



A PRACTITIONER'S TOOLKIT

Making water, sanitation and hygiene safer through improved programming and services

Toolset 3-B
Linking WASH and protection

TS3-B-2 – Linking WASH and protection teams: Democratic Republic of the Congo, Yemen and South Sudan

<p>Context</p>	<p>Oxfam works in the areas of WASH and protection in fragile and humanitarian contexts around the world. In these contexts access to water supply, sanitation and hygiene facilities are often limited and areas are highly insecure, with protection concerns – including in relation to GBV – tending to be high.</p> <p>Implementing WASH programmes requires hygiene promoters and associated colleagues to work at community level in order to promote behaviour change and establish systems for the use and maintenance of facilities. This often leads to the development of positive relationships between community members and WASH staff working at community level. This can lead to situation where WASH staff, WASH committees or associated actors are approached for support by people who have experienced violence (GBV survivors) or their families. This offers opportunities to establish linkages to assist the person who has experienced violence to obtain support, but also poses challenges because WASH staff are not trained protection specialists.</p> <p>These case studies include the current thinking and learning efforts of Oxfam’s Protection and WASH teams to establish effective and appropriate ways that they can make the most of these opportunities.</p> <p>These case studies are based on experiences in: the Democratic Republic of the Congo (DRC), Yemen and South Sudan.</p>
<p>Implementing organisations</p>	<p>Oxfam and local partner organisations.</p>
<p>Description of good practices</p>	<p>Democratic Republic of the Congo</p> <p>Oxfam’s Protection Programme aims to develop and test innovative models for facilitating better access to specialist services within its humanitarian programmes, and forms a basis for planning and dialogue with specialist service providers and structures. It aims to develop the relationship between specialist service providers and humanitarian actors who are using community-based approaches such as required for WASH programme implementation.</p> <p>The potential for these community-based staff and organisations to provide useful information about specialist service providers as part of a self-referral system (where the affected person refers/takes themselves to the service provider instead of being referred by another professional) is clear. Evaluations of the approach in 2011/12 found that it had significantly improved people’s access to services, especially for women or girls who have experienced sexual violence, but also for male survivors of violence and abuse. However, they also identified challenges – such as the risk that proactive information dissemination can easily drift into case management if not carefully managed, particularly where services are not available or are inadequate.</p>

Referral

A referral is the process by which the immediate needs of someone who has experienced violence are assessed and they are helped to gain access to comprehensive and supportive services provided by various agencies/ organisations.

Case management

Case management systematically arranges assistance to individuals from the beginning to the end of the relationship. The system facilitates a step-by-step approach, from identification, to assessment, intervention and to case closure. It empowers and relies on fieldworkers recording information and making decisions at each step of an intervention on a protection issue or issues.

In the DRC, successful approaches included an ‘exploratory walk’: volunteers were ‘walked through’ what would happen to someone accessing a specific service from the moment they arrive. ‘Participatory mapping’ exercises produced maps of services and community resources for support to those who have experienced abuse. Both approaches helped community leaders and members gain better knowledge on what services were available, when, under what conditions, and where.

This approach entails some risks, however, and required very clear terms of reference agreed between all actors: using scenario-based training and role playing to act out the practical differences and challenges of self-referral; establishing supervision, debrief and support mechanisms for volunteers; and a continual cycle of these activities to keep knowledge up to date and manage turnover.

Facilitating access to services for IDPs in Aden and returnees in Abyan, Yemen

Oxfam has been working to support WASH services for internally displaced persons (IDPs) in Aden and in locations in Abyan, where they are returning. In all locations Oxfam staff were approached for advice on where to get medical help for injured people and those who had experienced abuse, in tracing missing family members, or getting psychosocial care. Many IDPs in Aden were confused about how to access such services, and those returning to Abyan found that many services had relocated after being damaged during the conflict. IDPs were also unsure of the potential benefits of seeking some forms of assistance and the potential risks, particularly with respect to sensitive issues such as sexual abuse, forced marriage or child protection issues.

In response to these concerns, Oxfam ran a four-month pilot project to develop and test out an appropriate referral – ‘self-referral’ – model, building on the small-scale activities that had increasingly been built into Oxfam’s global humanitarian responses in the past few years. As a minimum it aimed that all field staff, interacting directly with crisis-affected people, would be able to respond appropriately to queries and requests for assistance. In addition, the project worked with the Yemeni Women’s Union to proactively disseminate accurate and reliable information about services and referral pathways into beneficiary communities, so they would know which services were available to them and how to access them. It aimed to have a strong, but not exclusive, focus on GBV. The other key issues identified by the communities were child protection and the risk of mines and other unexploded ordinance.

The pilot project included:

1. Service mapping – mapping of protection-related services in Aden and Abyan;
2. A baseline survey of the information needs among IDPs in the locations where Oxfam’s WASH activities were being implemented;

3. Development of standard operating procedures (SOPs) for dealing with requests and queries from IDPs;
4. Training Oxfam staff and partners on how to reactively and proactively disseminate information and initial information dissemination activities (to be continued beyond the pilot phase);
5. Work within the Protection Cluster membership to strengthen co-ordination and collaboration with service providers in the Areas of Responsibility (AoRs); and
6. Advocacy where necessary for adequate service provision where it was lacking.

In addition, some general training on protection and gender was carried out for Oxfam staff and partners to build their capacity in these areas.

Safe and conflict-sensitive programming approaches to WASH: Jamam and Gendrasa refugee camps, South Sudan

In this case, the protection adviser and public health staff worked together to create a checklist on safe and conflict-sensitive programming approaches to WASH, as a briefing and guide for field staff. This supplemented training sessions and mentoring support. Some of these actions are summarised below.

Access to WASH facilities

- Support host communities and refugees in developing and agreeing on water use and management-sharing arrangements;
- Work with the local authority to develop exit strategies and to find ways that the hosts near the camp and those in town can have continued access to water and other facilities;
- Review 'family' latrine arrangements and see how these could promote privacy, especially for women;
- Put gender markers in communal latrines that still exist in the camp, designating latrines for men and women; and
- Refer to camp-specific checklists for safe WASH programming.

Referral

- Share non-WASH feedback or complaints received from refugees with the relevant service provider;
- Map the services available for refugees and hosts;
- Brief WASH staff about referral guidelines; invite representatives from lead service providers to discuss referral pathways for Oxfam staff and WASH Committee members;
- The Public Health Promotion Team leader should support the initiative and include it in the public health promotion work plan; and
- Discuss the 'do's and don'ts' of referrals – with these discussions supported by gender and protection officers.

Developing the protection capacity of the response teams

- Session on the Code of Conduct and prevention of sexual exploitation and abuse (SEA);
- Session on gender in emergencies for the refugee response teams; and
- Gendered assessment and gender strategy development for the refugee response.

<p>Challenges</p>	<ul style="list-style-type: none"> • Staff and partners often have varying levels of knowledge about specialist services. Likewise, their knowledge, experience and confidence about safe and ethical handling of information, especially those sensitive in nature such as GBV, varies, and they need ongoing support in dealing with these issues. • The services which provide protection-related support tend to be fragmented – with services related to GBV, child protection, Protection Cluster, mines action, trafficking etc. Hence one coherent referral structure is not always available, making it challenging for non-specialists to be able to access the correct information. • Protection and referral for legal support creates ethical dilemmas where such a system is dysfunctional or corrupt and where the chance of the person who has experienced violence or abuse receiving justice is very limited. Simply disseminating information may encourage people to access a system or service that could create further vulnerabilities or dangers for them. • The differences between self-referral and case management, between proactively giving out information and conducting an intake interview are highly nuanced and hard to manage in practice. Therefore solid guidance is required by protection specialists to continually ensure common and correct understanding of some of the key concepts and their practical implementation by non-specialists.
<p>Lessons</p>	<ul style="list-style-type: none"> • There is a need to develop, agree and train field teams (including WASH staff) on clear messages, what to do and what not to do in dealing with disclosures, complaints or protection incidents needing specialist care for people who have experienced violence or abuse, and to have ongoing support and guidance from a protection specialist.
<p>References/links</p>	<p>Hastie, R. (2013) OXFAM-GB. Personal communication.</p>



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