SPHERE 2018 (Page139) – WASH APPENDIX 1: NEEDS ASSESSMENT

CHECKLIST

1. General

Question		Comment
	What are the current, prevalent or possible WASHrelated diseases?	
1.2.	Who are the key people to consult or contact?	
1.3.	What special security risks exist for women, girls, boys and men? Atrisk groups?	
1.4.	What water, sanitation and hygiene practices were the population accustomed to before the crisis?	
1.5.	What are the formal and informal power structures (for example, community leaders, elders, women's groups)?	
1.6.	Is there access to local markets? What key WASH goods and services were accessible in the market before the crisis and are accessible during the crisis?	
1.7.	Do people have access to cash and/or credit?	
1.8.	Are there seasonal variations to be aware of that may restrict access or increase demands on labour during harvesting time, for example?	
1.9.	Who are the key authorities to liaise and collaborate with?	
1.10	Who are the local partners in the geographical area, such as civil society groups that have similar capacity in WASH and community engagement?	

2. Hygiene Promotion

Question	Comment
2.1. What water, sanitation and hygiene practices were people accustomed to before the crisis?	

2.2.	What existing practices are harmful to health, who practises these and why?	
2.3.	Who still practises positive hygiene behaviour and what enables and motivates them to do this?	
2.4.	What are the advantages and disadvantages of any proposed changes in practice?	
2.5.	What are the existing formal and informal channels of communication and outreach (such as community health workers, traditional birth attendants, traditional healers, clubs, cooperatives, churches and mosques)?	
2.6.	What access to the mass media is there in the area (for example, radio, television, video, newspapers)?	
2.7.	What local media organisations and/or nongovernmental organisations (NGOs) are there?	
2.8.	Which segments of the population can and should be targeted (for example, mothers, children, community leaders, religious leaders)?	
2.9.	What type of outreach system would work in this context (for example, community hygiene volunteers or workers or promoters, school health clubs, WASH committees) for both immediate and mediumterm mobilisation?	
2.10	. What are the learning needs of hygiene promotion staff and community outreach workers?	
2.11	. What nonfood items are available and what are the most urgently needed based on preferences and needs?	
2.12	. Where do people access markets to buy their essential hygiene items? Has this access (cost, diversity, quality) changed since the crisis?	
2.13	. How do households access their essential hygiene items? Who makes the decisions regarding which items to buy and prioritise?	

2.14. How effective are hygiene practices in healthcare settings (particularly important in epidemic situations)?	
2.15. What are the needs and preferences of women and girls for menstrual hygiene practices?	
2.16. What are the needs and preferences of people living with incontinence?	

3. Water supply

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Question	า	Comment
3.1.	What is the current water supply source and who are the present users?	
3.2.	How much water is available per person per day?	
3.3.	What is the daily and weekly frequency of the water supply availability?	
3.4.	Is the water available at the source sufficient for shortterm and longerterm needs for all groups?	
3.5.	Are water collection points close enough to where people live?	
3.6.	Is the current water supply reliable? How long will it last?	
3.7.	Do people have enough water containers of the appropriate size and type (collection and storage)?	
3.8.	Is the water source contaminated or at risk of contamination (microbiological, chemical or radiological)?	
3.9.	Is there a water treatment system in place? Is treatment necessary? Is treatment possible? What treatment is necessary?	
3.10	. Is disinfection necessary? Does the community have problems with water palatability and acceptance associated with chlorine taste and smell?	
3.11	. Are there alternative sources of water nearby?	

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3.12. What traditional beliefs and practices relate to the collection, storage and use of water?	
3.13. Are there any obstacles to using the available water supply sources? • Is it possible to move the population if water sources are inadequate?	
3.14. What are the alternatives if water sources are inadequate?	
3.15. What are the key hygiene issues related to water supply?	
3.16. Do people buy water? If so where, at what cost and for what purposes? Has this access (the cost, quality, regularity of delivery) changed?	
3.17. Are waterpoints and laundry and bathing areas well drained?	
3.18. Will there be any environmental effects due to possible water supply intervention, abstraction and use of water sources?	
3.19. What other users are currently using the water sources? Is there a risk of conflict if the sources are utilised for new populations?	
3.20. What opportunities are there to collaborate with the private and/or public sector in water provision? What bottlenecks and opportunities exist that could inform the response analysis and recommendations?	
3.21. What operation and maintenance duties are necessary? What capacity is there to fulfil them in the short and long term? Who shall be accountable for them?	
3.22. Is there an existing or potential finance mechanism or system that can recover the operation and maintenance costs?	
3.23. How does the host population access water and ensure that its water is safe at the point of use?	

4. Excreta disposal

	eta disposal	
Question		Comment
4.1.	Is the environment free of faeces?	
4.2.	If there is open defecation, is there a designated area?	
4.3.	Are there any existing facilities? If so, are they used? Are they sufficient? Are they operating successfully? Can they be extended or adapted?	
4.4.	Are the facilities safe and dignified: lighted, equipped with locks, privacy screens? Can people access the toilet facilities during the day and night? If not at night, what are the alternatives? Do women feel safe using existing latrines?	
4.5.	Is the current defecation practice a threat to water supplies (surface or groundwater) or living areas and to the environment in general?	
4.6.	Are there any social – cultural norms to consider in the design of the toilet?	
4.7.	What local materials are available for constructing toilets?	
4.8.	What happens to the faeces of infants and young children?	
4.9.	What is the slope of the terrain? • What is the level of the groundwater table? • Are soil conditions suitable for onsite excreta disposal?	
4.10	. Do current excreta disposal arrangements encourage vectors?	
	Are there materials or water available for anal cleansing? How do people normally dispose of these materials?	
4.12	Do people wash their hands after defecation and before food preparation and eating? Are soaps or other cleansing materials with water available next to the toilet or within the household?	

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4.13. How do women and girls manage	
menstruation? Are there appropriate	
materials or facilities available for this?	
4.14. Are there any specific facilities or equipment	
available for making sanitation accessible for	
persons with disabilities, people living with	
HIV, people living with incontinence or people	
immobile in medical facilities?	
ininiobile in medical facilities:	
4.15. Are there skilled workers in the community,	
such as masons or carpenters and unskilled	
labourers?	
iabourers:	
4.16. Are there available pit emptiers or desludging	
trucks? Currently, is the collected faecal	
waste disposed of appropriately and safely?	
waste disposed of appropriately and salely:	
4.17. What is the appropriate strategy for	
management of excreta – inclusive of	
containment, emptying, treatment and	
disposal?	

5. Solid waste management

Question	Comment
5.1. Is accumulated solid waste a problem?	
5.2. How do people dispose of their waste? What type and quantity of solid waste is produced?	
5.3. Can solid waste be disposed of onsite or does it need to be collected and disposed of offsite?	
5.4. What is the normal solid waste disposal practice for affected people (for example, compost and/or refuse pits, collection system, bins)?	
5.5. Are there medical facilities and activities producing waste? How is it disposed of? Who is responsible?	
5.6. Where are disposable sanitary materials disposed of (for example, children's nappies, menstruation hygiene materials and	

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incontinence materials)? Is their disposal discreet and effective?	
5.7. What is the effect of the current solid waste disposal on the environment?	
5.8. What solid waste management capacity do the private and public sectors have?	5.9.