**NW & SW REGIONS**

**WASH RESPONSE STRATEGY**

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**NW & SW REGIONS**

**WASH RESPONSE STRATEGY**

# Background:

## Introduction

At the national level, UNICEF leads the Emergency WASH Sector in collaboration with the ministry in Charge of Water and OCHA, providing a platform for the coordination of the WASH emergency responses for different crisis across the country. The national Sector is also supported by Regional Sectoral Groups who facilitate operational coordination on the ground.

The WASH Cluster was activated in October 2018 to provide a neutral platform for the coordination of the humanitarian WASH response in the Northwest and South-West Regions of Cameroon. It is linked to the Emergency WASH Sector coordination that exists at the National level and in other crisis affected regions of Cameroon.

This document seeks to provide a strategic operating framework to guide the collective interventions of the various WASH actors involved in the response in the NW & SW Regions. It outlines envisaged ways of working, 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 players are actively encouraged to align their WASH activities with the guidance presented below, and to make reference to it in their funding proposals to donors.

This document will be periodically revisited and updated based on best practices and experiences in the field, so as to serve as a basis for continued improvements in the quality of the response, and to inform recovery approaches in the future.

## Needs Overview

The situation in the Northwest and Southwest fragile, insecurity and attacks against civilians have forced over 437,000 people to flee across four regions (HRP 2019). People who flee from insecurity seek refuge in villages and bushes that are hard to reach subjecting them to different kinds of suffering e.g. lack of access to basic services like water, health and education.

Water supply coverage is till low. A total of 30% people living in the bush, rural and urban settings have no capacity to secure enough water for domestic use. Over 50 % indicated a problem with access to sufficient quantities of water most notably in bush areas. Even though only 20 % are accessing non – unimproved water sources, in 93 % of the communities, few to no families treat water (WASH Needs Assessment Report (2018)

Access to hygiene is very limited (MICS 2015). Access to soap for hand washing represents a common problem, with 71% of KIs reported that either few people or nobody had soap (WASH Needs Assessment Report, 2018). Access to soap was more limited for displaced communities, with 77% of KIs reporting that only few or no families had soap in comparison to 59% of KIs for non-displaced communities. Overall, only a minority of people possessed fix or mobile devises designated for hand washing, with 79% of KIs reporting that either only few people or nobody had those (see Figure 17). Those findings are particularly concerning, especially if analysed in conjunction with access to soap, as ownership of hand washing materials is one the most reliable proxies for hand washing behaviour.

Regarding Hand washing behaviour, Findings on hand washing practices were broadly in line with the ones on ownership of soap and hand washing facilities. The overwhelming majority of KIs (80%) reported that only few people or nobody usually washed hands with soap. Poor hand washing practice affects all the strata of the population, with however people living in the bush and in rural communities, as well as displaced communities being reported in a worse situation (WASH Needs Assessment Report, 2018).

The overall sanitation situation was worrying, more than 33% of the communities practice open defecation. With regard to access to toilets/pit latrines, The situation is more difficult for people living in the bush and in rural villages, where the percentages of KIs reporting that only few people or nobody have access to toilets go up to 73% and 53%, respectively, in comparison with 38% of KIs for urban communities (WASH Needs Assessment Report, 2018).

In conclusion, the assessment highlights the importance of adjusting WASH programmes to the target population groups. It confirms that communities living in rural areas, especially in bush settings, have the most severe needs, however the main challenge will be to reach a population that is highly isolated and whose main protection mechanism is their anonymity. Finally, it is recommended to implement additional, more in-depth assessments in order to fine-tune the WASH response strategy, and, most importantly, to allow prioritization in terms of geographic areas at least at the sub-division level, in order to allocate resources as effectively as possible. The key constraints are limited access to the affected population most notably in Bush areas, limited information and the fluid and unpredictable situation which complicates forward planning – most notably recently in the North West.

# WASH Response Strategy

## Overall Goal

To prevent and reduce the incidence of related-borne diseases outbreaks by ensuring access to essential WASH services for vulnerable people (mainly IDPs and host communities)

## Guiding Principles

* WASH cluster partners engage to respect the Humanitarian Principles, and the ‘do no harm’ approach, in their interventions (Annex I).
* WASH partner interventions will consider the strategic and operational approaches of other Clusters, notably Protection, and the technical Shelter/NFIs, Health, & Education Clusters.
* 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 to ensure each aspect is covered.
* WASH partner interventions will incorporate, as a minimum, the strategic directions and priority activities outlined below to attain minimum targets for immediate response.
* Wherever possible, WASH partners interventions will seek to implement the 5 minimum commitments
  + Assessment: Consult separately girls, boys, women, and men, including older people and those with disabilities, to ensure that WASH programs are designed so as to provide equitable access and reduce incidences of violence
  + Design: Ensure that girls, boys, women, and men, including older people and those with disabilities have access to appropriate and safe WASH services
  + Implementation: Ensure that girls, boys, women, and men, including older people and those with disabilities have access to feedback & complaint mechanisms so that corrective actions can address their specific protection and assistance needs
  + Response Monitoring: Monitor and evaluate safe and equitable access and use of WASH services in WASH projects
  + Across the Response: Give priority to girls (particularly adolescents) and women’s participation in the consultation process

# Water Strategy

## Objective

Ensure access to safe drinking water for vulnerable people (mainly IDPs and host communities).

## Strategic Directions

**Immediate response (hard to reach areas):**

* Distribution of water treatment and conservation kits to IDPs in hard to reach areas
* Promotion of basic measures to improve water quality e.g. upstream surface water collection points; basic spring protection measures; basic well protection measures.
* Where feasible, support basic protection of the main perennial water points in use.

**Immediate response (villages / semi-urban):**

* Distribution of water treatment and storage kits to IDPs and vulnerable households in villages / semi-urban areas (water storage / water treatment where relevant)
* Where feasible, consider water vouchers for IDPs and vulnerable households in semi-urban centres to access water from private water providers
* Repairs of non-functional water points / systems in villages / semi-urban areas hosting IDPs, or affected by conflict. Particular focus on key institutions and public spaces (e.g. health center, school, market) within targeted areas
* If no protected water point exists/is accessible, to consider basic protection of main perennial water points in use.

***Medium/longer-term:***

* Repair / construction of water points / systems in return areas including in key institutions such as Health Facilities, Child Friendly Spaces, etc.
* Reinforce existing capacities for water points / systems governance and maintenance

***To prevent and respond to WASH-related diseases outbreak:***

* Water quality monitoring (boreholes, protected wells, protected springs)
* Bucket chlorination / chlorine diffusers at unprotected point sources
* Chlorination of piped water supplies

## Targets

|  |  |  |
| --- | --- | --- |
| **Type** | **Immediate Response** | **Medium/longer-term** |
| IDPs (Bush) | 2 containers / Household  1 water point / 500 people |  |
| IDPs (villages / peri/urban) | 2 containers / Household  1 water point / 500 people  10-15 Litres/person/day | 1 water point / 300 people  >=15 Litres/person/day |
| Health  Facilities | 1 water point accessible by Health facility | Ensure sufficient storage and water quality for 5 l/outpatient/d or 50 l/inpatient/d |
| Return / Affected  Communities | 1 water point / 500 people | 1 water point / 300 people  Capacitation of 1 user-committee / water point/system |
| School / TLS / CFS | 1 water point accessible by School / facility | Ensure sufficient storage and water quality for 3l/student/day |

|  |  |
| --- | --- |
| ***Water Quality Targets for Institutions (medium/long-term) & communities (outbreak)*** | |
| Water quality / free residual chlorine at point of use | <10 TTC / 100ml  0.2 to 0.5 mg/L |
| Free Residual Chlorine at times of diarrhoeal outbreaks at point of use | 0.5 mg/L |

## Key Indicators

* % of affected population with access to safe drinking water (in communities)
* # Litres of water/person/day (in IDPS sites)
* # of IDPs /vulnerable families who have received water treatment and storage kits

# Sanitation Strategy

## Objectives

Ensure safe access to basic safe sanitation facilities for vulnerable people (mainly IDPs, host communities and key institutions)

## Strategic Directions

***Immediate response (bush/village):***

* Promotion of gender-sensitive defecation areas in hard to reach areas.
* Promotion of ‘traditional’ emergency latrines amongst IDPs in hard to reach areas, and where feasible / appropriate consider provision of basic materials for managed defecation areas or basic latrines.
* Promotion of designated areas for solid waste disposal (burial / burning) to minimise vectors / hazards
* Organisation of periodic clean-up campaigns to remove human/animal faeces, wastes, stagnant water.

***Immediate response (semi/urban):***

* In areas of IDPs concentration (mainly in villages / semi-urban areas), installation/construction of gender-sensitive emergency latrines *where feasible / appropriate*, and with a regular cleaning / maintenance.
* Promotion of ‘traditional’ household latrines, coupled with distribution of latrine building tools/ equipment/ construction material/ hand washing devices and other relevant WASH kits where appropriate.
* Repair / maintain / install any damaged sanitation infrastructure at key public institutions (e.g. Health Facilities, Schools, CFSs, etc.) in locations hosting IDPs or population affected by conflict.
* Support solid waste collection services and / or designated areas for solid waste disposal (burial / burning) to minimise vectors / hazards
* Organisation of periodic clean-up campaigns to remove human/animal faeces, wastes, stagnant water.

***Medium/Longer-term:***

* In return locations, promotion of ‘traditional’ latrines, coupled with distribution of hand washing devices and other relevant WASH kits where appropriate
* Where no institutional latrines exist, or are insufficient for needs, installation/construction of gender-sensitive institutional latrines
* Adequate medical waste facilities in Health facilities to be rehabilitated / constructed.
* Adequate waste disposal within Health facilities and other public institutions to be promoted.

***To prevent and respond to WASH-related diseases outbreak:***

* Ensure sufficient sanitation in densely populated high-risk populations (e.g. IDP sites)
* Consider public sanitation facilities in public places (e.g. markets)
* Ensure sufficient sanitation facilities at CTCs, and their maintenance / cleaning
* Ensure safe disposal of wastes from CTCs, and support IPC protocols / materials

## Targets

| **Type** | **Immediate Response** | **Medium / Longer-term** | **Hand washing Facility (HWF)** |
| --- | --- | --- | --- |
| IDPs (bush) | Promotion of simple methods to limit faeces exposure.  Provision of basic construction materials where feasible.  Promotion of Emergency latrines. Provision of basic construction materials where appropriate.  *Where feasible / appropriate:*  1 stance will serve 50 individuals and 3 female stances to 1 male stance ratio will be taken into account. | Promotion of traditional/ family latrines. Provision of basic construction materials where appropriate.  *Where feasible / appropriate:*  1stance(drop-hole will serve 20 individuals and 3 female stances to: 1 male stance ratio will be taken into account. | Promotion / provision of basic hand washing technologies |
| IDPs (villages / peri/urban) | Promotion of traditional household latrines. Provision of basic construction materials where appropriate.  *Where feasible / appropriate:*  1 stance will serve 100 individuals and 3 female stances to: 1 male stance ratio will be taken into account (Distance from households to the latrine will between 6 meters and 50) | Promotion of traditional latrines. Provision of basic construction materials where appropriate.  *Where feasible / appropriate:*  1 stance will serve 50 individuals 3 female stances to 1 male stance ratio will be taken into account (Distance: from households to the latrine will between 6 meters and 50 metres) | Promotion of traditional latrines. Provision of basic construction materials where appropriate.  *Where feasible / appropriate:*  1 HWF will serve 20 individuals (Distance: HWF to be within 10 meters of latrine) |
| Health Facilities | Repair existing facilities  Or construct temporary Latrines  A maximum of 20 people use each toilet | Provision Appropriate and adequate Toilet facilities  A maximum of 20 people use each toilet | Provision Appropriate and adequate Toilet facilities  A maximum of 20 people use one HWF |
| Return / Affected communities |  | Promotion of traditional/ family latrines. Provision of basic construction materials where appropriate. | Promotion of basic hand washing technologies |
| School / TLS / CFS | Repair existing facilities or construct temporary Latrines  A maximum of 50 people use each latrine/stance | A maximum of 30 boys per hole and 20 girls per hole | A maximum of 30 boys use one HWF and 20 girls use one HWF |

## Key Indicators

* # of person/latrine in IDP sites
* % of communities declared Open defecation free
* % of sites with safe solid waste disposal
* #/% of institutions (health centers, schools) with functional gender-sensitive latrines

***Prevent and respond to WASH-related diseases outbreak:***

* % of IDP sites with emergency sanitation
* % of public places with emergency sanitation
* % of CTCs supported with sanitation / medical waste rehabilitation / maintenance
* % of CTCs supported with IPC materials / training

# Hygiene Promotion Strategy:

## Objectives

* Ensure that displaced and vulnerable households have adequate knowledge and means to ensure basic personal hygiene practices, and to maintain existing WASH infrastructure.
* Ensure that at risk and affected communities are aware of the transmission routes and means of protection for common water-related diseases (including vector-borne).
* Ensure children suffering from Malnutrition are supported with WASH Kits

## Strategic Directions

***Immediate Response:***

* Ensure WASH kits distributions are accompanied by message on proper usage and hygiene practices.
* Promote safe hygiene practices amongst displaced peoples, affected communities, and public institutions, particularly with regards hand washing, safe water treatment, handling and storage, food handling and storage, menstrual hygiene, waste management and the elimination of open defecation.

***Medium/Longer-term:***

* Ensure sufficient knowledge / materials to promote basic hygiene practices in key institutions (e.g. Health facilities), particularly with regards the proper use and maintenance of water and sanitation infrastructures.
* Establishment / refreshment of WASH Committees to maintain WASH infrastructures

***To prevent and respond to WASH-related disease outbreak:***

* Promote critical safe hygiene practices (e.g. ORS, safe burials, etc.) in addition to ongoing hygiene promotion messaging.
* Distribution of WASH / hygiene kits to vulnerable families in high-risk areas.

## Targets

* 1 Hygiene Promoter / 500 people
* 1 hygiene kit / IDP household
* 1 hygiene kit / SAM admission
* [*Where relevant*] 1 hygiene kit / vulnerable household (vulnerability criteria to be defined with protection / shelter NFIs)

## Key Indicators

* # of people sensitized on good hygiene practices
* # of SAM admissions who receive a hygiene kit
* # of households/people benefiting from family WASH kits
* # of KAP studies conducted

# Ways of Working / Terms of Reference:

## Objectives

Activated for the NW/SW Regions of Cameroon, the WASH Cluster will seek to establish and ensure the IASC Core Cluster Functions:

|  |  |
| --- | --- |
| Core Function | Description |
| 1. Supporting service delivery | * + Providing a platform that ensures service delivery is driven by the Strategic Response Plan and strategic priorities   + Developing mechanisms to eliminate duplication of service delivery |
| 1. Informing strategic decision-making of the HC/HCT for the humanitarian response | * + Preparing needs assessments and analysis of gaps (across and within sectors, using information management tools as needed).   + Identifying and finding solutions for (emerging) gaps, obstacles, duplication and crosscutting issues.   + Formulating priorities on the basis of analysis |
| 1. Planning and strategy development | * + Developing sectoral plans, objectives and indicators that directly support realization of the response’s strategic priorities.   + Applying and adhering to common standards and guidelines.   + Clarifying funding requirements, helping to set priorities, and agreeing cluster contributions to the HC’s overall humanitarian funding proposals. |
| 1. Monitoring and reporting | * + Monitoring and reporting on activities and needs.   + Measuring performance against the cluster strategy and agreed results.   + Recommending corrective action where necessary. |
| 1. Contingency / Preparedness planning | * Emergency response preparedness is dependent on country level coordination structure and risk level |
| 1. Advocacy | * + Identifying concerns that contribute to HC and HCT messaging and action.   + Undertaking advocacy on behalf of the cluster, cluster members, and affected people. |
| 1. Accountability to Affected Populations | * + Ensuring that women, men, girls and boys of all ages and diversity backgrounds, affected by a crisis have equitable and meaningful access to:     - Appropriate, relevant and timely information     - Two-way communications channels that facilitate feedback and complaints and provide redress for complaints.     - Means to participate in decisions that affect them, including fair and transparent systems of representation; and     - Active involvement in the design, monitoring and evaluation of the goals and objectives of programmes. |

## WASH Coordination Arrangements

The current envisaged coordination structure is outlined below:

SAG

TWGs

NW Hub

SAG

TWGs

SW Hub

Roving Coordinator / IMO

NW/SW Inter-Cluster

* + Formal membership in the WASH Cluster is restricted to those organisations who are operational in WASH, or whom have capacity and / or experience implementing WASH programs in the Regions.
  + Observer status is allocated to any other organisation that wishes to participate in the WASH Cluster.
  + WASH Cluster coordination arrangements and architecture will be reviewed periodically.

## Coordination Meetings

* Operational coordination meetings shall be held on a fortnightly basis in Buea (SW) and in Bamenda (NW).
* Information meetings shall be held on a monthly basis for all non-operational partners interested in WASH
* Ad hoc meetings will be called as and when required (e.g. to feed into other inter-sectoral processes)
* Meeting frequency and type will be reviewed periodically.

## Strategic Advisory Group

* A Strategic Advisory Groups will be established in both Buea and Bamenda to:
  + Strategic planning exercises and cluster work plans
  + Oversight of Technical Groups/Standards
  + Strategic oversight in integration of cross-cluster issues and planning
  + Definition of advocacy positions
  + Implementation of Cluster functions
  + Review and dissemination of cluster outputs, including endorsements by WASH Cluster members
* Both SAGs will be composed of: 1 UN Agency; 2 International NGOs; 3 Local NGOs.
* Membership is restricted to operational organisations with WASH capacity, and both membership and composition will be reviewed on a 6-month basis.

## Technical Working Groups

* Technical Working Groups will be established on an ad hoc basis as required, for a duration of 3-months or less
* The decision to establish a TWG, its composition, and expected outputs will be discussed and decided in WASH Cluster Coordination meetings
* Participation in TWGs will be restricted to partners who have operational WASH capacity; non-operational partners with a specific expertise will participate by invitation only.

## Information Sharing

* WASH cluster partners engage to report on their projected, planned, ongoing and completed activities on a fortnightly basis using the WASH 4Ws agency-reporting tool.
* WASH cluster partners engage to incorporate, where feasible and relevant, the common WASH indicators / questions in their assessments, needs monitoring, and KAP studies.
* WASH cluster partners engage to share assessment plans and results with the Cluster coordination unit, to facilitate coordination of assessments, and joint analysis (e.g. for advocacy, or strategic planning exercises, etc.).
* WASH cluster partners engage to share information related to their current and planned WASH capacities, as and when required (e.g. for advocacy, or strategic planning exercises, etc.).

## Analyses

* The WASH cluster engages to provide cluster partners with a fortnightly analysis of operational gaps and (potential) duplications to guide the effective allocation of resources, and to assist partners in their programme planning and resource mobilization efforts with their respective donors.
* Operational gap analyses will be provided in formats appropriate to the function.
  + Detailed operational information will be shared only with operational / funded partners.
  + Operational overview information (without detail) will be shared more broadly in the humanitarian community.

## Data Protection

* In line with the above, the cluster engages never to share detailed operational information with non-operational partners or governmental structures.
* WASH operational overview products shared with the wider humanitarian community, including the national WASH Sector, will not detail specific locations or specific agencies.
* The WASH Cluster engages to respect any organization specific data requirements related to the use of data provided by that organization.

## SOF Review / Update

* As outlined in the Introduction, the Strategic Operating Framework (this document) is the reference document for humanitarian WASH actors active in the NW/SW WASH response. It will be reviewed periodically: on an ad hoc basis, as new assessments of technical guidelines come available; and at a minimum 2 times a year to feed into the Humanitarian Programme Cycle.

# ANNEX I: The Code of Conduct

***Principles of Conduct for the Intl. Red Cross/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 Non-Governmental Humanitarian Actors (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 purposes other than those which are strictly humanitarian, nor will we act as instruments of foreign policy of donor governments. We will use the assistance we receive to respond to needs and this assistance should not be driven by the need to dispose of donor commodity surpluses, nor by the political interest of any particular donor. We value and promote the voluntary giving of labour and finances by concerned individuals to support our work and recognise the independence of action promoted by such voluntary motivation. In order to protect our independence we will seek to avoid dependence upon a single funding source.

**5. We shall respect culture and custom**

We will endeavour to respect the culture, structures and customs of the communities and countries we are working in.

**6. We shall attempt to build disaster response on local capacities**

All people and communities – even in disaster – possess capacities as well as vulnerabilities. Where possible, we will strengthen these capacities by employing local staff, purchasing local materials and trading with local companies. Where possible, we will work through local NGHAs as partners in planning and implementation, and cooperate with local government structures where appropriate. We will place a high priority on the proper co-ordination of our emergency responses. This is best done within the countries concerned by those most directly involved in the relief operations, and should include representatives of the relevant UN bodies.

**7. Ways shall be found to involve programme beneficiaries in the management of relief aid**

Disaster response assistance should never be imposed upon the beneficiaries. Effective relief and lasting rehabilitation can best be achieved where the intended beneficiaries are involved in the design, management and implementation of the assistance programme. We will strive to achieve full community participation in our relief and rehabilitation programmes.

**8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs**

All relief actions affect the prospects for long-term development, either in a positive or a negative fashion. Recognising this, we will strive to implement relief programmes, which actively reduce the beneficiaries’ vulnerability to future disasters and help create sustainable lifestyles. We will pay particular attention to environmental concerns in the design and management of relief programmes. We will also endeavour to minimise the negative impact of humanitarian assistance, seeking to avoid long-term beneficiary dependence upon external aid.

**9. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources**

We often act as an institutional link in the partnership between those who wish to assist and those who need assistance during disasters. We therefore hold ourselves accountable to both constituencies. All our dealings with donors and beneficiaries shall reflect an attitude of openness and transparency. We recognise the need to report on our activities, both from a financial perspective and the perspective of effectiveness. We recognise the obligation to ensure appropriate monitoring of aid distributions and to carry out regular assessments of the impact of disaster assistance. We will also seek to report, in an open fashion, upon the impact of our work, and the factors limiting or enhancing that impact. Our programmes will be based upon high standards of professionalism and expertise in order to minimise the wasting of valuable resources.

**10. In our information, publicity and advertising activities, we shall recognise disaster victims as dignified humans, not hopeless objects**

Respect for the disaster victim as an equal partner in action should never be lost. In our public information we shall portray an objective image of the disaster situation where the capacities and aspirations of disaster victims are highlighted, and not just their vulnerabilities and fears. While we will cooperate with the media in order to enhance public response, we will not allow external or internal demands for publicity to take precedence over the principle of maximising overall relief assistance. We will avoid competing with other disaster response agencies for media coverage in situations where such coverage may be to the detriment of the service provided to the beneficiaries or to the security of our staff or the beneficiaries.

# ANNEX II: 5 minimum commitments

|  |  |
| --- | --- |
| **5 Commitments** | **Outputs** |
| **ASSESSMENT**  **Consult separately girls, boys, women, and men**, including older people and those with disabilities, to ensure that WASH programs are designed so as to provide equitable access and reduce incidences of violence | * WASH assessments include identification of specific needs of girls, boys, women, men, including older people and persons with disability in terms of safety, dignity and equitable access * Location of WASH facilities and their design are determined through separate consultations of girls, boys, women, men, including older people and persons with disabilities in order to ensure equitable access and minimize risks of violence |
| **DESIGN**  Ensure that girls, boys, women, and men, including older people and those with disabilities have **access to appropriate and safe WASH services** | * WASH facilities are designed to respond to distinct dignity, safety and access needs (i.e. all public latrines and shower blocks are separated by sex, locks on the inside, privacy screens considered, lights, pictograms, specific design for people with disability…). This includes WASH facilities in spaces dedicated to children. * Menstrual hygiene needs of girls and women are met |
| **IMPLEMENTATION**  Ensure that girls, boys, women, and men, including older people and those with disabilities have **access to feedback & complaint mechanisms** so that corrective actions can address their specific protection and assistance needs | * WASH users (girls, boys, women, men, including elders and persons with disability) are informed of their rights and understand the feedback complaint mechanisms related to WASH programs * The cluster member organisations and coordination platforms set up a feedback mechanism with and for beneficiaries and take timely corrective actions to address safety, dignity and access issues raised by users and/or to redefine their assistance |
| **RESPONSE MONITORING**  **Monitor and evaluate safe and equitable access** **and use of WASH services** in WASH projects | * Baselines and M&E tools include the collection of sex and age disaggregated data on the access and use of WASH facilities, including on how safe people feel using WASH facilities * Collection and analysis of disaggregated data on beneficiaries and information on older people and persons with disability contributes to improving safe and equitable access and use of WASH services for vulnerable population |
| **ACROSS THE RESPONSE**  Give **priority to girls** (particularly adolescents) and **women’s participation** in the consultation process | * Specific focus group discussions are organized for women and girls during the needs assessment phase and across the response |
| **Reference Materials** | <https://www.dropbox.com/sh/a9si616itlpa0p4/AADf-_9treSMuiaQpR2yMrywa?dl=0> |

# ANNEX III: WASH KITS CONTENTS

WASH Cluster will strive to distribute WASH Kits to different groups of beneficiaries. To this end WASH Kits has been divided into five categories: Family WASH Kits, Dignity/Hygiene WASH Kits, WASH Kits for Institution, SAM/MAS WASH Kits and WASH C4D Materials

As of August 2019, the various kits contents are suggested as follows. Further work will be required in 2020 to evaluate kit contents based on post-distribution monitoring of ongoing distributions.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **#** | **Family WASH Kit**  **(max 5 person per family)** | **Dignity/ Hygiene Kit** | **WASH Kits For Institutions** | **SAM/MAS**  **WASH Kits for 1 MAS/SAM** | **WASH C4D Materials** |
| 1 months | 3 months | 1 year | N/A |  |
| Bucket with lid (20l) |  | 01 |  | 01 | 01…. |  |
| Gallon/Jerrycan (10l-14l) collapsible |  | 02 |  |  | 02 |  |
| Soap (250 g each) |  | 10 | 3 |  | 10 |  |
| Cup 500 ml |  | 1 |  |  | 1 |  |
| Cup 250 ml |  | **1** |  |  | **1** |  |
| Hand washing |  | **0** |  | 02 |  |  |
| Kettle |  |  |  |  |  |  |
| Sanitary Pad (pack of 10-12) |  |  | 6 |  |  |  |
| Raclette; |  |  |  | 1 |  |  |
| Broom; |  |  |  | 1 |  |  |
| Rake; |  |  |  | 1 |  |  |
| Shovel; |  |  |  | 1 |  |  |
| Wheelbarrow; |  |  |  | 1 |  |  |
| Pair of glove |  |  |  | 1 |  |  |
| Pair of boots; |  |  |  | 1 |  |  |
| bucket with lid (20-30 litres minimum). |  |  |  | 1 |  |  |
| Bucket with lid (>100 liters) for water storage |  |  |  | 1 |  |  |
| Child Pot |  | 01 |  |  | 1 |  |
| Aquatabs (33 mg, pack of 10 tablets) |  | 25 |  |  | 75 |  |
| Bucket of chlorine HTH (45Kg) |  |  |  | 01 |  |  |
| Cholera Tools (pack of 7 poster) |  |  |  |  |  | 01 |
| Flip chart on cholera |  |  |  |  |  | 01 |
| Video on water treatment and hand washing |  |  |  |  |  | 02 |
| Tootpaste 100ml |  |  | 01 |  |  |  |
| Face cloth |  |  | 01 |  |  |  |
| Toothbrush |  |  | 05 |  |  |  |
| Vaseline (50 ml) |  |  | 01 |  |  |  |
| Bowl (2-5l) |  | **01** |  |  |  |  |
| Sanitary pad, high absorbent, PAC-12 |  |  | 6 packs per family |  |  |  |
| Reusable menstrual pads (Set of 2 pad holders, 2 straight pads, 3 winged pads, 1 storage pouch |  |  | 2 pack per family |  |  |  |
| Underwear (Female panties, Sx3, Mx3, Lx3) |  |  | 1 pack per family |  |  |  |
| Face cloth/ multi-purpose cloth - cotton |  |  | 2 per family |  |  |  |
| Laundry detergent- 1.5kg pack, concentrated washing powder |  |  | 1 per family |  |  |  |

# ANNEX IV: Post-Distibution Monitoring (PDM)

Organisations engaged in WASH kits distributions are encouraged to consult with receiving communities in elaborating the final kit content. In addition, they are encouraged to conduct post-distribution monitoring in locations where this is feasible to be able to feed back to the WASH Cluster on the kit contents (described above).

The draft PDM form below is intended only as a rough guide to be adapted as appropriate by the distributing organisation.

# ANNEX V: Core Assessment Indicators / Questions



# ANNEX VI: Hygiene promotion materials & messages

*Forthcoming (In progress- agreed at HPTWG level, harmonization in progress)*

# ANNEX VII: Sanitary Surveys & WQM

*Forthcoming SANITARY SURVEY FORMS and WQM -done *

# ANNEX VIII: Water Designs and BoQs

*Forthcoming ( Done at SAG level, to be endorsed by the next Cluster Meeting)*

# ANNEX IX: Sanitation Designs and BoQs

*Forthcoming: Work in progress- established connection with Regional Delegation of Water and Mine for standardized designs.*

# ANNEX X: National cholera technical guidelines

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