Appendix 1
Water supply, sanitation and hygiene promotion initial needs assessment checklist

This list of questions is primarily for use to assess needs, identify resources and describe local conditions. It does not include questions that will determine the external resources needed to supplement those immediately and locally available.

General
- How many people are affected and where are they? Disaggregate the data by sex, age, disability and so on.
- What are people’s likely movements? What are the security factors for the affected people and for potential relief responses?
- What are the current, prevalent or possible WASH-related diseases?
- Who are the key people to consult or contact?
- Who are the vulnerable people in the population and why?
- Is there equal access for all to existing facilities, including at public places, health centres and schools?
- What special security risks exist for women, girls, boys and men? At-risk groups?
- What water, sanitation and hygiene practices were the population accustomed to before the crisis?
- What are the formal and informal power structures (for example, community leaders, elders, women’s groups)?
- How are decisions made in households and in the community?
- 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?
- Do people have access to cash and/or credit?
- Are there seasonal variations to be aware of that may restrict access or increase demands on labour during harvesting time, for example?
- Who are the key authorities to liaise and collaborate with?
- Who are the local partners in the geographical area, such as civil society groups that have similar capacity in WASH and community engagement?

Hygiene promotion
- What water, sanitation and hygiene practices were people accustomed to before the crisis?
- What existing practices are harmful to health, who practises these and why?
• Who still practises positive hygiene behaviour and what enables and motivates them to do this?
• What are the advantages and disadvantages of any proposed changes in practice?
• 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)?
• What access to the mass media is there in the area (for example, radio, television, video, newspapers)?
• What local media organisations and/or non-governmental organisations (NGOs) are there?
• Which segments of the population can and should be targeted (for example, mothers, children, community leaders, religious leaders)?
• 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 medium-term mobilisation?
• What are the learning needs of hygiene promotion staff and community outreach workers?
• What non-food items are available and what are the most urgently needed based on preferences and needs?
• Where do people access markets to buy their essential hygiene items? Has this access (cost, diversity, quality) changed since the crisis?
• How do households access their essential hygiene items? Who makes the decisions regarding which items to buy and prioritise?
• How effective are hygiene practices in healthcare settings (particularly important in epidemic situations)?
• What are the needs and preferences of women and girls for menstrual hygiene practices?
• What are the needs and preferences of people living with incontinence?

Water supply
• What is the current water supply source and who are the present users?
• How much water is available per person per day?
• What is the daily and weekly frequency of the water supply availability?
• Is the water available at the source sufficient for short-term and longer-term needs for all groups?
• Are water collection points close enough to where people live? Are they safe?
• Is the current water supply reliable? How long will it last?
• Do people have enough water containers of the appropriate size and type (collection and storage)?
• Is the water source contaminated or at risk of contamination (microbiological, chemical or radiological)?
Is there a water treatment system in place? Is treatment necessary? Is treatment possible? What treatment is necessary?

Is disinfection necessary? Does the community have problems with water palatability and acceptance associated with chlorine taste and smell?

Are there alternative sources of water nearby?

What traditional beliefs and practices relate to the collection, storage and use of water?

Are there any obstacles to using the available water supply sources?

Is it possible to move the population if water sources are inadequate?

What are the alternatives if water sources are inadequate?

Are there any traditional beliefs and practices related to hygiene (for example, during the Haiti cholera outbreak the disease was associated with voodoo culture)? Are any of these beliefs or practices either useful or harmful?

What are the key hygiene issues related to water supply?

Do people buy water? If so where, at what cost and for what purposes? Has this access (the cost, quality, regularity of delivery) changed?

Do people have the means to use water hygienically?

Are waterpoints and laundry and bathing areas well drained?

Are soil conditions suitable for on-site or off-site management of problem water from waterpoints and laundry and bathing areas? Has a soil percolation test been carried out?

In the event of rural displacement, what is the usual source of water for livestock?

Will there be any environmental effects due to possible water supply intervention, abstraction and use of water sources?

What other users are currently using the water sources? Is there a risk of conflict if the sources are utilised for new populations?

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?

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?

Is there an existing or potential finance mechanism or system that can recover the operation and maintenance costs?

How does the host population access water and ensure that its water is safe at the point of use?

**Excreta disposal**

Is the environment free of faeces?

If there is open defecation, is there a designated area?

Are there any existing facilities? If so, are they used? Are they sufficient? Are they operating successfully? Can they be extended or adapted?
• 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?
• What excreta management practices does the host population practice?
• Is the current defecation practice a threat to water supplies (surface or groundwater) or living areas and to the environment in general?
• Are there any social – cultural norms to consider in the design of the toilet?
• Are people familiar with the design, construction and use of toilets?
• What local materials are available for constructing toilets?
• Is there an existing acceptance of and practice for composting?
• From what age do children start to use the toilet?
• What happens to the faeces of infants and young children?
• What is the slope of the terrain?
• What is the level of the groundwater table?
• Are soil conditions suitable for on-site excreta disposal?
• Do current excreta disposal arrangements encourage vectors?
• Are there materials or water available for anal cleansing? How do people normally dispose of these materials?
• 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?
• How do women and girls manage menstruation? Are there appropriate materials or facilities available for this?
• 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?
• Have environmental considerations been assessed: for example, the extraction of raw materials such as sand and gravel for construction purposes, and the protection of the environment from faecal matter?
• Are there skilled workers in the community, such as masons or carpenters and unskilled labourers?
• Are there available pit emptiers or desludging trucks? Currently, is the collected faecal waste disposed of appropriately and safely?
• What is the appropriate strategy for management of excreta – inclusive of containment, emptying, treatment and disposal?

Vector-borne diseases
• What are the vector-borne disease risks and how serious are they?
• What daily or seasonal patterns do local vectors follow in relation to reproduction, resting and feeding?
• Are there traditional beliefs and practices (for example, the belief that dirty water causes malaria) that relate to vectors and vector-borne disease? Are any of these beliefs or practices either useful or harmful?
If vector-borne disease risks are high, do people at risk have access to individual protection?

Is it possible to make changes to the local environment (especially by, for example, drainage, scrub clearance, excreta disposal, solid waste disposal) to inhibit vector breeding?

Is it necessary to control vectors by chemical means? What programmes, regulations and resources exist regarding the use of chemicals for vector control?

What information and safety precautions need to be provided to households?

**Solid waste management**

Is accumulated solid waste a problem?

How do people dispose of their waste? What type and quantity of solid waste is produced?

Can solid waste be disposed of on-site or does it need to be collected and disposed of off-site?

What is the normal solid waste disposal practice for affected people (for example, compost and/or refuse pits, collection system, bins)?

Are there medical facilities and activities producing waste? How is it disposed of? Who is responsible?

Where are disposable sanitary materials disposed of (for example, children’s nappies, menstruation hygiene materials and incontinence materials)? Is their disposal discreet and effective?

What is the effect of the current solid waste disposal on the environment?

What solid waste management capacity do the private and public sectors have?