

Sanitation for refugees and internally displaced people (IDPs): East and Southern Africa region

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The hunter-gathering approach

Hunter-gathering is a process of rapidly collecting and collating information, experiences and contributions. In a workshop setting, hunter-gatherers self-select a topic they are most interested in championing and work together in groups to produce a short report (2-6 pages) by the end of the workshop – groups and topics are decided upon on the first day. Each day, dedicated time is given for people to collect relevant information from one another. Over the course of the session the groups self-organise collecting contributions and feeding into other topics. Participants are asked to collect information informally through breaks and mealtimes. They may also like to use the opportunity in plenary sessions to take notes on their particular topic and ask questions to presenters that could help them with their reports. Outputs are action-orientated, with groups asked to reflect on what should be done moving forward and recommendations for policy and practice.

The notes produced are not meant to be polished or exhaustive, and they are not peer reviewed. They are rapid explorations into priority topics, which are written and disseminated quickly in the hope that they will trigger further conversations, debate and interest. As such, they are not for citation.

This methodology is very much a work-in-progress. Comments and suggestions to strengthen and develop the hunter-gatherer process and method, as well as the content and structure of the notes would be very welcome. Or if you wish to do a rapid exploration into a topic that interests you, please contact us: clts@ids.ac.uk

NOTE. All attendees at the workshop primarily have a development role, so understanding of camp sanitation was often limited.

1. Description of issues/challenges

- Many countries in East and Southern Africa have refugees from neighbouring countries or internally displaced populations (IDPs) – gathered together either in camps or integrated into host communities at varying levels.
- These communities are often overlooked in terms of national strategies for sanitation, or are covered by humanitarian or “emergency” policies which are often short term, although many refugee/IDP settings may be more long term in nature.
- The Sphere standards cite 1:50 as the basic minimum level of sanitation coverage, however in



many countries the situation is much worse. For example in Ethiopia for the recent 1.2 million conflict IDPs, there is an average of 294 people per toilet which masks a large range as over 300 IDP sites are not registered to have any latrines at all.

2. Current solutions (including country/ organisation)

The following examples of approaches for sustainable sanitation for refugees/IDPs indicate that there is a growing trend to move away from communal blocks to household (HH) latrines. However there are challenges.

- **Tanzania** – From Daudi Makamba and Regi Mpete of UNICEF: For the Burundian refugees, all WASH implementing partners with support from UNHCR are mainly constructing communal latrines (shared by 4 – 8 HHs per latrine). There are few family/HH latrines (27 – 31%) for Burundian refugees, which were entirely supported by UNHCR and its Implementing Partners (IPs) (i.e. no subsidy) – currently they are unable to scale up HH latrines due to funds limitations. Congolese refugees are also using communal latrines. Those who came a long time ago constructed their latrines themselves using locally available materials (poles, logs and thatches) without any support. However, the availability of local materials is now questionable and there are tight rules/restrictions related to the collection of locally available materials, especially poles and logs. At the last WASH coordination meeting, agencies decided to shift the approach from communal to HH latrines. UNHCR and its IPs will contribute/support latrine slab (domed slab), iron sheets, door (and its fittings) and construction tools (e.g. digging tools etc); while the HH will be responsible for pit digging, casting mud bricks and construction activities. It is assumed that the slab, iron sheet and door will be recycled when the latrine is full. The design of the proposed option, which indicates contributions from both sides will be shared by the end of this month (April 2018) – UNHCR and its IPs are still finalising the design and BoQs.
- **Tanzania** – From Anyitike Mwakitalima, TNSC Coordinator: Long term refugees (since 1994) from Burundi/DRC/Rwanda – the government has worked with these communities e.g. in Kigoma Region to support HH sanitation and also institutional WASH/MHM in schools. Communities were encouraged to nominate community own resource persons (CORPs) who are locally influential individuals in camps to receive (then PHAST) training and support their communities to build HH toilets. Slabs were given for free. There is a high level of coverage (estimated at 99%).
- **Burundi** – From Ahmedou Bahah, UNICEF Burundi: With the current security situation there are some IDPs in host communities, however these cannot be addressed as a separate group because of the political sensitivity, hence numbers are uncertain and there is no specific strategy.
- **Djibouti** - From Ahmedou Bahah, formerly UNICEF Djibouti: In refugee settings from Somalia, CLTS was promoted and HH latrine development encouraged. There is anecdotal evidence - through cross-border liaison on returnees - that on returning to Somalia, this behaviour change was sustained and returnees built new HH latrines.
- **Ethiopia** (author's knowledge): latrine coverage in refugee settings has mostly been provided with traditional emergency approaches of communal blocks. A new strategy is being developed for IDPs, looking at supporting HH latrines for groups of HHs (e.g. 1:4) in the first instance, with the provision of NFIs, gradually moving towards the goal of individual HH latrines.
- **Sudan** (from *Frontiers of CLTS* on [CLTS in post-emergency and fragile states](#)): IDPs in host communities: used strict no subsidy approach to CLTS, with a focus on total sanitation.

3. Emerging questions

- Availability of raw materials for HH latrine construction is often an issue in refugee/IDP settings – does this justify the subsidy/provision of NFIs such as slabs/superstructure materials?
- Latrine building materials can often be provided in settings where there are limited resources, which does not necessarily compromise the triggering process if approached carefully – or does it?
- Is there a divide between humanitarian and development WASH programming that needs to be bridged in these instances of long term 'emergency' with the implementation of more sustainable approaches?
- Groups that are internally displaced in a country due to conflict may not always be reachable due to political sensitivity – how best to reach them?

4. Recommendations

- Build evidence base and national numbers with e.g. diarrhoeal disease/outbreak rates for advocacy. In crowded settings such as refugee/IDP camps, disease outbreak is a constant concern, and these 'last mile' communities cannot be ignored when considering total sanitation coverage.
- Dependent on the setting, there should be recognition that the aim is to move towards long term sustainability and hence sanitation should be transitioning as rapidly as possible to development solutions and the national strategy of self-built toilets (materials can be provided) through community-led promotion. The provision of shared HH latrines with clear ownership is preferable to communal blocks that nobody feels responsible for.
- At a minimum, ground rules of camps should include sanitation basics e.g. zero tolerance for open defecation, and hygiene promotion should be provided in all settings.

5. Resources

- *Frontiers of CLTS* No 9: [CLTS in Post-Emergency and Fragile States Settings](#)
- Examples from Philippines where post-hurricane displaced communities were triggered and only the most vulnerable supported with Non Food Items.