacities and motivations to participate in the construction and management of these WASH facilities (such as laundry and drying spaces for Menstrual Hygiene Management or MHM materials, female underwear, bathing spaces, and women's gathering places). Each of the designs should consider socio-cultural norms, privacy, safety and dignity aspects as well as geography of the location (camp or hot community topography).

Working together

The approach needs coordination between WASH, Shelter, Gender and Protection sectors. Strategic advocacy by WASH agencies across all sectors is required, hence the approach needs to involve people that influence standards e.g. the Government, who can put pressure on organisations to align with



minimum standards; adapt the unified approved design by creating adaptive designs that work in different contexts; upgrade existing facilities and enforce consultation as an integral part of all levels of implementation. Also, coordination meetings should be action oriented and include more inter-sector and intra-sector discussions between different technical working groups.

Why do we recommend it for field practitioners?

Past research into the needs of women and girls across actors and across sectors shows that the WASH sector's perspective of quantitatively reaching minimum standards, did not always incorporate women and girls' needs, gender disparities and socio-cultural constructs. Therefore, all humanitarian actors need to monitor upcoming changes in governance structures to ensure more women and girls are meaningfully engaged in the design, construction and management of their WASH facilities.

Links to resources

Relevant WASH Social Architecture publications can be viewed and downloaded at: <https://policy-practice.oxfam.org.uk/publications/social-and-feminist-design-in-emergency-contexts-the-womens-social-architecture-620824>



Mum's Magic Hands - promoting effective hand washing practice using emotional and health motivators

CONTRIBUTOR: OXFAM



OXFAM

What is Mum's Magic Hands?

Diarrheal disease is the second leading cause of death for children under five years old. Handwashing with soap can reduce the risk of diarrheal disease by up to 48% but knowledge of its importance for disease prevention is not always reflected in practice. Emotional motivators have been

used in handwashing promotion in development contexts but not commonly in emergencies.

Oxfam, Unilever's Lifebuoy soap, and Unilever's Chief Sustainability Office conducted formative research with emergency affected mothers in the Philippines, Pakistan and Nepal (2014) to better understand what motivates mothers to wash their hands in emergencies. Nurture and affiliation were cross cutting motivators in the 3 research areas, and these were used to develop a set of materials called "Mum's Magic Hands" (MMH) designed for handwashing promotion in first phase emergencies.

The goal

The Mum's Magic Hands (MMH) program is a suite of promotional activities with an overall aim to increase the practice of handwashing with soap in emergencies.

The approach

The concept is based on use of storytelling, demonstrations (interactive activities) and nudges to promote effective hand washing in communities affected by emergencies. The main tool is the storyboard, which is a story of a mother and daughter, and scripts to mirror each image. Other materials include stickers, posters, silent nudges at public latrines (footsteps, mirrors) and interactive group activities. The story is based on the fact that Mums' hands play a positive role in their children's lives and help nurture them - yet if not kept clean, the same hands can play a role in transmitting diseases. The MMH program is implemented and monitored for a period of 6 weeks (as shown in Fig. 1 below), followed by an evaluation using focus group discussions, surveys and observations.

Working together

A comprehensive Asia version of the MMH toolkit was developed and the storyboard was pretested for cultural proximity, comprehension, appropriateness, appeal and persuasion with mothers/female care givers of children, men, children and community health mobilizers/hygiene promoters in 2017-2018. The storyboard was further adapted to COVID-19 pandemic in May 2020.

Why do we recommend it for field practitioners?

All practitioners should promote the need to understand motivators and barriers to different hygiene practices, even in emergency context.

Links to resources

All MMH resources for Asia, Africa and global (multicultural) contexts can be viewed and downloaded at: <https://policy-practice.oxfam.org.uk/our-work/water-sanitation-and-hygiene/mums-magic-hands> and <https://www.oxfamwash.org/hygiene/handwashing>



Baby WaSH: How to keep under 2 years old children safe from environmental contamination?

CONTRIBUTOR: ACF



Background

The 1000 days window of opportunity to prevent under nutrition goes from the conception to the second anniversary of the young infant. During this period, it is important to promote good health and adequate care for the child. The “baby wash” approach aims to protect the new-born baby

from environmental hazards such as ingestion of pathogens from fecal origin and to provide adequate support for the mother and child relation, in context of humanitarian emergency or in areas with high prevalence of under nutrition.

Key issues and problem addressed

Undernutrition, like any disease, can be cured or can be prevented. The Baby WaSH approach is part of the prevention of under nutrition also referred to as nutrition sensitive intervention²⁰⁸. A pathway to under nutrition is the mal absorption of nutrients, due to nematodes infections, Environmental Enteropathy Disease (EED) and diarrheas. In areas where the sanitation coverage is good or acceptable (like a refugee camp or a host community), the level of pathogenic agents in the environment is not high enough to spread massive outbreaks of diarrheas but constant enough to expose children to EED. In that case, it is important to reduce the chronic exposition of the baby to pathogens, especially in cultural context where the children are left alone to play outside during the day: playing in dirt, rice paddy or mud can expose the children to various sources of contamination.

The methodology and approach used

The approach is participative and consists in establishing self-supporting groups of mothers, pregnant and lactating women, who will try to improve the protection of the newborn baby by changing their behaviors and using the kit provided. The kit is designed to support each of those behaviors. In the case of Myanmar, the priorities were:

- Safe management of children’s faces (child friendly toilet/potties).
- Safe play area for children (mats for babies).
- Personal hygiene practices of caretaker and children (personal hygiene kit for babies).
- Proper treatment and storage of water at home.

These key messages are elaborated by the project, in consultation with the targeted population. They are adapted to the context and specific needs identified during the assessment.

In addition, qualitative information is also added which was obtained from Key Informant Interview (KII), Focus Group Discussion (FGD’s) and visual observation on key hygiene behavior such as disposal of excreta, hand washing, household water management were also monitored.

²⁰⁸ Ruel and Alderman, *Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition?* The Lancet, vol 382 issue 9891 p. 536 – 551, August 10, 2013.

Program Implementation methodology

The course of the different sessions is detailed in the following graph.

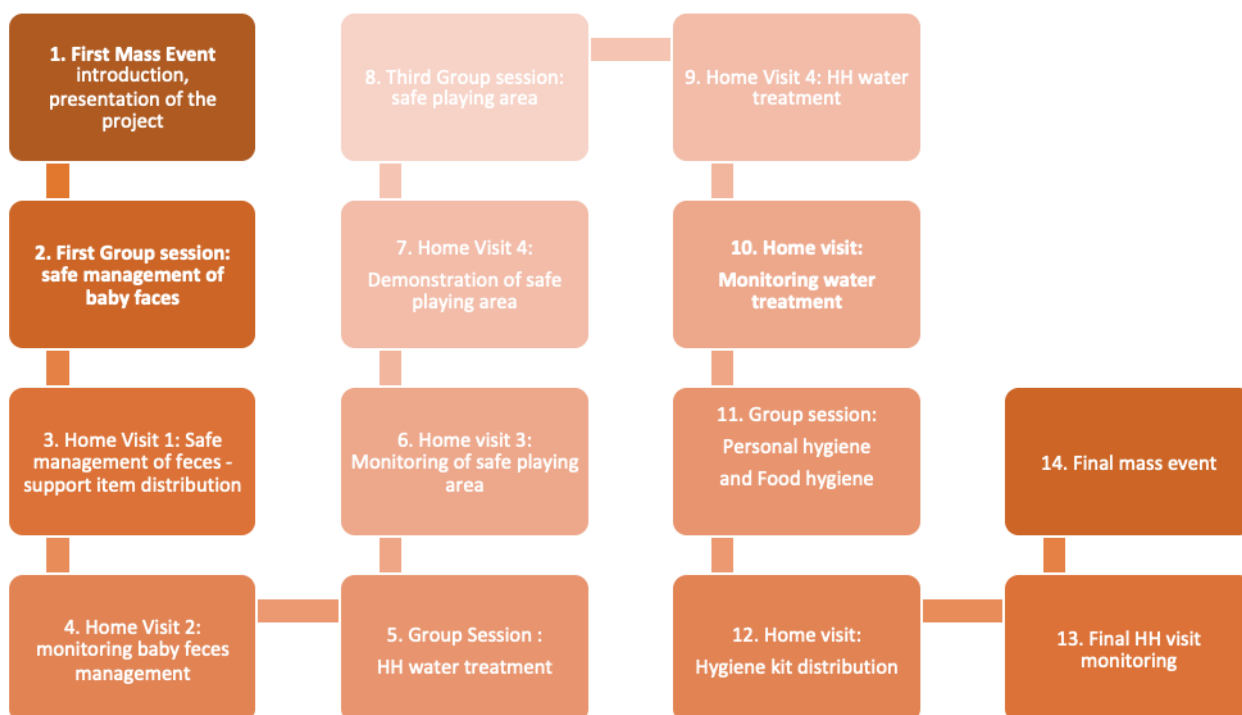


Figure 4 - Number of events conducted throughout the program in sequential order

The succession of events, meetings and sessions allows ACF's field staff to individually follow each mother/baby dyad. During each session, a specific topic was presented, and mothers were provided with supportive materials such as (electric kettle for boiling water and water bottle for storage of water, personal hygiene kit, child potty and mat for child along with some visual information were used during sessions. After each session household supportive supervision was conducted to follow on how the materials were being used.

The household environment where a child grows is highly related to their nutritional status. Direct and indirect pathways exist between WaSH and stunting from diarrheal diseases and Environmental Enteric Dysfunction (EED). Poor domestic and personal hygiene practices can help the transmission of disease-causing germs. Directly by fecal-oral or by person-to-person contact. Indirectly by vectors coming to contact with people their food, people breathing in airborne droplets of moisture, which contain germs or eating contaminated food. Bacterial (food poisoning, gastroenteritis, diarrhea, pneumonia, trachoma, skin infections) Viral (hepatitis A, gastroenteritis, cold, flu) and Parasitic (Giardiasis, scabies infection, hookworm infection, threadworm infection, round infections) are caused by germs and parasites resulting from inadequate domestic and personal hygiene. Exposure to these unhygienic conditions will increase the risk of contracting diseases and further making a child nutritionally vulnerable.

Recommendations

- Incorporation of fathers and male members in the baby WaSH programme for sharing the responsibility of entire family in care practice of the baby.
- Further scaling up in overall community to be prioritized in coordination with local government in co-funding.



- Baby WASH programme can be triggering point for the entire community for adoption of positive hygiene behaviours

Conclusion

The Baby WaSH approach successfully implemented in Nepal in 2018 2019 and is currently under replication with the same methodology in Myanmar. Such approach is needed in areas where Sanitation coverage is good (for example areas targeted by CLTS) but under nutrition remain high. To be efficient the approach should tailor – made the key behaviors to be changed and the hygiene kit to support it. In any area where it is suitable, a Cash and Voucher assistance should be used instead of the in-kind delivery. The CVA was not feasible in Nepal or Myanmar due to market access constraint but should definitively be considered in any relevant context.

Links to resources

- ACF, *Baby WaSH and the 1000 days manual*, available [here](#).
- ACF, *Baby WASH program manual – guideline for facilitators*, available [here](#).

MAKE WASH FUN - Improving the effectiveness of Hygiene Promotion Through Laughter & Play

CONTRIBUTOR: CLOWNS WITHOUT BORDERS

The approach

Clowns Without Borders have been working with the WASH sector in Cox's Bazar since April

2018, both on the ground and remotely, to develop more engaging and effective hygiene promotion sessions specifically aimed at children in Rohingya and host communities.

CLOWNS WITHOUT BORDERS SWEDEN



Monitoring framework

The CWB approach of “Making WASH Fun” is a complementary approach to current WASH sector Hygiene Promotion programs that aims to increase participant engagement and therefore learning - learning by participants of specific hygiene information and also learning by HP staff of specific hygiene practice challenges.

The following monitoring framework assesses the effectiveness of CWB practices in achieving these goals. You can [view the excel spreadsheet used with Solidarités International here.](#)



Figure 5 - CWB activities in Rohingya camps



Figure 6 - CWB activities in Rohingya camps



Hygiene Promotion through Laughter & Play - Clowns Without Borders

Figure 7 - Framework for monitoring the effectiveness of CWB approach to Hygiene Promotion

Resources

- [Hygiene Promotion Through Laughter & Play - overview](#)
- [CWB COVID19 support pack](#)
- [Hygiene Promotion through Laughter & Play Cookbook](#)
- [CWB Approach to Hygiene Promotion Monitoring Framework](#)
- [Rohingya children become hygiene promotion ambassadors during COVID-19 response in Cox's Bazar](#)
- <https://clownerutangranser.se/>
- <https://www.clownswithoutborders.org.uk/>



RANAS: evaluated behavior change interventions for WaSH & environmental improvements in the Rohingya refugee response - findings of the mid-term survey

CONTRIBUTOR: RANAS LTD (MIRIAM HARTER, SILVIE KRAEMER, HANS-JOACHIM MOSLER, JURGITA SLEKIENE)



Abstract

The uptake of consequent hygienic behaviors, such as handwashing with soap or cleaning of shared latrines, are a must in highly dense settlements, including the Rohingya refugee camps in Cox's Bazar, Bangladesh. A pilot project in the refugee camps aimed to enhance behavior change in Rohingya communities through systematic behavior change interventions. The interventions were tailored to the assessed behavioral drivers of the Rohingya communities and proven to be more effective than standard approaches. As an example: 21% increase in regular cleaning of shared latrines, with a decrease in negative feelings and strengthened social norms connected with latrine cleaning, whereas no changes were observed for standard approaches.

Context

In the context of the Rohingya refugee communities located in Cox's Bazar, Bangladesh, RANAS Ltd. realized a pilot project led by UNICEF, and partially funded by SDC, to improve hygiene promotion activities of nine different WASH sector partners. The partners selected a broad set of 11 different health and environmental protective behaviors. The pilot project was implemented during August 2019 until end of 2020, with the Corona pandemic interfering strongly with the intended timeline. Due to the restrictions related to COVID-19, only 4 out of 11 behaviors were assessed in the mid-term evaluation.

Objectives

The main goal of this project was to promote the following hygienic and environmental behaviors: child feces disposal, cleaning water utensils, drinking chlorinated water, handwashing with soap, cleaning shared latrines, menstrual hygiene management, not-littering, open defecation, safe water collection, waste segregation and water storage.

Specific objectives were:

- To assess current practices and the behavioral factors determining these practices.
- To design, implement, and evaluate systematic behavior change strategies to promote safe behaviors.

Activities

According to the RANAS approach the following steps were conducted:

RANAS Steps 1 & 2: Identify, measure, and determine behavioral factors of handwashing:

- Qualitative research was conducted in 120 interviews to identify potential behavioral factors.
- A quantitative baseline survey on all mentioned practices and behavioral determinants was conducted in 5000 face-to-face interviews in June to August 2019.

- The behavioral factors influencing target behaviors were specified by comparing the answers of the doers and non-doers. Factors were identified for each target behavior that differ between doers (people who already show the “safe” behavior) and non-doers (people who do not yet show the “safe” behavior).
- Example for latrine cleaning: Health knowledge, Feelings, Social norms, Personal importance, Confidence in performance, Action and Barrier planning, Commitment.

RANAS Step 3: Select behavior change techniques (BCTs) and design behavior change strategies to promote handwashing:

- According to the key factors identified with the doer/non-doer analysis BCTs were selected from the RANAS BCT catalog.
- The BCTs were combined with communication channels in coherent behavior change interventions for each target behavior.
- Example for latrine cleaning: ‘Present facts’ and ‘Prompt to talk to others’ as well as ‘Describe feelings about positive consequences’ were delivered through user group meetings, where doers talked to non-doers. In the same meetings, health promoters let people demonstrate latrine cleaning (‘Prompt behavioral practice’) and helped the user group develop detailed cleaning action plans (‘Prompt specific planning’), as well as discussed solutions to possible challenges (‘Prompt coping with barriers’). The user group ‘Agreed on a behavioral contract’. Through household visits, ‘Inform about other’s behavior’ and ‘others’ approval’ and ‘Prompt identification as a role model’ was realized.

RANAS Step 4: Implement and evaluate behavior change strategies:

- The interventions’ effectiveness was assessed through a before-after trial and compared to a control group with a standard approach.
- The behavior change interventions were implemented in the target blocks of the refugee camp by the local partners.
- The interventions were compared to other camp blocks where a standard intervention was implemented.
- A follow-up survey on four target behaviors, behavioral determinants and the interventions’ evaluation was conducted in 900 households in July and August 2020.

Findings for cleaning of shared latrines

Increase of 21% of people cleaning their latrines on a regular basis.

- 65% of respondents report to have a detailed action plan for latrine cleaning
- Access to latrines increased significantly by 36%
- Compared to the standard intervention, the RANAS intervention group was more successful in achieving behavior change.
- This was because they successfully changed the key behavioral factors of latrine cleaning, especially negative feelings related to latrine cleaning, confidence in performance and active action and barrier plans.



Figure 8 - A detailed action plan for the cleaning of shared latrines

Findings for other tested behaviors

- **Menstrual hygiene management:** Increase in intention and habit to wash and dry menstrual cloths properly. Increase in access to private spaces for menstrual hygiene management.



Achieved through positive changes on related behavioral factors, such as positive feelings and beliefs in benefits of clean and dry menstrual cloths.

- **Handwashing with soap:** compared to baseline, 15% increase in regular handwashing and strong increase in frequency of handwashing with soap. Changes in behavioral factors, such as increase in remembering of handwashing.
- **Drinking chlorinated water:** 45% increase of participants using chlorinated water. Achieved through changes on behavioral factors, such as positive feelings and beliefs in costs and benefits, as well as others' behavior and confidence in performance.

Conclusion

To increase effectiveness, behavior change interventions should be based on theory and driven by data, as well as tailored to the specific needs of the target population

Duration: April 2019 to December 2020

Partners: BRAC, BDRCS, CARE, DSK, GRC, NGO-Forum, Oxfam, Practical Action, VERC, World Vision

Funding: UNICEF, SDC

Further information: Information on the RANAS model and practical approach; the BCT catalogue and more fact sheets on the RANAS approach can be accessed on www.ranas.ch

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Clean Camp Campaign – People Led Total Hygiene (CCC-PLTH) – Community Engagement approach

CONTRIBUTOR: UNICEF

Idea for the CCC-PLTH approach is to improve WASH behaviors amongst Rohingya refugee children, women, men by engaging community. It is adapted versions of Community Led Total Sanitation (CLTS) approach with the differences are:



- CLTS is community-led, not subsidy-dependent, promotes complete owner by the community including financial contribution and entire process completely led by the Community
- CCC-PLTH is community-led, dependent on external subsidy for WASH services, community is engaged in the process

CCC-PLTH actively engages the community and strengthens ownership on hygiene promotion initiatives and considers the key pillars of community engagement are:

- Respect to local community, culture, community demands and leadership
- Social change through improvement in key behaviors
- Promotion of social innovation
- Aimed to improve overall hygiene practices and overall community health

CCC-PLTH approach emphasizes on:

- Community mobilization through PRA (participatory reflection and actions) tools and techniques.
- Identification of community problem and find out solution
- Facilitation of wider interaction within the community which helps to evolve natural leaders
- Promotion of social acceptability, responsibility and sharing of success
- Enhancing sustainability of hygiene practices through behavior change

CCC-PLTH facilitates the processes is to influence target community

- To observe, learn, communicate and collectively carry out the decision to improve hygiene conditions
- To practices at household and community level
- To bring significant changes in the environmental and individual health of the target community

The approach takes into consideration needs of all vulnerable groups: women, children and adolescent girls, people with disabilities and elder citizens.

The Six steps of CCC-PLTH

- Step 1: Assess the existing situation (rapport building, participatory observation) – tool is transect walk
- Step 2: Situation mapping on specific issue (e.g. water/sanitation/hygiene)
- Step 3: Identifying the route of transmission: feces (GOO): tool is mobility
- Step 4: Realizing of the causes and ultimate effects: tool is problem and results tree and body mapping
- Step 5: Community ignition: articulation of commitments: signboard hangings
- Step 6: Formation of action and monitoring: participatory monitoring tool

The CCC-PLTH is not a one-shot activity but it's rather a continue process of community engagement.



9. Other Annexes

Glossary

Nutrition

Malnutrition: Malnutrition refers to all forms of nutrition disorders caused by a complex array of factors, including dietary inadequacy (deficiencies, excesses or imbalances in macronutrients or micronutrients), and includes both undernutrition and overnutrition and diet-related diseases²⁰⁹.

Stunting (chronic malnutrition) is a form of growth failure, which develops over a long period of time. Inadequate nutrition over long periods of time and/or repeated infections can lead to stunting. In children, it can be measured using the height-for-age nutritional index. Wasting (acute malnutrition) is characterized by a rapid deterioration in nutritional status over a short period of time. In children, it can be measured using the weight-for-height nutritional index or mid-upper arm circumference. There are different levels of severity of acute malnutrition: moderate acute malnutrition (MAM) and severe acute malnutrition (SAM)²¹⁰.

Undernutrition: Undernutrition occurs when the body's requirements for nutrients are not met as a result of underconsumption or impaired absorption and use of nutrients. Undernutrition commonly refers to a deficit in energy intake from macronutrients (fats, carbohydrates and proteins) and/or to deficiencies in specific micronutrients (vitamins and minerals). It can be either acute or chronic. Undernutrition is commonly referred to as malnutrition²¹¹.

Gender

Gender diverse populations: it refers to gender related diversity, for example people with diverse sexual orientations, and gender identities such as Hijra.

Hijra: In South Asia, the term 'Hijra' refers to an identity category for people who were assigned as male at birth, but who develop a feminine gender identity.

Intersectionality: As a social variable, gender crosscuts with social variables such as age, ethnicity, class, religion, disability, sexual orientation, language, political identity, among others. Taking an intersectional approach, this study examines the distinct ways through which diverse socially and culturally constructed categories interact at different levels to produce different forms of power relations and inequalities.

²⁰⁹ Guide for Practical Joint Actions Nutrition-Water, Sanitation and Hygiene (WASH) June 2016 Nutrition - WASH Toolkit Guide for Practical Joint Actions Nutrition-Water, Sanitation and Hygiene (WASH) UNICEF East Asia and Pacific Regional Office (EAPRO), June 2016, [here](#).

²¹⁰ Guide for Practical Joint Actions Nutrition-Water, Sanitation and Hygiene (WASH) June 2016 Nutrition - WASH Toolkit Guide for Practical Joint Actions Nutrition-Water, Sanitation and Hygiene (WASH) UNICEF East Asia and Pacific Regional Office (EAPRO), June 2016, [here](#).

²¹¹ Guide for Practical Joint Actions Nutrition-Water, Sanitation and Hygiene (WASH) June 2016 Nutrition - WASH Toolkit Guide for Practical Joint Actions Nutrition-Water, Sanitation and Hygiene (WASH) UNICEF East Asia and Pacific Regional Office (EAPRO), June 2016, [here](#).



People with diverse identities: The term 'people with diverse identities' is used to comprehensively refer to all types of diversity and intersectionality, from people living with disabilities to gender diverse populations (such as the Hijra).

Purdah: a practice of female seclusion prevalent among some Muslim and Hindu communities. It takes two forms: physical segregation of the sexes and the requirement that women cover their bodies so as to cover their skin and conceal their form²¹². It literally means curtain or veil. In certain societies the term purdah is widely used to refer to the system of seclusion of Muslim and Hindu women from men or strangers, especially by means of a curtain.

Salish: it is an informal mediation system and the most common form of community-level justice practiced in Bangladesh.

Sexual and Gender-based Violence (SGBV): UNHCR defines Sexual and Gender-based Violence (SGBV) as an umbrella term for any harmful act that is perpetrated against a person's will and that is based on gender norms and unequal power relations. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature. It could also include the denial of resources or access to services. It inflicts harm on women, girls/boys, men and boys, and can occur in public or in private²¹³.

Climate change and disaster risk reduction

Vulnerability: The characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard.

Hazard: A dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption or environmental damage.

Capacity: The combination of all the strengths, attributes and resources available within a community, society or organization that can be used to achieve agreed goals.

Risk: The combination of the probability of an event and its negative consequences, often referred to by the following function: Disaster risk = hazard * vulnerability

Maladaptation: Actions that may lead to increased risk of adverse climate-related outcomes, increased vulnerability to climate change, or diminished welfare, now or in the future.

Disaster risk reduction: The concept and practice of reducing disaster risks through systematic efforts to analyze and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment and improved preparedness for adverse events.

Adaptation: Coping with those impacts of climate change that cannot be avoided²¹⁴.

Protection Sector referral pathways

Available at this link. Updated as of 31st January 2021.

²¹² Danny Coyle, Marie Sophie Sandberg-Peterson, and Mohammed Abdullah Jainul (2020). "Honour in Transition: changing gender norms among the Rohingya." Bangladesh: IOM & UN Women, [here](#).

²¹³ UNHCR, CARE and ActionAid (2020). An Intersectional Analysis of Gender amongst Rohingya Refugees and Host Communities in Cox's Bazar, Bangladesh. An Inter-Agency Research Report, September 2020, [here](#).

²¹⁴ UNDP, *Gender, climate change adaptation and disaster risk reduction*, 2016, [here](#).



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Camp-3	Woman 1



Camp-3	Woman 2
Camp-3	Woman 3
Camp-3	Woman 4
Camp-3	Woman 5
Camp-3	Woman 6
Camp-3	Woman 7
Camp-3	Woman 8
Camp-3	Woman 9
Camp-3	Woman 10
Camp-3	Man 1
Camp-3	Man 2
Camp-3	Man 3
Camp-3	Man 4
Camp-3	Man 5
Camp-3	Man 6
Camp-19	Woman 1
Camp-19	Woman 2
Camp-19	Woman 3
Camp-19	Woman 4
Camp-19	Woman 5
Camp-19	Woman 6
Camp-19	Woman 7
Camp-19	Woman 8
Camp-19	Woman 9
Camp-19	Woman 10



Camp-19	Man 1
Camp-19	Man 2
Camp-19	Man 3
Camp-19	Man 4
Camp-19	Man 5
Camp-19	Man 6
Camp-19	Man 7
Camp-19	Man 8
Camp-22	Woman 1
Camp-22	Woman 2
Camp-22	Woman 3
Camp-22	Woman 4
Camp-22	Woman 5
Camp-22	Woman 6
Camp-22	Woman 7
Camp-22	Woman 8
Camp-22	Woman 9
Camp-22	Woman 10
Camp-22	Woman 11
Camp-22	Woman 12
Camp-25	Man 1
Camp-25	Man 2
Camp-25	Man 3
Camp-25	Man 4
Camp-25	Man 5



Camp-27	Man 1
Camp-27	Man 2
Camp-27	Man 3
Camp-27	Man 4
Camp-27	Man 5
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List of acronyms

AFA: Area Focal Agency
AJS: Acute jaundice syndrome
ARI: Acute Respiratory Infection
AWD: Acute watery diarrhea
BSFP: Blanket supplementary feeding program
CFS: Child Friendly Space
CWC: Communication with Communities (Technical Working Group)
EWARS: Early Warning, Alert and Response System
GAM Gender with Age Marker
GBV: Gender based violence
GiHA: Gender in humanitarian action
GEEWG: Gender equality and the empowerment of women and girls
HP TWiG: Hygiene Promotion Technical Working Group
IPV: Intimate partner violence
LGBTQI: Lesbian, gay, bisexual, transgender, queer and intersex (referred here as gender diverse population)
MAM: Mild Acute Malnutrition
MHM: Menstrual hygiene management
MSNA: Multi-Sectoral Needs Assessment
NPM: Needs and Population monitoring (IOM)
O&M: Operation and maintenance
PERU: Protection Emergency response Unit
PSEA: Prevention of sexual exploitation and abuse
RDT: Rapid Diagnostic Test
SADDD: sex, age and disability disaggregated data
SAM: Severe Acute Malnutrition
SDG: Sustainable development goals
SWM: Solid waste management
TLC: Temporary Learning Centers