



## HAITI EARTHQUAKE RESPONSE

### WASH CLUSTER STRATEGIC OPERATIONAL FRAMEWORK June - December 2010 DRAFT 2.A

## INTRODUCTION & CONTEXT

1. This framework provides a guide to programme orientation by WASH Cluster partner agencies engaged in earthquake response and recovery operations in Haiti as well as preparedness planning for the Hurricane season.
2. It has been written almost six months after the earthquake of 12<sup>th</sup> January 2010, and reflects the need to consolidate gains made thus far under a strategy that foresees over 1,300 formal and informal settlements (camps) remaining through much of 2011.
3. It has been drafted by the WASH Cluster 'Strategic Advisory Group' (SAG)<sup>1</sup> on behalf of the Government of Haiti following a 'strategic review workshop' with all stakeholders held on 16<sup>th</sup> June in Port-au-Prince.
4. It builds on the WASH strategy first outlined in March 2010 and developed in light of evolving needs and emerging government re-settlement policy.
5. It is also written in the context of 'risk reduction' and 'early recovery' in as much that emergency funds may be 'leveraged' to support preparedness and mitigation measures for future natural disaster
6. The pre-earthquake WASH situation in Haiti was amongst the worst in the world. Access to safe water at 70% urban and 51% rural was the 11<sup>th</sup> worst in the world while access to improved sanitation was at 29% and 12% respectively; the only country in the world where access was actually in decline.
7. The WASH situation, while apparently under control, remains precarious as coverage is far from universal (some 35% of the smaller settlement sites still lack toilets) and risk factors such as standing water, poor solid waste disposal, poor hygiene practices and overcrowding remain.

## GUIDING PRINCIPLES

1. WASH Cluster partners are expected to conform to the broad operational framework outlined in this document, and should be prepared to engage in open cluster discussions to update this document prior to commencing any action that differs substantially from these guidelines.
2. Agencies that do breach these guidelines will be expected to provide clear justification to DINEPA and other WASH Cluster partners through the SAG where broad conformity has not proved possible.
3. Integrate WASH actions with the strategic and operational approaches of other Clusters, particularly Health, Shelter, CCCM and Education.

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<sup>1</sup> The 'SAG' is a small group representing the main stakeholder groups within the WASH Cluster (DINEPA, UNICEF, National and International NGOs, Donors, IFRC, and related Clusters)

4. Include good governance, human rights, gender equality, age, psycho-social and environmental aspects in programme planning.
5. As a minimum, adhere to Cluster defined and DINEPA approved standards. Where adaptation to local realities is required, this will be decided by the SAG (see 'Coordination' section below).
6. Newly arriving organizations wishing to work in any aspect of WASH programming in a settlement site or community in which another NGO is already active should have the agreement of that organization before commencing operations. The Cluster Coordinator will arbitrate any dispute.
7. All Cluster communications should be in French and English wherever possible. Verbal presentations (in coordination meetings, for example) should be translated to/from Creole/French.
8. Include beneficiaries in assessing and prioritizing their own needs, as well as programme design.
9. Establish a complaints handling procedure that responds to the concerns of stakeholders, particularly beneficiaries and host families.
10. Provide all beneficiaries with information about programme activities that affect them in their own language.
11. Actively consult women, children, and special needs groups (including people living with HIV-AIDS) when planning, implementing, and monitoring services, especially on siting of latrines, night safety, dignity, design, and equity of water distribution.
12. Wash Cluster partners will engage in recovery actions in areas of origin that 'build back better and safer'. And will engage only in emergency activities in settlement sites until such time as selected sites are approved for transitional shelter activities.
13. Every effort should be made to engage civil society organizations and the private sector when planning local initiatives.
14. Move to neighborhood approaches centered on returning home at the earliest opportunity.
15. Partner early recovery programmes should support, to the extent possible, Government policies and strategies, namely:
  - a. National water supply and sanitation policy
  - b. National sanitation strategy
  - c. Pro-poor strategy
  - d. Statues de CAEPA (Version 1)
  - e. DINEPA's existing Emergency Procedures guidelines
16. Follow DINEPA/WHO water quality and related WASH technical guidelines endorsed by WASH Cluster Technical Working Groups (see 'coordination' section, below).
17. Projects involving construction or rehabilitation of water and sanitation infrastructures for networks serving less than 10,000 people must be accompanied by appropriate and proportionate community mobilization activities, including hygiene promotion. Formation of Water User Committees under existing institutional reform measures are also to be included(DINEPA emergency procedures).
18. Share information, activity updates and future plans with the WASH Cluster Information Management unit on a regular basis, and upon request (see 'Information Management' section on format).
19. Target selective assistance to most vulnerable groups and individuals ("poorest of the poor").
20. Provide environmentally friendly temporary latrines for use by displaced communities living in formal as well as informal settlements of over 20 families.
21. To the extent possible, link latrine, shower, and washing point construction to sheltering initiatives carried out by Shelter Cluster partners.
22. Beneficiaries must have been directly affected by the disaster, whether residing in temporary settlements or not.
23. Restoration of livelihoods should be supported through local manufacture and procurement, with the fund-holder responsible for quality assurance and conformity with GoH standards.
24. Deleted "in line with ..."
25. Build capacities of GoH (DINEPA) through transfer of technical know-how.
26. Support provision of safe water and sanitation in temporary schools, 'child-friendly spaces', and communal facilities.
27. Where settlement sites are closed (according to DTM), partners previously working in such locations will be responsible for all aspects of WASH de-commissioning.

28. One month prior to departure, any implementing NGO must identify and hand over care and maintenance to another entity.
29. Any organization implementing WASH programmes in camps are expected to maintain and monitor their programmes with physical visits at least every two weeks ,as well as assure quality (e.g hand washing stations have water and soap available; infrastructure is cyclone resistant).
30. Partial cost recovery is encouraged where facilities have paid attendants on a per use basis. Special provision should be made for especially vulnerable individuals.
31. The humanitarian community cannot substitute for government social policy beyond the declared emergency phase.

## **GOAL**

Contribute to measurable improvements in population health through the efficient, effective, and timely implementation of Water, Sanitation, and Hygiene programmes targeted at the most vulnerable.

## **OVERALL OBJECTIVES**

1. Restore access to safe drinking water to pre-disaster levels
2. Maintain and upgrade water and sanitation facilities in temporary settlements.
3. Enhance personal hygiene practices in families and communities.
4. Ensure minimum accessibility standards are promoted and used.
5. Build capacities within DINEPA for water and sanitation management at national and sub-national level.

## **EXPECTED OUTCOMES**

1. Men, women and children, including those with disabilities, in disaster-affected locations have increased access to, and have made optimal use of, water and sanitation facilities, and have taken action to protect themselves against threats to public health.
2. There are no major outbreaks of WASH-related communicable disease in targeted areas

## **STRATEGIES**

To meet these objectives, priority strategies for the post-disaster transition and consolidation period are therefore to:

1. Target the most vulnerable in the affected areas, especially female-, older persons, and child-headed households, persons with disabilities, widows, families with more than six children of school age.
2. Support and strengthen community-led processes.
3. Continue emergency water supply until sustainable alternatives are restored.
4. Maintain and upgrade emergency sanitation infrastructure in temporary settlements.
5. Provide WASH-related NFIs including soap, culturally acceptable sanitary items, and locally-produced water containers to the maximum extent feasible in close cooperation with other NFI distributions (e.g by Shelter).
6. Support provision of safe water, sanitation and hygiene promotion in temporary schools, 'child-friendly spaces', and communal facilities.
7. Monitor progress made in improving availability and access to safe water at the household level through surveys in the context of the pre-earthquake situation.
8. Improve water quality monitoring through training and supplying DINEPA, NGO, and community water testing teams, and transparent reporting of results to communities and DINEPA.
9. Build DINEPA Information Management capacity at national and sub-national level.
10. Strengthen sub-national coordination, preparedness and early-warning mechanisms in close cooperation with local Municipal, health authority, and NGO counterparts.
11. Support community-based hygiene promotion using multiple communication methods.

12. Establish and strengthen capacity of community Water-Sanitation Committees in operation, maintenance, and management of water supply and sanitation systems in urban and rural areas according to existing DINEPA guidelines

## SECTOR OBJECTIVES

### WATER

#### Strategic Direction

Reduce 'dependency' on emergency water supply at the earliest possible opportunity [Note: Current policy foresees distribution of 'free' water ceasing on 31<sup>st</sup> December 2010] while ensuring that sustainable alternatives for accessing safe water are available

#### Objective

All disaster affected men, women and children, including persons with disabilities, have access to adequate safe drinking water until 31 December 2010.

#### Indicators

1. Percentage of people with access to 10 litres per person per day of safe water
2. Incidence of Diarrhoeal Disease [Note: Acute Respiratory Infection and skin diseases can also be used]
3. Percentage of sites where water distribution points receiving water by tanker meet national water quality standards (chlorine residual)

#### Operational principles and practices

1. All infrastructural works should be accompanied by appropriate training, provision of maintenance equipment/tools, cost recovery system to pay for future repair and general maintenance, and mobilisation of user Water-Sanitation Committees.
2. Provision of household water treatment is to accompanied by appropriate and proportionate community mobilization activities which should include distribution of explanatory leaflets and oral explanation.
3. Physical works of a permanent nature (e.g boreholes, concrete structures) should only be constructed with the prior agreement of DINEPA. If such works are for private use, agreement must be sought from the Ministry of Environment.
4. All drinking water sources in the affected area are to be monitored by regular microbiological and chemical testing according to DINEPA monitoring and surveillance protocols. Water quality must be certified 'safe' by DINEPA prior to allowing its use.
5. Household water analysis should have results discussed and shared with the household / community.

### SANITATION

#### Strategic Direction

1. Sanitation infrastructure to be maintained and upgraded
2. Move as quickly as possible to reinstallation of services in neighbourhoods.
3. Apply a communal toilet approach.
4. Enhance waste collection within settlements

#### Objective

1. All men women and children, including those with disabilities, have access to safe sanitary facilities, and use fixed place defecation.

2. Affectees have adequate toilets sufficiently close to their dwellings to allow them rapid, safe and acceptable access with dignity at all times of day and night.
3. Zero open defecation
4. The maximum number of users per toilet, shower, handwashing station and solid waste bin in temporary and resettlement sites in Haiti must not exceed the norms as indicated below:

#### Indicators

1. Number of people per functioning latrine
2. Number of people per functioning shower.
3. Percentage of sites where solid waste is collected and disposed of regularly.
4. Percentage of sites demonstrating open defecation.
5. Number of accessible WASH facilities (latrines, bathing, water points)

#### Operational principles and practices

The maximum number of users per toilet, shower, handwashing station and solid waste bin in temporary and resettlement sites in Haiti must not exceed:

Temporary Sites	By Sept 2010	By Jan 2011
# of users per toilet.	1/50 users	1/50 users
Distance to farthest users.	100m	50m
# users per shower.	1/50 users	1/50 users
# of toilets per handwashing station.	1/5 toilets	1/5 toilets
# of toilets for elderly / disabled.	1/10 toilets	1/5 toilets
# of 100 liter solid waste bins	1/15 families	1/10 families
<b>b) Resettlement Sites (e.g. Coraille)</b>	<b>3-6 Mths</b>	<b>6-12 Mths</b>
# of users per toilet.	1/4 families	1/4 families
Distance to farthest users.	50m	50m
# users per shower.	1/4 families	1/4 families
# of toilets per handwashing station.	1/5 toilets	1/5 toilets
# of toilets for elderly / disabled.	1/5 toilets	1/5 toilets
# of 100 liter solid waste bins	1/10 families	1/10 families

1. Users (especially women) and vulnerable groups such as persons with injuries, disabilities and older persons are consulted on siting and design.
2. Choice of pedestal or slab should be made in the light of previous customs and practices.
3. Public toilets in all settlements need to be segregated and signposted according to gender.
4. Latrines should include design features (rails, ramps, seats) that enable safe access and defecation in safety and privacy according to age, gender, and disability.
5. Excreta storage, treatment and disposal must be at least 30m from any groundwater source and the bottom of any pit must be at least 1.5m above the maximum height of the water table. This does not apply to saline groundwater (>1,500µS/cm<sup>2</sup>).
6. Environmental contamination or spillage from trucking of excreta must be prevented. Final disposal of excreta must prevent exposure of the general population to health risks. Organizations must only use final disposal sites as designated by GoH.
7. Toilets should be designed to minimise fly / mosquito breeding (tight fittings lids / vent mesh).
8. Accessible toilets are designed according to minimum accessibility and universal standards.
9. Fly spraying (deltamethrine) is only to be carried out in event of diarrheal outbreak.
10. Emergency toilets and showers rapidly upgraded to provide privacy and security to users, day and night, with a minimum of a solid lockable door and night time lighting.
11. Workers involved in the management, emptying, transport, treatment or disposal of excreta must be provided with protective clothing, tools and health and safety advice.
12. Appropriate anal cleaning materials are to be provided where users cannot provide their own.
13. Provision must be made for the hygienic collection and disposal of children's faeces. At least one cubicle in 10 must be appropriate for the use of small children.
14. Where landowners allow, temporary materials (plastic sheeting) should be upgraded to more durable materials such as galvanized sheeting and plywood in preparation for the forthcoming hurricane season. Superstructures must be securely fixed and attached to the ground with hurricane straps.
15. Each woman's block must have a clearly marked receptacle for disposal of baby diapers.
16. Agencies must consider aggressive action to mobilize communities to ensure that public latrines function as communal latrines by limiting access through the use of padlocks and (multiple) keys.
17. Ownership of facilities and responsibilities need to be clearly defined and promulgated to all.
18. A clear strategy must exist for the continued operation and maintenance of the toilet after the implementing agency ceases to be responsible.

## **HYGIENE / HEALTH PROMOTION**

### **Strategic Direction**

Contribute to reducing the risk of WASH related (including vector borne) diseases by implementing appropriate activities that lead to widespread adoption of safe hygiene practices.

### **Objective**

All disaster-affected men, women and children including persons with disabilities are enabled to practice safer hygiene in a dignified and culturally appropriate manner.

### **Indicators**

- Percentage of sites with adequate numbers of functioning handwashing stations
- Number of functioning hand washing points (water and soap available)
- Number of toilets per functioning handwashing station
- Percentage of men, women, and children including persons with disabilities that can demonstrate knowledge of key hygiene practices.
- Percentage of sites with ongoing hygiene promotion activities using trained promoters..

## Operational principles and practices

1. Drinking water should be effectively treated as appropriate (chlorinated or boiled) and stored safely in narrow-necked containers with covers
2. Soap should be distributed and regularly replenished in settlements (camps or host communities)
3. Safe excreta disposal should be practiced whatever the means of disposal (e.g plastic bags)
4. Handwashing with soap at critical times (after defecation; after handling children's faeces; before eating; before food preparation) is to be promoted to all.
5. Bins must be provided for collection of solid waste. Where access allows, regular collection off site is to be arranged. Where access is difficult, transfer to the nearest accessible point must be arranged.
6. Provision of Hardware:
  - o Information, Education & Communication (IEC) materials (at least two different means)
  - o Handwashing facilities
  - o Soap/hygiene kits
  - o Dustbins
  - o Latrine cleaning materials
  - o Latrines
  - o Plastic bags (will only be distributed where needed and/or in the absence of latrines)
  - o Household water treatment option (Aquatabs etc...)
7. Hygiene promotion among local population:
  - o Communication of key messages using appropriate methods (focus group discussions, theatre, song etc) and tools (IEC materials)
  - o Mobilisation for emergency preparedness
  - o Raise awareness on prevention and management of diarrhoea
8. Raise awareness on malaria prevention, especially use of LTNs.
9. Ensure handwashing facilities have water and soap.
10. Improve drainage in camps, around shelters and around WASH facilities.
11. Hygiene promotion efforts should make use of folk media (puppet shows and theatre) as part of any wider multi-media 'knowledge, attitudes, and practices' (KAP) community-based education programme
12. School hygiene promotion activities targeting pupils should be factored into wider hygiene promotion efforts
13. Hygiene parcels should consist at least of:
  - o 250 grams of soap per person per month for washing and bathing<sup>2</sup>
  - o Two 15 litre water containers (or buckets) with lids
  - o One 3 litre jug
  - o One mug
  - o Three clean clothes per women of menstruating age
14. Key hygiene promotion messages should include:
  - o Wash your hands with soap after defecation, after handling babies' and children's excreta, before preparing food and eating.
  - o Pay special attention to safe handling and disposal of child excreta.
  - o Information on safe water treatment, handling and storage at household level.
  - o Maintaining latrines in a hygienic manner.
  - o Wear sandals when walking in open defecation areas and in latrines
  - o Cover food

# COORDINATION MANAGEMENT

## COORDINATION MEETINGS

1. Coordination meetings will take place at Municipal and/or Commune level, with twice monthly general coordination meetings in Port-au-Prince remaining for the time being. These will be co-chaired at National and Municipal level by DINEPA and facilitated by UNICEF as WASH Global Cluster Lead. In each case, one selected NGO may be selected to represent the WASH Cluster. Minutes of each meeting are to be copied to the WASH Cluster coordinator.
2. Strategic issues will be decided on behalf of Cluster partners by a representative group called the 'Strategic Advisory Group' (SAG) which meets weekly or twice monthly in Port-au-Prince. Members of this group represent all stakeholder groups active in the WASH Cluster but should be limited to no more than 15 people. They are self-selecting and may opt out at any time but should make every effort to find a willing substitute. Representatives of other Clusters, particularly Shelter, Education, and Health, along with smaller national NGOs with on-going WASH programme activities, will be invited to join according to the items under discussion.
3. The SAG will meet weekly (moving to twice monthly) under DINEPA and UNICEF co-chairs. Terms of Reference for the SAG will evolve to focus on 'oversight' of on-going transitional programmes related to the Earthquake of January 2010 and preparedness for the 2010 Hurricane season.

## INFORMATION MANAGEMENT

1. Settlement sites monitored will be as per the DTM. Where partners are working in sites not in the DTM, it is the responsibility of that NGO to liaise with the DTM team within CCM to ascribe an SSID code. [Note that sites consisting of less than 20 households are not included]
2. Information is managed centrally by the DINEPA Information Manager with the close cooperation of the WASH Cluster Information Management team.
3. Donors will be requested to provide the Cluster with details of those organizations they are funding for WASH-related activities as part of the response [Note: This is in addition to use of the OCHA Financial Tracking Service (FTS)]
4. WASH Cluster partners can request information, including maps and matrices, at any time by contacting the WASH Cluster Information Manager.
5. Tracking of outputs (e.g units constructed or distributed) is conducted by the CCCM Disaster Tracking Matrix (DTM) team. Verification will be conducted on a monthly basis by DINEPA moto-teams according to a standardized format agreed by the SAG.
6. Individual organizations are expected to submit information and data on their activities using the Cluster format on 15<sup>th</sup> of every month. This will then be collated centrally by the Cluster Information Management team.
7. Primary datasets will be available on-line.
8. Who-What-Where maps will be produced for each affected area down to Commune level. Such maps will include administrative and sectoral boundaries. Map production will be done in phases:
  - Phase 1: Geo-spatial maps showing WASH partner presence per settlement sites. Later generations will show locations of water points, piped networks and tubewells with information captured using a combination of rural appraisals, DTM data, remote sensing, and existing NGO knowledge. A0 maps will be produced as often as needed down to Municipal level, supplemented by 'googleearth'. Such maps will include contact information for the 'Emergency Response Hotline', CCCM Cluster's Camp Management Operations 'Emergency Response Team', the Zonal Focal Point NGO, the DINEPA agent and the Municipal WASH Coordinator.



- Phase 2: Access and Coverage maps including Population affected / Proportion of Water, Sanitation, Hygiene, and NFI distribution / Incidence of selected WASH-related communicable disease / % targets reached according to agreed indicators.
9. Information Management outputs expected from the WASH Cluster include:
    - a. Dashboard
    - b. Updated contact list, with functional titles
    - c. Monthly statistical report, including:
      - i. Coverage and access by thematic area and by commune (% against target) [Note that this includes anticipated construction]
      - ii. Gap analysis (financial and programmatic)
      - iii. Regional breakdown of coverage/access
      - iv. Progress against target by agency per sub-sector (with traffic light)
      - v. Some measure of relative ranking of organizational response and capacity e.g number of sites with infrastructural activities by partner (unit/target population)
      - vi. 'Integrated Monitoring Matrix' (produced by OCHA), Camp level datasets
      - vii. Monthly statistical (gap) analysis.
  15. Aggregate data analysis will use the median as the Cluster reporting figure using data provided by the Cluster monitoring teams, with the range as an indicator of reliability.
  16. Spreadsheet and Googleearth map on-line showing settlement sites with priority outstanding WASH needs (traffic light system)
  17. Printed A0 and A3 maps to Municipal level showing 'who, where' plus zonal focal point NGO updated monthly. Information to include:
    - a. Hotline Tel No
    - b. Contact details of Mairie, DINEPA Agent, Municipal Cluster Coordinator, National Cluster Coordinator, all NGOs (including the Focal Point NGO) in that Municipality. [Note: not in Cite Soleil.]
  18. The WASH Cluster secretariat will establish and maintain a daily updated web-based information site (website or googlegroup) which is to be accessible via the UN's 'www.oneresponse.info' common service portal.
  19. Municipalities should conform to DINEPA reporting formats.

## **PAYMENT FOR WORK**

1. Latrine maintenance and cleaning should not be considered for cash-for-work.
2. No Cash-for-Work should be paid for maintenance of temporary infrastructure to deter abuse.
3. Latrine attendants should not be paid a stipend or cash-for-work where de-sludging is contracted out with a full service contract.
4. Communal latrines in smaller settlements (less than twenty families) within neighbourhood settings where there is social cohesion do not require latrine attendants.
5. Communal latrines in larger camps (where social cohesion is lower) do not need paid attendants if self-selecting groups of families have decided to limit access or communal facilities have been allocated.
6. Public latrines on roads outside camp boundaries should have paid attendants (max 200 Gourds per day) with payment (by the sponsoring NGO) subject to performance.
7. For solid waste disposal, payment may only be made for secondary disposal from camp collection point to the nearest skip where SMCRS cannot gain access.
8. Payment is acceptable for community mobilisers with over 1:500 'clients' up to 250 G per day.
9. [Note: Public toilets are used by anyone at any time. Communal toilets are used by designated family groups who may or may not control access.]

## ZONING

1. As part of a decentralized coordination strategy, and in line with the Cluster Approach's principles of partnership and accountability, selected 'Focal Point' NGOs are expected to engage in municipal coordination on behalf of all other NGOs working in their designated zones. Their terms of reference are to:
  - a. Convene face-to-face meetings with all other national and international NGOs working with their zone on an as needed basis to discuss issues of mutual concern
  - b. Advocate to the Municipal Coordinator and thence to the National Cluster Coordinator for resolution of issues
  - c. Support efforts to de-duplicate agency activities and ensure gap identification and gap filling in close cooperation with the Cluster team
  - d. Be 'provider of second resort' where agencies working within their zone are unable to meet identified punctual emergency needs.
  - e. Alert the UNICEF WASH Section Chief when 'provider of last resort' options may be needed
  - f. Act as 'eyes and ears' for the Cluster on issues indirectly related to WASH
  - g. Be actively involved in mitigation and response measures
  - h. Act as first 'port of call' for the Municipal Coordinator and local authorities on all WASH related actions taking place within their designated zone, including from other NGOs wishing to intervene in their area.
2. Where a camp management organization exists, the above does not apply.

## INTER-SECTORAL LINKAGES

1. WASH Cluster partners are encouraged to link their WASH programmes with those agencies constructing transitional housing so that dwellings are not without access to safe water and sanitation, and that latrines are not constructed alongside families still living in emergency shelter.
2. Provision of safe water and sanitation services to rehabilitated primary and secondary schools is encouraged. Attention should be given when doing so to inclusion of hygiene promotion messages within the curriculum, and maintenance by the school committee.

## CROSS-CUTTING ISSUES

1. There is a difference between integrating the policies, strategies, and activities of inter-dependent sectoral needs and the integration of cross-cutting issues which affect all sectors equally, such as human rights and gender. WASH Cluster partners are expected to include the following cross-cutting issues in their intervention plans:
  - Age
  - Disability
  - Diversity
  - Environment
  - Gender
  - Sexual & Gender-Based Violence
  - HIV/AIDS
  - Human Rights
  - Psycho-Social
  - Protection

## TECHNICAL ASSISTANCE

1. Technical matters requiring further elaboration are discussed in small technically-qualified teams under the facilitation of a Focal Point from within the WASH Cluster as identified by the Cluster Coordinator. These groups are called 'Sub-Cluster Technical Working Groups' (TWIGs), and will convene in response to needs as expressed by any Cluster partner, and meet as often as required to arrive at a conclusion. Terms of Reference

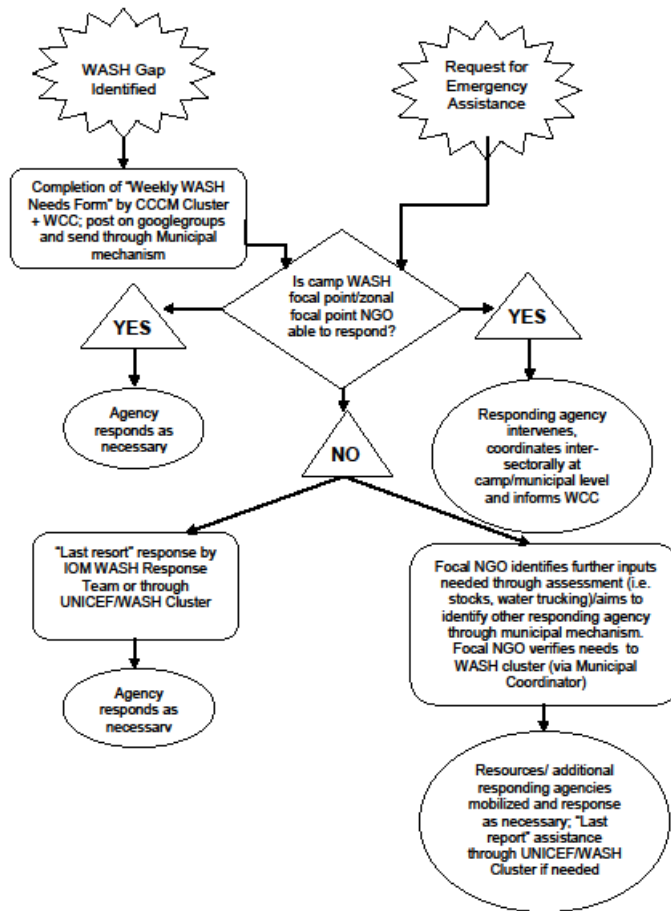
are set by the Cluster Coordinator on behalf of the SAG. TWIGs are accountable to the WASH Cluster partners and report through the SAG.

2. Technical Working Groups (TWIGs) are established by each Sub-Cluster to reach consensus on appropriate design technologies and best practices according to terms of reference agreed by the SAG. These groups are time limited and disband once their objectives have been achieved. Current TWIGs are:
  - Excreta disposal standards (Oxfam)
  - De-sludging (UNICEF)
  - Sewage disposal (World Vision)
  - Monitoring (Cluster IM)
  - Water Tankering & Beyond (UNICEF)
  - Contingency Planning, Emergency Reaction & Mitigation (UNICEF)
  - WASH in Schools (UNICEF)

## **WASH REFERRALS AND REQUESTS FOR EMERGENCY ASSISTANCE**

1. “*WASH referrals*” are routine requests for implementation of WASH related activities in a camp, where there is a gap in assistance. “*Requests for Emergency Assistance*” are requests for the WASH cluster to organize an emergency response in a specific location, which could include epidemic emergencies (i.e. cases of typhoid), camp flooding due to heavy rains, or cyclone where WASH infrastructure are damaged.
2. In the case of an emergency event (i.e. flooding, cyclone etc.), where WASH cluster assistance is necessitated, steps will include the following:
  - 2.1. In an emergency event the camp WASH focal point or zonal focal agency will conduct the primary assessment and respond as appropriate and according to their capacity. This will include coordinating inter-sectorally as appropriate at the camp/municipal level, i.e. with health agencies. Information or assessments will be forwarded to the Municipal Focal Point and Cluster Coordinator ([washresponse@gmail.com](mailto:washresponse@gmail.com)).
  - 2.2. If the responding agency needs further assistance (i.e. does not have appropriate NFI in stock), the responding NGO will notify the Municipal Coordinator/Cluster Coordinator who will attempt to link the NGO to other agencies which can assist.
  - 2.3. In the event that there is no camp WASH NGO or the focal NGO cannot respond, the Municipal Coordinator and WASH Cluster Coordinator will identify a responding agency, and as a last resort (where no NGO is available), UNICEF as provider of last resort will be notified.
3. Where routine referrals are requested through the WASH cluster, the process will be the same as above with the following modifications: all requests are channeled through a “Weekly WASH Needs Report” which is filled out by CCCM cluster (with requests from Camp Management Operations) and forwarded to Municipal + Cluster Coordinator who will update the form with other requests that will come through. The process will continue from 2.1 – 2.3 as above.

**Diagram 1:** The following flow chart outlines points 1-3 above:



## OUTBREAK RESPONSE

2. In the case of suspected outbreak of water-borne or water-washed communicable disease, control measures from WASH Cluster partners are in support of the Health Cluster who are, in turn, in support of the CCCM Cluster. Such measures should be limited to the affected camp population and will immediately include:
  - a. Doubling of available water
  - b. Raising chlorine residual at water distribution points to 1 mg per litre
  - c. Distribution of soap for handwashing for one month (280 gr per person) [Note: Hygiene parcels are not necessary]
  - d. De-sludging followed by thorough disinfection and cleaning of latrines
  - e. Ensuring water and soap availability at handwashing stations (and erection of such stations where none exist)
  - f. Enhanced hygiene promotion, especially for handwashing and food preparation, using meetings and megaphones (with key messages as agreed with Health and CCCM management)
  - g. Residual spraying for vector control at waste disposal sites.

## MONITORING

1. Comprehensive monitoring to complement DTM data gathering is being undertaken by the Cluster. Household level monitoring is expected quarterly with regular (at least monthly) monitoring by implementing agencies of infrastructure. Fifteen DINEPA monitoring teams will conduct site visits in all priority settlements every month. Monitors will report to the SAG with information of use to all Cluster partners for planning and impact evaluation.
2. Cluster performance and quality assurance of work undertaken by partners within the Cluster may be independently monitored.
3. Baseline data and outcome (e.g improved access to safe water, decrease in incidence of WASH-related communicable diseases, reduction in open defecation) will be validated through comprehensive assessment and survey.

## CLUSTER EXIT STRATEGY

Early recovery activities will continue throughout 2010-2011 as longer-term risk reduction strategies re-establish themselves, particularly with respect to water treatment, storage and handling, water quality control, hygiene promotion, construction of transitional (semi-permanent) latrines.

Short-term activities will complement these longer-term plans as follows:

- Capacity-building of DINEPA in sustainable Information Management systems
- Series of technical trainings for all WASH stakeholders at local level, particularly local DINEPA officials and national NGOs, in Sphere, the Cluster Approach, and Coordination principles and practices (including IM)
- Contingency planning / lessons learned exercise
- Performance Assessment
- Comprehensive needs assessment and gap analysis

## DEFINITIONS

1. Extremely Vulnerable Groups comprise:
  - a. Female- and Child-headed households
  - b. Households of six or more, with four children of school age
  - c. Persons with disabilities (physical, sensorial, mental and intellectual impairments)
  - d. Older personsWidows
  - e. Members of ethnic or socio-economic minorities
  - f. Landless
2. A household comprises all those sharing one hearth
3. Improved Hygiene Practice includes safe water storage, treatment, and handling
4. Satisfaction can be measured as a function of:
  - a. Dignity, privacy, and suitability
  - b. User views being properly taken into account
  - c. Outcomes of interventions met or exceeded expectations
  - d. Complaints mechanism is in place
5. CFU = Colony Forming Unity (faecal coliforms)