3. ASS[illegible]ECKLIST

3.1 The assessment process and tools for WASH

A number of different assessment tools exist to help data collection, including an Initial Rapid Assessment (IRA) tool developed by the Inter-Agency Standing Committee (IASC) through global Health, Nutrition and WASH Clusters. See the “Assessments” section for this tool and more information on assessments.
After an initial multi-sector rapid assessment, a more detailed WASH assessment is the next best step to develop specific WASH programme plans. The WASH cluster may decide on an assessment format for all agencies to use (if the WASH cluster has been active in-country before, an agreed assessment format should be in place before the emergency). The Sphere Minimum Standards provide a basis for needs assessment and analysis in each sector, with assessment checklists available for WASH (see Sphere Handbook 2018: Appendix 1, page 139). The Engineering in Emergencies Manual (see Annex 24.1.3, page 637) also has a good sanitary survey checklist that is useful for site planning, especially where rehabilitation is a key element.

Many assessments are now undertaken using smart phones/tablets and free data collection software such as Kobo or ODK.

Below are some examples of WASH assessment tools:

- 07 Emergency RAT WASH in Health Centers
- 08 Emergency CAT WASH in Health Centers
- UNHCR Rapid Assessment WASH

3.2 WASH checklist (adapted from Sphere)

Determining CARE’s appropriate level of WASH response

- Are people displaced from their homes? If there is any displacement, people will most certainly need rapid access to water and sanitation. Are people unable to leave their homes and still need emergency assistance?
- What are people’s coping strategies? Are they adequate? If they are not adequate, it is important to understand what the gaps are between WASH needs and capacities.
- What are the current, prevalent or possible water- and sanitation-related diseases? What is the likely extent and expected evolution of problems?
- What other agencies are responding? The government (national, regional or local) including the water supply and/or health department as well as UN agencies, particularly UNICEF, should all be contacted to see what the plans are.
- Does CARE have the necessary in-house capacity? Are existing CO partners able to scale up, and what kind of training and support do they need to do this?
- Are stock and relevant materials and resources are available in-country? Are further international supplies needed?

Hygiene promotion

- What water and sanitation practices were the population accustomed to before the disaster?
- What practices are harmful to health? Who practices these and why?
- What are the existing formal and informal channels of communication and outreach?
- What segments of the population need to be targeted (mothers, children, community leaders, community kitchen workers, etc.)?
- What type of outreach system would work in this context (volunteers, health clubs, committees, etc.) for both immediate and medium-term mobilisation?
- What are the learning needs of hygiene promotion staff and volunteers?
- What non-food items are available, and what are the most urgent based on preferences and needs?

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/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 in the population?
- Are water collection points close enough to where people live? Are they safe and accessible to all?
- Is the water source contaminated or at risk of contamination (microbiological, chemical or radiological)?
- Is disinfection necessary, even if the supply is not contaminated?
- Are there alternative sources of water nearby?

Excreta disposal

- What is the current defecation practice? If it is open defecation, is there a designated area? Is the area secure?
- What are current beliefs and practices—including gender-specific practices—concerning excreta disposal?
- Are there any existing facilities? If so, are they used, are they sufficient and are they operating successfully? Can they be extended or adapted? Are they safe and accessible to all?
- Is the current defecation practice a threat to water supplies (surface water or groundwater) or living areas and to the environment in general?
- Do people wash their hands after defecation and before food preparation and eating? Are soaps or other cleansing materials available?
- What local materials are available for constructing toilets?

Vector-borne diseases

- What are the vector-borne disease risks and how serious are they?
- Are there traditional beliefs and practices (e.g. the belief that malaria is caused by dirty water) that relate to vectors and vector-borne disease? Are any of these beliefs or practices either useful or harmful?

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?
- Where are menstrual pads disposed, and is their disposal discreet and effective?

Drainage

- Is there a drainage problem (e.g. flooding of dwellings or toilets, vector breeding sites, polluted water contaminating living areas or water supplies)?
- Is the soil prone to waterlogging?

Source: Adapted from Sphere handbook, pp. 89–92.