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## CHILD-SAN Guidance Note

*This note is based on research detailed in Rosato-Scott, C.; Evans, B.E. and Barrington, D.J. (2021) 'CHILD-SAN: a new disability-inclusive framework for emergency sanitation for children aged five to 11, based on a systematic review of existing guidance', Int J Humanitarian Action 6, 18, DOI: 10.1186/s41018-021-00107-6*

### What is CHILD-SAN?

CHILD-SAN is a new disability-inclusive framework for emergency sanitation for children aged five to 11, based on a systematic review of existing guidance.

CHILD-SAN is an acronym representing key factors for the water, sanitation and hygiene (WASH) sector to consider in emergency sanitation programmes: **c**hild participation; **h**eights; **u**ser-friendly; **l**ocation; **d**écor; **s**caled-down; **a**ccessibility; and **m**onitoring and evaluation.

The CHILD-SAN framework recommends a) safe and meaningful child participation in emergency WASH preparedness planning and emergency WASH programming as a means to develop contextually-appropriate facilities; b) specific design considerations for child-friendly toilets (that is, they meet the needs of a child); and c) the collection of sex-, age- and disability-disaggregated data against contextually-appropriate indicators to determine the prevalence of child-friendly facilities and their use.

### Why does the WASH sector need the CHILD-SAN framework?

The specific sanitation needs of children aged five to 11 years old – those too old to use small potties, but usually too young to safely and confidently use adult latrines during both the day and night, and including children in this age range with disabilities – have often been overlooked in the provision of emergency sanitation.

There are multiple reasons to provide sanitation specifically for this age group. They represent a large number of beneficiaries; legal principles and the moral obligations of humanitarian actors should drive their inclusion. Failure to consider their needs results in increased risk of injuries, abuse and/or exploitation when using unsuitable locations to urinate or defecate, and negative health impacts arising from being unable to manage personal hygiene.

The implementation of CHILD-SAN would contribute to the WASH sector's aims of achieving universal sanitation and maximising opportunities for good health, dignity, comfort and safety for all.



**CHILD-SAN: a new disability-inclusive framework for emergency sanitation for children aged five to 11 (further details in Rosato-Scott et al., in review)**

<b>C</b>	<b>Child participation</b> <ul style="list-style-type: none"> <li>- Ensure a) safe, meaningful and disability-inclusive child participation in emergency WASH preparedness planning, and b) emergency WASH programming, from the earliest opportunity that it is safe to do so, using existing guidelines (notably O’Kane, 2013)</li> </ul>
<b>H</b>	<b>Heights</b> <ul style="list-style-type: none"> <li>- Consider the positioning of door handles (if being used), locks (if being used), grab rails, water taps and washbasins (Save the Children 2013; UNICEF 2017)</li> </ul>
<b>I</b>	<b>User-friendly</b> <ul style="list-style-type: none"> <li>- Consider if guidance on how to use the toilet needs to be provided</li> <li>- A ratio of 1 toilet per 20 children is recommended (Médecins Sans Frontières 2010)</li> <li>- Allow for a spare 0.5 m of depth in the latrine pit size to avoid unpleasant sights and excreta splashes (Médecins Sans Frontières 2010)</li> <li>- Consider how open the toilet should be (Zomerplaaag and Moojiman 2005)</li> <li>- Provide enough space for two people to use the toilet (UNHCR 2018), and that accommodates a wheelchair turning radius (UNICEF 2017)</li> <li>- Ensure that doors (if being used) are robust but not too heavy (Zomerplaaag and Moojiman 2005) with D-lever door handles preferred (Jones and Wilbur 2014; UNICEF 2017)</li> <li>- If a toilet seat or chair is being used, grab rails should be provided on each side of the toilet (UNICEF 2017)</li> <li>- Provide a handle bar and/or handrails to support squatting (Médecins Sans Frontières 2010; Ferron and Lloyd 2014; Jones and Wilbur 2014)</li> <li>- Ensure that taps are robust but not too heavy (Zomerplaaag and Moojiman 2005). Large taps with long levers are easier to operate (UNICEF 2017)</li> <li>- Locate soap for ease of use (UNICEF 2017)</li> </ul>
<b>L</b>	<b>Location</b> <ul style="list-style-type: none"> <li>- Consider (distance/location) where to safely position gender-neutral and/or gender-segregated children’s toilets that is culturally appropriate</li> </ul>

<b>D</b>	<b>Décor</b> <ul style="list-style-type: none"> <li>- Brightly decorated walls can encourage use; decoration with child-friendly hygiene promotion material / ‘nudges’ to use handwashing facilities can increase awareness (Zomerplaaag and Moojiman 2005)</li> <li>- Involving children in decoration can encourage a sense of ownership and deter vandalism (SuSanA 2012)</li> </ul>
<b>S</b>	<b>Scaled-down</b> <ul style="list-style-type: none"> <li>- Drop-holes should not be so big that a child could fall-in, or be fearful of falling-in</li> <li>- Toilet-seats should be low (UNICEF 2017) or a step provided for children to access the toilet-seat (Banzet 2003)</li> <li>- Squatting plate dimensions should be suitable for a child</li> </ul>
<b>A</b>	<b>Accessibility</b> <ul style="list-style-type: none"> <li>- Position well-lit signs to show the location of the toilets at child-height, and use simple communication methods (UNICEF 2017)</li> <li>- Paths should be wide enough for two people and ideally two wheelchair users to comfortably pass (Ferron and Lloyd 2014; UNICEF 2017)</li> <li>- Distances and topography of paths must be appropriate for all children</li> <li>- Line paths and provide painted landmark posts to increase visibility (Jones and Wilbur 2014)</li> <li>- Ramps are the preferred solution for access to at least some of the facilities (Jones and Wilbur 2014; UNICEF 2017)</li> <li>- If there are steps, the step riser height and step depth should be suitable for a child, the step surface should be textured, and a painted handrail provided (Ferron and Lloyd 2014; Jones and Wilbur 2014)</li> <li>- Entrances should allow wheelchair access (UNICEF 2017)</li> <li>- Doors (if being used) should open outwards (Jones and Wilbur 2014)</li> </ul>
<b>N</b>	<b>Monitoring and evaluation</b> <ul style="list-style-type: none"> <li>- Ensure the collection of sex-, age- and disability-disaggregated data against contextually-appropriate indicators to indicate the prevalence of child-friendly facilities and their use</li> <li>- Consider if cleaning and maintenance exploits children and/or discriminates against girls (Save the Children 2013)</li> </ul>

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