Typhoon Haiyan WASH Cluster Strategic Operational Framework

December 14, 2013

This is the final draft document that puts together comments of the members of the WASH Cluster and the Strategic Advisory Group. This serves as a guide to the WASH Cluster Partner members who are assisting in the WASH response for Typhoon Haiyan (YOLANDA) emergency.

Contents

Preamble

Typhoon Yolanda (international codename: Haiyan) have been the largest disaster to hit the Philippines to date and has affected about 22.5 million people or 24% of the country's population in Regions 6, 7 and 8. About 4.3 million people are identified as in need of humanitarian assistance[1]. (Please refer to Annex 1 for more information about the impact of the Typhoon). Declared a Level 3 category (Highest level of emergency in the UN system), a large number of international humanitarian agencies have come to the Philippines to provide support.

This Strategic Operating Framework (SOF) has been developed to provide guidance to all the WASH Cluster partners in conjunction of the Strategic Response Plan that was jointly developed with the government and the Cluster partners. It is based upon the statement of strategic objectives articulated in the final Haiyan Strategic Response Plan of December 10, 2013 and upon the response strategies developed for previous emergencies in the Republic of the Philippines.

This strategy has been developed by the Strategic Advisory Group of the National WASH Cluster and endorsed by the Department of Health the Republic of the Philippines (DoH) on December 4, 2013.

1. Introduction

The WASH cluster approach has been active in the Republic of the Philippines since 2007. The Philippines Water Supply Sector Roadmap (2010) and the Philippine Sustainable Sanitation Roadmap (2010) have both recognized the importance of water, sanitation and hygiene promotion in emergencies. The Sanitation Roadmap in particular highlights the need for better policy, practice and strong coordination for sanitation and hygiene promotion in emergencies.

This document puts in place the policy guidelines for the WASH response, particular to the Yolanda (HAIYAN) emergency. This is highly based on experiences and lessons learned from the various emergencies that the Philippines have recently encountered, notably, the dispersed type of emergency encountered in Typhoon Bopha (Dec 2012) and the recent Bohol Earthquake (October 2013)

The WASH cluster is led by the Department of Health, and co-led by UNICEF, in order to coordinate all WASH humanitarian actors to ensure efficiency and effectiveness in the response. This document seeks to provide a strategic operational framework for the WASH sector response to Typhoon Haiyan to guide the collective interventions of the various WASH actors.

By adhering to the cluster approach, the partners agree to:

- Assist the authorities in responding to the WASH needs of the population affected by the Typhoon Haiyan;
- Promote among the WASH partners a common understanding of the WASH sector needs and interventions in the context of the response to Typhoon Haiyan;
- Ensure a well-coordinated response and consequently increase the efficiency, effectiveness and impact of individual agency responses, and

- Align more towards common humanitarian principles and operational objectives.

2. Principles

21. Adherence to Humanitarian Principles

The partners ascribe to the Humanitarian Charter 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… Any 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"* (Sphere Standard, see Annex 2).

The partners adopt two Protection Principles:

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

The partners commit themselves to:

- Ensure beneficiaries of WASH projects have the ability to provide feedback on the program, and are empowered to access appropriate complaints mechanisms; and
- Adhere to SPHERE Standards, these are qualitative in nature and specify the minimum levels to be attained.

22. Operational Principles

The partners commit themselves to:

- Carry out programmes that include an integrated Water, Sanitation and Hygiene response in all locations they are operational in;
- Integrate with the strategic and operational approaches of other Clusters, particularly Health, Shelter, Camp Coordination and Camp Management (CCCM), Education, Protection and Early Recovery;
- Address cross-cutting themes, mainly: children, resilience, gender, elder people, and persons with disabilities; in particular, provide all affected women and men equally with information about programme activities that affect them, and engage them equally in assessing and prioritising their own needs;
- Increase vulnerable groups' 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; and

- Avoid duplicating activities in areas already served, feedback on identified gaps, and to programme interventions in areas where there is a lack of active WASH partners.

23. Cluster Coordination Principles

The partners commit themselves to:

- Respect the coordination leadership of the Department of Health and strengthen its capacity in planning and coordination;
- Actively participate in the meetings of the WASH cluster and technical working groups;
- Support the coordination efforts of intervention approaches and implementation, particularly at provincial, city and municipal levels;
- Share information on their on-going and future WASH activities, capacity, on a regular basis with the National Coordination Unit;
- Support planning on the basis of mapping, to avoid overlap and duplication of efforts, and address gaps;
- Advocate for access to water, sanitation facilities and improved awareness on good hygiene practices for the population living in humanitarian emergency to protect them against public health risks; and
- Meet national and international standards and ensure harmonization of approaches as appropriate.

3. Coordination Arrangements

The WASH cluster coordination structure mirrors the structure of the Department of Health from the national to the local level. All details on the decentralized cluster structure and governance as well as on the information management arrangements are provided in Annexes 3 to 8.

Annex 3 is about WASH Cluster Structure/organogram.

Annex 4 is about the WASH Cluster Terms of Reference as articulated in the Department Personnel order No. 2007-2492-A issued by the Department of Health last March 25, 2013.

Annex 5 is about the Terms of Reference of the Decentralized WASH Cluster Coordination Arrangements at Sub-National level (Regional, provincial, city or municipal)

Annex 6 is the Terms of Reference of the WASH Cluster Strategic Advisory Group

Annex 7 is the Cluster Operational Guidance that provides the links to the WASH Cluster webpage, how to be in the contact list, how to access the dropbox, capacity mapping and instructions on the cluster 3Ws (what, where and When of partners)

Annex 8 is about the planned outputs of the Cluster's Information Management System

4. Goal

The WASH cluster partners support national, regional and local government to ensure that people with typhoon-caused needs, where they exceed the immediate national response capacity, receive

necessary materials, services, and environment for safe[2] and healthy living until reconstruction efforts restores normality and self-reliance.

The WASH Cluster partners aim to maintain the health of the most vulnerable affected populations by focusing their efforts on the efficient and timely implementation of WASH programmes. In particular, they aim to reduce public health risks by assisting government to ensure that mortality, morbidity levels are brought to pre-typhoon levels improving access to safe water, providing adequate access to sanitation and hygiene promotion interventions

5. Cluster Response Plan

The specific objectives of the WASH cluster, contribute to the strategic objectives 2, 3 and 4 of the Strategic Response Plan developed by the Humanitarian Country Team to support the response of the Government of the Philippines to Typhoon Haiyan. Three specific objectives have been identified.

STRATEGIC OBJECTIVE 2
Families with destroyed of damaged homes attain protective and sustainable shelter solutions

STRATEGIC OBJECTIVE 4
Mortality and morbidity increases and outbreak of communicable diseases are prevented through immediate access to basic water, sanitation, hygiene, nutrition and health services

Outcome Indicator	Baseline and target	Monitoring responsibility & method
Number of affected women, men and children of all ages, with access to operational water and sanitation services and who adopt key hygiene measures to minimize public health risks.	Baseline: 112,000 people Target: 3,000,000 people	Department of Health with UNICEF as co-leads of the WASH Cluster. Methods: a. Compilation of reports provided by government, partners and local service providers for water and sanitation coverage. b. Knowledge, Attitude and practices studies, community focus group discussions and key informant interviews based on a robust sampling methodology. c. Verification of reports by a roving Monitoring Officer.

Top Priority Activities	Locations	Indicator	Target

[2] Safe water: water that does not causes risk to human health with a sufficient level of free residual chlorine (0,5 mg/l to 1.5mg/L) or with no fecal contamination

1. Restore community water supply systems.	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo, Northern Cebu, Palawan	1.1 Nb of community water systems repaired 1.2 Nb. of people served by the community water systems	100% of target community water system
2. Provide access to safe water from piped and non-piped water systems in partnership with the local service providers and the local government units and other partners in shelter relocation sites and ECs	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo, Northern Cebu, Palawan	2.1 % of affected women, men and children of all ages, with access to safe water as per cluster standards. 2.2 Nb. of families of all age receiving water kits	100% of DTM population 500,000 families
3. Provision of sex separated communal sanitation and bathing facilities in ECs and TRS	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo,, Northern Cebu, Palawan	3.1 % of people with access to sex-seperated communal toilets as per cluster standards 3.2 % of people with access to sex-separated communal bathing spaces as per cluster standards	100% of DTM population
4. Provision of sanitation tool kit to households with damaged latrines, in tandem with shelter kits.	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo,, Northern Cebu, Palawan	4.1 Nb of affected households provided with sanitation tool kits as per cluster standards. 4.2 Nb of barangays declared Open defecation free.	200,000 households[3] 50% of the target barangays
5. Organize hygiene promotion interventions including the mobilization of community/camp WASH committees to ensure essential hygiene behaviors are practiced by affected households.	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo, Northern Cebu, Palawan	5.1 Nb. of affected women, men and children of all age, reached with hygiene promotion activities 5.2 Nb. of families receiving hygiene kits 5.3 % of DTM Sites with WASH Committee established	3 million persons 500,000 families 50% of DTM

[3] Assume WASH Cluster assists 40% of shelter target caseload (estimated at 500,000) with a hygiene kit, further assuming that large majority of substructures still be intact, and some people will assist themselves. Shelter cluster defines partially damaged houses as those that have lost their roof only.

			Sites

All Other Activities	Locations	Indicator	Target
6. Restoration of functional toilets and water supply in health care facilities	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo, Northern Cebu, Palawan	6.1. Nb. of HCF with sex separated toilet facilities 6.2. Nb. of HCF with access to water supply	100% of HCFs 100% of HCFs
7. Provision of technical assistance to local government and water service providers in developing their contingency plans with essential WASH components	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo, Northern Cebu, Palawan	7.1 Nb. of LGUs with contingency plans and budgets and prepositioned WASH supplies	100 LGUs.

Strategic objective 3: Affected people quickly regain access to community and local government services including basic education and strengthened protective environment.

Cluster objective: To provide support WASH facilities in schools and temporary learning spaces.

Outcome-level indicators and targets

3500 schools and temporary learning spaces with functional gender-sensitive WASH facilities based on cluster standards.

Top-priority activities:

Activities	Locations	Indicator	Target
1. Facilitate the provision of safe water supply, handwashing facilities and gender segregated toilets in schools and temporary learning spaces.	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo , Northern Cebu, Palawan	1.1 Nb of schools with gender-segregated toilet facilities	100% of target schools
		1.2.Nb of schools with handwashing facilities.	100% of target schools
		1.3 Nb of schools with water supply services	100% of target schools
		1.4 Nb of children provided school hygiene kits	500,000

Guidance on indicators is detailed in Annex 9.

6. Caseload

The WASH cluster caseload of 3 million people is the current estimate based on an analysis of multiple datasets from Government, UN, local and international NGOs and WASH Cluster partners. The analysis of the data was carried out by the WASH Cluster Coordination Unit, including:

- Inventory of the municipalities in need, provided by the DoH;
- Results of initial WASH assessment coming from different sources;
- Number of houses partially or totally damaged provided by the Shelter cluster;
- Post-typhoon AWD rates and identification of cholera risk areas provided by the Health cluster;
- Number of children and number of schools destroyed provided by the Education cluster.

The Government has released (December 3rd) a dataset 'Yolanda Corridor' which is a 50km buffer zone on either side of the typhoon track. The number of displaced people in this corridor is approximately 4.3 million (171 Municipalities). The caseload may be readjusted based on partner's capacity and validation of needs and the guidance that will be provided by the Humanitarian Country Team.

Ideally WASH agencies will be take a holistic approach to the response, ensuring good coverage of Water, Sanitation and Hygiene in all areas. However, in reality the targeted caseload will differ between services provided and needs on the ground. See Annex 9 B for more details on the caseload estimates.

7. Cluster Strategy Alignments

The response to Typhoon Haiyan of the WASH cluster partners should be based on the following:

1. Align the strategy of the cluster to Government's needs and response plan in the sector;
2. Provide the necessary support to the other clusters and based the WASH response on the inputs they may provide (see table hereafter). In this particular context, the co-operation with the Health, Shelter, Education, CCCM, Early Recovery and Protection Clusters will be key as:
    - Health data provided by the Department of Health and the Health cluster, particularly the incidence of Acute Watery Diarrhoea (AWD), such as cholera and key WASH related diseases such as dengue and schistosomiasis will be monitored by the National WASH Cluster Coordination Unit to provide guidance to the partners in their day-to-day response, above all at the early stage of the response. The Health cluster should also be able to provide data on priority Health Care Facilities (HCF) that are in need of urgent water and sanitation services rehabilitation;
    - Priority WASH interventions will also be based on indicators provided by the Shelter and the CCCM clusters on sanitation conditions faced by the populations in different areas. In particular, high density areas will be targeted in priority and WASH services provided in priority evacuation centres as per CCCM cluster priorities;

- Initial WASH assessments are currently integrated into the Multi Cluster/Sector Initial Rapid Assessment (MIRA) , but also carried out jointly with the assessment capacity of the Shelter cluster (REACH initiative) to enhance WASH data accuracy and define joint strategies in during early stages;
- The WASH cluster partners will give a high priority to the delivery of the WASH services in schools and Temporary Learning Spaces (TLS) (See Annex 11) . Priority premises should be identified by the Education cluster;
- Rehabilitation and resilience components as well as capacity building activities in the WASH sector should be coordinated with the relevant governmental institutions and the early recovery cluster;
- Key elements of the contingency planning will be coordinated with all the here above mentioned clusters, as well as with the nutrition cluster[4]; and
- Lastly, a systematic review of the impact of the WASH activities will be carried out with the protection cluster to ensure that the "do not harm" principle is effectively applied by the WASH partners and that WASH interventions have a positive effect on the protection of the population, more particularly on women, elder people and children.

3. Particular attention will be given to gender and protection issues through a) the development of guidelines on gender (see Annex 13) and b) the engagement of gender and protection specialists who will support the cluster and its partners and ensure a strong commitment to implement these minimum commitments such as the disaggregation of the WASH indicators in sex and age whenever relevant and the consideration of key specific gender and age issues during the monitoring activities; and
4. Finally the phasing of the response is an important element of the WASH cluster strategy: 1) immediate life-saving activities are carried out firstly based on health and WASH needs; 2) during a second phase structural support to Shelter, CCCM, early-recovery and Education clusters will be provided by the WASH cluster.

WASH Cluster Outputs	Health	Shelter	CCCM	Education	Nutrition	Early recovery	Protection
11		⇐●	⇐●				⇐
12		⇐●	⇐●				●
13	⇐	⇐●	⇐●				
21	⇐●				●		
22	⇐●.				●		
23	⇐●			⇐●●	●		
24	⇐●						⇐●
25						⇐●	
31				⇐●			

Intercluster cooperation: (⇐) inputs provided by other clusters to prioritize the WASH Response; (●) outputs provided by the WASH cluster to other clusters (for more details, see Annex 10)

[4] For more details, refer to Annex 12

8. Sub-Sector Strategic Orientations

Four Principles

1. **Coordination**: Always coordinate with the local water service providers as the Water Districts and water cooperatives and the local government officials through the provincial Health Office, city or municipal Mayor and Health Officer, and the sanitary inspectors.
2. **Prioritizing**: Prioritize high density areas and areas with high public health risk, water supply in HCF and schools / TLS.
3. **Holistic Approach**: Implement systematically the whole WASH package, water supply and sanitation and hygiene promotion activities as a minimum, and link with other on-going relief efforts to maximize outcomes and impact for targeted population.
4. **Capacity Building Approach**: ensure that local authorities and partners are engaged in a constructive and experiential learning approach to help improve disaster preparedness and resilience in the future.

The achievement of the sub-sector objectives will be supported by the set-up of specific technical working groups, whenever and wherever necessary. Technical working groups will agree on their terms of reference and will develop specific strategies that will be guided by the sub-sector strategic orientations. For instance, in Tacloban, specific TWGs on water supply, sanitation and hygiene promotion have already been established since the first week of the response.

8.1 Water Supply

Objective

- Ensure that all disaster affected men, women and children, including persons with disabilities, have access to adequate safe drinking water.

Strategic Directions

Technical Response	Priority Actions
PIPED WATER SYSTEMS (Level3)	Together with the local water service provider: • Repair of the main transmission lines and pipe distribution systems • Install generator sets as alternative power sources • Secure diesel supply for full operation of production plant • Isolate badly damaged distribution lines and install alternative faucets and tapstands • Seal off individual service connections that have been damaged and that are likely to leak when pressure is restored
Communal Sources (Level 2) and point source systems such as handpumps (Level 1)	• Where alternative shallow wells are used as water sources, set-up water disinfection and water quality monitoring programme associated with hygiene promotion/ household water treatment and safe storage programme. • Liaise with water authorities. Where agencies are working in an area without capacity to undertake this task, liaise with community leaders for on-going simple maintenance and monitoring

	• Where communal point sources such wells and handpumps in coastal areas that have been inundated by seawater, restoration to prevent saline intrusion from the groundwater has to be made. Specialist advice from a hydro-geologist may be necessary for this.
WATER DISTRIBUTION	• Focal points/Water Authorities to establish water caretaker as part of Camp Management system / community structure in each site, with the task of managing the tanks/bladders to ensure water quality, quantity and equitable distribution. • Water kits and disinfectant distributed to families to allow household water treatment and safe storage systematically. • Collection points are monitored to ensure they are safe and accessible
WATER TREATMENT PLANTS	• Agencies/Organizations establishing Mobile Water Treatment units must coordinate through the local government units and water service providers such as the Water Districts or water cooperatives and others. • Once system is set up, water quality should be tested for faecal contamination prior to opening as an additional source. • Water Quality monitoring to occur on a daily basis through residual chlorine testing • Establishment of available water treatment plants as close to affected population as possible to minimise trucking distances
WATER TRUCKING OPERATIONS	• Agencies providing water trucks, both custom built water trucks, and trucks with bladders should liaise with the Water District/Cluster on priority location and filling stations. • All trucked water to be chlorinated before delivering to bladder and centralized storage tanks to ensure free residual chlorine of 0.5mg/L at point of distribution. In the event of a diarrhoeal outbreak, increase free residual chlorine to 1 mg/l. • Set-up a monitoring system for water distribution to ensure that indicators are met. • Water Disinfection chlorine products to be issued with jerry cans / container until water quality at point of use through system chlorination is assured
HOUSEHOLD WATER TREATMENT AND SAFE STORAGE	• Systematically complement mass water distribution programmes with household water treatment and safe storage programmes • Provision of household water treatment is to be accompanied by appropriate and proportionate community mobilization activities which should include distribution of explanatory leaflets and oral explanation • Distribution of chlorine-based disinfectant products should be done in accordance with DoH recommendations using Hyposol or Aquatabs (33 mg).
WATER QUALITY MONITORING	• Water monitoring systems will be established for ECs and TRS to ensure drinking water meets Cluster requirements. Furthermore, there should be a monitoring system to check if chlorination is done properly, regularly. Care must be ensured to avoid overdosing or under dosing. • Water Disinfection chlorine products to be issued with jerry cans / container until water quality at point of use through system chlorination is assured

	• Water in coastal areas should be monitored for salinity using a conductivity meter and or by tasting the water • Local stakeholders (faith-based groups, Barangay associations, NGOs, others) should be engaged in water quality monitoring. • Provision of training, monitoring supplies and IEC materials
USE OF NON POTABLE WATER	• If non-potable water is available or being used for things such as laundry and general cleaning, this should be clearly marked and stored separately from potable water. • Coordination with local leadership and the WASH Committees to conserve potable water and maximize the use of non-potable water.

Indicators for Service Coverage and Targets

	Target immediate	3 months	6 months
Water			
Quantity of water per person per day	7.5 l/p/d	15 l/p/d	40 l/p/d
Max queuing time	1 hr	30 mn	15 mn
Distance to Water Source	500 m	250 m	100 m
Water quality target	0.5 mg/l residual chlorine or 0. E.coli/100 ml		
Turbidity	< 5 NTU	< 5 NTU	< 5 NTU

8.2 Sanitation / Solid Waste Management

Objectives

- Displaced families have adequate toilets sufficiently close to their dwellings to allow them rapid, safe and acceptable access with dignity at all times of day and night;
- Zero uncontrolled open defecation; and
- The maximum number of users per toilet, shower, hand washing station and solid waste bin in evacuation centres must not exceed the norms as indicated in the targets below.
- Prevent environmental pollution from damaged sanitation systems such as septic tanks, sewers and treatment plants

Strategic Directions

- Immediately address open defecation and long queing times by providing emergency pit latrines.
- Provision of sanitation tool kits to be given to families so that damaged latrines can be repaired/improved and rehabilitated (refer to Proposed materials for Sanitation Tool Kit List below).
- Apply a communal and sex disaggregated toilets approach in evacuation centres and temporary relocation or resettlement sites, ensuring that adequate number of toilets are appropriately sited in safe locations, designed to provide safety and privacy (including lighting for night-time use), particularly for women and girls, and are accessible by those with disabilities;
- Minimum protection features of sanitation facilities should be considered:
    - Adequate lights
    - Clear signage (distinguishing sex segregation in pictures, in local language)
    - Locks from the inside

- Separate entrance/exits for men/women
- Special toilets for PWD and pregnant women

- All toilet facilities should have adjacent handwashing facilities.
- Gender disaggregated bathing facilities will also be provided to enable privacy and dignity when bathing.
- Make emergency repairs to damaged on-site sanitation systems such as septic tanks and pit latrines, including desludging, to prevent environmental pollution that may be a threat to public health.

Indicators for Service Coverage and Targets

Site Type	Toilet Type	Latrine Ratios 3 months*	Bathing Facilities 3 months*	Handwashing	Solid waste bins
School EC	Permanent Septic to meet School requirements, Use of existing facilities with regular desludging	1: 50	1:100	1:10 toilets but within 10m of toilet.	1:10 HH
EC Other	Semi-Perm Septic use of existing facilities with regular desludging	1:50	1:100	1:10 toilets but within 10m of toilet.	1:10 HH
Temporary Learning Centres	Semi Perm WS Pit[1] / Urinals + Use of School latrines with regular desludging	1:50 students	nil	Group Handwashing Facilities min 15 taps.	1/TLC
Tented Transit Site Rural	Semi-Perm WS Pit[1]	1:40 (long term)	1:80	1:10 toilets but within 10m of toilet.	1:10 HH
Tented Transit Site Urban	Semi-Perm Septic + use of existing facilities with regular desludging	1:40	1:80	1:10 toilets but within 10m of toilet.	1:10 HH
Bunkhouse Transit Site	Semi-Perm WS Pit[1]	1:20	1:40	1:10 toilets but within 10m of toilet.	1:10 HH
Permanent Site	Family Latrines (Perm Septic)	Per Household			

Proposed materials for Sanitation Tool Kit

(to be adapted based on the existing resources and needs of the target beneficiaries)

No	Quantities	Items	Amount	Remarks
1	1 pc	Bowl (porcelain)	560.00	
2	1 pc	3" PVC pipe (1/2 length)	150.00	
3	1 pc	2" PVC pipe (1 length)	100.00	
4	1 pc	3" PVC elbow	65.00	
5	2 pcs	2" PVC elbow	110.00	
6	¼ kg	Tie wire	70.00	
7	3 pcs	9 mm DRB	284.00	
8	¼ kg	4" CW	20.00	
9	¼ kg	½/2 CWN	20.00	
10	2 bag	Cement	480.00	
11	1 can	Solvent cement	45.00	
12	1 pc	Hammer	180.00	Part of master tool set
13	1pc	Handsaw	250.00	Part of master tool set

14	1 pc	Shovel	250.00	Part of master tool set
		Total	**2584.00**	

Note: prices may vary in geographical locations

EXCRETA COLLECTION, TREATMENT AND FINAL DISPOSAL

- Ensure that excreta is properly collected, treated and disposed of according to government regulations.
- Ensure that excreta are not directly disposed to open sea without treatment.
- Ensure that personnel in charge of this activity are properly protected and would have the necessary tools to do the job properly.
- Explore arrangements with the private treatment plants.
- Explore possible establishment of lime stabilization ponds to treat excreta.

DRAINAGE FACILITIES

- Ensure that there is proper drainage for all WASH facilities. There should be no stagnant water around WASH facilities.
- Coordinate with Camp Management, and the appropriate local government offices (ie. the Provincial, City or Municipal Engineering Office and the General Services Office) for proper drainage management.
- Support on drainage design to CCCM/SHELTER cluster should be given during the set-up of evacuation centres/resettlement sites. Beneficiaries should be encouraged to improve drainage in the vicinity of their temporary shelters during Hygiene Promotion Sessions; and
- Clear debris from drainage systems to reduce the risk of flooding that may pose a risk for epidemic outbreaks. Priority should be given to densely populated urban areas.

HANDWASHING AND BATHING FACILITIES

- Include the construction of handwashing and bathing facilities when constructing latrines.
- Ensure that there is proper drainage of these facilities.

SOLID WASTE MANAGEMENT

- Enhance waste collection within evacuations centres and home based settlements in coordination with LGU solid waste management (SWM) programs or on-site disposal.
  - Ensure availability of garbage bins for wet and dry waste.
  - Ensure availability of garbage bins for menstral pads adjacent or inside female toilets.
  - Ensure link to municipal solid waste management system for regular collection and proper off site disposal.
  - Coordinate with the appropriate government office for solid waste management (could be the Environment and Natural Resources Office)

VECTOR CONTROL AND DRAINAGE

- Monitoring of possible vector related outbreaks will be done through a regular review of epidemiological data at the Department of Health;

8.3 Hygiene Promotion

Objectives

- Reduction of WASH related diseases;
- Ensure proper use of WASH facilities in evacuation centers and temporary relocation sites; and
- Ensure proper use of water kits and hygiene kits (see Annex 14).

Strategic Directions:

- Ensure basic hygiene practices in evacuation centers/temporary relocation sites, particularly with regards the proper use of water and sanitation facilities;
- Ensure basic hygiene practices in evacuation centers/temporary relocation sites and community home based, particularly with regards to safe water storage and treatment linked to water kits and the elimination of open defecation; and
- Mobilized the barangay health workers, barangay nutritional scholars, women groups and children as hygiene promoters.

Priority Activities

- Use of standard WASH cluster or DoH hygiene promotion materials (see Annex 14);
- Information dissemination on handwashing, water disinfection, proper use/maintenance of WASH facilities, safe water chain, prevention of diarrhoea, solid and liquid waste management, safe food preparation, and nutritional information vis-à-vis infants and children;
- WASH committees must be put in place in setting up evacuation centers and temporary relocation sites and strengthened to maintain facilities and promote healthy behaviours;
- Use of sanitary inspectors and other volunteers for hygiene promotion; and
- Quick response to diarrhoea outbreaks to control spread.

LOCAL WASH COMMITTEES

Ensuring the engagement of local WASH Committees as part of the strategy is important in making sure that any interventions are consulted with affected populations and that there are platforms for feedback and local decision making that are inclusive, taking into consideration the special needs of the vulnerable and marginalized groups in the communities such as the elderly, women and girls, indigenous communities and the handicapped.

WASH Committees in ECs and TRS are organized as part of the CAMP Management Committees and are trained and mobilized to ensure proper operation and maintenance of all WASH Facilities in the camps.

In communities, these committees can be existing (such as a Barangay WATSAN committee or a sub-committee under the Barangay) or in some areas, still needs to be organized. The WASH Committee is usually composed of community volunteers, barangay health workers, barangay sanitation inspectors or barangay led committees who are mandated by the Barangay or the community to oversee the WASH interventions in their areas.

Typical roles of the local WASH Committee include the following:

a. Provide inputs in the WASH plans and activities being developed and implemented in their areas.
b. Ensuring equitable distribution of Water kits and hygiene kits.
c. Ensuring continued availability of safe water supply to the community and coordinate with the proper authorities (Municipal Focal Point or NGO Focal Point) for the necessary repairs that is required. This includes regular water quality monitoring functions.
d. Ensuring that community is eventually declared OPEN DEFECATION free based on criteria that will be agreed on.
e. Provide technical support/assistance to households desiring to repair or reconstruct their latrines/drainage system.
f. Facilitate barangay level hygiene promotion activities, including the promotion of the key HP messages.

The Municipal Focal Points and the NGO Focal Points will help empower the local WASH committees through training and technical support.

9. Monitoring Framework

The cluster will establish a two types of monitoring systems: a preventive system linked to the health cluster to trigger a rapid response mechanism when required (see Annex 12) and a monitoring system to track efficiency, effectiveness and accomplishment of targets vis a vis the SRP indicators (see Annex 15)

The WASH Cluster will engage the services of a roving WASH monitoring officer in support of the DOH to establish a robust monitoring system that will a) validate information provided by partners and local governments and b) raise attention/red flags to risks that may potentially have affect public health with the objective of preventing any major outbreaks of disease.

The Cluster is particularly interested in monitoring the following:

What	How
Mortality and Morbidity associated with water borne diseases	Monitoring the incidence of AWD, cholera and other water-borne diseases through the SPEED surveillance mechanism
Water quantity and quality	Establish new baseline information based on post-disaster assessment. During the first phase (Month 1), water quality monitoring teams will be deployed to each affected municipality, giving priority to areas considered high risk (such as those with history of cholera and AWD and areas with high density displaced populations). All partners with capacity for water quality monitoring should submit GPS referenced data to the cluster for proper management of information.
Sanitation	Availability and use inside Evacuation Centres and Outside ECs through random sampling of population and facilities and taking note of areas with visible open defecation.
Hygiene Promotion (HP)	HP sessions conducted on site, presence of IEC materials, positive behaviors regarding household water treatment and safe storage, Presence of WASH committees in charge of Hygiene Promotion

Risk and hazard mapping	Pre-emptive monitoring to identify potential environmental health risks such as contamination of groundwater, blocked drainage likely to cause flooding, etc.
LGU Capacity	Presence of WASH Cluster, identified LGU focal point exercising leadership over the WASH Cluster jointly with a partner Focal Agency; presence of LGU action plans and budgets that partners will supplement, participation of local water service providers in the clusters.

The monitoring methodology will include:

- Mobilization of WASH Focal Points in monitoring at municipal level.
- Compilation of reports provided by WASH cluster partners and Local Service Providers for water and sanitation coverage.
- Knowledge, attitude and practices studies, community focus group discussions, and key informant interviews, based on a robust sampling methodology.
- Verification of reports by a roving Monitoring Officer
- Sanitary surveillance and hazard mapping at household, community and municipality/barangay levels

10. Early Recovery Strategy

The cluster target is aligned to support the National Government strategy of **Building Back Better.**

The development of the early recovery strategy for each barangay/city/municipality/province should consider the following elements:

Governance Arrangements:

- The emergency WASH Cluster has converted into a regular WASH Council with the local agencies (government, service provider and barangay/community WASH associations representatives) duly installed with a local government official resolution defining its Terms of Reference that includes roles and responsibilities for monitoring, oversight and planning;
- A contingency plan with clear WASH components have been developed and included in the budget plan**.** Plans for pre-positioning essential WASH supplies included; and
- Capacities are initially built to help strengthen the rights-based approach to local water governance[5], use of appropriate WASH monitoring tools and planning tools.

Water Supply:

- Resumption of operation of the water service provider to pre-Yolanda levels at least;
- A reliable supply chain for water disinfection for at least three months onward; and.
- Indicative plans for improving, expanding and upgrading of current levels of service.

Sanitation:

- Adequate number of functional and clean toilets ensured in shelter (bunkhouses and TRS) and evacuation centre areas, TLS and schools;
- Solid waste management plan developed and operational; and

[5] linked to the DILG capacity building hubs, if possible and other training providers

- Plan for supporting household level latrine construction, with arrangements to facilitate access to supplies, materials and skilled labour for different technology options and semi-permanent solutions.
- Municipal wide plans on solid waste and septage management

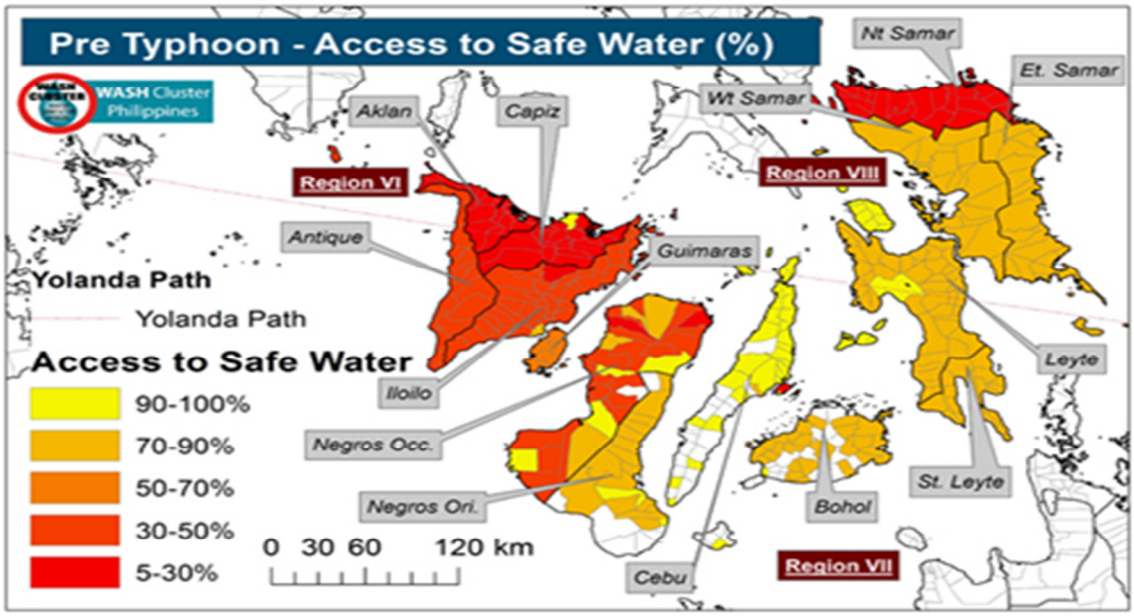
Hygiene Promotion:

- Organization and strengthening of local WASH committees activated at various appropriate levels.
- Plans for continued advocacy and promotion of the following key hygiene behaviours:
    - Regular and sustained practise of household water treatment and safe storage;
    - Zero open defecation in the barangays;
    - Latrine for every household campaign; and
    - Proper solid waste disposal management systems from household to community to municipality.

All municipal focal agencies will be asked to submit the early recovery strategy of their Municipality within the first three months of the response, not later than End of February, 2014.

Annex 1: Baseline Data and Impact of Typhoon Haiyan

Pre-disaster conditions



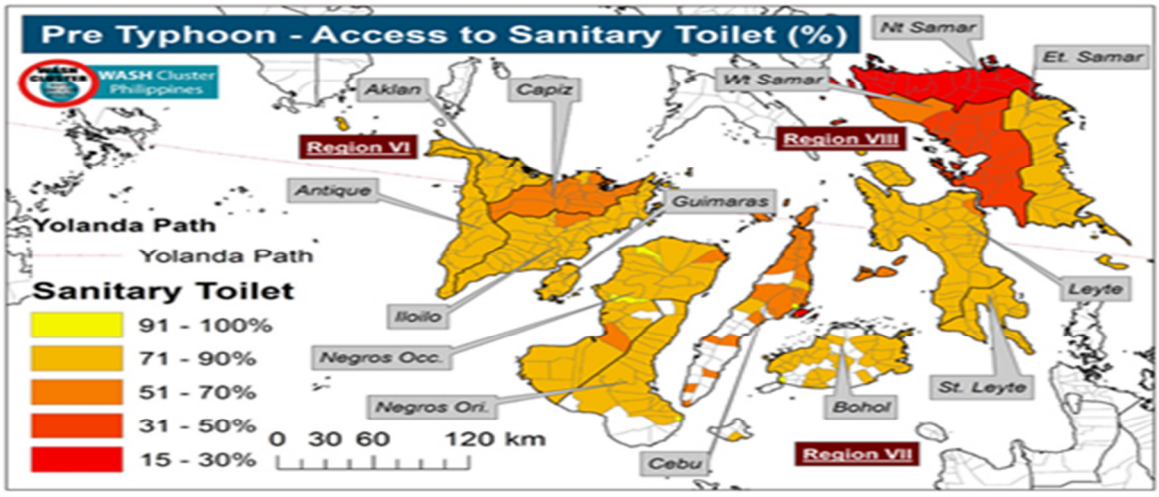
(baseline data extracted from the Field Health Services Information Bulletin of the DoH, 2011)

Proportion of household with access to improved safe water by level

Area	HH No.	HH w/access to improve safe H20 supply		Level1		Level2		Level 3	
		No.	%	No.	%	No.	%	No.	%
Region 6	1,448,988	711,125	49.08	191,615	13.22	122,125	8.43	397,385	27.43
Aklan	110,227	33,419	30.32	0	0.00	0	0.00	33,419	30.32
Antique	105,404	38,367	36.40	0	0.00	13,359	12.67	25,008	23.73
Capiz	119,826	6,918	5.77	0	0.00	0	0.00	6,918	5.77
Guimaras	37,192	22,566	60.67	12,963	34.85	1,229	3.30	8,374	22.52
Iloilo	359,937	148,409	41.23	59,102	16.42	29,912	8.31	59,395	16.50
Negros Occidental	186,943	88,394	47.28	41,932	22.43	21,711	11.61	24,751	13.24
Bacolod City	97,867	70,868	72.41	552	0.56	718	0.73	69,598	71.11
Bago City	36,258	14,293	39.42	1,502	4.14	2,563	7.07	10,228	28.21
Cadiz City	30,496	21,750	71.32	8,361	27.42	5,168	16.95	8,221	26.96
Escalante City	20,710	4,931	23.81	3,122	15.07	154	0.74	1,655	7.99
Himamaylan City	21,638	20,618	95.29	7,673	35.46	3,700	17.10	9,245	42.73
Iloilo City	88,378	67,155	75.99	23,204	26.26	0	0.00	43,951	49.73
Kabankalan City	36,339	32,078	88.27	14,592	40.16	11,202	30.83	6,284	17.29
La Carlota City	14,146	13,821	97.70	1,260	8.91	1,583	11.19	10,978	77.60
Passi City	16,255	3,254	20.02	509	3.13	425	2.61	2,320	14.27
Roxas City	29,326	27,173	92.66	0	0.00	0	0.00	27,173	92.66
Sagay City	29,000	26,532	91.49	7,894	27.22	583	2.01	18,055	62.26
San Carlos City	28,545	26,676	93.45	4,520	15.83	12,924	45.28	9,232	32.34
Silay City	26,823	6,705	25.00	0	0.00	0	0.00	6,705	25.00
Sipalay City	14,074	13,769	97.83	320	2.27	13,279	94.35	170	1.21
Talisay City	21,321	7,886	36.99	0	0.00	3,615	16.96	4,271	20.03
Victorias City	18,283	15,543	85.01	4,109	22.47	0	0.00	11,434	62.54

Region 7	**1,711,111**	**1,401,164**	**81.89**	**318,209**	**18.60**	**354,054**	**20.69**	**728,901**	**42.60**
Bohol	214,410	193,993	90	37,902	18	37,979	18	118,112	55
Cebu	512,513	546,307	107	103,311	20	170,283	33	272,713	53
Negros Oriental	172,111	144,160	84	56,571	33	37,813	22	49,776	29
Siquijor	16,308	16,284	100	2,445	15	7,590	47	6,249	38
Bais City	15,711	13,189	84	7,726	49	629	4	4,834	31
Bayawan City	26,950	19,763	73	8,899	33	4,882	18	5,982	22
Canlaon City	11,916	9,397	79	4,722	40	2,978	25	1,697	14
Cebu City	170,100	166,698	98	35,006	21	53,343	31	78,349	46
Danao City	22,776	22,077	97	7,785	34	3,628	16	10,664	47
Dumaguete City	26,692	26,692	100	562	2	0	0	26,130	98
Region 8	**841,158**	**600,465**	**71.39**	**180,236**	**21.43**	**222,541**	**26.46**	**197,688**	**23.50**
Biliran	35,105	34,275	97.64	2,397	6.83	12,498	35.60	19,380	55.21
Eastern Samar	87,738	73,052	83.26	36,557	41.67	21,741	24.78	14,754	16.82
Northern Leyte	291,915	247,597	84.82	79,733	27.31	85,758	29.38	82,106	28.13
Northern Samar	163,044	41,082	25.20	25,104	15.40	11,275	6.92	4,703	2.88
Southern Leyte	70,655	55,403	78.41	8,078	11.43	23,463	33.21	23,862	33.77
Western Samar	61,346	43,818	71.43	15,254	24.87	24,830	40.48	3,734	6.09
Calbayog City	29,467	18,806	63.82	145	0.49	6,023	20.44	12,638	42.89
Maasin City	17,429	16,400	94.10	4,153	23.83	7,979	45.78	4,268	24.49
Ormoc City	41,044	39,383	95.95	5,610	13.67	9,933	24.20	23,840	58.08
Tacloban City	43,415	30,649	70.60	3,205	7.38	19,041	43.86	8,403	19.36

Proportion of household with sanitary toilets



Area	Sanitary Toilet		HH w/satisfactory disposal of solid waste		HH w/complete Basic Sanitation facilities	
	No.	%	No.	%	No.	%
Region 6	**1,153,295**	**79.59**	**1,065,182**	**73.51**	**681,731**	**47.05**
Aklan	93,440	84.77	82,269	74.64	66,714	60.52
Antique	89,762	85.16	84,531	80.20	82,731	78.49
Capiz	81,656	68.15	52,534	43.84	4,519	3.77
Guimaras	32,077	86.25	31,598	84.96	31,475	84.63
Iloilo	293,273	81.48	244,164	67.84	119,665	33.25
Negros Occidental	138,593	74.14	136,845	73.20	70,357	37.64

Area	Sanitary Toilet		HH w/satisfactory disposal of solid waste		HH w/complete Basic Sanitation facilities	
	No.	%	No.	%	No.	%
Bacolod City	81,834	83.62	70,218	71.75	52,057	53.19
Bago City	29,689	81.88	30,936	85.32	14,293	39.42
Cadiz City	22,262	73.00	26,836	88.00	21,750	71.32
Escalante City	10,475	50.58	13,416	64.78	4,931	23.81
Himamaylan City	14,267	65.93	13,609	62.89	11,338	52.40
Iloilo City	69,055	78.14	77,611	87.82	44,217	50.03
Kabankalan City	31,862	87.68	29,680	81.68	29,173	80.28
La Carlota City	13,325	94.20	13,900	98.26	13,325	94.20
Passi City	9,315	57.31	16,255	100.00	3,254	20.02
Roxas City	26,107	89.02	24,055	82.03	17,889	61.00
Sagay City	26,121	90.07	26,926	92.85	26,121	90.07
San Carlos City	22,758	79.73	22,030	77.18	22,429	78.57
Silay City	20,331	75.80	21,661	80.76	6,705	25.00
Sipalay City	12,542	89.11	13,769	97.83	12,542	89.11
Talisay City	17,503	82.09	16,142	75.71	10,703	50.20
Victorias City	17,048	93.25	16,197	88.59	15,543	85.01
Region 7	**1,123,063**	**65.63**	**939,180**	**54.89**	**919,413**	**53.73**
Bohol	183,786	85.72	147,258	68.68	114,995	53.63
Cebu	343,569	67.04	259,596	50.65	236,415	46.13
Negros Oriental	134,656	78.24	105,354	61.21	143,441	83.34
Siquijor	14,345	87.96	13,132	80.52	1,084	6.65
Bais City	12,790	81.41	0	0.00	12,790	81.41
Bayawan City	20,663	76.67	24,382	90.47	21,603	80.16
Canlaon City	7,894	66.25	7,438	62.42	8,273	69.43
Cebu City	158,363	93.10	146,694	86.24	148,362	87.22
Danao City	19,361	85.01	10,183	44.71	7,751	34.03
Dumaguete City	26,215	98.21	26,215	98.21	26,215	98.21
Lapu-Lapu City	50,943	15.20	53,585	15.99	50,866	15.18
Mandaue City	74,029	95.36	73,176	94.26	73,001	94.04
Tagbilaran City	18,116	98.30	18,430	100.00	18,044	97.91
Talisay City	25,022	53.96	28,020	60.42	25,457	54.89
Tanjay City	12,873	80.97	9,466	59.54	15,209	95.67
Toledo City	20,438	72.63	16,251	57.75	15,907	56.53
Region 8	**546,396**	**64.96**	**414,040**	**49.22**	**442,534**	**52.61**
Biliran	25,638	73.03	16,167	46.05	14,360	40.91
Eastern Samar	62,472	71.20	47,105	53.69	51,017	58.15
Northern Leyte	230,863	79.09	188,260	64.49	221,995	76.05
Northern Samar	44,706	27.42	36,764	22.55	34,412	21.11
Southern Leyte	62,647	88.67	26,689	37.77	34,679	49.08
Western Samar	30,054	48.99	20,729	33.79	16,904	27.56
Calbayog City	17,160	58.23	12,696	43.09	0	0.00
Maasin City	14,730	84.51	12,296	70.55	13,267	76.12

Post-disaster situation

The Philippines is currently affected by a series of crises, such as the September 2013 civil unrest in Zamboanga and the 7.1 magnitude earthquake in Bohol. On 8 November 2013 a category 5 typhoon, Haiyan (locally named Yolanda), made landfall in the Guiuan municipality, Eastern Samar

province, moving steadily north into the province of Northern Cebu, with maximum winds of 235 km/hr and severe gusts of 275 km/hr. The typhoon made subsequent landfalls in Tolosa municipality south of Tacloban City, Leyte province, Daanbantayan and Bantayan Island, Cebu province, and Conception, Iloilo province. Following the track of Typhoon Haiyan (Yolanda), the government has identified a priority corridor covering 171 municipalities in 14 provinces and 6 regions (Regions IV, V, VI, VII, VIII, Caraga).

On November 12th, the Humanitarian Country Team appealed for US$301 million for the Haiyan Action Plan to provide life-saving materials, services, and a safe and healthy living environment until reconstruction restores normality and self-reliance. Twenty-two US million were initially requested for the WASH sector.

The Strategic Response Plan jointly prepared by the Humanitarian Community and officially finalized December 10, 2013 estimates that 22.5 million people have been affected by Typhoon Haiyan. About 4.4 million people are displaced and in need of humanitarian assistance. In the SRP document, total WASH Appeal is about USD 81 million and partners report that about 84% of the total funding requirements have already been met.

The population displacement, overcrowding, poor shelter, exposure, lack of safe water, sanitation and hygiene facilities, vector breeding and poor nutritional status, lead to increased communicable disease transmission and potential for outbreaks of diseases, increased exposure to vector-borne diseases.

Annex 2: Sphere Standards

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.

Hygiene promotion standard 1: Hygiene promotion implementation
Affected men, women and children of all ages are aware of key public health risks and are mobilized to adopt measures to prevent the deterioration in hygienic conditions and to use and maintain the facilities provided.

Hygiene promotion standard2: Identification and use of hygiene items
The disaster-affected population has access to and is involved in identifying and promotion the use of hygiene items to ensure personal hygiene, health, dignity and well-being.

Water supply standard 1: Access and water quantity
All people have safe and equitable access to sufficient quantity of water for drinking, cooking and personal and domestic hygiene. Public water points are sufficiently close to household 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 cooking and personal and domestic hygiene without causing risk to health.

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.

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.

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.

Vector control standard 1: individual and family protection
All disaster-affected people have the knowledge and the means to protect themselves from disease and nuisance vectors that are likely to cause a significant risk to health and well-being.

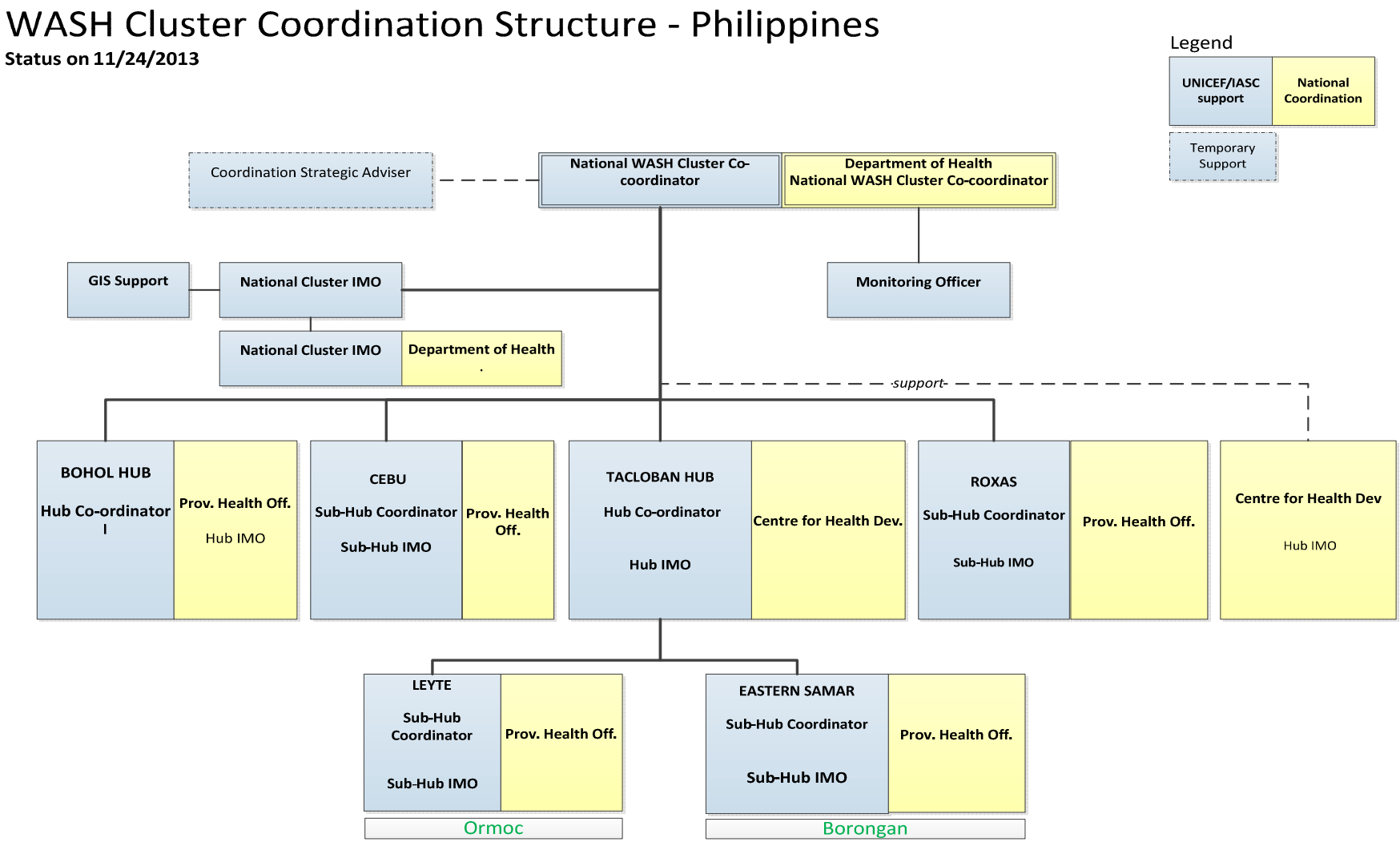
Vector control standard 2: individual and family protection
The environment where the disaster-affected people are placed does not expose them to disease-causing and nuisance vectors, and those vectors are kept to a reduced level where possible.

Vector control standard 3: chemical control safety
Chemical vector control measures are carried out in a manner that ensures that staff, the disaster-affected population and the local environment are adequately protected and that avoids creating chemical resistance to the substances used

Solid waste management standard 1: Collection and disposal
The affected population has an environment not littered by solid waste, including medical waste, and has the means to dispose of their domestic waste conveniently and effectively.

Drainage standard 1: Drainage work
People have an environnment in which health risks and other risks posed by water erosion and standing water, including stormwater, floodwater, domestich wastewater from medical facilities, are minimised.

Annex 3: Cluster Coordination Arrangement



Annex 4: WASH Cluster Terms of Reference

(excerpt from the Department Personnel order No. 2007-2492-A issued by the Department of Health last March 25, 2013)

The WASH Cluster aims to provide predictive leadership in coordinating water, sanitation and hygiene programs designed to minimize public health risks among affected men, women, children, persons with disabilities and other marginalized groups. It shall complement the local government effort in reducing water, sanitation and hygiene related morbidity, mortality and disabilities during emergencies and disasters by reducing faeco-oral diseases and exposure to disease bearing vectors through the following: a) Provision of safe drinking water; b) Provision of temporary and semi-permanent sanitation facilities and c) hygiene promotion.

Specifically, the WASH Cluster aims to:

1. Develop cluster operational strategies covering the preparedness and response phases for emergency and disaster management with special consideration to vulnerable populations;

2. Establish coordination, collaboration and networking within and among clusters;

3. Establish reliable systems that will ensure effective implementation and continuous improvement of the WASH Cluster Approach during emergencies and disasters;

4. Ensure access to WASH services for affected populations such as safe and adequate water supply, proper and adequate sanitation in terms of excreta disposal, hygiene promotion and education, solid waste management and drainage, and vector control during emergencies and disasters; and

5. Build and strengthen the capacity of the regional and local WASH clusters.

Annex 5: Terms of Reference – Decentralized WASH Cluster Coordination at Sub-National level (Regional, provincial, city or municipal)

Sub-National Coordination Arrangements

To facilitate cluster coordination at various levels, sub-national (referring to Tacloban, Leyte Cluster Sub-hubs, Guiuan, Borongan, Eastern Samar, Roxas, Northern Cebu) coordination platforms have been established with either a UNICEF Cluster Coordinator or a Partner Cluster Coordinator.

A few partners have committed to manage coordination in specific regions/provinces: ACF have provided for a Cluster Coordinator and IM for Region 6, focusing on Panay Island (covering four provinces - Antique, Capiz, Iloilo and Aklan). OXFAM GB will manage Region 7, particularly the Northern Cebu areas. PLAN International will manage Eastern Samar areas. They will provide dedicated WASH cluster coordinators/IM in these areas who will be expected to report to the National WASH Cluster Coordinator.

With the aim of decentralizing cluster coordination at municipal levels, almost all the cluster partners are now being mobilized to adopt particular municipalities and act as NGO Focal Points in support of the Municipal Focal Points and the Cluster.

Municipal WASH Coordination System - Terms of Reference

Super Typhoon Haiyan has affected a huge geographical area, with approximately 177 municipalities affected in the Yolanda corridor. In order to streamline coordination and help prevent duplication in both assessment and response the decentralisation of coordination to the municipal level will occur.

A designated Municipal WASH Focal Point (MFP) will be identified for each Municipality and paired with an NGO Municipal WASH Focal Point (NFP). Together they will ensure that minimum WASH standards, based on the WASH Cluster Strategic Operational Framework are being met focussing on the prioritisation of the areas of greatest need, ensuring that remote areas are not forgotten. Both will also ensure and advocate where necessary that cross cutting themes such as gender, protection and special consideration to the elderly, the indigenous communities and the persons with disabilities are being considered in responses. This could be in the form of practical support (i.e. sex segregated latrines/bathing facilities in ECs) and strategic support (by including them in the consultation/decision-making processes and providing them spaces to articulate their concerns).

Coordination should ensure that all of the priority and critical WASH needs in a Municipality are addressed, including both at community level (inside and outside evacuation camps), school level and Health Care Facility level. This is either through the NFP's programmes or in partnership with all the organizations operating in the same municipality. If there are limited capacities, the MFP and NFP must advocate for additional assistance from government and other organisations to meet the identified WASH gap.

The Municipal WASH Focal Point (MFP) will generally be a Municipal appointee, identified by the Municipal Health Officer or the Municipal Mayor. Their specific roles are to:

1. Take the lead role in WASH Coordination in their assigned Municipality.
2. Provide focal point for all humanitarian WASH interventions in the Municipality
3. Liaise with Municipal Health Office (AWD/Cholera outbreak RRM, water quality, alerting on needs for early response with WASH partners involved in the municipality).

4. Prioritize the critical WASH needs of the municipality in terms of affected barangays, schools and health care facilities based on an analysis of the reports from the different barangay officials and the assessments of partners.
5. Ensure that all aspects of interventions relating to WASH, WASH in schools and WASH in health-care facilities in the municipality are monitored to ensure that minimum standards are met and in where they are not, advocate with WASH Cluster / others to have the needs filled.
6. Ensure that Barangay Health Workers are active and working in the formation and empowering of Barangay level WASH Committees.
7. Ensure that the WASH Cluster Information for the Municipality is up to date, and reflects the total implementations and the priority status/coverage on a regular basis through discussion with Municipal WASH FP/Active NGOs/Other.
8. Trigger the Rapid Response Mechanism in the event of a possible Cholera/Diarrheal outbreak or any significant health alert on water and sanitation related mortality and morbidity.
9. Work on preparing contingency plans and budgets and prepositioned WASH supplies for the Municipality in preparation for future emergencies.

The NGO Municipal WASH Focal Point (NFP) will be appointed with agreement from the WASH Cluster. Their specific roles are to:

1. Link closely and support the Municipal WASH Focal Point to plan and coordinate the WASH response in the municipality as per their TOR.
2. Provide an alternative focal point of call for all humanitarian WASH interventions in the Municipality;
3. Assist MFP in the advocacy with the local government and with the WASH Cluster / others to have the WASH needs filled.
4. Follow-up on reports of health outbreaks or other concerns and ensure the necessary immediate actions are being taken. This include proactively linking with and supporting MFP in meeting their roles and responsibilities vis-à-vis the RRM (see item 3 and 8 of MFP Role) .
5. Support the formation and empowering of Barangay level WASH Committees in close coordination with the Barangay officials and health workers.
6. Ensure that the WASH Cluster Information for the Municipality is up to date, and reflects the total interventions and the priority status/coverage on a regular basis through discussion with WASH MFP/Active NGOs/Others.
7. Provide capacity building in coordination / emergency WASH response to the MFP where necessary.
8. Work with the WASH MFP / LGU on preparing municipal contingency plans and budgets and prepositioned WASH supplies.

It is envisaged that NFP's are likely to be needed for the next 3-6 months. The NFP should plan its exit strategy/ phase out process as soon as possible. Indication that the following are in place officially will be the three main indicators that indicate the NFP can phase out of this role:

1) Contingency Plan and Budget and the preposition of emergency WASH supplies
2) Competency in local coordination and leadership
3) Evidence of regular monitoring and reporting

Annex 6: Terms of reference - WASH Cluster Strategic Advisory Group

At the National WASH Cluster meeting of 21 November 2013 (Manila), it was agreed that a Strategic Advisory Group (SAG) would be formed to guide and advise the Department of Health of the Republic of Philippines and the National WASH cluster partners carrying out emergency operations in the WASH sector.

The SAG will support the National WASH Coordination Unit, led by the Department of Health (DoH).

Objectives

1. Recommend a strategic framework to the WASH cluster, consistent with the strategic objectives determined by the HCT.
2. Advise on performance standards and indicators for the WASH emergency responses, having regard for crosscutting issues, accountability to affected population and gender-sensitive programming, promoting gender equality;
3. Review and analyse the WASH Cluster Response Plan review and adjust the plan in the light of lessons learned in previous responses.
4. Participate in the establishment and maintenance of appropriate sectoral coordination mechanisms, including Technical Working Groups at the national and/or sub-national levels;
5. Facilitate periodic reviews of National WASH Cluster performance, and facilitate the process for the sector members to act upon the findings.
6. Recommend advocacy issues for WASH and create the bridge between partners and policy makers.
7. Mobilize resources for the sector, reviewing proposals and making recommendations to funding agencies for principled and transparent allocation.

Membership

1. It is proposed that the SAG consist of, DoH (1), National Red Cross Society (1), UNICEF (1), National NGOs (1), International NGOs (3) and WASH Cluster Coordinator
2. Designation of SAG members will be organised by the National WASH Cluster Coordinator and submitted for endorsement by the operational WASH cluster partners for a period of 12 months.
3. When there is a gap in membership - the current SAG will decide on the inclusion of new members based on applications.
4. Non-attendance of three consecutive meetings will result in a loss of membership. The SAG will strive for gender equity in the composition.

Meetings

1. Meetings will be co-chaired by the DoH and the National WASH Cluster Coordinator.
2. Frequency and agendas of meetings will be agreed by members.
3. Outputs from the SAG meetings will be documented and systematically presented to the WASH cluster partners.

Expectations from SAG members:

1. Advance national cluster coordination's mission with empathy and commitment. Members complement each other by contributing a variety of backgrounds, experiences and perspectives.
2. Possess a genuine understanding of and desire to both support and advance the cluster's objectives.
3. Have demonstrable capacity and experience in the WASH sector.
4. Attend the SAG meetings called for. Remain informed of significant matters relating to the sector and its activities.
5. Serve as ambassadors and advocates for the National WASH Cluster partners in order to promote programmes and reputation with key constituencies.
6. SAG members, particularly the international NGOs, should have presence at the community level and should possess a good understanding of WASH related issues in the Philippines.

Annex 7: WASH Cluster Operational Guidance

The Philippine WASH Cluster is co-led by the Department of Health and United Nations Children's Fund. For this response, the following tools have been prepared to facilitate better coordination among existing and new partners.

1. **WASH Webpage**
   The Philippine WASH Cluster page is currently under the Philippine Humanitarian Response website → http://philippines.humanitarianresponse.info/clusters/water-sanitation-hygiene. This website is being managed by the National WASH Cluster Information Manager and updated regularly. This site houses basic information such as the Contact List from all emergencies, Maps, Reference Materials, among others.

2. **WASH Cluster Contact List for Haiyan/Yolanda**
   The WASH Cluster Contact list is available online and can be downloaded to printable formats. To modify it, you would need to ask permission from the IM. To be able to access it, you need to fill up the online WASH Cluster Directory form. A printable format will be made available upon request. This form includes options on where you are planning to do your response.
   Contact list will be aggregated to Regions once sub-national Cluster Coordination is already set in place.

3. **Typhoon Yolanda WASH Cluster Dropbox**
   This DropBox folder is being managed by the National WASH Cluster Coordination team. Invitation to the folder will only be made to those in the WASH Cluster Contact List. Access is limited to viewing, downloading and uploading purposes. Some files will be restricted for editing.

4. **WASH Cluster Capacity Mapping**
   The cluster has established a WASH Cluster Capacity Map to identify existing WASH resources available in the Philippines. For this particular response, new partners are encouraged to provide us with an idea of the resources that they are bringing in for response. The Map and Form are available online. This is updated twice a week. Printable formats can be made available upon request. If changes need to be changed in the form you previously filled up, you may access the Google Spreadsheet.

5. **WASH Cluster 3Ws**
   Instructions on how to use the 3Ws is embedded in the form. The form is available in the webpage and the Dropbox. This needs to be updated every Monday, Wednesday and Friday. Summaries will be sent out every Wednesday and Saturday.

For questions, clarification or comments, please email washclusterim@gmail.com.

Annex 8: Outputs of WASH Cluster Information Management System

Information Management Project Purpose	Output
WASH Cluster Contact list Send information such as population statistics, SitReps, meeting information, 3W matrices, etc. to pre-defined groups; to share a centralised master repository of email addresses	Google Drive/ Upload to OCHA website
WASH Cluster Contact form (Google) Get updated contact lists	
OCHA Portal Meeting/Events Calendar Keep list meetings and where WCCs & IMOs are on specific days (inc e.g. where cars are based)	OCHA Meeting Schedule
Document repository (for working documents) Keep online repository for WCCs/IMOs to exchange documents	Online folder
Information Management and Communication Outputs Distribute relevant information	see outputs section
Indicators, Targets and Standards for WASH Establish indicators, targets and standards for WASH response from e.g. WASH Strategy	WASH Cluster Monitoring Strategy
Funding analysis Identify funding gaps for the WASH Cluster Response	Funding gap analysis
Caseload estimation for WASH Define the population targeted by the WASH cluster	Estimate figures agreed by cluster
WASH Assessment Inventory Identify the areas that have been assessed against those which have not been assessed	Spreadsheet with gaps assessment
Audit of WASH Stocks to provide stock information of the cluster and stock capacity	Spreadsheet
Who Does What Where When (4W) Track humanitarian actors for coordination purposes in WASH sectors; to perform gap analysis	Registry of organisations
Needs and Gaps Analysis Provide a coverage and needs gap analysis for the cluster	Data
Map Creation (GIS) Visualize the data being received	Used in GIS
SitReps WASH Provide an overall assessment of the daily/weekly situation of WASH activities, with both qualitative and quantitative data	WASH Cluster Sitrep
SitReps OCHA To provide an overall assessment of the daily/weekly situation, with both qualitative and quantitative data, for all Clusters	OCHA Sitrep
OCHA Portal - http://philippines.humanitarianresponse.info/ Share data between agencies and clusters and outside interested C33parties via internet	Website
Training/ Upskilling Upskill WASH partners and Govt personnel IM techniques	3 day course

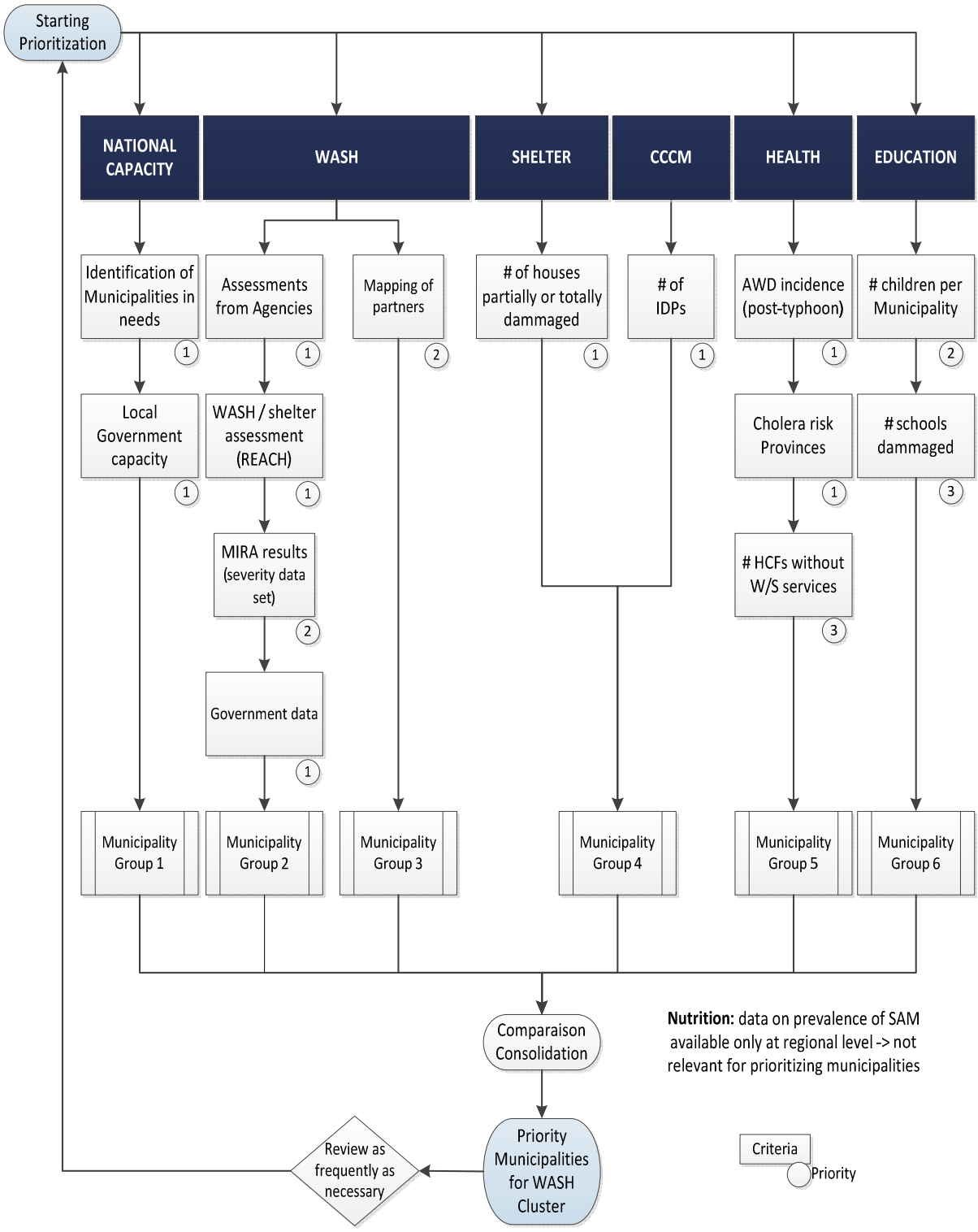
Annex 9: Guidance on Indicators

Indicators		Guidance
111	Nb of community water systems repaired	Direct reporting by partners
112	Nb of people served by the community water systems	Direct reporting by partners
121	Nb of people disaggregated by sex, with access to communal toilets and bathing facilities as per cluster standards	Estimated # of persons that have access to sex-disaggregated toilets based on a person to toilet bowl with targeted ratio
131	Nb of families provided with sanitation kits as per cluster standards	Direct reporting by partners
211	% of water utilities assisted to restore their water systems to pre-disaster levels	Numerator: Number of water services restored and providing pre-disaster level. Denominator: Total number of water services disrupted immediately after Typhoon Haiyan
212	Nb. of affected women, men and children of all ages, with access to safe water as per cluster standards	Estimated # of persons, disaggregated by sex and age that are provided with sufficient access to water as per global standards ((7.5-15L/day) based on the provided source
213	Nb. of affected men, women and children of all age receiving water kits	Estimated # of families having received family water kit. Application of a ratio per family composition,
221	Nb. of affected women, men and children of all age, with access to toilets and bathing facilities as per cluster standards.	Estimated # of persons that have access to sex-disaggregated bathing facility as per cluster standards
231	Nb. of affected women, men and children of all age, reached with hygiene promotion activities	Estimated # of persons reached with hygiene promotion activities
232	Nb. of families receiving hygiene kits	Estimated # of household having received family hygiene kit AND Water hygiene kits
233	Nb. of women and men trained to manage the WASH Committees	Direct reporting by partners
241	Nb. of HCF with sex seperated toilet facilities	Direct reporting from partners, in-situ verification
242	Nb. of HCF with access to water supply	Direct reporting from partners, in-situ verification
251	Nb. of LGUs with contingency plans and budgets and prepositioned WASH supplies	Direct reporting from LGUs, in-situ verification
311	Nb of schools with sex seperated toilet facilities	Direct reporting by partners, in situ verification
312	Nb of schools with handwashing facilities	Direct reporting by partners, , in situ verification
313	Nb of schools with water supply services	Direct reporting by partners, , in situ verification

Annex 9B: Caseload Estimates

Sector	Target Coverage	Assumptions
Hygiene Promotion	3 million persons	Based on the combined target of UNICEF, Red Cross, other Cluster Partners and Government
Sanitation	1 million persons	Assistance to 200,000 households in the reconstruction of toilets. This is based on 30% of the fully destroyed shelter caseload, assuming some families will restore toilets on their own and large portion of substructures will have remained intact. Assuming 100% coverage of EC and TRS caseload
Water	1 million persons	Assuming 100% coverage of EC and TRS caseload as well as 100% coverage of typhoon damaged water systems in communities. Main water utilities include the Water Districts and LGU run systems operating in the Municipal/City Centers. This target will need to be addressed based on assessments.

Annex 10: Intercluster cooperation



Annex 11: Emergency WASH Programs in Schools

The minimum activities that any Emergency WASH in Schools Program should consider are the following:

A. Coordination:

Any cluster partner intending to provide WASH interventions in schools and in Temporary Learning Spaces should coordinate with the relevant school authorities at proper levels. Coordination begins with the Division Superintendent of the schools division (either of the City or the Province), then with the concerned District Supervisor, at the municipal level. The district supervisor identifies the priorities and can facilitate the coordination with the municipal local government unit the schools and TLS that need WASH interventions.

WASH interventions:

The interventions relating to WASH in schools or temporary learning spaces are primarily for students and teachers and not for displaced populations using the schools as temporary camps.

Water Supply:

- Provide temporary water supply solutions where needed, including handwashing facilities and drainage
- Repair water supply source/taps/reservoirs, where possible.
- Ensure that students will have access to at least 1 liter of safe drinking water either from home or elsewhere.

Sanitation :

- Provide emergency sanitation facilities where needed, which will be sex-segregated
- Restore, rehabilitate latrine facilities for both students and teachers, which are sex-segregated and lockable from the inside.
- Provide hand washing facilities according to standards indicated in section 8.2 of this document.
- Ensure proper solid waste disposal pits

Hygiene supplies:

- Provision of hygiene kits in support of the Essential Health Care Program (EHCP) , and cleaning materials as needed

- Hygiene education:

- Providing information, education and communication (IEC) materials on WASH and related health issues
- Training/orientation of teachers and students/peer group educators on school hygiene, to support and strengthen the Essential Health Care Program (EHCP) in elementary schools

Sanitation and Environmental health:

- Solid waste and refuse management around schools, including the introduction of disposal bins in toilets to facilitate menstrual hygiene management

Minimum content of an EHCP hygiene kit:

1. 500ml Pollypaste (tooth paste) -- 1pc

2. Junior toothbrush -- 8 pcs

3. 150g handwashing soap -- 4 pcs

Each kit, with proper use, will be good for 8 kids with once a day use for one school year or approximately 208 school days.

Annex 12: Minimum WASH elements of a contingency plan to fight against cholera

In close collaboration with Health cluster, updates on reported cases of AWD/Cholera should be brought to the attention of the WASH cluster. A contingency plan has been developed by the WASH cluster in 2007. This plan must be updated and adapted to the situation prevailing in the regions affected by Typhoon Haiyan. Such a plan must be established between the Health and the WASH cluster as soon as possible, under the leadership of the DoH. Pending to the establishment of such a plan, the WASH cluster partners are working on the set-up of a rapid response mechanism. The WASH elements of a rapid response mechanism will contain as a minimum:

1. Set-up of Rapid Response Team, in agencies partners of the WASH cluster, willing to participate to the rapid response mechanism;
2. Identification of suspect cases of AWD, respecting the early warning system established by the DoH;
3. Immediate deployment of the Rapid Response Team conduct a rapid assessment and identify the need and risks, and take immediate WASH actions (ideally, such deployment will be organized with the Health Cluster).

Minimum Content of Rapid Assessment (extracted from UNICEF Cholera toolkit)

1. Outbreak scale and progress in assessment location

Approximate size of the affected area to-date (number of villages/districts)	
Approximate size of the population in the affected area	
Approximate population density in the affected area	
Total number of reported cases in affected area both facility and community (note age and sex, note if zero	
Total number of reported deaths in affected area both facility and community (note age and if possible gender), note if zero	
Cases mainly coming from (name of places)	
Information on the trend in cases and deaths (over past weeks, months)	
Number of health facilities or treatment centres receiving and treating patients with suspected cholera in the area	
Are there any specific places affected (schools, prisons, displaced camps, gatherings) or notable changes in context such as population movements, mass gatherings, flooding, security	
Is this an area with specific trade routes (specify such as fishing trade) and associated traffic	
Suspected reason/s for the outbreak	

2. Rapid assessment in facilities (health and WASH)

Cases and deaths

Date of first case	

Details of first cases if known including: -name, age, sex, address, onset of symptoms, number ill in same household -detection place (facility or community) -within 3 days of illness what were the water source/s used by the first case/s (list them and investigate in community) -within 3 days of illness what were the food items eaten by the first case/s (list them and investigate in community) -within 3 days of illness did the first case/s attend any funerals or social gatherings (note where and investigate in community) -exposure to any known risk factor: specify risk factor	
Total number of cases at the facility	
Number of new cases presented today	
Number of cases currently admitted	
Number of cases going up/down	
Total number of deaths in the health facility or treatment center since first case	
Total number of deaths in the community (outside health facilities) since first case	
Number deaths in the past 7 days	
Are the number of deaths in the community registered at facility	

Outbreak confirmation

Were laboratory tests taken on a sample of patients (what kind, stool for culture, RDT)	
If laboratory samples were collected note when and where they were sent for analysis	
If already received what were the results of the laboratory test	

Surveillance and reporting

Which case definition was used: note it here	
Are children 0-2 years old including in the cases reported	
Presence of a registration book/line listing (please get a copy or take a photo of it and attach)	
Is there a systems to rapidly report suspected cases for immediate verification within 24 hours, what are the difficulties	
What method of communication is being used to report cases and deaths (landline, mobile phone, radio, other or none), are community cases and deaths reported at the facility, note any problems with reporting cases for alerts and for regular reporting	
How often are cases reported to central level	

Rapid facility assessment

Health catchment population total	
Average walking distance to facility (<5 hours, >5 hours), is the treatment facility accessible to the community, if no, why	
Service hours of operation	
Are services for cholera given for free, if not, please note cost	
Facility number of rooms, beds and capacity to expand	
Number and position of staff at the facility and have they been trained on cholera control	
Are guideline/flowcharts illustrating proper management of cholera cases available to health care workers and used	
Quantity of ORS, IV fluids, antibiotics, zinc and medical supplies, chlorine, buckets, cholera cots used in the past 3 days and are stock available (please note quantity)	

Is triage/classification done before entering the treatment facility, or everybody was admitted	
Are the cholera patients isolated from other patients, if so how is this done?	
Number of functioning latrines in facility and mechanisms of safe disposal of excreta and vomit?, are they clean?	
Are the health care workers aware of and following proper infection control to avoid contamination? (hand-washing, etc.)	
If it is a CTC/CTU, is it fenced off?	
Are there hand-washing facilities with chlorinated (0.05%) water and soap available in the treatment facility and at points of entry and exit? (please note gaps)	
Is there footbath at points of entry and exit with 0.2% chlorinated water?	
How often is the water in the footbath change?	
How is the water treated, which are the chlorination rates and regime?	
How is water supplied in the facility, distance of water source from the facility, treatment practices and is there any storage?	
How many litres of water per patient are available in the center?	
Are clothes and bedding disinfected, if yes, with what	
How is the waste water disposed or treated?	
Is there a system of waste management (pit, incinerator)	

Resources and Supplies needs

Are there an appropriate amount of supplies at the facility, any stock-outs of ORS, IV fluids, antibiotics, zinc, cholera beds, chlorine)	
Have any supplies been requested?, if so to whom and when	
Are there enough staff for case management, infection control and support services	
Does the facility have the necessary funding to continue services and accept a larger case load?	
Does the facility have enough space to accommodate more patients?	
Are resources needs (cell phone access, phone line, internet) for communicating alerts and sending regular data?	
What is missing urgently (supplies, staff, funding, space)	
What is missing for medium term?	

2. Rapid assessment outside health facilities

Water supply

What types of water sources are available and being used (wells; borehole, pond, open river, rainwater harvesting) -how has this changed recently (water supply shut off, drought, flood, population influx)	
Is there a system that measure free residuals? Is there a % target?	
Is there a system that measure turbidity? Coliforms? How often are these variables measure?	
Observe water sources and undertake a quick sanitary survey to identify key sources of contamination - are there any interruptions in water supply -Are there any broken water sources in the area for drinking or non-drinking water sources - is the community using the same water sources that are likely to be contaminated, if so what sources (river, borehole) -are there any sanitation breaks or changes in the system or infrastructure that can lead to contamination?	

What are the measures undertaken to treat bulk drinking water supplies or water sources at community level? -is there a system to monitor chlorine levels and who is responsible? -are they working properly or has this changed recently?	
Observe or ask about type of water source used (spring, well, tap, water venders, stream, lake, river) and what they are used for (drinking, cooking, bathing), how has this changed?	
What are the measures undertaken at household level to treat/make drinking water safe? (boiling; chlorination; filter through a cloth; ceramic filter; other method; none) -are these functioning or has this changed recently -are chlorination materials available for household water disinfection and does community have access to these	
How is water stored in the home? -has this changed recently	
What is the average quantity of drinking water per day? -has this changed? and why	
What is the average quantity for other uses including cooling per day?	
Are there standard guidelines for chlorination of community sources and are they at the community/household level?	

Excreta collection and disposal

Are latrines are being used are they being used correctly?	
Are latrines placed to avoid contamination of water supply?	
Are septic tanks are used, where are their contents emptied?	
Is disposal of septic tank contents adequate for preventing disease transmission?	
Are sewers are used, where does the wastewater go, is it treated	
In areas without latrines or flush toilets, where do people defecate, is there evidence of open defecation?	
Is there evidence of overflowing latrines, septic tanks, broken sewage pipes?	
Are latrines, septic tanks, sewers close to water systems?: note distance	

Waste disposal

Is there a central waste collection service? -have there been any changes or interruptions	
Is waste disposal close to habitation? -any change in proximity	
Is the solid waste contained?	
Is the contamination of the solid waste with human faeces evident?	

Community and household hygiene and health promotion practices

Do people have knowledge of what cholera, how it is transmitted?, how to detect and treat it and what to do? -how to protect themselves -what to do when someone gets sick -what ORS is and how to use it -do households have ORS or where to get it -When and how to wash hands -How to safely dispose of feces	
Is information concerning, handwashing, defecation excreta disposal practices and household disinfection of water available?	

What are the practices that may be leading to spread of cholera and increased illness and death, and what are the reasons for people to engaging or not engaging on them?	
Do households have access to soap, to chlorine? In which form? Do they know how to use the cholorine?	
In schools -does the school have treated water? -are there latrines, if so are they clean and have handwashing facilities -is food prepared and under hygienic measures? -do teachers know what to do in the event of cholera	
At funerals and gatherings (specify) -is food served at gatherings? -are precautions undertaken to prevent cholera transmission at burials or gatherings (if so what) -have any burials occurred in the community?, if so where and when	
In restaurants and markets, -is food served hot, freshly cooked and stored in hygienic manner? -is handwashing practiced by food servers? - are there any measures for hygiene and quality control regarding food vendors in the community and have these changed?	
How are dead bodies disposed of -do family member come in contact with the body during burial ceremonies -are bodies transported	

Resources and supplies

Are there sufficient stocks of chlorine, buckets with lids or Jerrycans, soap, IEC materials, medical equipment?. Please detail any stockout in the last month	
Have any supplies been requested?, to whom, when	
How many stockouts the center experienced in the last month?	
Are there enough staff (hygiene promoters, sanitation engineers)	
What is missing that is urgently required?	
What is missing for medium term?	

Checklist for Cholera Preparedness and Response (extracted from UNICEF Cholera toolkit)

CHECKLIST PREPAREDNESS		
Activity		**Responsible/Comments**
Co-ordination, institutional framework, information management		
Co-ordination structures for cholera preparedness and response have been clarified – at national, sub-national (regional, district, community) levels and who is to be involved at each level (including government authorities with representatives of different sectors, national red cross / red crescent society, civil society, research institutions, community representatives, etc.)	☐	
Institutional responsibilities for co-ordination have been clarified	☐	
Mechanisms for cross-border co-ordination and communication have been established	☐	
Information management requirements have been identified (what will be needed, who will manage it and how it will be shared, when and with whom)	☐	
Emergency cholera outbreak simulations have been undertaken	☐	

Cholera risk assessment		
Basic information on cholera risk is gathered, analyzed and used for planning, including; trends of cholera and maps over the last 5 years (including across the border), cholera risk areas and populations are identified, basic health and WASH coverage indicators, and basic information on the capacity of the health and WASH systems in the high risk areas. This should be done by all key sectors and stakeholders and where appropriate across borders.	☐	
Cholera preparedness and response plan		
An intra-sectoral integrated cholera preparedness and response plan (including timeline, budget, and indication of responsibilities) has been developed with all key stakeholders	☐	
Policies, strategies, guidelines, standards and standard operating procedures		
National policies and strategies into which cholera must be integrated have been identified and persons responsible for integration identified and informed	☐	
The process to revisit, develop or update national cholera guidelines have been established and are being enacted. Updated guidance, tools and standards are available in all key locations (health facilities, communities, water and sanitation institutions, schools, etc.)	☐	
Standard operating procedures for specific strategies and actions have been developed	☐	
Communication strategy & plan		
A communication strategy and plan has been developed (for both media and communication at the community level)	☐	
IEC materials have been produced and adapted for rapid use	☐	
Surveillance & early warning		
Surveillance and early warning systems for cholera are in place and functioning	☐	
Laboratory capacities are adequate for cholera surveillance and response (equipment, consumables, training)	☐	
Human resources		
Capacity mapping for cholera has been completed	☐	
Capacity needs assessment has been undertaken	☐	
Capacity building plan has been developed	☐	
Training has been undertaken for health workers, WASH professionals and local authority leadership in priority areas (those most vulnerable to cholera)	☐	
Rapid response teams have been established (where appropriate) with defined terms of reference	☐	
Standby agreements have been established with partners for cholera response	☐	
Contact lists have been established for cholera response (or general emergency sector stakeholders contact list with cholera capacity indicated)	☐	
Health facilities		
Health facilities have been mapped and their capacity for cholera management assessed	☐	
Health facilities in high risk areas are prepared with the appropriate staffing, technical standards and guidance, supplies and data monitoring documents	☐	

Supplies/stockpiles		
The required contingency stocks of drugs, medical and WASH supplies have been identified	☐	
Logistics responsibilities for procurement, distribution and storage have been agreed (including for items which require cold storage)	☐	
Procurement procedures for obtaining supplies have been identified	☐	
The ownership of preparedness stocks / stockpiles have been identified as well as replacement schedules for consumables	☐	
Resource mobilisation		
Sources of funds and channels for fund-raising have been identified and processes initiated	☐	
Community preparedness (in priority cholera vulnerable areas)		
Community mobilisation and development of community action plans has been undertaken	☐	
Water quality surveillance has been strengthened	☐	
Participatory health and hygiene promotion is being undertaken	☐	
Community based surveillance is being undertaken	☐	
Training of community leaders, food providers, water providers is underway	☐	

CHECKLIST RESPONSE		
Activity		**Responsible/Comments**
Outbreak investigation and confirmation		
Verification of suspected cases of cholera for an Alert	☐	
Inter-sectoral, inter-agency rapid outbreak investigation/assessment to area of suspected outbreak	☐	
Laboratory confirmation of initial cases	☐	
Immediate response actions		
Declaration of a cholera outbreak and notification of central level authorities and authorities in surrounding districts and across borders	☐	
Hold an immediate cholera task force meeting/inter-sectoral meeting of key stakeholders with cholera response experience –revisit preparedness plan and prioritize needs and actions. Identify who is going to do what and where	☐	
Estimate populations at risk and the numbers expected to fall ill to estimate supply and resource needs	☐	
Set up an early warning, alert and response network and system for quick reporting and response to cases and ongoing monitoring.	☐	
Conduct a needs assessment to identify resource needs (supplies, HR, funding)	☐	
Utilize communication preparedness plan and pre-prepared IEC materials to initiate briefing of the media and communication with the general public on prevention and management	☐	

Mobilize partners to the area of initial outbreak for case management, communications and WASH interventions and conduct immediate cholera prevention communication and preparedness to manage cases in surrounding communities	☐	
Rapidly identify gaps in human resources (HR) and partners: transfer staff internally in country for initial response and request surge HR or initiate requests to emergency registers	☐	
Release stocks of supplies from stockpiles and initiate orders of supplies according to estimations of needs	☐	
Prepare a funding proposal for emergency funding. Identify bilateral donors in country and hold a donors meeting.		
Response actions-community focus	☐	
Increase monitoring of water points, chlorinate water sources and increase chlorine residuals in urban areas	☐	
Intensify monitoring and food outlets and initiate refresher trainings on food safety and hygiene, particular focus at markets	☐	
Establish and initiate communication and community mobilisation methods and channels to reach households and vulnerable groups, utilise pre-prepared IEC materials	☐	
Training sessions for community leaders, religious leaders, schools teachers etc.	☐	
Intensify monitoring and cleaning/maintenance of institutional and other public latrines and hand-washing facilities	☐	
Establish ORPs at community level with training and support	☐	
Initiate and undertake vaccination campaigns (if appropriate)	☐	
Response actions-health facilities		
Detailed assessments of health facilities, needs and gaps	☐	
Establish new cholera treatment facilities to fill gaps, train, monitor	☐	
Provide training, mentoring support for case management, infection control and collecting, analyzing and using data	☐	
On-going coordination, info management and monitoring		
Hold regular inter-sectoral, inter-agency national coordination meetings	☐	
Hold regular inter-sectoral, -inter-agency district coordination meetings	☐	
Establish information management tools, systems and channels of communication for regular communication of the situation, response actions and needs to all key stakeholders	☐	
Produce and continue to update a who is doing what where table	☐	
Regular collection, analysis and dissemination to all key actors of epidemiological trends and action taken on the information	☐	
Field visits, monitoring (against agreed indicators in preparedness plan) and regular production of situation reports	☐	
Regular supervision and hands on refresher training	☐	
Review meetings, real time evaluations	☐	

Annex 13: Minimum Commitments for Gender Sensitive WASH Programs

Beyond the obvious importance of meeting basic sanitation needs and preventing disease, access to adequate and appropriate WASH facilities plays an important role in the protection and dignity of affected individuals, particularly girls and women. Providing water and sanitation facilities alone will not guarantee their optimal use nor will it necessarily improve public health. *Only a gender-sensitive, participatory approach at all stages of a project can help ensure that an adequate and efficient service is provided.* In order for WASH programmes to have a positive impact on public health, women, girls, boys and men of different ages must be equally involved.

The following approaches and actions should be followed:

1- **Analyse** and take into consideration the **division of tasks** and the **different needs** of women, girls, boys and men when providing water, as well as care and hygiene services. Information on WASH practices and the different roles and patterns of different members of households in terms of access and mobility, consumption, collection and engagement in operations and maintenance is critical to the safety, health and wellbeing of women, girls, boys and men of all ages.

2- Consult girls and women in priority particularly about the physical placement and the design of water points, toilets and showers in order to reduce time spent collecting water and to mitigate incidences of violence. Ensure that evaluation and translation **teams include female staff.**

3- **Separate communal shower and toilet blocks** according to sex by means of a pictogram, and keep a ratio of 6 doors for women compared to 4 for men. Ensure that the facilities can be locked from the inside and are appropriately lit.

4- **Design the distribution exercise** in a way to enhance access for vulnerable households and persons with limited mobility. E.g., pregnant and lactating mothers, elderly, persons living with disabilities or with chronic illnesses. This includes actions such as fast track queues, specific distribution days and specific timing for the vulnerable populations in consultation with the community/water committees

5- **Encourage an equal representation** of women and men in decision-making bodies and trainings so that both groups have an equal mastery of existing facilities

6- **Address the specific menstrual hygiene needs of women and girls** of reproductive age by providing access to appropriate menstrual hygiene supplies and to washing facilities

7- **Monitor women's, men's, girls and boys access** to services and facilities through spot checks and collection of sex and age disaggregated data

Annex 14: Hygiene Promotion

Standard Hygiene and Water Kit for a family good for thirty days use

Hygiene kit

No.	Item	Description	Quantity per kit	Unit
1	Bath soap	135g	12	bars
2	Laundry soap	380g	4	bars
3	Toothbrush		6	each
4	Toothpaste	150mL tube	2	tubes
5	Toenail cutter		3	pcs
6	Sanitary pads	8 pads/pack	3	packs
7	Malong/towels		2	each
8	Plastic pail with cover	16 L	1	each
9	Plastic dipper		1	each

Water kit

1	Jerry can	20 L with faucet	1	each
2	Hyposol	100 mL/bottle	1	bottle
	or aquatabs	67mg/20 Liter	30	tablets

Minimum key messages to be disseminated in hygiene promotion sessions

1. Community Health and hygiene is everybody's responsibility, regardless of age, sex, religion. The community should be given the platform to discuss and plan their health and hygiene promotion strategy. Reducing public health risks and preventive health care is paramount.
2. Clean safe water for all: 1) Use only potable water for drinking, 2) Use covered containers with taps (jerry cans with faucets or any similar containers) and avoid contamination by proper handling), 3)Treat water if quality of water is unknown
3. Elimination of open defecation. Use only designated places for defecation. There should be separate communal latrines for women and men while household level toilets are being restored/rehabilitated/built.
4. Help each other rebuild their homes with toilet facilities per household by provision of sanitation tool kits.
5. Hand washing after defecating and before eating.
6. Women and men need separate bathing facilities. They should be able to bathe when required. This includes environmental sanitation such as proper solid and liquid waste disposal.
7. Solid waste disposal must be organized in designated areas to prevent vermin and infestations in on site or off site final disposal

Annex 15: Monitoring for the SRP

CLUSTER MONITORING INDICATORS

Activity	Location	Indicator	cluster target
1. Restore community water supply systems.	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo, Northern Cebu, Palawan	1.1 Nb of community water systems repaired	100% of target community water system
		1.2 NB of people served by the community water system	100% of residential service connections of target community water systems*5 people per HH
2. Provide access to safe water from piped and non-piped water systems in partnership with the local service providers and the local government units and other partners in shelter relocation sites and ECs	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo, Northern Cebu, Palawan	2.1 % of affected women, men and children of all ages, with access to safe water as per cluster standards.	100% of DTM population
		2.2 Nb. of families receiving water kits	500,000 families
3. Provision of sex separated communal sanitation and bathing facilities in ECs and TRS	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo,, Northern Cebu, Palawan	3.1 % of people with access to sex-seperated communal toilets as per cluster standards	100% of DTM population
		3.2 % of people with access to sex-separated communal bathing spaces as per cluster standards	100% of DTM population
4. Provision of sanitation tool kit to households with damaged latrines, in tandem with shelter kits.	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo,, Northern Cebu, Palawan	4.1 Nb of affected households provided with sanitation tool kits as per cluster standards.	200,000 households[1]
		4.2 Nb of barangays declared Open defecation free.	50% of the target barangays

5. Organize hygiene promotion interventions including the mobilization of community/camp WASH committees to ensure essential hygiene behaviors are practiced by affected households.	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo, Northern Cebu, Palawan	5.1 Nb. of affected women, men and children of all age, reached with hygiene promotion activities	3 million persons
		5.2 Nb. of families receiving hygiene kits	500,000 families
		5.3 % of DTM Sites with WASH Committee established	50% of DTM Sites
6. Restoration of functional toilets and water supply in health care facilities	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo, Northern Cebu, Palawan	6.1. Nb. of HCF with sex separated toilet facilities	100% of HCFs
		6.2. Nb. of HCF with access to water supply	100% of HCFs
7. Provision of technical assistance to local government and water service providers in developing their contingency plans with essential WASH components	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo, Northern Cebu, Palawan	7.1 Nb. of LGUs with contingency plans and budgets and prepositioned WASH supplies	100 LGUs.
8. Facilitate the provision of safe water supply, handwashing facilities and gender segregated toilets in schools and temporary learning spaces.	Municipalities in Eastern, Western, Northern Samar, Leyte, Capiz, Antique, Aklan, Iloilo , Northern Cebu, Palawan	1.1 Nb of schools with gender-segregated toilet facilities	100% of target schools
		1.2.Nb of schools with handwashing facilities.	100% of target schools

[1] *Assume WASH Cluster assists 40% of shelter target caseload (estimated at 500,000) with a sanitation kit, further assuming that large majority* of substructures still be intact, and some people will assist themselves. Shelter cluster defines partially damaged houses as those that have lost their roof only.