WASH
STRATEGIC OPERATIONAL FRAMEWORK - 2011

Water, Sanitation and Hygiene (WASH)
Somalia

Introduction

i. This framework provides a guide to program orientation by the WASH Cluster Partners responding to the ongoing Humanitarian Emergency in Somalia. It has been drafted by a WASH Cluster Technical Working Group on behalf of WASH Cluster Partners.

ii. It remains relevant for populations affected by conflict, drought, floods and other unforeseen disasters that endanger the lives and livelihoods of Somali families, and is valid until a period of long-term stability is achieved.

iii. WASH partners are expected to conform to the broad operational framework outlined in this document, and should be prepared to engage in open discussions to update this document prior to commencing any action that differs substantially from these guidelines. Similarly, the donor community is encouraged not to fund agencies working in the WASH sector for activities that fall outside this framework without prior discussion.

Global Guiding Principles

i. Individual programmes will address the „three prongs" of WASH (Water, Sanitation, and Hygiene), either as an integrated programme, or in collaboration with other partners, including women and men equal considerations.
ii. Integrate with the strategic and operational approaches of other Clusters, particularly Health, Nutrition, Livelihoods, Shelter & NFIs, and, if opportunity arises, Early Recovery.
iii. Include good governance, human rights, gender equality, age, environmental assessment and environmental protection in all aspects of WASH program planning.
iv. Incorporate Disaster Risk Reduction and conflict sensitivity into all WASH programs.
v. As a minimum, adhere to SPHERE, these are qualitative in nature and specify the minimum levels to be attained – not to be confused with the indicators that specify if the standards have been met.
vi. As a minimum, adhere to Somalia WASH Cluster Guideline Indicators.
vii. Increase women"s participation in decision-making processes and skills trainings, particularly in relation to the design, implementation, and operation of collective water supply, sanitation and hygiene projects.
viii. Include affected women and men equally in assessing and prioritizing their own needs, as well as programme design.
ix. Provide all affected women and men equally with information about programme activities that affect them in their own language.
x. Avoid duplicating activites in areas already served, and to intervene in areas where there are a lack of active WASH partners.
xi. Ensure beneficiaries of WASH projects have the ability to provide feedback on the program and implementing.

Goal

- Contribute to measurable improvements in population living conditions through the efficient, effective, and timely implementation of WASH programme targeted at the most vulnerable populations to reduce their exposure to disease-bearing vectors and malnutrition through provision of safe drinking water, reduction of environmental sanitation health risks and promotion of good hygiene practices.

WASH Strategy

The WASH strategy addresses the water, sanitation and hygiene promotion needs of IDPs, drought, floods and disaster affected populations due to poor access to WASH services.
To address the needs of the sector through sustaining and expanding levels of service as well as reducing the risk, and mitigating the effects of the WASH related diseases, the strategy must consider a number of factors u the cost-effectiveness, direct impact, sustainability, and synergy with other sectoral interventions in addition to the long-term benefits, when prioritising the interventions.

With these considerations in mind, the WASH Cluster has selected 3 major objectives for the 2011 WASH strategy:

1. Ensure that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion through risk sensitive interventions
2. Strengthen emergency preparedness and contingency planning integrating risk reduction
3. Ensure capacity building of women and men, equally, in local authorities and the community for sustainable WASH interventions

The 3 objectives are supported and augmented by medium to long-term components including coordination, monitoring, gender and capacity building of partner NGOs. **All activities are considered applicable for IDPs, drought, floods and other disaster affected populations, but is also relevant to a longer-term WASH strategy.**

Objective 1: Ensure that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion through risk sensitive interventions

This strategy aims to increase the access to safe water, sanitation services and hygiene promotion with integrating disaster risk reduction primarily through the support to the operation, maintenance, chlorination, rehabilitation, protection and extension of existing water systems. These interventions represent the most cost-effective and immediate response option. Other interventions include the construction of new sources (e.g. boreholes) and water tankering where necessary. However, constructing new systems is often time-consuming and tankering water is very expensive and unsustainable, and should only be considered as a last resort. The constructed or rehabilitated systems should be as simple and economical to operate as possible.
Due to the challenging nature of the water resource situation in Somalia, any intervention should not exacerbate the prevailing drought conditions. For the construction of new systems, the type of system (e.g. shallow well, borehole, pan, berkads, dams) should be appropriate to the needs, water availability and capacity of the system to be maintained, and where possible, should mitigate the impact of the abstraction.

The proposed activities are summarised as follows:

1. Support the rehabilitation of existing water systems and construction of new water facilities, including the operation, maintenance and water treatment.
2. With the full and equal participation of women and men in the household, community or institution, support the construction and rehabilitation of appropriate and gender-sensitive sanitation facilities
3. Promote dissemination of key hygiene messages, and practices addressing also underlying causes of malnutrition to both women and men equally in communities, and key institutions (nutrition feeding centres, health facilities, schools)
4.

Of the above activities, the following have been selected as priorities:

Priority 1: ***Support the rehabilitation of existing water systems and construction of new water facilities, including the operation, maintenance and water treatment.***

Support the Operation, Maintenance and treatment of existingwater systems
Many communities, particularly drought and floods affected and IDP communities have little capacity to operate, maintain and treat their water systems especially in areas where the population is at risk from the spread of AWD outbreak or other water related diseases (For more details, refer to "WASH Guidelines for Water Treatment" in Somalia).

Support the rehabilitation of existing water infrastructure and construction of new water facilities
Systems that are no longer functional or are abstracting water at a lower yield (due to poor/impeded pump, generator or borehole performance), or have no or inadequate sanitary protection can be rehabilitated, increasing the access to safe water within a relatively short period of time and with moderate resources. New water systems can be constructed in areas where water resources are easily accessible, construction is relatively cheap, groundwater resources are not depleted, and there is a demonstrated need and acceptance of responsibility by communities. Wherever possible rainwater-harvesting structures such as berkhads, dams and water pans should be constructed as an alternative to groundwater extraction systems. Rainwater harvesting systems are easy to operate and maintain, reduce groundwater extraction, increase the level of groundwater recharge and help to mitigate the effects of drought.
Boreholes should only be considered in strategic locations for drought mitigation or in areas with high population densities. To reduce the likelihood of failed boreholes, research must be conducted in advance of the site selection to determine the groundwater potential, environmental impact and potential issues of clan conflict. Where boreholes are to be motorised, a proper pumping test should be carried out to determine the safe yield of the borehole. Green technologies such as wind and solar power should be used where possible for mechanised systems, as alternatives to generators powered by fossil fuels.

Priority 2: With the full and equal participation of women and men in the household, community or institution, support the construction and rehabilitation of appropriate and gender-sensitive sanitation facilities Support the construction and rehabilitation of communal and household latrines

The construction of latrines will be prioritised in areas of high population densities, such as IDP camps and disaster affected areas, since the public health risks from poor sanitation are more acutely felt in overcrowded areas with poor access to water and sanitation. Location of latrines will selected with closed consultation of women and girls requirement with regards to their safety and their cultural behaviour. To date, the construction of latrines has been quite expensive however, to ensure greater access, appropriate use and a more sustainable approach, communities need to be engaged in the excavation of their latrine pits and the construction of the super-structures. In areas where space is an issue, the latrine pits should be excavated as deeply as possible (at least 3m) to ensure that the latrines last longer, particularly in densely populated areas. Options to rehabilitate an existing latrine are limited as the sludge needs to be disposed of safely and this requires special equipment which may not be available. Where possible, the super-structure materials can be removed from a full latrine and reused in the replacement latrine. It is essential that the full latrines are adequately covered, made safe and do not constitute a health hazard.

Support the construction and rehabilitation of sanitation facilities in schools and health facilities
To ensure the increased attendance, retention and continuation rates of boys and girls, in school – children must have access to sufficient and appropriately sized, located, designed, segregated, and maintained sanitation facilities with adjacent handwashing facilities.
Sanitation and handwashing systems are also required in health facilities, considering women and men requirements. The cluster will actively work with the education and health clusters to review data on sanitation facilities in schools and health facilities in order to prioritize these establishments. Sanitation in health facilities should include the safe disposal of medical waste. Where possible, wastewater should be treated and reused using environmentally friendly solutions.

Support the cleaning/rubbish collection activities
Solid Waste management, at a municipal, community and household level needs to be addressed in an effective and sustainable manner, through mechanisms other than burning. Burning of rubbish contributes to poor air quality and already high levels of Acute Respiratory Infections (ARI), particularly in children.

Organisations should focus on developing solid waste programs that increase the capacity of communities and local authorities to plan for the management and disposal of municipal and household solid waste. Community mobilisation mechanisms should be supported in the gathering and disposal of rubbish. Support could be provided through the provision of donkey carts and the excavation of appropriate dumping sites. The dumping sites should be selected at an appropriate distance from the population and appropriately designed and located so as not to constitute a health hazard. Location must be selected in consultation with women and men to ensure proper and safe use by all the community. The provision and distribution of environmental sanitation tools is also applicable in more densely populated areas in order to promote healthy environments.

Priority 3: Promote dissemination of key hygiene messages, and practices addressing also underlying causes of malnutrition to both women and men equally in communities, and key institutions (nutrition feeding centres, health facilities, schools)

If communities are to benefits from the water and sanitation interventions to improve their health, they also have to understand the basics of hygiene and its role in disease prevention. Therefore, good hygiene practices must be clearly understood and should relate to people"s life situation and be perceived to bring measurable benefits from the proper use and maintenance of developped/rehabilitated water and sanitation infrastructures so that people will want to practice what they would have learned for long term use and sustainability.

Support the dissemination of key hygiene messages to communities, schools and health facility attendants through a range of different interventions

Hygiene education messages should be communicated through a variety of channels to ensure that the audiences at a school, clinic, household, community and national level are not just reached but that they are understood, accepted and practised by the target audience. The content and mode of dissemination of the messages should be appropriate to the education level, religious values and culture of the target audience. The mode and frequency of the messaging must be effective and must be supported by access to WASH facilities and supplies. Possible modes of communication include interpersonal communication (through household visits, child to child groups), focus group discussions as well as mass media broadcasts (e.g. radio programmes, posters) and PHAST and CHAST sessions.

Any hygiene campaign should include ORS preparation and use, handwashing, and safe water handling and storage in the home, as part of the core components. An inbuilt mechanisms of monitoring the uptake of hygiene messages promoted and relate to improvement in behaviour as well as WASH related diseases should be undertaken.

Support and monitor the distribution of soap and other WASH related NFIs to support hygiene promotion activities

Where possible hygiene promotion activities should be supported with the provision of soap to promote handwashing. Handwashing at certain, critical times, is essential in the reduction of diarrhoeal diseases (leading to a 44% reduction when used at critical times), and has been shown to reduce Acute Respiratory Infections and Neo-natal mortality. In addition to soap provision, distribution of WASH related non food items should be considered. It has been found that proper selection, distribution, and monitoring of water storage and collection containers improves on safe handling at household level and thefore reduction in water and saniation related disease. Other NFIs to be considered are sanitary towels that ensures good health and dignified life for affected women and girls. In all instance, post distrubution assesment and analsysis should be conducted to understand beneficiary satisfaction and monitor the effective use of the items.

Objective 2: Strengthen emergency preparedness and contingency planning integrating risk reduction

Priority 1: In consultation with women and men at the level of households, communities and institutions, support the rehabilitation and the construction of strategic water points in drought-prone areas

Whenever possible, hydrogeological survey in drought prone areas (including the collation of existing information) will be undertaken, to determine the extent and characteristics of ground water resources to identify areas with potential ground water for development of strategic boreholes to mitigate the effects of the drought.
The cluster will identify a list of strategic boreholes to be maintained or constructed in drought prone areas.

While the least preferable method of supporting disaster-affected populations, water trucking can nonetheless be a life-saving activity, particularly for drought-affected and recently displaced communities. Water trucking should be undertaken, only when clear evidence is presented that communities are unable to collect less than 5 litres of water per person per day. Phase-out strategies for water trucking should always be planned and implemented as soon as possible after water trucking begins.

Priority 2: In consultation with women and men at the level of households, communities and institutions, support the rehabilitation and construction of flood-proof water and sanitation facilities

Specific technical guidelines must be applied to address floods prone area and adequate response must be planned : ie rised water head of shallow wells and/or boreholes, flood proof latrines pits.

Priority 3: With the full and equitable participation of women and men in the community, raise awareness and develop basic early warning system in high-risk areas

Development of the emergency preparedness and response plan that would include the following:
(i) Assessment, identification and analysis of the risks
(ii) Mapping the risky areas
(iii) Monitoring of the risks
(iv) Planning and developping capacities to respond
(v) Raising awareness and enhancing early warning

Priority 4: With the full and equal participation of women and men in the community, compile an emergency preparedness plan and pre-position stocks for disaster response

Update the emergency preparedness and contingency plan
(i) Stock piling for timely response
Emergency planning and pre-positioning of stock should be shared with the cluster and the partners that, in case of a disaster, response can be coordinated and appropriate. Plans and stock inventory of partners should also be shared within the Cluster

Objective 3: Ensure capacity building of women and men, equally, in local authorities and the community for sustainable WASH interventions

WASH organisations must give increased consideration to the capacity building of partner NGOs and CSOs. Partner NGOs and CSOs should be seen as an opportunity to increase humanitarian assistance rather than sub-contractors for implementation. WASH organisations will increase the capacity of partner NGOs by:

1. Building the capacity of local NGOs and CSOs with whom there is no agreed formal partnership to implement programs
2. Developing the technical skills and knowledge of partner NGOs staff through trainings and secondments
3. Developing the organisational capacity of partner NGOs through management training, and the provision of assets
4. Build the capacity of Government institutions to prepare for and respond to disasters

The proposed priorities are as follows:

Priority 1:Support the appropriate capacity building of women and men in communities, and institutions to operate, maintain and manage water infrastructure in a sustainable manner

Community committees, civil society, local authorities, or other nominated water management representatives appropriately and adequately operate and maintain existing water systems in target areas. Water Management Committees should be established (or re-established where they exist) and trained to operate and maintain existing water sources in target areas – training should deal with technical operation/maintenance aspects of the system as well as the managerial, administrative and financial issues. Where possible the private sector should be involved, particularly where there are issues with the availability of spare parts. Role of each members of the Committees should be described in a simple terms of reference, ensuring that each member of the committee, women and men equally, can carry out their duty.

Priority 2: ***Support appropriate capacity building for women and men in communities and institutions to manage solid waste in a safe and sustainable manner*** Organisations should focus on developing solid waste programs that increase the capacity of communities and local authorities to plan for the management and disposal of municipal and household solid waste in a sustainable manner. Therefore, it is crucial that they are operated and managed by representatives of the community, and that these community representatives have been adequately trained on community mobilisation for safe collection and disposal.

Priority 3: Training of male and female community personnel, teachers and health staff to communicate key hygiene messages effectively, including hygiene practices to address causes of malnutrition

Hygiene promotion should be undertaken by community members and people of high influence such as teachers and health facility staff. All WASH programs should increase the capacity of the target community to realise and understand the importance of hygiene and the promotion of safe hygiene practices with their community. Programs should ensure the community undertands the link between safe water and sanitation access and reduction in diarrhea diseases in emergencies and therefore the need to ensure the provided WASH facilities are appropriate and are used properly. Therefore, development of training tools and materials, training of community personnel on effectively communicating key hygiene messages, Train community on admistration of ORS and training on household water storage/treatment and safe water handling will be necessary.

Medium to Long-term Activities

To ensure the sustainability of the above strategies, the activities should prepare for longer-term interventions as well as directly supporting interventions to build the sustainability of the activities and to ensure that the activities are not exacerbating the water resource situation but instead, foster early recovery and mitigate the effect of the emergencies.

Proposed activities include:

1. Establish groundwater level and water quality monitoring for boreholes in areas that support vulnerable communities, perceived to be at risk of groundwater depletion and or deterioration in quality.
2. Mapping of all community water systems by number, beneficiaries, type and operational status, where possible.
3. Conduct KAP surveys, where/when appropriate, to determine the needs and effectiveness of hygiene promotion interventions. To determine the key areas of risky behaviour, KAP surveys should be conducted, where possible, in advance of an intervention to determine the levels of use and acceptance of key hygiene strategies, and the intervention designed upon this basis. To determine the effectiveness of the campaigns, KAPs should be conducted to identify which aspects were successful, which not, and reasons for such, and to incorporate such learning into subsequent campaign designs and interventions.

Expected Outcomes

- Men, women and children 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.
- No major outbreaks of WASH-related communicable diseases in targeted areas
- Reduction in the prevalence of WASH-related communicable diseases

WASH Standards

The minimum standards for water, Sanitation and Hygiene Promotion are a practical expression of the shared beliefs and commitments of humanitarian agencies and the common principles governing humanitarian action that are set out in the Humanitarian Chapter. Founded on the principle of humanity, and reflected in international law, these principles include the right to life and dignity, the right to protection and security, and the right to receive humanitarian assistance on the basis of need.

Water supply standard 1: access and water quantity

All people have safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene. Public water points are sufficiently close to households to enable use of the minimum water requirement.

Water supply standard 2: water quality

Water is palatable, and of sufficient quality to be drunk and used for personal and domestic hygiene without causing significant risk to health.

Water supply standard 3: water use facilities and goods

People have adequate facilities and supplies to collect, store and use sufficient quantities of water for drinking, cooking and personal hygiene, and to ensure that drinking water remains safe until it is consumed.

Excreta disposal standard 1: access to, and numbers of, toilets

People have adequate numbers of toilets, sufficiently close to their dwellings, to allow them rapid, safe and acceptable access at all times of the day and night.

Excreta disposal standard 2: design, construction and use of toilets

Toilets are sited, designed, constructed and maintained in such a way as to be comfortable, hygienic and safe to use.

Hygiene promotion standard 1: programme design and implementation

All facilities and resources provided reflect the vulnerabilities, needs and preferences of the affected population. Users are involved in the management and maintenance of WASH facilities where appropriate.

WASH - Standard Beneficiary Numbers:

Water access – the following beneficiary numbers can be used as guide to adequate service provision:

- **RURAL:**
  - maximum number of people per water point –
    - 400 per shallow well,
    - 3,500 per mechanized borehole (depends on yield),
    - 675 litres per person per berkad,
    - 675 litres per person plus 36,000 litres per household for animal usage (10 large animals and 20 small animals for a 3 month period) for a water catchment/pan

- **URBAN and IDP:**
  - Maximum number of people per water point –
    - 600 per shallow well,
    - 5,000 per mechanized borehole (depends on yield),
    - 300 per tap (with a flowrate of at least 0.2l/s)
- **SCHOOL and HEALTH FACILITY:**
  - One water source per institution

Sanitation access - the following beneficiary numbers can be used as guide to adequate service provision:

- **URBAN and IDP:**
  - Minimum of 1 latrine per 50 persons (8 households) to be reduced to 1 latrine per 20 households as soon as possible

- **RURAL:**
  - Minimum of 1 latrine per 30 persons (5 households)

- **SCHOOL and HEALTH FACILITY:**
  - 1 toilet to 30 girls
  - 1 toilet to 60 boys
  - 1 toilet to 20 beds or 50 out-patients

Hygiene access - the following beneficiary numbers can be used as guide to adequate service provision:

- **URBAN and IDP:**
  - 2 hygiene promoters per 1,000 persons

- **RURAL:**
  - 1 hygiene promoter per 1,000 persons

WASH Indicators

Achieving SPHERE indicator standards is the goal for all WASH cluster partners, however it should be recognised that meeting SPHERE indicators for the disaster affected population of Somalia is currently beyond the combined resources of the WASH cluster. The following indicators have therefore been developed and adopted by the WASH Cluster Guidelines Technical Working Group.

Indicators are „signals" that show whether the standard has been attained. They provide a way of measuring and communicating the impact, or result, of programmes as well as the process or methods used. The indicators may be qualitative or quantitative.

Output or Result Indicators

Output or results indicators are the tangible products or services delivered through the WASH project.

Water

- Percentage of target population disaggregated by sex that can access:
    - Water Trucking - 5 litres per person per day of chlorinated (0.5mg/l FRC) water
    - Emergencies/IDP settings 7.5 litres per person per day of chlorinated (0.2 – 0.5mg/l FRC) water
    - AWD/Cholera response - 15 litres per person per day of chlorinated (0.5mg/l FRC) water
    - Non-emergency settings – more than 15 litres per person per day of water
    - Schools 3 litres per student per day
    - Health Centre 5 litres per out-patient; 40-60 litres per in-patient per day
- Volume of water provided per person per day disaggregated by sex
- Households have at least 2 containers of at least 10 litres each for collecting/storing water
- Water systems have a low risk of contamination (as determined by sanitary surveys)
- The maximum distance from any household to the nearest water point is 500 metres
- Queuing time at a water source is no more than 30 minutes
- There are no faecal coliforms per 100ml of water at the point of delivery

Sanitation

- Percentage of target households that have safe access to a latrine with a superstructure that provides privacy within 75m of their household
- Percentage of schools, and health centres that have safe access to latrines
- Percentage of schools, households, health centres that have solid waste disposal facilities
- Percentage of water points and handwashing facilities with appropriate drainage system

Hygiene

- Percentage of target population disaggregated by sex particpating in hygiene promotion activities
- Percentage of school children participating in hygiene promotion activities
- Percentage of target population disaggregated by sex who can demonstrate knowledge of key hygiene practices
- Percentage of school children who can demonstrate knowledge of key hygiene practices
- Percentage of target households that know how to prepare, and when to use ORS
- Percentage of displaced households that receive hygiene kits within 3 weeks of arriving in new locations
- Percentage of hygiene promotion campaigns disseminated in nutrition feeding center
- Percentage of hygiene promotion campaigns disseminated in Health facilities

Emergency preparedness and Contingency planning

- Number of strategic boreholes constructed or rehabilitated in drought prone area
- Number of water facilities (well/borehole/berkads) equipped with flood proof facilities
- Number of sanitation facilities (latrine pit, latrine slabs) equipped with flood proof facilities
- Number of emergency plans developped and share with the cluster
- Number of basic early warning system in place at community level or authority level

Capacity Building

- Number of Water and Environmental Sanitation committees trained – disaggregated by sex
- Number of members of communities and institutions, disaggregated by sex, equipped with necessary skills to manage solid waste disposal
- Number of women and men trained efficiently (measured by pre- and post-tests)

Community Involvement

- Communities are consulted and participate in the design and implementation of any WASH program.
- Women and men equally, are contributing to WASH activities decision, implementation and maintenance programming.

Impact or Effect Indicators

Impact indicators measure a desired accomplishment or outcome of a project, such as the reduction of a critical threat – the actual change in a problem targeted by the project

Water

- Percentage of target population disaggregated by sex that consumes X (see output indicators for different volumes) litres of potable water (water from a source with zero fecal contamination that is transported, stored and drawn in a hygienic manner)

Sanitation

- Percentage of the target population disaggregated by sex who dispose of excreta in a manner that limits the possibility for contamination of the environment (use a latrine or bury faeces)
- No scattered human faeces in within 200m of any natural or artificial water source,
- Percentage of women and girls who express satisfaction with the safety and privacy of latrines and bathing facilities
- Percentage of household/school latrine slabs that are free from faeces
- Percentage of schools households/medical waste facilities regularly disposing of solid waste in a safe manner that does not degrade the environment
- No solid waste is seen in target areas

Hygiene Promotion

- Percentage of target population disaggregated by sex washing their hands with soap/ash/sand at 3 critical times
- Percentage of target of households that practice safe food management (protect food from flies, wash raw food, wash utensils before using, place leftover food out of reach of children)
- Percentage of target households using ORS for episodes of diarrhoea

Health

- Percentage decrease in the prevalence of diarrhoeal disease

Nutrition :

- Percentage ofdecrease of the global acute malnutrition (GAM) and the severe actute malnutrition (SAM)

Community Involvement

- Water and Environmental Sanitation Committees have been formed in all areas of WASH intervention, and are able to identify water and sanitation related health hazards in their community.
- Communities are able to raise funds to effectively operate and maintain water systems
- Water system breakdowns are repaired within one week

Inter-Sectoral Linkages

Non-Food Items (NFIs)

WASH partners must provide details of any WASH distributions to WASH cluster coordinator These will be forwarded to UNHCR and UNICEF.

Education

Provision of safe water and sanitation services to primary and secondary schools is encouraged. Attention should be given when doing so to inclusion of hygiene promotion messages within the curriculum, and maintenance of facilities by school committees.
See Inter-Cluster Matrix WASH and Education

Health

Support selective Health facilities with safewater and sanitation facilities. Attention should be given in hygiene promotion delievered to health committees and staff.

Nutrition

Support of selective feeding programs (OTP, SC, TFP and SFP) with safe water and sanitation and hygiene promotion.
Attention should be given when doing so to inclusion of basic nutrition messages(including hygiene, breastfeeding) within the curriculum, and maintenance of facilities by nutrition committees/staff.

WASH program to be preferably implemented in area of severe malnutrition

Cross-Cutting Issues

Gender

Gender mainstreaming is a globally recognised strategy for achieving gender equality. It is a strategy for making women"s and men"s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of WASH programs, so that women and men benefit equally, and inequality is not perpetuated. To integrate a gender perspective into WASH programs, organisations will endeavour to:

1. Disaggregate data by sex
2. Seek gender balanced WASH staff
3. Analyse gender differences
4. Design WASH systems to meet needs of all and ensure equal access for women, girls, boys & men
5. Ensure equal participation of women and men in the design, implementation and evaluation of WASH programs
6. Train women and men equally

Coordination

Effective coordination of WASH activities is crucial to identify, address and monitor the humanitarian needs. The effectiveness of WASH Cluster Coordination will be increased through:

1. Timely sharing of WASH activities through the WASH Cluster Activity Map (Who, What, Where).
2. Timely sharing of WASH activities, lessons learned, project evaluations and KAP surveys through WASH coordination fora.
3. Assigned WASH Cluster focal points (FPs) at field level, with particular emphasis in Hargeisa, Bossaso, Garoowe, Gaalkacyo, Belet Weyne, Jowhar, Mogadishu, Waajid, Bu'aale, Baidoa, Middle/Lower Juba and Garbaharey Town.
4. Field level Coordination meetings held monthly in Hargeisa, Bossaso, Garoowe, Gaalkacyo, Belet Weyne, Jowhar, Mogadishu, Waajid, Bu'aale, Baidoa, Middle/Lower Juba and Garbaharey Town.
5. Increased coordination with government institutions where possible, to integrate WASH emergency activities with institutional plans, policy and standards.
6. Increased coordination with other sectors e.g. Livelihoods, Health, Nutrition and Education on assessments, strategies, and results, particularly where activities may overlap with other sectors e.g. school hygiene promotion, AWD response, child health days etc.
7. Joint assessments undertaken by WASH organisations to identify needs and gaps in the provision of service. Particular emphasis will be given on joint assessments to insecure areas and emergency settings.
8. Adoption of, and adherence to, the WASH Cluster Guidelines and Standards which consists of WASH Strategic Operational Framework, Minimum Assessment Guidelines for Project Proposals and Minimum WASH Guidelines for Somalia.

Technical Assistance

- Technical matters requiring further elaboration are discussed in small technically-qualified teams under the facilitation of a Focal Point from within the WASH coordination group as identified by the Cluster Coordinator. These groups are called „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. TWIGs are accountable to the WASH Cluster partners.

Information Management

- Information is managed centrally by the WASH Cluster Coordinator working in close cooperation with UNICEF, OCHA and SWALIM.
- Donors will be requested to provide the Cluster with details of those organizations they are funding for WASH-related activities.
- WASH Cluster partners can request information, including maps and matrices, at any time by contacting the WASH Cluster Coordinator.

Monitoring

Effective monitoring of WASH activities is essential to establish a common frame of reference for effective coordination. The Cluster"s ability to effectively monitor its activities will be achieved through:

1. The adoption and implementation of WASH Cluster monitoring tools and indicators, as a common approach to monitoring project activities and results.
2. The use of standard beneficiary numbers for WASH systems.
3. The dissemination of findings from monitoring activities to the Cluster.
4. Development of an external complaints reporting mechanism that allows intended beneficiaries to air grievances and failures in service delivery.
5. Ensure Gender-mainstreaming checklist (see below) is actively monitored and reported by the cluster.
6. Use of nutrition and Gender indicators in WASH programs development and reporting.

Tracking of inputs will be collated each quarter. WASH partners are encouraged to supply WASH updates every 3 months in the Quarterly Reporting WASH activity map excel document.
Cluster performance and performance of partners within the Cluster will be independently monitored.

Baseline data and impact (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 surveys by individual organisations.

Definitions

- Extremely Vulnerable Groups comprise:
    - Female and Child-headed households
    - Households of six or more, with four children of school age
    - Physically and mentally disabled
    - Elderly
    - Widows
    - Members of ethnic or socio-economic minorities
    - Landless
- A household comprises all those who share one hearth
- Improved Hygiene Practice includes safe water storage, treatment, and handling
- Satisfaction can be measured as a function of:
    - Dignity, privacy, and suitability
    - Beneficiary views were properly taken into account
    - Outcomes of interventions met or exceeded expectations