



Water and sanitation for refugees and internally displaced people

Paul Sherlock

What can we learn from the emergencies of the last few years about water and sanitation provision?

The world seems to go through phases where the focus is either on refugees or internally displaced people (IDPs). Many people, including from the media, use the term 'refugee' for anyone who is displaced. After the recent Hurricane Katrina in the US, the media were talking about refugees, instead of displaced people.

Over the last few years the aid world has spoken more generally about IDPs than refugees. This of course is due in part to Darfur, where most of the affected two million people were IDPs. They were displaced in their own country and did not go over an international border, even though most of them ended up in camps. (However, 400 000 people did go into Chad and they are in refugee camps.) The *tsunami* of 26 December 2004 displaced several million people especially in the first few weeks of the crisis. Sri Lanka alone had almost 900 000 people in camps at the end of the first week in January 2005. They were not refugees but IDPs.

Is there more to this than a difference in terminology? One might assume that the way you deal with

the water and sanitation requirements of refugees and IDPs is the same. In reality, however, it is not.

Refugees come under the protection mandate of the UNHCR. Any camps that develop are co-ordinated by the UNHCR and any agency wishing to work in those camps has to seek their agreement. Up to a couple of years ago the word 'camp' referred only to a refugee camp. Today, after the crisis in Darfur and the *tsunami*, the word 'camp' can refer to either IDPs or refugees.

It is not only a matter of nomenclature, but also the reality of how the camps are organized and managed. Who will co-ordinate the inputs and guide new and old agencies into operating to common, agreed standards? Where and how will they work? With refugees this is all done by UNHCR. With IDPs, at the moment there is no mandated body that does the practical organizing at a camp level. In Darfur, fewer than half the camps have any sort of management structure, and where there is a structure it is not consistent across the camps. Water and sanitation provision is not in any way standardized, except for Mk 2

handpumps, which were put in by the water authority.

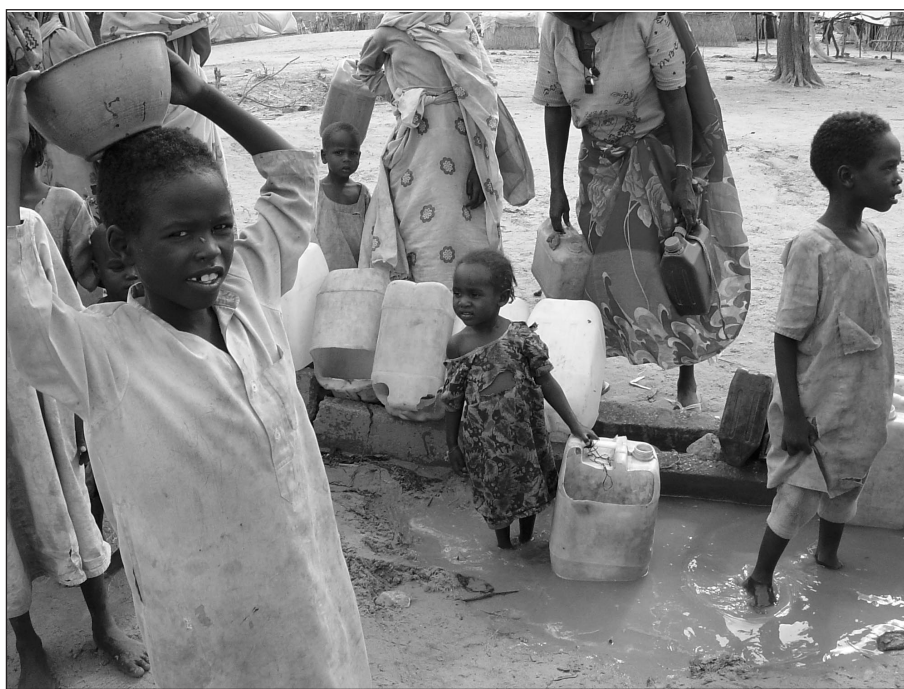
Co-ordination in recent emergencies

The emergency situations of the last ten years provide examples of how much provision can vary, and how the need for standardization and co-ordination is becoming more apparent. The Rwanda/Great Lakes crisis of 1994, which involved camps and displaced people all over the region, highlighted the need for some common understanding and basic standards when dealing with people in a wide range of situations. The Sphere project of the 'Humanitarian Charter and Minimum Standards' in disaster response was developed after the Great Lakes Crisis by the key NGOs and the Red Cross movement. This was a means of providing a minimum standard of support to beneficiaries affected by the crisis. These 'Sphere Standards', as they are commonly called, are still not universally used, despite support from all major agencies and donors. Many small or new agencies are still not aware of them, which makes for a wide range in the quality of work. Governments around the world are attaching greater importance to the use of common standards used by the NGOs. These governments have in the past seen all sorts of inputs from a wide variety of NGOs and other groups working in the Water and Sanitation sector who have provided very good to very poor services. There also needs to be a clear recognition by all players that water is a national resource and should be treated as such.

The Iraq crisis focused the UN on the need for lead agencies and co-ordination. UNICEF was given the role of



A family is newly arrived in a camp in northern Darfur



Co-ordination of water and sanitation provision in the Darfur camps was often poor

WatSan sector co-ordinator. UNCHR was ready in all the surrounding countries to deal with refugees from Iraq, but UNICEF was still looking after the overall co-ordination at a regional level. As it happened, Iraq did not become a refugee crisis since, unlike the 1990 Iraq crisis, very few Iraqis left the country.

By the time of the war in 2003, UNICEF had already set up a WatSan co-ordination unit and in February they had verbal agreements from all the key WatSan players that they would support UNICEF as the co-ordinating body. This worked in Jordan before the war and in Baghdad after the war, with the different co-ordination groups around the country reporting to Baghdad. This situation continued until the UN bombing; at this point the UN and UNICEF pulled out of Iraq and the process changed.

Darfur, unfortunately, went quite the opposite way. There was no thinking about co-ordination until very late. Many new agencies went to work in the growing number of camps. The people were not classified as refugees, so no one was responsible for managing the camps and UNICEF assumed the job as the WatSan co-ordinator quite late in the crisis. By the time this happened, a lot of agencies had already started work in the camps, many of them with little experience.

This made it very difficult for UNICEF to act as the effective lead agency and co-ordinator.

Lead agency

In the recent United Nations 'Humanitarian Response Review', water and sanitation were highlighted as a key sector that needs to move forward. The three elements that are needed to improve the response and capacity in this area were laid out in the recommendations:

- the recognition of the overriding importance of this sector
- the ongoing training of key staff
- the systematic dissemination of information on best practices, training and appropriate equipment.

The review also stressed the need to strengthen the role of the 'lead agency'. This is overwhelmingly important in large-scale emergencies when co-ordination is particularly crucial.

The review report was discussed by the International Agencies Standing Committee (IASC) and the lead agency status for water and sanitation was given to UNICEF. UNICEF has had a long history in the water sector and a global network of operations, partners, resources and a recognized role in the field of emergency water and sanitation interventions for displaced persons.

The review also stressed the importance of joint co-operation between the UN agencies, NGOs and the Red Cross movements of ICRC and IFRC.

Following on from the IASC meeting, UNICEF set up a 'cluster working group' made up of UN agencies, NGOs and the Red Cross (ICRC and IFRC). This group will continue to meet over the next year and will strengthen the role of the lead agency and begin to develop the capacity, training and equipment needed to strengthen the international community's response to future emergencies.

Technical solutions

Lead agency and co-ordination is one thing, but operating on the ground with the right kit and life-saving interventions is another. Over the years, agencies like Oxfam, ICRC, MSF have all developed equipment in the water sector. You could almost say that there is a 'technical fix' for the provision of water at camp level, and the key agencies have staff and equipment ready to install good-quality drinking water. In the sanitation sector this is not the case, since there is more to providing sanitation than a technical fix. Good technical solutions, appropriate to the culture of the people, go part of the way, of course, but it has taken the agencies a long time to recognize the importance of sanitation and that it really is the first line of defence when it comes to controlling water-related disease.

This is probably why there have been no major radically new ideas or designs in sanitation since the development of the VIP latrine in Zimbabwe 20 years ago. What has emerged as the most significant change over the last



An Oxfam team installs a water distribution point in a Sri Lanka IDP camp

ten years is the importance now being assigned to hygiene. This was very clear in the Darfur camps, when water quality was basically very good from handpumps but water-related disease, including Hepatitis E, was rampant in many camps.

When the *tsunami* occurred, WHO put out a statement in the first days of the crisis saying that, if the water and sanitation side were not addressed, then more people would die from water-related disease than from the *tsunami* waves. In reality this did not happen. The first lesson for such a disaster now seems to be very clear: the provision of clean water and sanitation is of course important, but basic hygiene practices such as hand washing and personal hygiene are equally critical in the prevention of disease.

Under the banner of sanitation also comes solid waste. The *tsunami* spread millions of tons of solid waste all across the southern Asia region that will affect the environment and health of the people of those countries for many years to come. National governments, international agencies, NGOs, local government and civic organizations had little or no experience in dealing with such a wide range of issues to do with solid waste.

The United Nations Environment Programme (UNEP) held a conference in the region specifically to address the many problems created by the waste itself and what people have done with the waste. Many NGOs have for the first time run programmes in waste collection and recycling.

Conclusions

At last it is becoming clear that the world is now engaging a little more in the water and sanitation sector and realizing the importance of this sector to people's survival. But there is no time for complacency, as new solutions, greater preparedness and more widely shared training all need to be put in place if we are going to be effective in saving people's lives in future emergencies.

About the author

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WSS relating to refugees and IDPs

- **Technical notes for emergencies**
These short illustrated notes, prepared for the World Health Organization, assist those working immediately or shortly after an emergency to plan appropriate responses to the water and sanitation needs of affected populations and are relevant to a wide range of emergency situations, covering conditions in feeding centres, transit and refugee camps.
http://wedc.lboro.ac.uk/WHO_Technical_Notes_for_Emergencies/index.htm
- **'Emergency water supplies for transient populations' 1997**
This paper discusses the strategy adopted by NGOs and the UNHCR to provide water to Hutu refugees returning to their home in Rwanda in 1996.
<http://wedc.lboro.ac.uk/publications/pdfs/23/larcher.pdf>
- **'Keeping clean water clean in a Malawi refugee camp: a randomized intervention trial', 2001**
A research paper on a study to assess the ability of an improved water container to prevent household contamination of water.
[http://whqlibdoc.who.int/bulletin/2001/issue4/79\(4\)280-287.pdf](http://whqlibdoc.who.int/bulletin/2001/issue4/79(4)280-287.pdf)
- **Oxfam water and sanitation in emergencies**
Based on its work with refugees and IDPs, Oxfam has produced eight water and sanitation guidelines and manuals, covering topics such as water treatment, storage, filtration and distribution and excreta disposal.
http://www.oxfam.org.uk/what_we_do/emergencies/how_we_work/water_sanitation.htm
- **Sphere Handbook 2004 revised edition**
Chapter Two covers hygiene, water supply, excreta disposal, vector control, solid-waste management and drainage. Each contains minimum standards to be attained in the provision of water and sanitation responses, key indicators for the standard, and guidance for applying the standard and indicators in different situations.
<http://www.sphereproject.org/handbook/index.htm>
- **Visit a refugee camp**
This original site by Doctors Without Borders/Médecins Sans Frontières provides a virtual tour of a refugee camp and a range of teachers' resources. It covers the basic needs in a refugee camp including shelter, food, water, sanitation and health care.
<http://www.refugeecamp.org/>
- **Access to water in refugee situations**
A short technical brief by UNHCR presents both a clear rationale for the provision of water and practical guidelines to achieve this.
http://www.un.org/waterforlifedecade/unhcr_water_brochure.pdf
- **Emergency sanitation: assessment and programme design**
Available online, this publication provides a balance between the hardware (technical) and software (socio-cultural, institutional) aspects of sanitation programmes, and links short-term emergency response to long-term sustainability.
<http://wedc.lboro.ac.uk/publications/pdfs/es/ES04CD.pdf>
- **Emergency water sources: guidelines for selection and treatment**
Guidance is given on how to collect relevant information in a systematic way, to use this information to select a source and to determine the appropriate level of treatment required to make the water suitable for drinking.
<http://wedc.lboro.ac.uk/publications/details.php?book=1%2084380%20069%201>

Compiled by Julie Fisher, Water, Engineering and Development Centre, UK for WELL. WELL is a resource centre network providing access to information and support in water, sanitation and environmental health for the Department for International Development (DFID) of the British Government.