



# WASH CLUSTER STRATEGY FOR TYPHOON PABLO

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## WASH CLUSTER STRATEGY FOR TYPHOON PABLO

### **Background:**

The WASH cluster has been activated to assist authorities in responding to the WASH needs of the population affected by Typhoon Pablo in Regions XI and XIII. The WASH cluster is led by the Department of Health, and co- led by UNICEF, in order to coordinate all humanitarian WASH actors to ensure efficiency and effectiveness in the response.

This document seeks to provide a strategic operating framework to guide the collective interventions of the various WASH actors. It outlines collectively agreed strategic objectives, key indicators and key priority/minimum activities vis-à-vis the WASH sub-sectors of water, sanitation and hygiene. All WASH actors, small or large, are actively encouraged to align their WASH activities with the guidance presented below.

This document builds on lessons learned during the Typhoon Sendong response, though taking into account the inherently different impact. Typhoon Sendong was more an urban response highly concentrated in two cities, Cagayan de Oro and Iligan City while Typhoon Pablo's effects were felt more in the rural areas and covered larger areas where almost 80-90% of the homes were totally and or partially damaged, toilets and piped water supply systems were badly damaged, and flooding has contaminated wells in some areas.

Typhoon Pablo caused massive devastation in two regions- Region XI, particularly the provinces of Davao Oriental and Compostela Valley, and Region XIII, the CARAGA region, particularly municipalities within the provinces of Agusan del Sur and Surigao del Sur. DSWD reports that as of 19 December 2012; 6:00 AM, the total population affected is 701,257 families/6,203,991 persons/ 2,911 barangays/312 municipalities/40 cities in 34 provinces of Regions IV-B, VI, VII, VIII, IX, X, XI, XII and CARAGA. The total population currently served inside and outside the evacuation centers is 228,385 families and 980,939 persons respectively.

### **Guiding Principles:**

- WASH cluster partners engage to respect the Humanitarian Principles, and the 'do no harm' approach, in their interventions (Annex IV).
- WASH partner interventions will address the 'three prongs' of WASH (Water, Sanitation, and Hygiene), either as an integrated programme, or in collaboration with other partners, including women and men equal considerations.
- WASH partner interventions will integrate with the strategic and operational approaches of other Clusters, particularly Shelter, Camp Coordination and Camp Management, Health, Nutrition, & Livelihoods, in line with the inter-cluster cooperation matrices to be developed at the Municipal level.
- WASH partner interventions will seek to improve good governance, human rights, gender equality, age, environmental protection and disaster risk reduction in all aspects of WASH program planning.
- WASH partner interventions will incorporate, as a minimum, the priority activities outlined below to attain the included targets.

- WASH partner interventions will seek to increase vulnerable groups' (as identified in each municipality through the protection cluster's monitoring system) 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.
- Provide all affected women and men equally with information about programme activities that affect them in their own language, and engage them equally in assessing and prioritising their own needs.
- Ensure beneficiaries of WASH projects have the ability to provide feedback on the program and implementing.
- Avoid duplicating activities in areas already served, and to intervene in areas where there is a lack of active WASH partners.
- All interventions to comply with the Sphere Standards with contextualized key indicators as listed in this standard.

### **Over-all General Goal**

- To reduce public health risks by improving access to safe water, providing adequate access to sanitation and hygiene promotion.
- To support the Government at all levels in the recovery process for disaster affected communities

### **A. Water Strategy**

#### **OBJECTIVES:**

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

#### **STRATEGIC DIRECTIONS:**

- Repair damaged / contaminated water systems
- Provide water kits to communities and EC's where the water source quality is unsafe or unknown
- Provide safe water or water treatment (household or communal) in areas without alternative uncontaminated water sources
- Ensure access to sufficient and safe water in the Evacuation Centres

#### **TARGETS**

<b>Communities with unprotected water sources available</b>				
1 water kit / affected family (water kit includes: one 20 litre jerry can with tap; water treatment solution / tablets sufficient for 1 month)				
<b>Evacuation Centres &amp; Communities with no unprotected water sources available</b>				
<b>PHASE</b>	<b>Timing</b>	<b>L/person/day</b>	<b>Max queuing time</b>	<b>Distance to Water Source</b>
Immediate	1 month	10L/day	1hr	<200m*
Medium	3 months	15L/day	30m	<200m*

Longer Term		40L/day	15min	<200m*
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<b>Water Quality Targets</b>	
Protected well / spring sources	0 ecoli 100ml
Piped / Tankered sources at point of use	0.2 mg/L (chlorine residual)
At times of risk of diarrhoeal outbreaks at point of use	0.5 mg/L (chlorine residual)

#### **KEY INDICATORS**

- # and % of affected families who have received a water kit (jerry-can and water purification materials).
- # and % of protected water sources repaired
- Litres / person / day of potable water provided in ECs/TCs or communities without alternative sources

#### **PRIORITY/MINIMUM ACTIVITIES:**

#### **Evacuation Camps/Transitional Camps: ( EC/TCs)**

- All Evacuation Centres/Transitional sites should have potable water point sources to meet the needs of the site
- Where no functional water point exists, or where the production is insufficient to meet needs, storage tanks/bladders with tapstands should be installed with adequate drainage at the collection areas to prevent standing water and eliminate mud etc.
- Water quality monitoring should be regularly done
  - Pumps (start up, week after start up, then monthly or after flooding, ecoli testing)
  - From Water System (start up, monthly or after significant weather events, ecoli or Cl residual testing of chlorinated systems.
  - Bladders and Tankering (Residual Chlorine, Weekly)
- Engage RSIs and/or camp management to get data on water quality monitoring. Ensure that they have testing kits/reagents, capacity.
- All water infrastructure to be coordinated with the WASH focal person/agency assigned to ECs and or TRS as well as camp management.

#### **Communities:**

- Household water treatment and safe storage (covered container with tap) should be promoted for drinking water and the necessary materials distributed in sites without centralised storage/treatment.
- Massive information drive on household water treatment and safe storage using RSIs, BHWs, and Medtechs, and should include: how to boil, how to chlorinate, how to stock. With an emphasis that treated water should be prioritised for drinking and cooking purposes only.
- Get damaged water systems operational. Assist the service providers rehabilitate the system.
- Water quality monitoring should be conducted regularly (at least once a month)

- Engage RSIs and other stakeholders to get data on water quality monitoring. Ensure that they have testing kits/reagents and skills/capacity.

### ***Water Tankering for EC/TCs or Communities***

- Optimize location of filtration units. Locate it in areas with most number of affected populations. Filtration units should have distribution trucks/mobile tankers linked to them.
- Fire trucks must be disinfected before use for tankering
- Residual chlorine level prior to delivery should not be less than 0.5 mg/l (50ppm)
- Conduct chlorine residual tests at bladder outlets / point of use. Water quality at the point of distribution is the responsibility of all water tankering parties
- Focal Agencies to ensure water quality testing is done in those areas assigned to them. Coordinate with partners.
- Move away from water tankering as soon as practically possible.

## ***B. Sanitation Strategy***

### **OBJECTIVES**

- Affectees have adequate toilets sufficiently close to their dwellings to allow them rapid, safe and acceptable access with dignity at all times of day and night.
- Zero uncontrolled open defecation
- The maximum number of users per toilet, shower, hand washing station and solid waste bin in evacuation centres and home based areas in affected areas must not exceed the norms as indicated in the Targets below

### **STRATEGIC DIRECTIONS**

- Damaged sanitation infrastructure to be repaired/upgraded and maintained.
- Move as quickly as possible to reinstallation of services in home based areas, and apply a communal toilet approach in ECs/TCs
- Enhance waste collection within evacuations centres and home based settlements in coordination with LGU solid waste management (WM) programs or on-site disposal
- Consider community-led total sanitation campaign in mobilizing communities to build toilets and where appropriate, coupled with distribution of latrine building tools/equipment.

## TARGETS

Site Type	Toilet Type	Latrine Ratios	Showe r Ratio	Handwashing	Solid waste bins
School EC	Perm Septic to meet School requirements, use of existing facilities with regular desludging	1: 60	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	1:60	1:100	1:10 toilets but within 10m of toilet.	1:10 HH
Temporary Learning Centres	Semi Perm WS Pit <sup>1</sup> / Urinals + Use of School latrines with regular desludging	1:60 students	nil	Group Handwashing Facilities min 15 taps.	
Tented Transit Site Rural	Semi-Perm WS Pit <sup>1</sup>	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 Rural	Semi-Perm WS Pit <sup>1</sup>	1:20	1:40	1:10 toilets but within 10m of toilet.	1:10 HH
Bunkhouse Transit Site Urban	Semi-Perm Septic	1:20	1:40	1:10 toilets but within 10m of toilet.	1:10 HH
Permanent Site	Family Latrines (Perm Septic)	Per Household.			

*Note: perm means permanent*

## INDICATORS

- Number of people per functioning latrine
- Number of people per functioning bathing space.
- Percentage of sites where solid waste is collected and disposed of regularly.
- Percentage of sites with 0 open defecation

## PRIORITY ACTIVITIES:

ECs/TCs:

- Stop open defecation as soon as possible (hygiene campaign) and provision of sufficient facilities

- Latrine rehabilitation and construction where feasible, taking into account environmental factors in the selection of the design / type of latrine. Desludging periods need to be considered and desludging and sludge processing within the municipality needs to be included in the plan.
- Portalets are not recommended, because of cost and sludge processing requirements. Better to start latrine construction where space is available
- Wrap/contain/collect and properly treat/dispose excreta where toilets are not yet available (improved open defecation i.e. cover with soil)
- Disposal of medical and menstrual waste needs to be considered as part of SWM plan within EC's and TRS's

#### **Communities:**

- Conduct hygiene campaign to minimise open defecation, and in a worst case to promote improved open defecation (i.e. cover with soil)
- Provide tools / materials for latrine construction / rehabilitation appropriate to the environmental context (i.e. no pit latrines in high-water table areas close to shallow well water sources)
- Ensure newly constructed shelters are equipped with latrine facilities appropriate to the environmental context (i.e. no pit latrines in high-water table areas close to shallow well water sources)
- Support environmental clean up to:
  - Clean up open defecation sites
  - Remove potential vermin habitats
  - Clearing and installing drainage to eliminate standing water and the removal of grey water from living areas

### ***C. Hygiene Promotion Strategy:***

#### **OBJECTIVES:**

- Reduction of water-borne diseases
- Ensure proper use of WASH facilities in ECs/TCs
- Ensure proper use of water and hygiene kits in communities

#### **STRATEGIC DIRECTIONS:**

- Ensure basic hygiene practices in ECs/TCs, particularly with regards the proper use of water and sanitation infrastructures
- Ensure basic hygiene practices in affected communities, particularly with regards safe water storage and treatment linked to water-kits, and the elimination of open defecation
- Mobilize barangay health workers, barangay nutrition scholars, women groups and children as hygiene promoters.



- Support community-led clearing operations to establish normalcy and create safe communal spaces (with provisions for kitchen, laundry, handwashing and sanitation facilities) for clusters of families living in make-shift houses

#### **INDICATORS:**

- # and % of ECs/TCs receiving regular hygiene promotion sessions at least once a week
- # and % of affected communities receiving regular hygiene promotion sessions at least once a week

#### **PRIORITY ACTIVITIES:**

##### **ECs/TCs:**

- Use of standard WASH cluster or DoH hygiene promotion materials / messages
- 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
- Camp WASH committees must be put in place in setting up camps and strengthened to maintain facilities and promote healthy behaviours.
- Use of RSIs and other volunteers for Hygiene promotion
- Quick response to diarrhoea outbreaks to control spread.
  - Identification of water source affected
  - Remedial actions
  - Information dissemination

##### **Communities:**

- Use of standard WASH cluster or DoH hygiene promotion materials / messages
- 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
- Mobilise RSIs, BWSAs, BHWs, Community Health Teams and other existing structures for community hygiene promotion.
- Sensitise and mobilize school children/peer-to-peer networks in temporary learning spaces (TLS) and schools when classes resume
- Quick response to outbreaks to control spread.

## CORE MESSAGES:

- 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.
- Clean safe water for all.
  - Use only potable water for drinking.
  - Use covered containers with taps ( jerry cans with faucets or any similar containers) and avoid contamination.
  - Treat water if quality of water is unknown
- 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.
  - Have proper waste bins for menstrual napkins.
  - Help each other rebuild their homes with toilet facilities per household.
- Handwashing after defecating and before eating.
- 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.
  - Solid waste disposal must be organized in designated areas to prevent vermin and infestations c/w on site or off site final disposal

## D. Wash Cluster Coordination Arrangements and Roles

DOH HEMS and the National WASH Cluster Coordinator will provide oversight and will continue to monitor and support the two regions affected: Region XI and Region XIII (Caraga Region). UNICEF is mobilizing surge capacity for Sub Cluster WASH Coordinators who are expected to provide support to the WASH cluster for at least 6 months starting January 2013.

The Center for Health and Development (CHD) of the two regions will be the WASH Cluster Coordinator at regional level, who are tasked to monitor the needs, provide technical assistance and support the provinces and municipalities. They are also expected to make regular reports and updates to the DOH HEMS thru the HEMS Coordinator.

	Region XI		Region XIII-CARAGA	
	Name	Cp no/email	Name	Cp no/email
Regional Director	Dr. Abdullah Dumama	09177020304 /09189512331	Dr. Ariel I. Valencia	09177000771 aivalencia@yahoo.com
HEMS Coordinator	Dr. Paulo Pantojan	09228608544	Dr. Cesar Cassion	09174515351 Dokcassy77@gmail.com

WASH Focal Point	Engr. Rex Labadia	09177426178 rexlabadia@yahoo.com	Engr. Dioscoro Navarro, Jr.	09176682125 navz07@yahoo.com
Information Focal Point	Engr. Gloria Raut	Glo_2r2002@yahoo.com	Sunshine Alipayo	s_alipayo@yahoo.com

There are a number of organizations working at the different municipalities and barangays. Some of them are working in multiple barangays in multiple municipalities. The WASH Cluster decided to have a Municipal WASH Focal Agency who will coordinate needs assessments, monitoring of responses and gaps among the partners working in the same municipality.

### **E. Municipal Water Focal Agency Coordinators:**

To facilitate the coordination at the municipal level, the cluster agreed to adopt the Focal Agency Strategy utilized in Sendong. Table I is an inventory of who is working where and Table 2 lists the lead coordinating agency focal point and their contact details.

**Table I. INVENTORY OF WHO IS WORKING WHERE:**

#### **COMPOSTELA VALLEY**

<b>Municipality/ City</b>	<b>Barangay</b>	<b>Agencies Working in the Area</b>	<b>Cluster Focal Agency</b>
Mabini	11		
Compostela	16	AADC/PLAN/HRC-Oxfam/CRS	HRC-Oxfam
Maco	37		
Maragusan	23	AADC	AADC
Monkayo	21	Plan, SC	SC
Mawab	11		
Pantukan	13		
Montevista	20	Plan, SC, WV	PLAN
Nabunturan	28	HI, PRC	PRC
Laak	40	HRC-Oxfam	HRC-Oxfam
New Bataan	16	HRC-Oxfam, AADC, PRC, PLAN, WV, CRS	CRS

#### **DAVAO ORIENTAL**

Baganga	18	HRC-Oxfam, ICRC, CRS, PLAN, PRC, IOM	HRC-Oxfam
Banaybanay	14		
Boston	8	CRS, PLAN, PRC, ICRC	PLAN
Caraga	17		
Cateel	16	HRC-Oxfam, CRS, PLAN, ICRC/PRC,	CRS

**AGUSAN DEL SUR**

Veruela		Save the Children	Save
Sta Josefa		Save the Children	

**SURIGAO DEL SUR**

Lingig		ACF,	ACF
Hinatuan			

**Table 2: Municipal Coordinators**

Municipality	Agency	Coordinator	Contact Information	Email Address	Members
<b>AGUSAN DEL SUR</b>					
Veruela	Save the Children	Jonathan Valdez	9175012495	<a href="mailto:jonathan.valdez@savethechildren.org">jonathan.valdez@savethechildren.org</a>	UNICEF
Talacogon, San Luis and La Paz	AADC and CARE	Agnes Bolanos	9209137980	<a href="mailto:asbolanos0701@gmail.com">asbolanos0701@gmail.com</a>	
Sta Josefa/Loreto	Save the Children	Jonathan Valdez	9175012495	<a href="mailto:jonathan.valdez@savethechildren.org">jonathan.valdez@savethechildren.org</a>	UNICEF
<b>SURIGAO DEL SUR</b>					
Lingig/Hinatuan/Bislig	ACF International	Lorenzo Lora	9084463077	<a href="mailto:hopwser-ph@acffilipinas.org">hopwser-ph@acffilipinas.org</a>	
<b>COMPOSTELA VALLEY</b>					
Compostela	Humanitarian Response Consortium- OXFAM	Kevin Lee	9175400682	<a href="mailto:kiwi@singledrop.org">kiwi@singledrop.org</a>	AADC, PLAN, CRS, UNICEF, Manila Water
Monkayo	Save the Children	Roy Calonzo	9177266184	<a href="mailto:roy_calonzo@yahoo.com.ph">roy_calonzo@yahoo.com.ph</a>	Plan, UNICEF, CRS
Maragusan	Agri-Aqua Development Coalition-Mindanao	Agnes Bolanos	9209137980	<a href="mailto:asbolanos0701@gmail.com">asbolanos0701@gmail.com</a>	UNICEF
Montevista	Plan International	Margarito Guasis	9175211375	<a href="mailto:margarito.guasis@plan-international.org">margarito.guasis@plan-international.org</a>	SC, World Vision, UNICEF, CRS
Laak	Humanitarian Response Consortium- OXFAM	Nori de Dios	9156632150	<a href="mailto:hdedios@oxfam.org.uk">hdedios@oxfam.org.uk</a>	

Municipality	Agency	Coordinator	Contact Information	Email Address	Members
New Bataan	Catholic Relief Services	Howard Bacayana	9263291077	<a href="mailto:warlockshura2@gmail.com">warlockshura2@gmail.com</a>	HRC, AADC, PRC, Plan, WV, UNICEF, UNFPA
		Declan Hearne	9092772150	<a href="mailto:dhfotography@gmail.com">dhfotography@gmail.com</a>	
<b>DAVAO ORIENTAL</b>					
Baganga	Humanitarian Response Consortium-OXFAM	Kevin Lee	9175400682	<a href="mailto:kiwi@singledrop.org">kiwi@singledrop.org</a>	ICRC, CRS, Plan, PRC, IOM, UNICEF, UNFPA, ADRA, Samaritan Purse
Boston	Plan International	Santi Saavedra	9272947649	<a href="mailto:sandra.saavedra@plan-international.org">sandra.saavedra@plan-international.org</a>	CRS, PRC, ICRC, UNICEF
Cateel	Catholic Relief Services	Lucille Isnani	9175918299	<a href="mailto:lucille.isnani@crs.org">lucille.isnani@crs.org</a>	HRC, Plan, ICRC, PRC, UNICEF, Save the Children
Caraga	ACF International	Lorenzo Lora	9084463077	<a href="mailto:hopwser-ph@acfillipinas.org">hopwser-ph@acfillipinas.org</a>	


## F. Information Management

### OBJECTIVES:

- Identify needs, gaps and duplications in the response to maximise efficient use of existing resources, and to support advocacy and additional resource mobilisation.
- Track the performance of the WASH cluster response against the targets and objectives outlined in the WASH cluster strategy below.
- Work with other clusters to identify WaSH related issues

### ENGAGEMENTS:

- WASH cluster partners engage to report on their projected, planned, ongoing and completed activities on a weekly basis using the WASH cluster agency reporting tool.
- Cluster meetings are to identify gaps, work on strategies and level off on the changing situation.

- The WASH cluster engages to provide cluster partners with a weekly analysis of gaps and (potential) duplications to guide the effective allocation of resources, and to assist partners in their resource mobilisation efforts with their respective donors.
  - The WASH cluster engages to provide cluster partners with maps and other relevant information to assist in programme planning and development.
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## **Annex I. LIST OF ACRONYMS**

ACF	Action Contre la Faim
ADRA	Adventist Development and Relief Agency
AECID	Spanish Agency for International Development Cooperation
AFP	Armed Forces of the Philippines
ASDSW	A Single Drop of Safe Water
AUSAID	Australian Aid
BHW	Barangay (Village) Health Worker
BoQ	Bill of Quantities
CCCM	camp coordination /camp management/
CFSI	Community and Family Services International
CFW	Cash For Work
CHD	Centre for Health Development (Regional level)
CHO	City Health Office
CRS	Catholic Relief Service
CSR	Corporate Social Responsibility
DENR	Department of Environment and Natural Resources
DOH	Department of Health
DOLE	Department of Labor and Employment
DOST	Department of Science and Technology
DSWD	Department of Social Welfare and Development
DTM	Data Tracking Matrix
EC	evacuation centre
ECHO	The Humanitarian Aid and Civil Protection Department of the European Commission
Fps	focal points
HP	hygiene promotion
HRC	Humanitarian Response Consortium
IEC	information, education and communication
IM	information management
IOM	International Organization for Migration
LGU	local government unit (includes Provincial/City/Municipal and Barangay levels)
MIRA	multi-initial rapid assessment
MHPSS	Mental Health and Psychosocial Support
NDRRMC	National Disaster Risk Reduction Management Council
OCD	Office of Civil Defence
OCHA	Office Coordination of Humanitarian Affairs
PCA	Project Cooperation Agreement
PHAST	Participatory Hygiene and Sanitation Transformation
PRC	Philippine Red Cross
PWD	person with disability

RDRRMC	Regional Disaster Risk Reduction Monitoring Council
SI	sanitary inspector
SWL	static water level
SWM	solid waste management
ToR	Terms of Reference
TS	transitional Site
TRS	transitional relocation site
TWG	technical working group
UDDT	Urine Diversion Dehydration Toilet or Ecosan
WASH	Water, Sanitation and Hygiene
WCC	WASH Cluster Coordinator
WTU	water treatment unit



## ***Annex II. Definition of Terms***

**Drinking water:** Water used, or intended to be available for use, by humans for drinking, cooking, food preparation, personal hygiene or similar purposes. (European Protocol on Water & Health)

**Handwashing facility:** A handwashing facility is a device to contain, transport or regulate the flow of water to facilitate handwashing. It may be fixed or movable.

**Sanitation:** Sanitation is the provision of facilities and services for the safe disposal of human urine and feces. (WHO)

**Menstrual hygiene management facilities:** Facilities that provide water and space for washing and cleaning the body during menstruation, and that allow hygienic management of material for absorbing menstrual blood and safe disposal of used menstrual materials.

**Excreta:** human feces and urine.

**Health centres:** includes all the places WHO defines as health centres: hospitals, clinics, health posts, dental surgeries, general practitioner settings, and home--based care. (WHO 2008 Essential Environmental Health Standards in Health Care)

**Schools:** primary and secondary schools, boarding and day schools, rural and urban schools, and public and private schools (WHO, 2009 Water, Sanitation and Hygiene Standards in Low--cost Settings), as well as daycare centres, nurseries and kindergartens.

**Disadvantaged groups:** These groups will be identified through a participatory process taking into account group--related prohibited grounds of discrimination, including ethnicity, race, colour, religion, caste, national or social origin. This process must be inclusive and ensure active, free and meaningful participation of all relevant population groups, in particular disadvantaged groups. It should involve national human rights institutions, civil society and community based organizations, human rights organizations and academia.

**Annex III. Summary Of Immediate & Transitional Activities Of The Shelter Cluster  
With WASH Response**

Location Type	Emergency Shelter	Time scale	WASH Response
<b>Immediate response</b>			
Support to evacuation centres	Tents, bunkhouses, repair evacuation centres (tarps and materials)	2 -6 wks.	WASH Kits, Pit privies, pumps or bladders, tankering with proper drainage for waste water
Support of makeshift/emergency shelters for families on their original land plots or in relocated areas	Tarps, repair kits (including materials), tools	4 – 9 wks.	WASH kits, rehab of communal- level water and household-level sanitation facilities
<b>Early to full recovery</b>			
Support in ECs / TCs	Training, IEC, cash grants, roofing, repair kits (including materials), tools	Start 2 wks. Finish 18 mths	Replenishments of consumable Hygiene Kits after a month, ensure permanent communal water and sanitation facilities
Support in communities	Training, IEC, cash grants, materials	Start 6 wks. Finish 36 mths	Replenishments of consumable Hygiene Kits after a month, communal and household water systems

## Annex IV: WASH Cluster Director of Contacts

TY BOPHA Contact List					
Organization	First	Last	Title	Cell	Email
AADC	Agnes	Bolanos	Exec Director	9209137980	<a href="mailto:asbolanos0701@gmail.com">asbolanos0701@gmail.com</a>
ACF	Sheena	Opulencia-Calub	WASH Information Manager	9216033818	<a href="mailto:washclusterim@gmail.com">washclusterim@gmail.com</a>
ACF	Rasul	Abdullah	WASH Coordinator	9085471423	<a href="mailto:rabdullah@ph.acfspain.org">rabdullah@ph.acfspain.org</a>
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### **Annex V: Minimum Contents of the WASH Hygiene Kit**

<b>Water Kit (minimum)</b>	
<b>Item</b>	<b>No. of items</b>
Jerry Can (20L)	1
Hyposol (bottle) / Aquatabs	12*
<b>Replenishment of Water Kit</b>	
<b>Item</b>	<b>No. of items</b>
Hyposol (bottle) / Aquatabs	12*

*\*water treatment materials must be sufficient to treat 5L / person / day for the entire family and for a duration of 1 month*

<b>Hygiene Kit (minimum)</b>	
<b>Item</b>	<b>No. of items</b>
Bath soap (135g)	12
Wash soap perla (380g)	4
Toothbrush – Colgate	6
Toothpaste – Colgate (150ml)	2
Toe Cutter (TRIM)	3
Malong	2
Sanitary Napkin (8pads/pack)	3
Plastic Pail w/cover 16 liters	1
Plastic dipper	1
<b>Replenishment Hygiene Kit</b>	
<b>Item</b>	<b>No. of items</b>
Bath soap (135g)	12
Wash soap perla (380g)	4
Toothpaste - Colgate (150ml)	2
Sanitary Napkin (8pads/pack)	3

## ***Annex VI: Principles of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes***

### **1. The humanitarian imperative comes first**

The right to receive humanitarian assistance, and to offer it, is a fundamental humanitarian principle which should be enjoyed by all citizens of all countries. As members of the international community, we recognise our obligation to provide humanitarian assistance wherever it is needed. Hence the need for unimpeded access to affected populations is of fundamental importance in exercising that responsibility.

The prime motivation of our response to disaster is to alleviate human suffering amongst those least able to withstand the stress caused by disaster. When we give humanitarian aid it is not a partisan or political act and should not be viewed as such.

### **2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind**

Aid priorities are calculated on the basis of need alone. Wherever possible, we will base the provision of relief aid upon a thorough assessment of the needs of the disaster victims and the local capacities already in place to meet those needs. Within the entirety of our programmes, we will reflect considerations of proportionality. Human suffering must be alleviated whenever it is found; life is as precious in one part of a country as another. Thus, our provision of aid will reflect the degree of suffering it seeks to alleviate. In implementing this approach, we recognise the crucial role played by women in disaster-prone communities and will ensure that this role is supported, not diminished, by our aid programmes. The implementation of such a universal, impartial and independent policy, can only be effective if we and our partners have access to the necessary resources to provide for such equitable relief, and have equal access to all disaster victims.

### **3. Aid will not be used to further a particular political or religious standpoint**

Humanitarian aid will be given according to the need of individuals, families and communities. Notwithstanding the right of NGHAs to espouse particular political or religious opinions, we affirm that assistance will not be dependent on the adherence of the recipients to those opinions. We will not tie the promise, delivery or distribution of assistance to the embracing or acceptance of a particular political or religious creed.

### **4. We shall endeavour not to act as instruments of government foreign policy**

NGHAs are agencies which act independently from governments. We therefore formulate our own policies and implementation strategies and do not seek to implement the policy of any government, except in so far as it coincides with our own independent policy. We will never knowingly – or through negligence – allow ourselves, or our employees, to be used to gather information of a political, military or economically sensitive nature for governments or other bodies that may serve.

## Annex VII. Persons requiring special attention in affected areas from the Protection Cluster

01/01/2013

Persons requiring special attention in the affected area



		Definition
1	Person's habitual residence has been declared as <b>no build zone</b>	Persons in no build zone which is declared by the Department of Environment and Natural Resources after the typhoon event.
2	Person's habitual residence/displaced location is in <b>geohazard area</b>	Persons in geohazard and/or "no man's land" area which had been identified as permanent danger zones due to vulnerability to floods and landslides by the Department of Environment and Natural Resources. <a href="http://gdis.denr.gov.ph/mgbviewer/">http://gdis.denr.gov.ph/mgbviewer/</a>
3	Person's habitual residence/displaced location is covered by <b>ancestral domains</b>	Persons in ancestral domain officially delineated by National Commission on Indigenous People, where Certificates of Ancestral Domain Title (CADT) or Certificate of Ancestral Domain Claim (CADC) are issued. <a href="http://www.ncip.gov.ph/">http://www.ncip.gov.ph/</a>
4	<b>Minority indigenous groups:</b> Dibabawon, Mandaya, Manguangan, Mansaka, Manobo, Moro, and others	Indigenous persons whose indigenous cultural communities/peoples' rights have been recognized, protected and promoted under Republic Act 8371 The Indigenous Peoples Rights Act of 1997 (IPRA) and The United Nations Declaration on the Rights of Indigenous Peoples. <a href="http://www.ncip.gov.ph/downloads/category/16-ipra.html">http://www.ncip.gov.ph/downloads/category/16-ipra.html</a> <a href="http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf">http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf</a>
5	Person's habitual residence/displaced location is in <b>remote communities</b> with minimal public services/Government presence	Persons who are in remote communities where Government has been absent and public services hardly existed prior to the typhoon event.
6	Person's habitual residence/displaced location is in <b>conflict-affected area</b>	Persons who had been made vulnerable by conflicts (i.e. Armed Forces of the Philippines – New People's Army conflict). Persons who live in vicinities of state/non-state armed groups in conflict affected area.
7	Person who has experienced <b>single/multiple displacement(s)</b> due to conflicts, tribal feuds, development aggression and natural disasters	Persons who had been affected by displacement(s) once or repeatedly prior to the typhoon event. Causes of displacement include conflicts, tribal feuds, development projects, and natural disasters
8	Person who has no (or lost) <b>birth certificate</b> and who has difficulty accessing social welfare services	Persons who have never owned birth certificate in life and who had benefited little from public social services (i.e. conditional cash transfer, pension, etc.). Or persons who have lost birth certificates during the typhoon and may find difficulty accessing public services due to lack of civil documentation presently and in future.
9	Person who has not received <b>family access cards</b>	Persons who have not received DSWD family access cards, which allow typhoon-affected families to access humanitarian assistance.



8	<b>Unaccompanied child</b>	A child (person under 18 years of age) who has been separated from both parents and other relatives and is not being cared by an adult who, by law or custom, is responsible for doing so. This child may be in the care of other persons, such as neighbours or other spontaneous carers, or may be alone.
9	<b>Separated child</b>	A child (person under 18 years of age) separated from both parents or from his/her previous legal or customary primary caregiver, but not necessarily from other relatives. This may include a child accompanied by other adult family members.
10	<b>Person/child with disability</b>	A person/child who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.
11	<b>Single person with disability</b>	A person with disability living alone and do not have a spouse, children or relatives to take care of and are dependent on the community to care for them. Some are socially excluded.