



A PRACTITIONER'S TOOLKIT

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

Toolset 3-C

Facility siting, design and management

TS3-C-3 – Considering protection in water supply and hygiene promotion in humanitarian responses: Bangladesh and Sudan

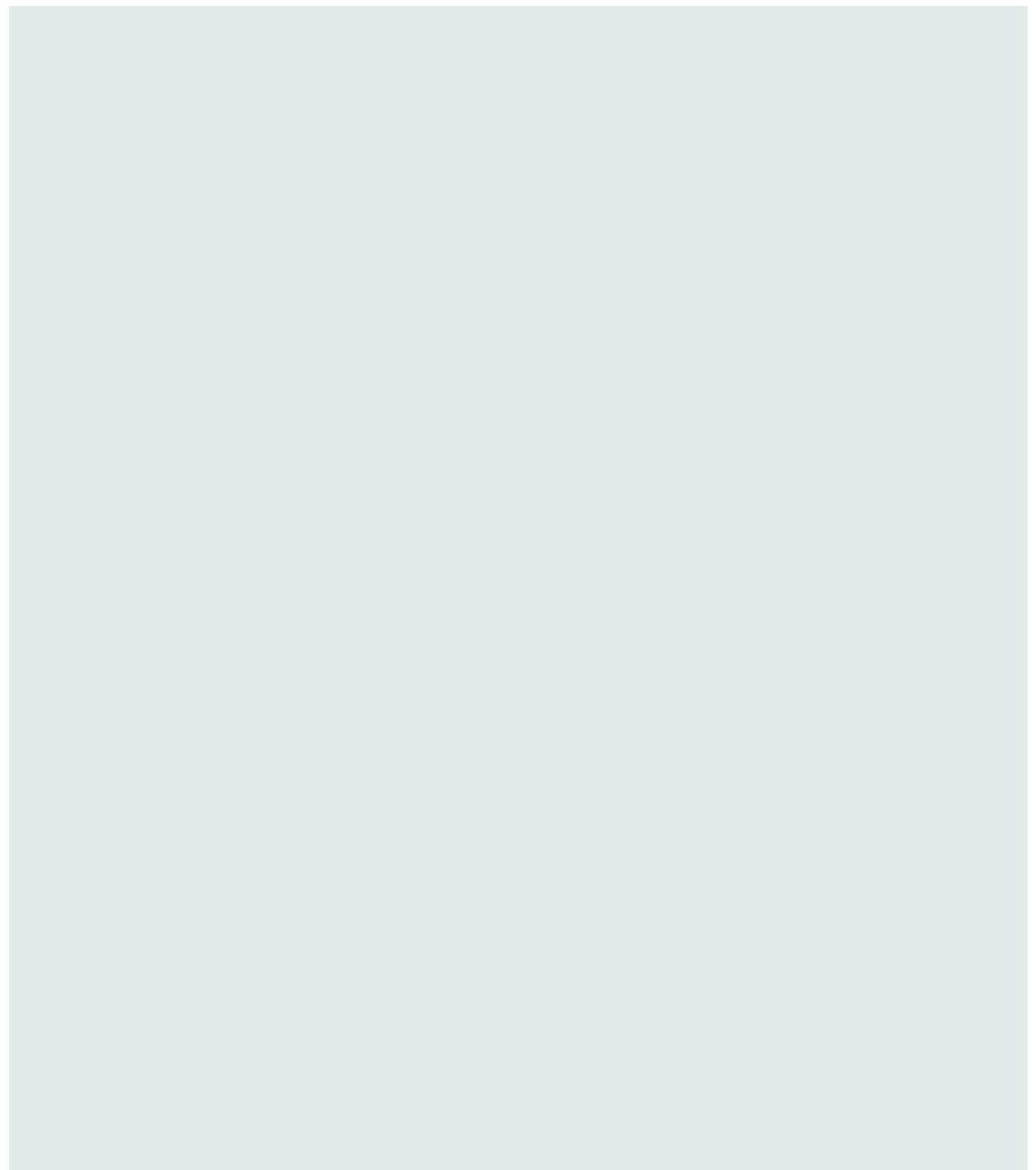
Context	<p>The two case studies relate to humanitarian situations. They were published in documents dated 1994 (Bangladesh) and 2005 (Darfur) and hence occurred prior to these dates:</p> <p>South-east Bangladesh – About 300,000 Rohingya refugees from Myanmar took refuge in a camp in south-east Bangladesh. They had fled from persecution in their homeland. Many of the women who were in the camp had suffered rape in Myanmar, and came from families that had been separated, with husbands and children lost. In the camp there were allegations of harassment of women by the Bangladesh security forces at the water collection points, and of regular sexual abuse of refugee women by the security forces.</p> <p>Darfur, Sudan – More than 40,000 internally displaced persons (IDPs) fled to Kebkabiya town to seek safety from the violence engulfing the Darfur region of Sudan. There are some waterpoints throughout town; however, an Oxfam assessment found that the quantity and quality of water to be insufficient. In addition, at most waterpoints women and girls reported violence and harassment from the militia. The abuse included beatings and whipping, water containers being confiscated, and shooting into the air to scare and intimidate. Women and young girls in and around the town were regularly abducted and gang raped for days at a time. Levels of violence were highest in isolated locations on the town periphery, where the nearest house is more than 500m away, and near areas of high militia presence. Men would not leave the town boundary because of a very real threat of being shot.</p>
Implementing organisations	<p>Oxfam and UNHCR.</p>
Description of good practices	<p>South-east Bangladesh – The WASH team tried to stick to the principle of 'more female, less male' in the working team, with female engineers and health educators. Actions undertaken included moving the tap-stands to a safer location to avoid harassment of women by a section of the security forces, and changing the time of supply of water to suit the routines of both the women and men. Following a ban on gatherings in the camp because of fears of anti-repatriation discussions, undertaking health education discussions became difficult. The team then took a new initiative to reach the women by setting up women's centres in the camp. During the first phase they were called 'health education centres' to make them more acceptable. Gradually these centres became a refuge for the women, a place for talking, sharing emotions and releasing tensions.</p> <p>Darfur, Sudan – As a result of this assessment, it was determined that Oxfam would not refurbish any water source that IDPs considered insecure. During the assessment of each waterpoint, many potential sources were eliminated from consideration due to their isolation and/or proximity to areas of high militia presence. Four viable water sources were ultimately identified which explicitly met the criteria of enabling safe</p>

	<p>access to water. In one case, Oxfam will run a pipeline from the town's outlying well into a residential area in order to ensure safe access to water by IDPs. Aside from standard waterpoint monitoring, it was planned that the project will monitor the extent to which women feel safer and are less subject to harassment and violence at the new waterpoints.</p>
<p>Results</p>	<p>South-east Bangladesh – Health educators also benefited from the women's health education centres as they provided a place for contact and discussion. Refugee women suggested using the centres for children as children's health education centres (schools were not allowed), and this gave birth to the child-to-child programme. New ideas for garbage disposal, construction of women's bathing places using refugee voluntary labour, ways of using refugee labour for de-sludging latrines, watching the water sources, and guarding and protecting the latrines and other communal areas all arose from discussions at the women's centres. The original idea behind these centres was to make better contact with families through the women and children; but gradually they became more than that. Individuals who attended also gained benefits personally, including those that are often intangible.</p> <p>Although the women's health education centres were not set up for the purpose of reducing violence, they could offer opportunities to reduce vulnerabilities to violence related to WASH. This might be through:</p> <ul style="list-style-type: none"> • Offering a safe space for women to discuss with other women issues related to violence, and also a safe space to discuss and propose strategies to reduce vulnerabilities to violence; and • The increased capacities and confidence of the women involved, which can give them confidence to also discuss such issues in wider forums that include men and community leaders or to resist violence when it is threatened. <p>Darfur, Sudan – The project benefited more than 4,000 households, including significantly reducing exposure to violence for women and young girls.</p>
<p>Challenges</p>	<p>Bangladesh – After some time when the women's/children's health education centres came to be more 'women's centres' in the real sense, male officials and refugees began to feel threatened and started plotting a conspiracy against them. They tried to get them shut down, because they said they were a breeding ground for anti-repatriation activities and other law-and-order activities. The male Mahjhi sought permission to convert the women's centres into a mosque (where women's attendance would not have been encouraged). Then when this was not successful, they sought permission to change the centres into a mosque for the month of Ramadan only. The women at the centres uncovered the plot and said that if they were changed to a mosque for one month, they would never be able to change the status back to being a women's centre no matter what the agreement was beforehand.</p>
<p>Lessons</p>	<ul style="list-style-type: none"> • Even though WASH professionals are not protection specialists and there is limited scope to play a substantial role in protecting women and children in camps, there are opportunities to contribute. • Similar opportunities might have been created for a men's centre as well (in the Bangladesh case study), to allow men an opportunity to learn about hygiene and other issues including those related to violence (including GBV). Opportunities might also have been created for adolescent girls and boys to meet and discuss issues relevant to them.

References/Links

Bonwick, A. (2005) *Protection into Practice – An introduction*. Oxford, UK: Oxfam International.

Wahra, G.N. (1994) Women refugees in Bangladesh. In: B. Walker (ed.) *Focus on Gender* 2(1), February 1994.



**VIOLENCE
GENDER
& WASH**

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