

WASH Cluster Somalia

Guide to WASH Cluster Strategy and Standards

**Also known as
Strategic Operational Framework (SOF)**

2012

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Key Documents/Weblinks

- WASH Cluster website: <http://www.unocha.org/somalia/coordination/clusters/water-sanitationHygiene>
Promotion and Cholera material: Click the link on the WASH Cluster website, or go directly to:
<http://www.unocha.org/somalia/coordination/clusters/water-sanitation/hygiene-promotion>
- Sphere Standards: <http://www.sphereproject.org/>

Objective

The Strategic Operational Framework (SOF) collates the key WASH Cluster standards, developed to improve the effective, sustainable humanitarian WASH action in Somalia.

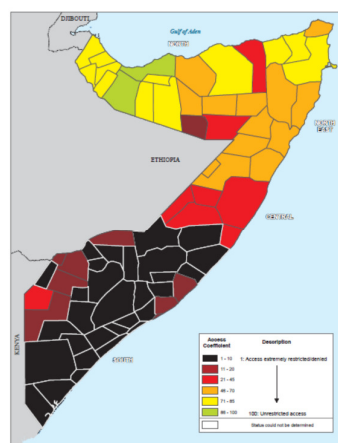
Context of Somalia

Map of Somalia - Regions, Districts and key towns



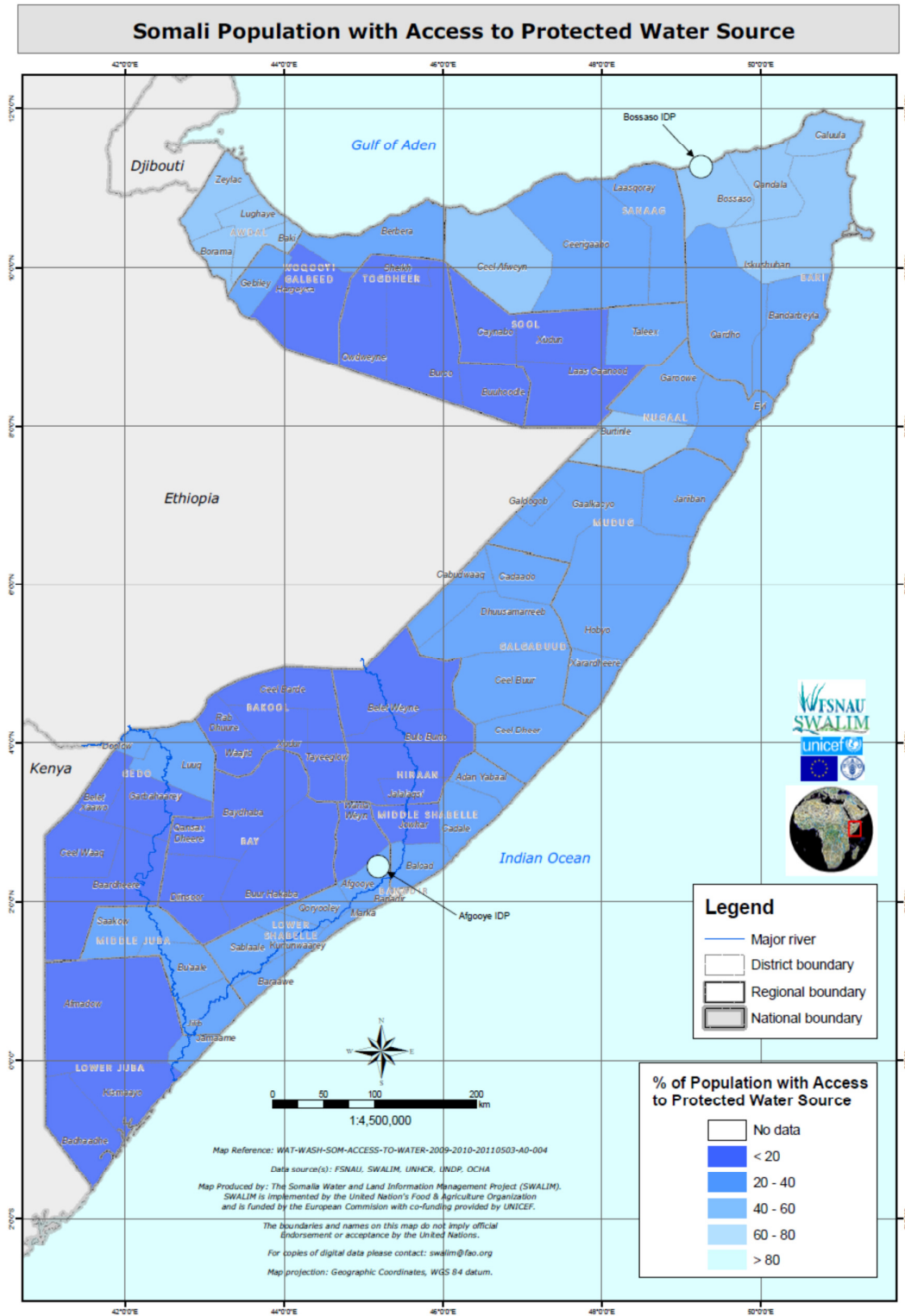
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Map of Access

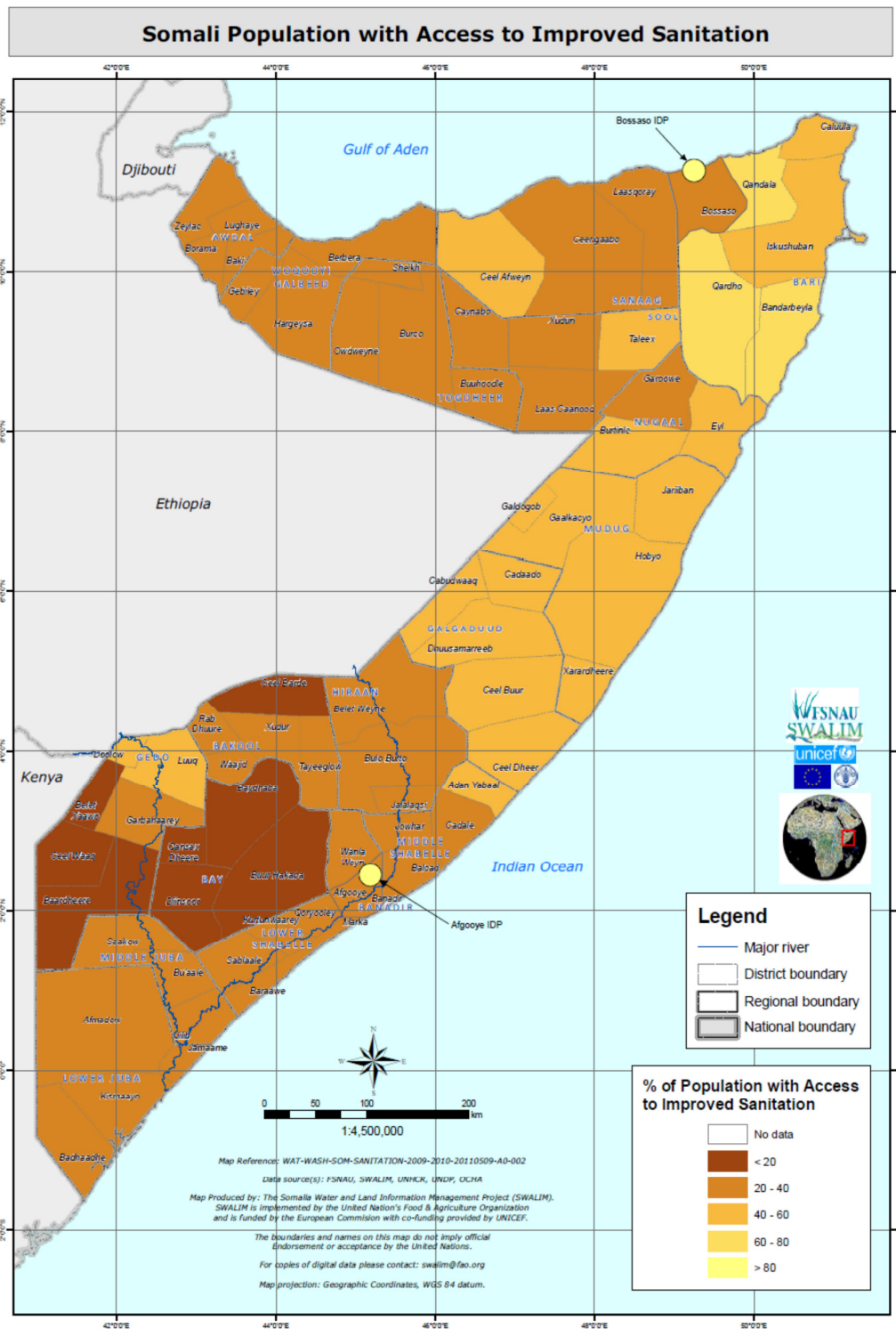


(OCHA 2011)

Access to Water (from FSNAU surveys 2009 - March 2011)



Access to Sanitation (from FSNAU surveys 2009 - March 2011)



Global Guiding Principles

1. We ascribe to the Humanitarian Charter (Sphere 2011, p21) including:

*The **right to receive humanitarian assistance** is a necessary element of the right to life with dignity. This encompasses the right to an adequate standard of living, including adequate food, water, clothing, shelter and the requirements for good health, which are expressly guaranteed in international law. The Sphere Core Standards and minimum standards reflect these rights and give practical expression to them, specifically in relation to the provision of assistance to those affected by disaster or conflict. Where the state or non-state actors are not providing such assistance themselves, we believe they must allow others to help do so. Any such assistance must be provided according to the principle of **impartiality**, which requires that it be provided solely on the basis of need and in proportion to need. This reflects the wider principle of **non-discrimination**: that no one should be discriminated against on any grounds of status, including age, gender, race, colour, ethnicity, sexual orientation, language, religion, disability, health status, political or other opinion, national or social origin.*

2. And focus on the first two Protection Principles (Sphere 2011, p29):

- a. Avoid exposing people to further harm as a result of your actions (Do no harm)
- b. Ensure people's access to impartial assistance – in proportion to need and without discrimination.

3. Individual programmes to:

- a. Include Water, Sanitation and Hygiene as all are critical for vulnerable communities
- b. Be designed to improve the long term resilience of the community, as this is a chronic humanitarian crisis. For example provision of sustained access to water (e.g. protected shallow wells), rather than temporary access only (e.g. water access by voucher).

4. Integrate with the strategic and operational approaches of other Clusters, particularly Health, Nutrition, Agriculture and Livelihoods, Shelter (NFI), Education, Protection and Food, and, if opportunity arises, Early Recovery.

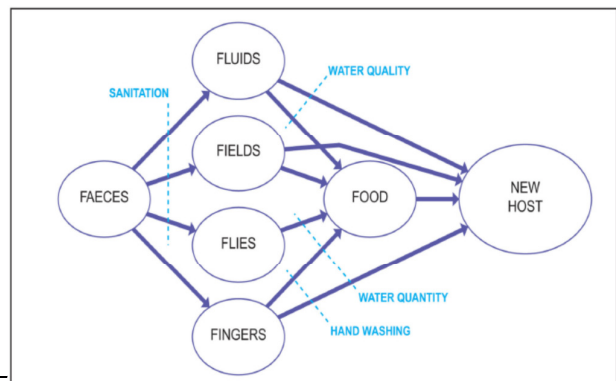
5. Address cross-cutting themes (Sphere 2011): Children, Disaster Risk Reduction, environment, gender, HIV and AIDS, older people, persons with disabilities and psychosocial support.

6. As a minimum

- a. Adhere to SPHERE Standards, 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. (Sphere standards, and agreed Somalia indicators are referred to, throughout the SOF)
- b. Adhere to Somalia WASH Cluster minimum technical guidelines (see WASH Cluster website)

Primary Objective:

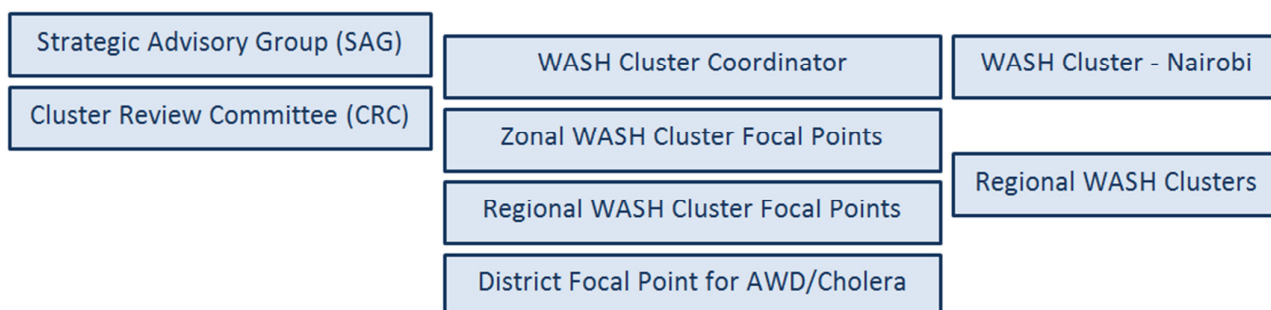
The primary objective of the WASH Cluster is to reduce diarrhoeal disease. The transmission of diarrhoeal disease is shown in the "F" diagramme, on the right. So called because of all the "F" words in the diagramme. This also shows how WASH interventions including sanitation, handwashing with soap or ash, and safe water quality break the transmission routes.



Goal

Ensure effective and efficient WASH interventions to address a chronic humanitarian crisis, and respond to acute emergencies

WASH Cluster Structure



See the WASH Cluster website for:

- The map of WASH Cluster Zonal, Regional and District Focal Points
- ToR for WASH Cluster Regional, Deputy Regional and District Focal Points
- Guide to the Somalia Strategic Advisory Group (SAG)

WASH Cluster 3-5 year Plan

The Strategic Advisory Group has supported the WASH Cluster to identify and prioritise the key strategic issues which are holding the WASH Cluster back from achieving “effective, sustainable humanitarian WASH action”.

The key strategic issues for the WASH Cluster are:

- Capacity of WASH agencies
- Monitoring and Accountability
- Coordination at Regional level
- Needs Assessment, for emergency (eg drought), as well as for longer term needs
- Technical Guidance

A WASH Cluster 3 year rolling plan, in Annex 1, has been developed to address these strategic issues. It is understood that acute emergency needs will delay aspects of the plan, but by documenting the agreed actions, although the actions may be delayed, they should not be lost.

WASH Cluster Strategy

The WASH Strategy is summarized annually in the Consolidated Appeal Process (CAP). The WASH Strategy and Response Plan are available in Annex 2. This includes a needs analysis, WASH strategy, assumptions and risks, feasibility and monitoring strategy and explanation of indicators. The Response Plan includes the WASH Cluster objectives, activities, success indicators, targets for end May, and year end. The objectives are:

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, including complementary activities with Nutrition, Health, Education, Livelihood, and Food
2. Strengthen capacity for emergency preparedness, and disaster risk reduction

WASH Standards

WATER

Maximum number of people per water point:

- 500 per hand-dug shallow well (assuming as per WASH Cluster standard guidelines, and 10m deep) or target population – whichever is less
- 400 for protected shallow well, or target population – whichever is less
- Berkad based on capacity
- 2,000 for shallow well with motorized pump
- 5,000 per mechanized borehole (depends on yield),
- 250 people benefiting per tap (with a flowrate of at least 0.2l/s)

School:

- One water source (assuming 250 students)

Health/Nutrition Facility

- One water source per institution (assuming 50 people per day)

SANITATION

The following beneficiary numbers can be used as guide to adequate service provision:

Note, that access to sanitation facilities across Somalia is very low, so the minimum indicators below are designed to cover a wider population with any funds available, before progressively improving coverage.

IDP:

- Minimum of 1 latrine per 50 persons (8 households) to be reduced to **1 latrine per 30 people** (5 households) as soon as possible
- **10%** to have suitable access for disabled/elderly

Rural/Urban (communal):

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

School and Health Facility:

- Minimum of 2 toilets per school in different locations – one for girls and one for boys, progressing to **1 toilet to 30 girls**, and **1 toilet to 60 boys**

Health Facility

- 1 toilet to **20 beds or 50 out-patients**

Feeding centre

- 1 toilet to **50 adults**, 1 toilet to **20 children**

HYGIENE PROMOTION

(From Somalia InterCluster Hygiene Promotion Plan – Annex 5)

- At least one community mobiliser (CM) for **500 people** (as per Sphere standard)
- 40% of CMs should be women

Community Mobiliser:

- Should be trained using Hygiene promotion in emergency global tools (3 day in total)
- Can be volunteer or on incentive (soap, jerry cans or cash: below 30 \$/month)
- For every group of 15 to 20 CMs, one Hygiene promoters staff (HP) should be supervising

Hygiene Promoter

- Should be trained using the Hygiene promotion in emergency global tools (5 days in total)
- Should reported to a HP managers or WASH managers
- Hygiene promotion project length should be at least 6 months

Somalia WASH Indicators

WASH programme design and implementation

WASH standard 1: WASH programme design and implementation

WASH needs of the affected population are met and users are involved in the design, management and maintenance of the facilities where appropriate. (*Sphere 2011 p89*)

Somalia specific indicators:

- There is a system in place for the management and maintenance of facilities as appropriate, and different groups contribute equitably. Facilities should remain functional for at least one year.
- Water, Sanitation and Hygiene Committees are formed in all areas of WASH intervention, and are able to identify water and sanitation related health hazards in their community
- All users are satisfied that the design and implementation of the WASH programme have led to increased security and restoration of dignity
- Ownership of the water source should be addressed at the start of the project and clear Memorandum of Understanding developed to define the roles and responsibilities of the different stakeholders and composition of the management committees. This should be done in the presence of the local authority or Government to ensure enforcement of the agreement in future.
- All water trucking or water access by voucher should have clear exit plan.
- Fuel subsidy should be conducted only with clear justification and should not harm existing cost recovery system of the beneficiary community.

Hygiene Promotion

Hygiene promotion standard 1: Hygiene promotion implementation

Affected men, women and children of all ages are aware of key public health risks and are mobilised to adopt measures to prevent the deterioration in hygienic conditions and to use and maintain the facilities provided. (*Sphere 2011, p 89*)

Somalia specific indicators:

- All hygiene promotion activities and messages address key behaviours and misconceptions and are targeted at all user groups. See Somalia InterCluster Hygiene Promotion Plan (Annex 5) for recommended activities and messages, and Somalia specific Emergency Hygiene Promotion material on WASH Cluster website
- All facilities provided are appropriately used and regularly maintained

- All people wash their hands after defecation, after cleaning a child's bottom, before eating and preparing food
- Representatives from all user groups are involved in planning, training, implementation, monitoring and evaluation of the hygiene promotion work

Water

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. (*Sphere 2011 p97*)

Somalia specific indicator for "sufficient" quantity of water

- Drought - 6 litres per person per day of chlorinated (0.5mg/l FRC) water. This should be sufficient for 5 litres per person, with additional water for 6 shoats per family to provide lifesaving milk and meat (Water requirement for shoats from Agriculture & Livelihood Cluster)
- 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 (eg urban/rural water scheme) – minimum 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

Additional indicators:

- Construction as per the WASH Cluster minimum technical guidelines, which are available on the WASH Cluster website. All shallow wells to be protected.
- Sustained water interventions, such as new/rehabilitated boreholes, new/protected shallow wells, are preferred over temporary interventions, to improve resilience in this chronic humanitarian crisis
- There should be mechanism in place to ensure functionality of the water supply system even after the end of the project period. See "recommended water supply scheme for longer term IDP settlements in Mogadishu, in annex 10.
- If temporary access to safe water is required, "Water access by voucher" is preferred over Water trucking, as it increases accountability and the chance of water being received by the most vulnerable. A Somalia specific guideline for "Water Access by voucher" is available on the WASH Cluster website

- Water pans to have the capacity to store water from one rainy season to the next. See Guideline on the WASH Cluster website, developed by Oxfam.
- Construction or rehabilitation of berkhats is not encouraged, unless there is no other possible water source. Given most berkhats are privately owned, and community berkhats are often not maintained so do not provide sustained access to safe water.
- The maximum distance from any household to the nearest water point is 500 metres (*as per Sphere*)
- Queuing time₇ at a water source is no more than 30 minutes (*as per Sphere*)

Water supply standard 2: Water quality

Water is palatable and of sufficient quality to be drunk and used for cooking and personal and domestic hygiene without causing risk to health. (*Sphere 2011 p100*)

Somalia specific indicator:

- There are no faecal coliforms per 100ml of water at the point of delivery.
- Where equipment is not available to measure faecal coliforms, a sanitary survey confirms low risk of contamination. See the WASH Cluster website for a Guideline on Sanitary Surveys.
- All hand dug wells are disinfected with 50 to 100 mg/l of chlorine solution with contact time of 2 hours and water pumped out to waste upon desilting, repair or rehabilitation
- All shallow wells which are chlorinated have a positive chlorine residual at all times. (Agencies to test the chlorinated shallow well for one week, at various times each day, to confirm a positive chlorine residual at all times (ideally between 0.2 and 0.6 mg/l). If no chlorine residual is present, the chlorine dose must be adjusted to achieve a positive chlorine residual, or an alternative method used to provide safe water)
- All water provided by Water access by voucher, or water trucking must have a positive chlorine residual maintained at point of delivery, to ensure it is safe for consumption.
- Beneficiaries of water access by voucher or water trucking should also receive water treatment tablets (eg aquatabs for water with low turbidity, or water maker/PUR for high turbidity) to provide a second barrier to ensure provision of safe water
- There is adequate hygiene promotion to create demand for chlorination from users, and also through enforcement from local authority Ensure all elevated tanks have ladders so chlorination team to access the tank and for routine cleaning
- People drink water from a protected or treated source in preference to other readily available water sources
- There is no outbreak of water-borne or water-related diseases

Water supply standard 3: Water facilities

People have adequate facilities 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. (*Sphere p103*)

- The standard WASH hygiene kit includes: 2 jerry cans, water purification tablets and soap. See Annex 6 for details

Sanitation**Excreta disposal standard 1: Environment free from human faeces**

The living environment in general and specifically the habitat, food production areas, public centres and surroundings of drinking water sources are free from human faecal contamination. (*Sphere 2011 p105*)

Somalia specific indicator:

- The environment in which the affected population lives is free from human faeces
- All excreta containment measures, i.e. trench latrines, pit latrines and soak-away pits, are at least 30 metres away from any groundwater source. The bottom of any latrine or soak-away pit is at least 1.5 metres above the water table
- In flood or high water table situations, appropriate measures are taken to tackle the problem of faecal contamination of groundwater sources
- Drainage or spillage from defecation systems does not contaminate surface water or shallow groundwater sources
- Toilets are used in the most hygienic way possible and children's faeces are disposed of immediately and hygienically
- Community based small scale desludging providers are formed and their capacity built for safe sludge removal and disposal

Excreta disposal standard 2: Appropriate and adequate toilet facilities

People have adequate, appropriate and acceptable toilet facilities, sufficiently close to their dwellings, to allow rapid, safe and secure access at all times, day and night. (*Sphere 2011 p107*)

Somalia specific indicator:

- All latrines have handwashing facilities with soap or ash or clean sand
- Where utilization of handwashing stations is low, alternative mechanisms are established to provide handwashing at household level.
- Toilets are appropriately designed, built and located to meet the following requirements:

- They can be used safely by all sections of the population, including children, older people, pregnant women and persons with disabilities. 10% of latrines to be suitable for people with disabilities (ramp, hand rail, wide door, easy lock should be considered as appropriate)
 - They are sited in such a way as to minimise security threats to users, especially women and girls, throughout the day and the night (See gender guide in Annex 3)
 - They provide a degree of privacy in line with the norms of the users
 - They are sufficiently easy to use and keep clean and do not present a health hazard to the environment.
 - They allow for the disposal of women's menstrual hygiene materials and provide women with the necessary privacy for washing and drying menstrual hygiene materials
 - They minimise fly and mosquito breeding
 - They are provided with mechanisms for desludging, transport and appropriate disposal in the event that the toilets are sealed or are for long-term use and there is a need to empty them. See Sanitation standard in annex 9.
 - In high water table or flood situations, the pits or containers for excreta are made watertight in order to minimise contamination of groundwater and the environment
-
- Separate, internally lockable toilets for women and men are available in public places, such as markets, distribution centres, health centres, schools, etc.
 - Toilets are no more than 50 metres from target households Use of toilets is arranged by household(s) and/or segregated by sex
 - All the affected population is satisfied with the process of consultation and with the toilet facilities provided and uses them appropriately
 - People wash their hands after using toilets and before eating and food preparation
 - Child faeces are disposed into latrine

AWD/Cholera Response and Preparedness

Somalia specific target:

People in high and medium risk areas are covered with the following **minimum interventions**¹ for prevention and response:

1. Ensure access and use of Safe drinking water, via:
 - a. Chlorination of unprotected sources
 - b. Household water treatment
2. Ensure handwashing with soap/ash/sand
3. Ensure Safe excreta disposal in high risk areas:
 - a. Cholera Treatment Centre
 - b. Hospitals
 - c. Where ever people report for treatment
 - d. Areas of dense population (eg IDP settlements)
4. Ensure solid waste disposal in high risk areas
 - a. Food handling areas, markets
 - b. Areas of dense population (eg IDP settlements), with poor sanitation
 - c. To clear drainage to prevent flooding in food handling areas, markets, CTC, Health Facility and Nutrition Centre

Somalia specific indicator

- WASH Responsibilities in the WASH/Health Responsibilities Matrix for AWD/Cholera. The overarching guidance document for WASH and Health Clusters for AWD/Cholera prevention and response.
- Technical standards in the WASH Cluster Preparedness and Response Plan for AWD/Cholera. This is the WASH Cluster document under the WASH/Health responsibilities matrix

WASH/Health Responsibilities matrix for AWD/Cholera (*see website*)

WASH CLUSTER
AWD/Cholera Preparedness and
Response Plan (*see website*)

HEALTH CLUSTER
AWD/Cholera Preparedness and
Response Plan

- Somalia specific Hygiene Promotion material developed by the InterCluster Working Group. Training available from people who have attended the "Train the Trainer" sessions.
- Short Cholera Guidelines to support preparedness and response in schools, nutrition centres, kitchens and for burial (available on WASH Cluster website)
- Support Health Facilities, if requested and funds available, for WASH in Cholera Treatment Centres as per WASH in CTC Guideline (available on WASH Cluster website)

¹ WASH infrastructure in Health Centres and Cholera Treatment Centres (CTCs) agreed primary responsibility of Health Cluster, with technical support from WASH Cluster as requested.

Cross-cutting

Inter-Sectoral Linkages

The WASH Cluster has established recommended activities to leverage improved WASH outcomes by including other Clusters. See the following Annexes for the:

- WASH/Nutrition/Health InterCluster Matrix – Annex 7
- WASH/Education InterCluster Matrix – Annex 8

The WASH and Health Clusters have agreed responsibilities to improve preparedness and response to AWD/Cholera. The resulting Responsibilities matrix is the overarching document which guides both the Health and WASH Preparedness and Response Plans

- WASH/Health/Communications Responsibilities Matrix for AWD/Cholera Response – See website

Gender

The Somalia specific gender guide provides tips to WASH agencies working in Somalia to ensure that their water and sanitation interventions a) meet the needs of women, girls, boys and men, b) are safe and c) prevent risk of sexual and gender based violence (GBV). See Annex 3 for the WASH Cluster Guide for Gender

Do No Harm

As per the Global Protection Principle to “avoid exposing people to further harm as a result of your actions”, the WASH Cluster has developed a Do No Harm guide to support WASH Cluster agencies to implement this approach in their WASH projects – particularly for water projects. The development of the Somalia WASH Cluster “Do No Harm” guide was led by Centre for Peace and Development (CPD), and it is available in Annex 4.

Accountability – Water access by voucher

To improve the chance of water reaching the intended beneficiaries, and to empower the most vulnerable, the Somalia WASH Cluster has introduced the innovative approach of Water Access by Voucher. The guideline includes example vouchers, and a draft agreement between agency and local water vender. It was developed by a Technical Working Group led by COOPI and is available on the WASH Cluster website.

Disability/ Elderly people

10% of latrines to meet the needs of people with disabilities and elderly

Disaster Risk Reduction

The Somalia WASH Cluster focus is on improving sustained access to safe water, rather than temporary provision of water. As Somalia is a chronic humanitarian crisis, the money spent on access to temporary water supply (water access by voucher, water trucking, or chlorination of water sources) provides no on-going benefit to the community once the funding stops. In an ongoing emergency the community needs improved resilience to reduce the risk of future disasters. To achieve this, the Somalia WASH Cluster primary target is improved access to sustained water sources, such as protected shallow wells and boreholes.

Indicators

The key indicators used by the Somalia WASH Cluster are below.

- Number of people, disaggregated by sex, with temporary access to safe water
- Number of people, disaggregated by sex, with sustained access to safe water
- Number of people, disaggregated by sex, with increased access to appropriate sanitation facilities
- Number of people, disaggregated by sex, who have participated in interactive hygiene promotion activities, including in nutrition feeding centres, health facilities and schools.

Definitions

- A sanitary survey - is an assessment of conditions and practices that may constitute a public health risk. It covers possible sources of contamination to water at the source.
- 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
 - Newly displaced people
 - Urban poor/informal settlements / Households who have lost their means of livelihood/ destitute
 - Minors/children, especially outside of family unit (eg street children, orphans, ex-child soldiers)

Note:

- A household comprises all those who share one cooking point
- A household consists of 6 people

Annex 1: Somalia WASH Cluster 3 Year Rolling Plan

Developed by the Somalia WASH Cluster Strategic Advisory Group (SAG) - Consisting of both Nairobi and Somali based technical experts

The 2012 Three year rolling plan was developed in the 25 June 2012 SAG meeting. (The 2011 Three year rolling plan was developed on 29 July 2011, with progress reviewed on 25 July 2012)

GOAL: Effective Sustainable Humanitarian WASH Action

No	Prioritised Strategic Issue	Activity	Output / deliverable	Responsible Agency	Timeframe												
					2012		2013				2014				2015		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1.1	Capacity of WASH Agencies	Assess capacity gaps and needs, and recommend methodology	Recommended methodology for all future Cluster training. Capacity development plan	?UNICEF	█	█											
1.2		WASH agencies to commit develop material (as per the agreed methodology), and conduct specific trainings - for each item in the capacity development plan	Capacity development plan, with responsible agency for each line item	Facilitated by WASH Cluster Coordinator		█	█										
1.3		Develop material (as per agreed methodology) and deliver capacity development as per plan	Material available and on website. Training complete. Demonstrated improved competence.	As per lead agencies identified in 1.2			█	█	█	█	█	█	█	█	█	█	█
1.4		Quarterly review of capacity development plan	Quarterly progress update	SAG				█	█	█	█	█	█	█	█	█	█
1.5		Convert key WASH Cluster documents to Somali - incl SOF	Key documents in Somali disseminated and on website	? (WASH Agencies can volunteer)	█	█			█					█			
2.1	Monitoring and Accountability	AFTER RESPONSIBILITY FOR MONITORING CHF/ER CLARIFIED (assume 2013) Develop long term monitoring strategy and recommended	Strategy, Guidelines, one-page summary for partners (in line with OCHA)	Facilitated by WASH Cluster Coordinator. Drafted by SAG. Reviewed by			█	█	█	█							

GUIDE TO WASH CLUSTER STRATEGY & STANDARDS

		mechanisms, particularly for CHF/ER projects, to ensure technical quality of WASH projects	Annual review of Strategy	WASH Cluster															
2.2	- Monitoring (esp CHF/ER)	Monitoring Cluster overall performance Quarterly feedback to Cluster partners on progress against key targets, issues/gaps, lessons learnt. With objective to strengthen response (eg how quickly responded to outbreaks, progress against targets)	Agreed Key Performance Indicators (KPIs) drafted with SAG, agreed with Cluster Quarterly feedback to Cluster	WASH Cluster Team SAG															
2.3		Review and improve process to assess capacity of agency to implement - for up front accountability	Improved process in CAP, CHF criteria	Cluster Review Committee															
2.4	- Accountability	Develop short guide for Best practice Accountability using HAP, Good Enough Guide, recommendation for monitoring in current CHF criteria. (To include holding Govt accountable for supervising and ensuring standards of water and sanitation projects. NGOs to include a budget to facilitate Govt monitoring. Capacity development of Govt)	1-2 page guide Information included in SOF	WASH Cluster Coordinator															
2.5		Develop Best practice Accountability Guide for WASH Cluster- with expert input for Somali context. Capacity development on this Guide is included in Section 1	Accountability Guideline, written by expert	? (Agencies can volunteer for this)															

GUIDE TO WASH CLUSTER STRATEGY & STANDARDS

2.6		Encourage WASH Cluster to attend any training on Humanitarian Principles, and Good Enough Guide - which focus on right to services, and responsibility to deliver equitably (eg ECB and IAWG)	Share relevant training courses with Cluster	WASH Cluster Coordinator															
3.1	Coordination	Develop basic Contingency Planning process for Zones/Regions	Format agreed Completed by 70% Regional Clusters in South-Central	WASH Cluster Coordinator															
3.2		Develop Interagency Contingency Plan with expert support at zonal level (first for drought, then Floods, AWD)	Contingency Plan per zone for drought, and kept up to date	? (Agencies can volunteer for this)															
3.3		Establish improved support mechanism to empower new WASH Cluster Regional Focal Points. This could be training exercises for zonal Clusters, quarterly Skype with Regional CC's, annual meeting.	Support mechanism agreed and implemented	WASH Cluster Coordinator															
3.4		Develop and implement annual Zonal/ Regional Cluster Plan - with needs, objectives, common challenges, agreed actions, responsibility and targets. For coordinated planning, and to feed into CAP.	Annual Regional/Zonal Cluster Plan in use, with 6 monthly review	WASH Cluster Coordinator Regional / Zonal Focal Points															
3.5		Conduct Annual Cluster Performance Evaluation	Annual Cluster Performance Evaluation	WASH Cluster Coordinator															

4.1	Needs	Develop Snapshot Needs Assessment , and collation tool. To establish severity of needs across Somalia (given WASH does not have FSNAU to provide country wide assessment)	Snapshot needs assessment, and collation method available	WASH Cluster Team																
4.2		Conduct Snapshot Needs Assessment - as required	Snapshot needs assessment used as required	WASH Cluster Coordinator Regional / Zonal Focal Points and Clusters																
4.3		- Emergency Needs (eg in drought)	Improve "live" water point map (agreed to be maintained by ICRC by dedicated GIS experts). Using information from Snapshot needs assessments, 4W information, validation from Regional Clusters (via Regional Focal Points)	Snapshot needs assessment and 4W data fed into ICRC "live" map Validation by Regional FPs - via Regional Cluster	WASH Cluster Team ICRC															
4.4			Conduct one-off field verification of "live" water point map (agreed to be maintained by ICRC). Data to be checked with elders and Cluster partners - including coordinates (or nearest village) and functionality.	Verification meetings held in Somalia, with information fed back to ICRC	? (Agencies can volunteer for this)															
4.5		- Long term needs	Ensure detailed Needs Assessment used for proposals, and develop collation mechanism	Detailed Needs Assessment used for proposals. Collation mechanism available for use by all	WASH Cluster Team Cluster Review Committee for CHF All WASH agencies															

4.6		Update Access to water and sanitation maps (from FSNAU WASH data) annually. Include MICS data if useful.	Latest access to water and sanitation maps on website and in SOF	? UNICEF/SWALIM																
5.1	Technical guidance (This is a key component of Cluster, so has been considered separately from Section 1: Capacity Development)	Develop key guides for Appropriate technologies (sand dams, water pans, rooftop catchment and storage tank design)	Short guide. With more substantial document later	SL Govt (project in progress)																
5.2		Best practice boreholes	Somalia specific guide	? (Agencies can volunteer for this)																
5.3		Hygiene Promotion - as prevention, and in AWD response. (Further improving on Somalia Emergency Hygiene Promotion material)	Updated Somalia specific guide	? (Agencies can volunteer for this)																
5.4		Household water treatment	Somalia specific guide	? (Agencies can volunteer for this)																
5.5		Operation and Maintenance and Management	Somalia specific guide	? (Agencies can volunteer for this)																
5.6		Flood proof latrines and flood proof shallow wells	Somalia specific guide	? (Agencies can volunteer for this)																

Annex 2: WASH Cluster Strategy

(as per CAP 2012)

Needs Analysis

Safe water, sanitation and hygienic practices are essential to save lives during the current situation that involves acute food insecurity, malnutrition and large scale displacement. FSNAU reports that this situation is unlikely to change until the main harvest following the Gu rains in 2012.

Access to safe water and sanitation is very limited across Somalia. In most regions in the south, less than 20% of households have access to a protected water source and less than 40% have access to sanitation (FSNAU). In most regions across Somalia, less than 40% of households have access to a protected water source (FSNAU). Cholera is endemic in Somalia, with acute watery diarrhoea outbreaks regularly occurring following the rainy seasons.

Poor sanitary conditions in densely populated scattered settlements, combined with acute levels of malnutrition, endemic cholera, and IDPs forced to drink from unsafe water sources, including river water, is a recipe for large-scale cholera outbreaks. In addition, the lack of toilets reduces the privacy and dignity of women and girls, who mostly wait until dark to defecate in the bush, increasing the risk of exposure to violence and abuse.

The WASH Cluster monitors the status of WASH interventions per district in the south on a monthly basis to identify outstanding needs and reduce gaps in response. The WASH Cluster Strategic Advisory Group prioritized the following strategic issues, which need to be addressed to achieve effective sustainable humanitarian WASH action in Somalia: capacity of WASH agencies; monitoring and accountability; coordination; WASH-specific needs in emergency and longer term; and technical guidance. The WASH Cluster developed a three to five year plan to address these priority strategic issues, and this has been used in the development of the WASH Cluster response plan.

WASH Strategy

The WASH Cluster strategy is focused on ensuring 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, including complementary activities with Nutrition, Health, Livelihood, Education and Food Clusters. The WASH Cluster recommendation that any temporary water intervention (such as water access by voucher) includes a more sustainable exit strategy (such as protecting a shallow well) means that the intervention will provide lifesaving assistance and improve resilience by providing a minimal package of basic services. The WASH Cluster Strategy also includes emergency preparedness, disaster risk reduction and capacity development of WASH Cluster partners.

The WASH cluster strategy is to advocate and promote women's representation and active participation in all decision-making forums, such as WASH committees, trainings and capacity development activities, and recruitment.

The CAP 2012 WASH strategy is in line with the: WASH Cluster Acute food insecurity, malnutrition and large scale displacement response plan, and the WASH Cluster AWD/cholera preparedness and response plan.

The strategy is supported by the Somalia WASH Cluster:

- Minimum WASH Technical Guidelines
- Recommended convergent activities for Health/Nutrition/WASH, and for Education/WASH (Annex 5)

- Responsibilities matrix for WASH and Health Cluster for AWD preparedness and response (Annex 6)
- Gender Guide (Annex 7)
- Do No Harm Guide to reduce conflict arising from WASH interventions (Annex 8)
- Water Access by Voucher Guideline
- Selection Criteria for Emergency Reserve, and Common Humanitarian Funds (CHF)

These documents are available on the WASH Cluster website:

<http://ochaonline.un.org/somalia/WASH>

Assumptions and Risks

The response is based on scaling up existing WASH agencies to their maximum capacity before encouraging other agencies. This is due to the inherent challenges working in southern Somalia, including the need for clearance for movement of personnel and supplies by local authorities. Agencies already working with local authorities have existing systems in place, and should, therefore, be able to implement projects at a faster rate. The response plan is based on the assumption that the level of access is not reduced.

The capacity of existing WASH agencies is also a limiting factor. The response plan includes a capacity assessment and development plan to maintain and improve the quality of WASH interventions. Regional WASH Clusters will be strengthened to improve the information flow between districts and the National office. This will help clarify the needs of Somalia-based WASH Cluster members and those affected by the emergency.

An additional risk is a lack of available land to dig latrines, given restrictions from land-owners and space limitations

Feasibility

Agency proposals have been selected for CAP 2012 based on their capacity and experience in Somalia, and the proposed intervention. The selection criteria did not include the potential for an agency to be banned by local authorities, as conditions may change in 2012. Prior to funding any proposal, the agencies access to the proposed location should be confirmed.

Regional focal points have been selected by Cluster members to improve information sharing and coordination between implementing partners in Somalia.

Monitoring Strategy and Explanation of Indicators

The WASH Cluster will use the 4W matrix, improved in 2011, to track the monthly progress of WASH agencies, identify gaps, and facilitate targeting of people most in need. Maps and tools derived from the 4W matrix will continue to be shared with partners to validate data, and improve the strategic decision-making of all WASH agencies. A best-practice monitoring guide will be developed and used in commonly-

funded projects for improved accountability and to enable an independent review of project outcomes. The framework of a live map of water sources exists in Somalia Water Information Management (SWIMs), under Somali Water and Land Information Management (SWALIM); however, there is limited information, and duplication with various other data sources.

The 2012 strategy is to improve the data in SWIMs to produce and maintain a “live” map, which will improve both strategic planning as well as monitoring of the sustainability of WASH partner interventions.

The primary indicator for the WASH Cluster is the number of beneficiaries reached with sustained access to safe water, as reported by partner agencies through the WASH Cluster 4W matrix. This includes the following activities: Boreholes (new and rehabilitated), household water treatment (filters, jerry can distribution, rainwater catchments - dam and water pans (new and rehabilitated), roof catchments, shallow wells (new and improved/protected), new water points, berkads (new and rehabilitated), and new water reservoir/tanks. The indicator will be measured against the proportion of the total population in crisis (total number in HE, Famine and IDPs) by FSNAU, who are assumed to have critically low access to water, minus the number reached by activities in 2011. This figure is currently 2.6 million people (as of 23 September 2011 – four million in crisis, less 1.4 million expected to be reached in 2011).

WASH

CLUSTER OBJECTIVE 1 – Supports CAP 2012 Strategic Priority “Integrated life-saving assistance”, “Resilience-building” and “Minimal package of basic services”

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator year-end
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, including complementary activities with Nutrition, Health, Education, Livelihood, and Food	Provision of safe water to people in need, including temporary provision to IDPs and in AWD/cholera responses, and sustained access to safe water through the rehabilitation of existing water systems and construction of new strategic water facilities for improved longer term resilience of the community	Number of people, disaggregated by sex, with temporary access to safe water (eg.water access by voucher, chlorination of shallow wells)	1.3 million*	2.6 million* people in crisis (as per FSNAU minus the people reached with sustained access in 2011)
		Number of people, disaggregated by sex, with sustained access to safe water (eg.construction/ protection of a shallow well, rehabilitation of a borehole, strategic water catchments, household water filters - that is: improved access to safe water remains after the project finishes)	1.3 million*	2.6 million* people in crisis (as above)
	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	Number of people, disaggregated by sex, with increased access to appropriate sanitation facilities	0.6 million	1.3 million
	Promote dissemination of key hygiene messages, and practices, according to the differential needs of men and women according to locations, also addressing underlying causes of malnutrition for both women and men equally in communities, and key institutions (nutrition feeding centres, health facilities, schools, child-friendly spaces)	Number of people, disaggregated by sex, who have been reached by hygiene promotion campaigns, including in nutrition feeding centres, health facilities and schools	2.3 million	3.7 million

*The main WASH Cluster target is “sustained access to safe water” to improve resilience; however, “temporary access to safe water” will be implemented in high risk locations as needed.

GUIDE TO WASH CLUSTER STRATEGY & STANDARDS

CLUSTER OBJECTIVE 2 – Supports CAP 2012 Strategic Priority “Emergency preparedness and Disaster Risk Reduction (DRR)”

Objective	Activities	Success Indicator	Indicator target for end-May	Indicator target for year-end
Strengthen capacity for emergency preparedness, and disaster risk reduction	Assess capacity of Somalia-based WASH Cluster members, and develop a capacity-building plan for effective sustainable humanitarian WASH action to result in improved knowledge, ability and resilience of the community and address gender gaps	Capacity assessment and capacity development plan for WASH Cluster members in Somalia	Capacity Assessment Capacity Development Plan	One capacity development plan in place
	Capacity development of WASH Cluster members implementing WASH projects in Somalia in areas identified as capacity gap areas, including hygiene promotion and sustainable boreholes, using effective training methodologies as per the development plan	Number of WASH Cluster members, disaggregated by gender, with improved ability to implement equitable, sustainable humanitarian WASH action in Somalia by attending training	50	200 WASH Cluster members (at least 10% women)
	Improved emergency preparedness by Zonal / Regional WASH Clusters via Zonal / Regional emergency response plans (including for AWD/cholera), pre-positioned emergency supplies, and (for Somaliland and Puntland) emergency response teams (to support, not replace community ownership)	Zonal/Regional emergency response plans developed and in use, linked to pre-positioned emergency supplies	Emergency response plan for one zone	Emergency Response plan per zone
	Adapt early warning system in high-risk areas to be more effective for communities and local organizations, and improve live map of water sources (SWIMS) to improve strategic planning for disaster risk reduction.	Early warning early action systems strengthened and in use SWIMS live water map up to date and in use	AWD early warning, early action system used	AWD, Flood and Drought, early warning early action system used SWIMS live map up to date

Annex 3: Gender Guide for WASH Agencies *(last updated 9 September 2011)*

Objective: This guide provides tips to WASH agencies working in Somalia to ensure that their water and sanitation interventions a) meet the needs of women, girls, boys and men, b) are safe and c) prevent risk of sexual and gender based violence (GBV).

Area	Risk	To reduce this risk, incorporate the following:
Assessments	Not understanding women's needs	<ul style="list-style-type: none"> Participatory Assessments - include women on assessment team, and single sex groups for focus group discussions or one to one Collect sex and age disaggregated data. This means that you collect information by recognising the different risks needs and capacities of women, girls, boys and men, and you use this information to inform your programme, monitoring and evaluation.
Design	Risk of gender based violence (GBV)	<ul style="list-style-type: none"> Separate latrines for men and women Women's latrines in safe location, as agreed with women and girls. Women may prefer private location for toilets – away from public view. This may be achieved by a screen in front of the toilet. Ask Locks on inside of toilet doors Water points in safe and accessible locations (as agreed with women and girls – as they collect the water) Introduce strategies to reduce queuing for long times – for example by using water by voucher
Open Defecation	Gender based violence when women and girls go for Open Defecation	<ul style="list-style-type: none"> If this is happening, encourage women and girls to go in groups during the day, and at night you have a male relative to accompany them. Or the agency could dig trenches for defecation close to camp/settlement
Hygiene Promotion	Men have limited understanding and practice of good hygiene	<ul style="list-style-type: none"> HP teams to includes good gender balance of men and women, to influence behaviour change in men and women
WASH Committee	Increased risk of GVB Facilities are poorly/not used or maintained	<ul style="list-style-type: none"> Ensure a good representation of women and girls in WASH Committees, with their views and opinions actively sought. 30% good, 50% better Women are involved and take responsibility, with men, for O&M of toilets and water sources
Schools	Menstruating girls dropping out of school, due to lack of appropriate water and sanitation facilities	<ul style="list-style-type: none"> Separate toilets for boys and girls, in safe location with privacy for girls Locks on inside of toilet doors Easy access to water, in the toilets for handwashing and washing sanitary towels Bin for disposal of sanitary material
Protection against sexual exploitation and abuse (PSEA)	Sexual exploitation and abuse	<ul style="list-style-type: none"> All UN Staff, INGO or those working under agreement with UN have signed PSEA Code of Conduct (Obligation to report any concerns of exploitation and abuse (eg sex with a child, sexual harassment, violence, exchanging favours for providing services, asking for bribes of a sexual nature) , if caught this is grounds for immediate dismissal.
Reporting	Nobody is aware that GBV is occurring, so no action can be taken	<ul style="list-style-type: none"> If working in settlements every day, ensure a reporting mechanism is in place that allows women to feedback any problems of sexual violence, so appropriate action can be taken WASH Agencies to find out who to report cases of gender based violence to, and where to make referrals (Health, Medical, Physicosocial)
Monitoring	Gender is not considered in project implementation	<ul style="list-style-type: none"> Confirm Gender balance in WASH committees, access to trainings, Assessment teams Number of cases reported on GBV and PSEA, and action taken Use and maintenance of water and sanitation facilities through regular spot checks, and follow up actions

Annex 4: "Do No Harm" Guide for WASH Programmes *(Last updated 7 September, 2012. Developed with Technical input from Centre for Peace and Democracy)*

Objective: The objective of this Guide is to support WASH Cluster agencies to implement WASH programmes using a "Do no harm" approach. That is, reduce the chance of conflict arising from the new intervention. For example: poor siting of a borehole can result in violent conflicts between communities. In the case that analysis of the programme using this guide points out a significant potential increase of conflict, then the project and its activities should be redesigned or even cancelled. The following steps, along with the attached checklist, should be used throughout the WASH programme to lower the risk of harming beneficiaries.

Background

Humanitarian assistance is more and more given to meet emergency needs that, at least in part, are created by insecurity, warring and breakdown in social institutions. Somalia is an example.

The dynamics of these "complex political emergencies" have been much studied and many commentators have noted that the associated, apparently mindless, violence and robbery by combatants can be interpreted as rational economic survival behavior. The economics of war take many shapes and forms including exploitation of available resources. This can include harvesting minerals, logging valuable hardwoods, smuggling narcotics and trafficking economic migrants.

It became evident to humanitarian workers that international aid was seen as, and being exploited as, yet another resource available to the warring parties. Experiences in countries such as Somalia in the early nineties where agencies paid huge sums of money for protection to various warlords and had enormous quantities of goods stolen focused the mind of the agencies on the interaction between aid and conflict.

Experiences also show that even well intended projects can also have a negative impact and exacerbate conflict. In response to the realization that aid always interacts with the dynamics of the society where it is given, many aid workers tried to identify how and if this interaction could tend to the beneficial rather than the detrimental.

It is on this basis that Do No Harm approach is proposed to be introduced to the Somali organizations implementing emergency programs such as WASH.

“Do No Harm” Methodology

STEP 1: Understand the context of conflict

1. Identify the geographical and social environment where you are running the WASH programme.
2. Think critically, analytically and avoid assumptions.
3. Identify which inter-group conflicts have caused violence or are dangerous and may escalate into violence.
4. How does the WASH project relate to that context of conflict?

STEP 2: Analyze - identify and unpack- the people who create division and problems in the local area (“dividers”) and sources of tension

STEP 3: Analyze - identify and unpack- people who create connections and resolve problems in the local area (“connectors”) and local capacities for peace

STEP 4: Analyze- identify and unpack- the assistance project

Analyze the details of the WASH programme. Remember: it is never an entire programme that goes wrong. It is the details that determine impact.

STEP 5: Analyze the impact of the assistance programme in the context of conflict through Resource Transfers and Implicit Ethical Messages (IEMs)

1. How do the resources transferred by the WASH programme impact on dividers/sources of tension?
2. How do the resources transferred by the WASH programme impact on connectors/local capacities of peace?
3. How do the IEMs passed by programme personnel impact on dividers/sources of tension?
4. How do the IEMs passed by programme personnel impact on connectors/local capacities for Peace?

STEP 6: Generate programming options

IF an element of the WASH programme has a negative impact on dividers- strengthening/reinforcing them and feeding into sources of tension

Or

IF an element of the WASH programme has a negative impact on connectors – weakening/undermining them and local capacities for peace

THEN generate as many options as possible for the programme to weaken dividers and strengthen connectors.

STEP 7: Test options and redesign programme

Test the options generated using your experience and the experiences of your colleagues:

1. What is the probable/potential impact of the option on dividers/ sources of tension?
2. What is the probable/potential impact of the option on connectors or local capacities for peace?

Finally - Use the best/ optimal options to redesign the project.

“Do No Harm” Checklist

To avoid harmful side effects when assisting the civilian population, ask the following questions before, during, and after you begin:

1. Impacts on Other Communities

- a) How is the relationship between the people we are assisting and their neighbours?
- b) Will our assistance make those relations better or worse? If it will make relations worse, how could things be done differently?
- c) Have you considered the needs, preferences or priorities of neighbouring communities?
- d) Have you considered the real or potential negative effects of this activity on other communities?
- e) Will this activity avoid making tensions between people and communities worse? Will it help to support any connections between them?

2. Effects of Resources on Perceptions and Relationships

- a) Is anyone already doing something similar here, or nearby?
- b) Have you considered sources of harmful competition, suspicion, jealousy, or biases within and between the communities in the area where you are working?
- c) Will this activity avoid creating or worsening harmful competition, suspicion, jealousy, or biases?
- d) Are there ways this activity can reduce harmful competition, suspicion, jealousy, or biases?
- e) Are the resources we are providing at any risk from theft, diversion, corruption, arbitrary taxation, or employment for military purposes?
- f) Will this activity increase harmful competition, suspicion, jealousies or biases within or between communities?

3. Reactions

- a) Does this activity model or promote tolerance or intolerance? Acceptance or rejection of differences? Inclusiveness or exclusiveness? Competition or cooperation? Fairness or unfairness?
- b) Will this activity provoke anyone? Will it reinforce any pre-existing divisions between people or their communities?

4. Risk of Violence

- a) Have you assessed the risks of violence in the place of the planned activity and in surrounding areas?
- b) Does this activity avoid placing people and communities at (more) risk of violence?
- c) Does this activity reduce the vulnerability of people and communities to violence?

5. Long Term Effects

- a) Is this activity connecting communities or dividing them?
- b) What are the long term consequences on inter-communal relations of doing this activity this way?
- c) Are we doing something that the people or community could do themselves?
- d) Are we providing a parallel or duplicate facility or service where none is needed?
- e) Are we involving or the community in the decisions that affect them?
- f) How long will the effects of this activity last, once we are gone?

Annex 5: Hygiene Promotion Inter-Cluster Group Plan of Action

Hygiene Promotion Inter- cluster Group plan of action

Version, 20 December 2011

Objectives: Reducing the risk of Water, Sanitation and Hygiene (WASH) related diseases by implementing appropriate Hygiene Promotion activities to increase widespread adoption of safe hygiene practices.

Context: Access to clean water and appropriate sanitation infrastructure and services has always been a challenge in Somalia; the drought and famine have created precarious living conditions for thousands of persons in spontaneous camps and the communities around them. The presence of the vibrium cholera in country exacerbated the vulnerabilities that were already present across the country.

The rainy season adds one more level of risk to be considered and planned for: flooding associated with the more extreme weather during this time period could lead to outbreaks of a number of WASH-related diseases, of which cholera is but one. The longstanding endemic illness of malaria, dengue, skin infections, and other diarrheal diseases must not be overlooked.

The most effective measures to prevent diarrhea include maximizing access to safe water and sanitation (latrines, hand washing facilities) and improving hygiene practices:

- Drinking water should be effectively treated as appropriate (chlorinated or boiled) and stored safely in containers with narrow necks with covers
- Safe excreta disposal whatever the means of disposal in use (cat method can be promoted where latrines are not available)
- Hand washing with soap/ash at critical times; after defecation; after handling children's feces; before eating; before food preparation
- General food hygiene practices, such as food preparation and storage

Partners should not only engage in prevention activities but put themselves in a position to respond in the event of adverse natural events.

Strategy: Strengthening and developing local mechanisms to respond to crisis and/or mitigate the effects of the rainy season taking into account the security situation

- Focus on what the community and NGOs can do with currently available resources, analyze where gaps may be, and advocate accordingly for the mobilization of necessary resources
- Focus on population in areas at risk of severe flooding and those without access to appropriate water and sanitation infrastructure/services
- Maximum 3 Key messages at a time, but messages should adapted and adjusted throughout the rainy season*

In some cases, it might be necessary to adopt a context specific approach to hygiene promotion; while priority messaging will consist of handwashing, safe water handling and excreta disposal, activities will vary according to the situation (risks, current behaviors) in each site and key messages/hygiene campaigns will target the key issues.

Intervention Phase				Remarks mean of verification
	OTS/nutrition center	School/CFS	communities	
Target population	cares-givers	Children /school personal	Women, Men and children and elderly and disabled	
Prevention Phase	Prevent AWD and other waterborne disease by enabling the population to take proper action			
	<p><u>Activities:</u></p> <ul style="list-style-type: none"> ➤ Distribution of hygiene kits (soap, aquatabs, water containers) ➤ Ensure proper use of hygiene items ➤ Disseminate information on how to prevent AWD/cholera <p>Message content:</p> <ul style="list-style-type: none"> • Safe water drinking by whatever means • Hand-washing with soap , ash at key times (before breast feeding, before preparing food, after toilet and cleaning baby bottom, before eating) • Breast feeding (exclusive up to 6 month) • food handling (cover, eat food when it is warm) • Safe excreta disposal 	<p>➤ <u>Activities:</u>Installation of wash facilities (including hand washing stations)</p> <p>➤ Ensure availability of soap and safe water</p> <p>➤ Ensure children have the necessary knowledge and motivation to practice good hygiene practice</p> <p>1. Children</p> <ul style="list-style-type: none"> • Hand-washing with soap , ash at key times (before eating, after toilet, before preparing food, after taking care of baby bottom) • safe water drinking by whatever means (type of source, transport, storage) • Safe excreta disposal • Food handling (cover, eat hot food) <p>2. Teachers, cooks</p> <ul style="list-style-type: none"> • Food handling (warm covering.. eat food when it is hot) • Storage facilities of water - water treatment : proper storage and mean to treat the water 	<p><u>Activities:</u></p> <p>Ensure children, women and men have the necessary knowledge to enable them to take action to prevent diarrheal</p> <ul style="list-style-type: none"> • Safe water drinking by whatever means • Hand-washing with soap , ash at key times • food handling (cover, eat warm food) • Safe excreta disposal, reducing open defecation 	

Intervention Phase				Remarks mean of verification
	OTS/nutrition center	School/CFS	communities	
Target population	cares-givers	Children /school personal	Women, Men and children and elderly and disabled	
		<ul style="list-style-type: none"> Management of facilities /maintain clean latrine and cover hole when applicable 		
Outbreak response	<ul style="list-style-type: none"> Breast feeding should be continued ORS – when to take it and how to mix it (clean water, container etc) Hand washing with soap at critical times especially after taking care of sick person Household water treatment and storage Go to clinic/ cholera treatment facility (ensure population is well-informed about nearest point of care main responsibility of the Health partners but can be supported by WASH) 	<ol style="list-style-type: none"> Children <ul style="list-style-type: none"> Hand-washing with soap , ash at key times especially after taking care of sick person Drink ORS Teachers, cooks <ul style="list-style-type: none"> ORS – when to take it and how to mix it (clean water, container etc) Disinfection of school facilities (after AWD in school) 	<ul style="list-style-type: none"> ORS – when to take it and how to mix it (clean water, container etc) Household water treatment and storage Hand washing with soap at critical times especially after taking care of sick person Go to clinic/ cholera treatment facility (ensure population is well-informed about nearest point of care) 	Liaise regularly with health team to ensure update information (ORP,CTU,CTC)
Methodology	The use of PHAST and CHAST methodologies are not recommended in the emergency phase. There are recommended for long project in development phase (more than 12 months)			
	<ul style="list-style-type: none"> Disseminate of chosen messages through IEC materials (posters, tee shirt) Reinforcing hygiene promotion activities with hygiene products (soap/chlorine products) focus group discussions (with visual aids flip chart) three pile sorting 	<ul style="list-style-type: none"> Dissemination through locally appropriate interactive using culturally adapted clowns, hygiene songs, theatre and drama Creation of hygiene club in the school which organize peer to peer education session 	<ul style="list-style-type: none"> Dissemination through interactive sessions in the community using culturally adapted tools and communication channels (radio, institutions, schools, religious groups, clowns, hygiene songs, theatre 	In South central where communities meeting are not allowed,

Intervention Phase				Remarks mean of verification
	OTS/nutrition center	School/CFS	communities	
Target population	cares-givers	Children /school personal	Women, Men and children and elderly and disabled	
	<ul style="list-style-type: none"> ➤ mass media 		<ul style="list-style-type: none"> ➤ Working with community level volunteers, committees to lead hygiene promotion efforts ➤ Initiatives should focus on giving local leaders the tools they need to carry on the fight against cholera for years to come. ➤ Lobby for pro poor, elderly and disable response 	interaction with community leaders should be prioritized as well as doors to doors where possible
Standard	<ul style="list-style-type: none"> ➤ Hygiene promotion or nutrition staff (nurse/nutritionist) from each nutrition center should receive basic hygiene promotion training on the use of participatory method (1 day) if staff has already master F- diagram and prevention of diarrheal disease. ➤ In each health/nutrition structures, one person should be appointed as Hygiene promotion focal point to enhance HP activities ➤ IEC material (flip chart and three pile sorting cards) should be available and used by trained staff. 	<ul style="list-style-type: none"> ➤ Programs targeting school should involve training of teachers and peer students and regular monitoring (at least once a month) for at least 6 months ➤ Training should be at least one day and include chain of contamination and working with children 	<ul style="list-style-type: none"> ➤ At least one community mobiliser (CM) for 500 people- sphere standard. ➤ 40% of CM should be women ➤ CM : <ul style="list-style-type: none"> - Should be trained using Hygiene promotion in emergency global tools (3 day in total) - can be volunteer or on incentive (soap, jerry cans or cash: below 30 \$/month) ➤ for every group of 15 to 20 CM one Hygiene promoters 	- Clear task should be assigned to CM and Hygiene promoters: eg targeted number of public session, home visit, school intervention per week (TOR of CM and HP are available on the HP in emergency)

Intervention Phase				Remarks mean of verification
	OTS/nutrition center	School/CFS	communities	
Target population	cares-givers	Children /school personal	Women, Men and children and elderly and disabled	
			staff(HP)should be supervising ➤ HP - should be trained using the Hygiene promotion in emergency global tools (5 days in total) - should reported to a HP managers or WASH managers ➤ Hygiene promotion project length should be at least 6 months	- CM should visit health/nutrition structures to liaise with the HP focal point (especially to ensure patient follow up)
	Recommended community mobiliser task: <ul style="list-style-type: none"> - Two school/madrassa session per month (hygiene club, singing with children, f-diagram, theater preparation, monitoring visit) - Two community meeting per month (if possible given the security situation), possibly at the Mosque - Household visit (between 2 to 10 household per week depending on the setting) 			
Indicator	Mandatory indicator to monitor and report on HP activities <ul style="list-style-type: none"> • Number of CM and HP per target population • Number of people participating in interactive activities (H to H visit, focus group, theater, hygiene club , training-awareness) per week or month • Number of HH receiving the standard Hygiene kit 			

Intervention Phase				Remarks mean of verification
	OTS/nutrition center	School/CFS	communities	
Target population	cares-givers	Children /school personal	Women, Men and children and elderly and disabled	
	Recommended Indicator or monitoring methodology <ul style="list-style-type: none"> • KAP survey before and after the program (eg: knowledge of key time for hand washing, water treatment knowledge, latrines usage, transmission routes, prevention measures) • Open defecation observation • % of functional latrines (no fecal matters etc..) 			

Annex for InterCluster Hygiene Promotion Plan

Documents are available on the following website:

- Wash cluster website: <http://ochaonline.un.org/somalia/Clusters/WASH/HygienePromotion/tabid/7688/language/en-US/Default.aspx>
 - Essential To Know Training for Hygiene Promoters (global Hygiene Promotion tools)
 - IEC material developed for Somalia (flip chart, 3 piles sorting picture) and northern Kenya material
 - Cholera guidelines (feeding centers, school, burial)
 - Briefing note on hygiene promotion

Price range recommendation for HP activities:

About 1\$ per beneficiary including the following items

Staff	Unit cost USD
NS-Community Mobiliser	incentive to 30
NS-Hygiene promoters for supervision	150 to 300
NS- field WASH/HP coordinator (50%)	300 to 1000
IS- HP expert (10%)	2000-4500
Training	

CM training 3 days for 25 per (without transport)	2000-2500
HP training 5 day	3500-4000
transport for participant	TBD
IEC material + material for activities	
Three pile sorting + poster + manual (1 set per CM)	15
Others material (theaters, games with children, community meeting) for each HP	1000
Radio communautaire	2000
Special event (Global Hand Washing, toilet day etc) per event	1000 to 2000
Demonstration material	

Annex 6: WASH Cluster and Shelter/NFI Kits

(last updated 10 August 2011)

This guide provides WASH agencies with a standard WASH Kits for Hygiene, Sanitation Tools and Toilet Cleaning, to improve consistent effective response. For reference the Standard NFI kit provided by Shelter Cluster is included in Annex 1.

WASH CLUSTER Kits:

Minimum STANDARD HYGIENE KIT

To provide essential WASH household supplies to IDPs and families visiting Nutrition Centres – to reduce the risk of AWD/cholera, and provide dignity for women. Education and follow up monitoring is required when distributing the Hygiene Kit.

Item category	Description	Unit of measure	QTY	Specification	Remark
1. Jerry Can		20 Litre	2		Second container can be 10 or 20L
2. Water Purification Tablets	3 month supply	Tablets	100	1 tablet per 20L container (eg 67mg/l NaDCC). Ideally strips	To provide 20 litres drinking water per HH per day
3. Soap	3 month supply	Grams	2400	800g bar per HH per month	Education on use for Handwashing required
OPTIONAL 4. Sanitary Cloth	Sanitary cloth	M2	3	100% cotton flannel, 150cm x 200cm 170 – 180 GR per sq. metre. Black Raised/combed on both sides	Not required if shelter NFI kit distributed Education on use essential

SANITATION TOOLS KIT

For clean-up campaigns, to dig latrine pits, for drainage and flood protection.

- Wheelbarrow (x1)
- Pick axe (x1)
- Shovel / spade (x2)
- Brooms (x4)
- Rakes (x2-4)
- Rope and bucket (to empty pit)

Note: Sand-bags for flood protection need to be purchased separately

TOILET CLEANING KIT for IDP camps

Education to maintain clean toilets in the long term is required

- Broom, gloves and bucket

The WASH Cluster meeting agreed the minimum "Toilet Cleaning Kit" would not include detergent. However, if a cleaning agent is to be provided, general detergent is preferred in Somalia for this purpose (eg OMO).

ANNEX 6.1: Shelter Cluster - Minimum Standard NFI Kit

For reference, below is the Standard NFI kit distributed by the Shelter Cluster.

Standard Non-Food Items Package (Family size of 6)

Item category	Description	Unit of measure	QTY	Specification	Remark
1. Plastic sheet	Reinforced plastic Tarpaulins	4 M X 5M	1	of woven high density polyethylene fibres	
2. Blanket	Woven dry raised blanket	150 X 200 cm	3	Min 30 % wool (virgin/Reconditioned)	
3. Sleeping mat	Synthetic sleeping mats	2.7 X 1.8 M	1	Synthetic water, tear proof, trim-finished	
4. Kitchen sets	Type B	Each	1	2 cooking pots (7 & 5 litre); 5 deep plates, diameter 25 cm or 5 bowls, diameter 18 cm; 5 cups, volume 0.3 L; 5 table-spoons (stainless steel); 1 kitchen knife; 15 cm blade; serving spoon	
5. Jerry cans	Non Collapsible water container capacity 10 litres	Each	2	Manufactured from food grade LDPE. Suitable for drinking water with built-in handle.	
6. Sanitary Cloth	Sanitary cloth	M2	2	100% cotton flannel, 150cm x 170 – 180 GR per sq. metre, raised/combed on both sides, cut into 2 meter lengths (3m2 per piece)	
7. Bar soap		750 gr.	1		

Annex 7: WASH, Nutrition and Health Inter-Cluster Matrix

(Last updated: 17 February 2011)

This matrix recommends activities for Health, Nutrition and WASH Cluster agencies for improved convergence. It will allow agencies working in the same location, but for different clusters, to leverage each other's activities, for improved outcomes.

AREAS	SPECIFIC ACTIVITY	RECOMMENDED CONVERGENCE BETWEEN CLUSTER AGENCIES (SOMALIA)		
		HEALTH CLUSTER	WASH CLUSTER	NUTRITION CLUSTER
WASH Assessment	Conduct WASH Assessment	In Health facilities	Review assessment format as requested. Support with assessment, if funding available	In Nutrition facilities
Ensure Safe Water	Water testing and treatment	Regularly test water, and treat accordingly, as shown. Teach patients how to treat water at home.	Train staff in Nutrition and Health Centres* on water quality testing and water treatment (for centre), and household water treatment (for patients)	Regularly test water, and treat accordingly, as shown. Teach families how to treat water at home.
Water access by voucher	Selecting beneficiaries to receive vouchers	Participate in meeting if requested	In meeting with elders to identify beneficiaries for vouchers, request attendance of person in charge of Health facility and Nutrition Facility, to help identify most vulnerable community members	Participate in meeting if requested
Hygiene Promotion	Training	Staff to participate in HP training, and continue to spread the message	Train people in Nutrition and Health Centres on HP, as part of Hygiene promotion campaign. <i>(they can then continue to spread the message)</i>	Staff to participate in HP training, and continue to spread the message
	IEC material	Display HP IEC material provided, and use in programme	As part of HP campaign, share IEC material with Health and Nutrition Centres	Display HP IEC material provided, and use in programme
Large events, attracting many people (eg for vaccination)	Convergent activities	Inform WASH and Nutrition if large events are planned, or about focused health promotion days – for example on Hygiene Promotion	Use opportunity for HP, or distribution of NFIs. For example if many people are waiting for vaccinations it may be an ideal audience for HP games, local shows etc.	Inform WASH and Health if large events are planned, or about focused Nutrition promotion days
WASH NFIs	Distribution of jerry cans, hygiene kits, soap, Chlorine, bednets etc	As requested, distribute NFI's to vulnerable community member <i>(this has the added advantage of increasing attendance at Health Centres)</i>	Consider using Health and Nutrition Centres to distribute NFIs to vulnerable community members <i>(this has the added benefit of targeting the most vulnerable – families with malnourished children, the sick)</i>	As requested, distribute NFI's to vulnerable community member <i>(this has the added advantage of increasing attendance at Nutrition Centres)</i>
Disease Outbreak	Disease outbreak	Follow up possible outbreak, with temporary facilities (eg Cholera treatment centre) or referral to fixed facility – as per standard procedure	Inform Health, of any disease outbreaks. Adjust location of intervention to address disease outbreaks reported by Health Cluster, if funding agency allows	Inform Health, of any disease outbreaks
	High levels of Malnutrition	Inform Nutrition of areas with high levels of Malnutrition	Inform Nutrition of areas with high levels of Malnutrition	Follow up – as per standard procedure
WASH Infrastructure	Prioritise facilities for renovation and construction Implement projects	In health facilities	Outside health facilities. Provide support to Health and Nutrition Clusters as requested, and as funding available	At nutrition rehabilitation centres and wet feeding programs

* Priority Nutrition and Health Centres can be provided by the Nutrition Cluster and Health Clusters, for the area of your WASH intervention. (Request this after funding approved)

Annex 8: WASH and Education Inter-Cluster Matrix

(Last updated: 22 February 2011)

This matrix recommends activities for Education and WASH Cluster agencies for improved convergence. This will allow agencies working in the same location, but for different clusters, to leverage on each others activities, for improved outcomes.

Area	Specific Activity	Recommended Activities to add to proposals to improve convergence between Education, in area of intervention	
		<i>Education Cluster</i>	<i>WASH Cluster Agency</i>
Standards	WASH Standards	Disseminate and promote WASH Standards	Support as requested
	Meeting standards	Ensure that all activities / construction conform to WASH standards	
Assessment	WASH assessments	Standard school assessment to include WASH. Request support from WASH Cluster as required	WASH Cluster to review assessment, if requested. Support Education Cluster as requested, and as funds allow
Water access by Voucher	Distribution of vouchers	Ensure fair distribution of safe water to children attending school	If Water Access by voucher, include School as beneficiary (<i>to encourage children to continue school during drought</i>)
Water treatment	Ensure safe water	Regularly test water, and treat accordingly, as shown by WASH Cluster agency	If Hygiene Promotion/water treatment programme, include training a dedicated teacher in priority schools* on water treatment, including quality testing
Water storage	Provision of Water tank	Responsible for water storage: location, maintenance	If Water provision, provide water storage to priority schools* if not available, and funding available
Sanitation	Design	Responsible to use child friendly design for toilets, as per standard. Request support from WASH Cluster as required	Support developing appropriate design for toilets, if requested (Cluster level)
	Construction	Responsible to construct child-friendly toilets, with separate units for boys, girls and teaching staff, in new schools. Request support from WASH Cluster if required	Support Education Cluster to address gaps in existing schools, as requested, and assessed by Education Cluster, if funds available
	Use	Community Education Committees to regularly monitor WASH Facilities, to ensure use of toilets	If HP campaign, hygiene promotion team to conduct spot checks of school toilets
	Maintenance	School Management Committee responsible for cleaning (funds available from school)	
Hygiene Promotion	Training	Teachers to participate in HP training, and continue to spread the message	If HP campaign, train teachers in schools, in area of intervention, on HP (<i>they can then continue to spread the message</i>)
	IEC material	Display HP IEC material provided, and use in teaching programme	If HP campaign, share IEC material with primary schools
	Regular WASH Day	Observe Global Handwashing Day on October 14 – with a week long Hygiene promotion theme linked to class activities. Conduct monthly Hygiene Promotion events. Encourage activity based learning, for joyful learning of HP	If HP campaign, link with planned school HP events – maximizing impact of both school and community events. For example children's plays on HP presented in community forums
	Handwashing facilities	Responsible for constructing handwashing facilities that use low water and encourage use of soap in new facilities	
WASH NFIs		Use as teaching material for Water treatment, HP etc	If distributing NFIs, share Hygiene kits or chlorine tablet with schools for display / teaching purpose

- Priority Schools can be recommended by Education Cluster at Nairobi or field level

Annex 9: Recommended latrine standard for Somalia

This provides a standard guide for latrine design, desludging and disposal, as agreed in the WASH Cluster Technical Working Group Meeting, in Mogadishu on 22 November 2011 and 19 June 2012.

Aspect	Recommendation
Number	One latrine per 50 people (or 8 families), moving to one latrine per 30 people when possible (as per WASH Cluster standard). Maximum three latrines in a row (to minimise distance to the nearest latrine)
Location	Ask community, especially women, whether they prefer separate men and women's toilets, or family toilets. If separate, have men's and women's latrines in different locations.
Disability	10% latrines to be suitable for use by people with a disability or elderly
Privacy screen	If preferred by women, construct a privacy screen in front of the women's toilet. If possible, position the handwashing facility and water to be also behind the screen.
Pit Type - Options	All toilets must be able to be deslugged (sludge removed, to extend their life). Options include: <ul style="list-style-type: none"> • Temporary: Pit lined with 3-4 interconnected drums. Drums placed on top of each other, with bottom open (suitable for sandy soils) • Twin pit - each toilet connected to two pits, with one pit to be filled at a time. This design is safer to desludge, as sludge is safer to remove after being inactive for 1 year. If pits are shared, this design will require 4 pits rather than 3 pits • Longer term locations: Common pit with suitable strength to withstand soil pressure (hollow blocks not found suitable). Maximum 3 metres deep (length of desludging suction pipe). Recommend to separate the pit into two by constructing a dividing wall. This means that one side fills up before the other, to give a warning for desludging, while still allowing use of at least one toilet. Both sides of the pit must have an access hatch for sludge disposal. Unlined at base
Pan	Straight pipe, at 1:2 ratio between pan and pit (no s-bend)
Bathing	Bathing facility to be included – either combined with latrine, with separate drainage to a soakage pit. Or a separate bathing cubical, draining to dedicated soakage pit.
Pit Location	Off-set pit (pit next to latrine, not below latrine), to allow the pit to be easily deslugged
Pit Cover	Pit to be covered with a slab which can be removed to desludge. Ideally the main slab has a smaller access hole which is easier to open (at least 100mm diameter). Ensure the slab or opening has a good seal, so the pit does not become a mosquito breeding site.
Vent pipe	Vent pipe installed from each pit, with wire mesh over top (to prevent mosquitos entering pit)
Pit Depth	Up to 10-12 metres deep, with 1 metre diameter (in suitable soils, for example in Central Somalia). If Rocky soils or sandy that require lining, 3-4 m deep if possible. The latrine can be raised by 1m above the ground to increase pit volume if required. In all cases, ensure the bottom of the pit is 1.5m above the groundwater level, to avoid groundwater contamination.
Handwashing	Install a handwashing station for all latrines. Ideally behind a privacy screen (if women prefer). A key requirement is a shelf for soap, as many people bring their own water to the latrine.
Water	If possible, provide a dedicated water supply for latrines (for example: tank above the latrine, linked to the main water network). Dedicated drainage to a soakage pit will be required, to avoid septic pits overflowing. This is especially useful for women, to wash menstrual cloth.
Hygiene Promotion	Somalia WASH Cluster Emergency Hygiene Promotion package to be used. Details and pictures are available on the WASH Cluster website. Trained Hygiene Promoter or Community Mobiliser to support initial discussions with the community on location, preference and responsibility
Cleaning and maintaining	WASH Committee to be established and trained in Hygiene Promotion. Prior to construction, agree responsibility for cleaning, refilling handwashing water and hygiene awareness in community. (For example: Families rotate the responsible for cleaning and refilling water. The WASH Committee monitors, with agreement as to what they will do if family doesn't meet responsibility)
Water point	At least 30 metres to a water source, to prevent contamination via groundwater. As per sanitary survey for water sources, available on WASH Cluster website.
Desludging	Desludging with a shovel is not recommended due to the safety risk. <u>Agencies to support the community to desludge the latrine at least once</u> , as part of the project cost. This will show community how it is done, and ensure design is suitable for desludging.

Aspect	Recommendation
Disposal	Temporary option: dispose of sludge in a pit (approx. 3 m deep) with at least 0.5 m soil cover. Sludge is not to be disposed in local water source (river, creek etc)

Annex 10: Recommended water scheme for longer term IDP settlements in Mogadishu

Objective: Safe water continues to be available to IDPs after the project is finished

Assumption: Much of the groundwater in Mogadishu is polluted, so protected shallow wells will not necessarily provide sustained safe drinking water.

Aspect	Recommendation
Host communities	Position water supply for use by host community as well as IDPs.
Water source	Use existing or rehabilitate or construct longer term water sources in key locations. For example: boreholes (deep wells recommended only when there are no drilled boreholes in nearby vicinity). (Recommend to coordinate with OIC, Turkish or other agency with existing funds if construction or rehabilitation is required).
Water Quality	Ensure the water will remain safe, even after the project funding has finished. It is not recommended to use shallow wells in densely populated settlements, because of the high risk of contamination. If required, complete a sanitary survey to assess the risk of contamination (Somalia sanitary survey is available on the WASH Cluster website). When selecting the water source site, ensure latrines are more than 30m away from water source.
Distribution network to IDP settlements	Install distribution networks from safe water source to IDP settlement, with kiosks at key locations
Gravity feed	It is recommended to install gravity feed systems where possible, to reduce the pumps to maintain, and to give time to fix/maintain pumps when necessary. Ensure elevated tanks have fixed ladders.
Drainage	To be included in the design to reduce pooling of water around water sources, which creates a malaria risk
Latrines	If possible, include gravity feed water supply to latrines for handwashing facilities (for example a tank on top of each latrine block)
Health, Nutrition Centres, child friendly spaces	Include provision of safe water near health centres, nutrition centres and child friendly spaces preferably through a dedicated service connection line.
Household water filters	If household water filters are to be provided, use filters which can be cleaned and replaced locally at an affordable cost
Capacity Building	Capacity building is critical for sustainable safe water <ul style="list-style-type: none"> • Owner/operator – for operation and maintenance and cost recovery • Pipeline water committee/ Water user committee – bookkeeping, conflict resolution
Cost recovery	Ensure the ongoing cost of water, and to maintain the system, is low enough to be able to be paid by IDPs, after the project finishes. Some payment options include: <ul style="list-style-type: none"> • Charging IDPs a small fee • Establishing a system where the “owner” receives majority, or all, of the cost to maintain the system from public sales, allowing free, or low cost, supply to IDPs. Develop an MOU detailing this agreement with water source committee. Vouchers could be used to ensure access by IDPs. • Collaborate with a “livelihood project” to assess and increase IDPs ability to pay
Ownership	Agree with all stakeholders who owns the project assets at the end of the project.
Cost recovery	Ensure the ongoing cost of water, and to maintain the system, is low enough to be able to be paid by IDPs, after the project finishes. Some payment options include: <ul style="list-style-type: none"> • Charging IDPs a small fee • Establishing a system where the “owner” receives majority, or all, of the cost to maintain the system from public sales, allowing free, or low cost, supply to IDPs. Develop an MOU detailing this agreement with water source committee. Vouchers

Aspect	Recommendation
	could be used to ensure access by IDPs. <ul style="list-style-type: none"><li data-bbox="472 331 1398 359">• Collaborate with a "livelihood project" to assess and increase IDPs ability to pay
Ownership	Agree with all stakeholders who owns the project assets at the end of the project.