



Somalia WASH Cluster

Strategic Operational Framework

WASH Cluster Strategies and Standards for Somalia

SUMMARY

To objective of the WASH Cluster Strategic Operational Framework (SOF) is to improve the effectiveness and the sustainability of the WASH humanitarian actions in Somalia.

*The first section of the document presents the **Somalia humanitarian landscape** and the structure of the WASH emergency mechanism, including the current cluster's architecture. It also provides a description of the core function strategy of the cluster, the Humanitarian Response Plan and the boundaries in which the cluster operates and complement the Resilience and Recovery framework (RRF) to converge towards collective outcomes.*

*The second part of the SOF provides **the standards that applies in Somalia** when delivering humanitarian WASH services, most of them being inspired from SPHERE. These standards relate to hygiene promotion, accessing to water, water quality, water facilities, human excreta management and adequate sanitation, vector control, domestic waste, drainage and WASH in health care facilities.*

*The annexes provide more details on **specific cross-cutting issues and integrated responses** such as WASH and Gender, mainstreaming protection, integrated programming with Health and Nutrition, with CCCM/Shelter and Protection, WASH and Education. Updated maps on availability of WASH services are also provided as well as the latest vulnerability map.*

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Important links

- WASH Cluster website:
<http://www.humanitarianresponse.info/en/operations/somalia/water-sanitation-hygiene>
- Sphere Standards:
<http://www.sphereproject.org/>

GUIDING PRINCIPLES

The Somalia WASH Cluster and its members;

Ascribes 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. Where the state or non-state actors are not providing such assistance themselves, we believe they must allow others to help do so. Any such assistance must be provided according to the principle of impartiality, which requires that it be provided solely on the basis of need and in proportion to need. This reflects the wider principle of non-discrimination: that no one should be discriminated against on any grounds of status, including age, gender, race, colour, ethnicity, sexual orientation, language, religion, disability, health status, political or other opinion, national or social origin”.

Ascribes to the first two **Protection** Principles:

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

Ensure that individual programmes:

- Include Water, Sanitation and Hygiene as all are critical for vulnerable communities
- Be designed to improve the long-term resilience of the community, as this is a chronic humanitarian crisis. For example, provision of sustained access to water (e.g. protected shallow wells), rather than temporary access only (e.g. water access by voucher).
- Integrate with the strategic and operational approaches of other Clusters, particularly Health, Nutrition, Agriculture and Livelihoods, Shelter (NFIs), Education, Protection and Food, and, if opportunity arises, Early Recovery and Camp Coordination & Camp Management- CCCM;
- Address cross-cutting themes (Sphere 2011): Children, Disaster Risk Reduction, environment, gender, HIV and AIDS, older people, persons with disabilities and psychosocial support.

As a minimum:

- Adhere to **SPHERE Standards** (or adapted), these are qualitative in nature and specify the minimum levels to be attained – not to be confused with the indicators that specify if the standards have been met. (Sphere standards, and agreed Somalia indicators are referred to, throughout the SOF)
- Adhere to Somalia WASH Cluster minimum technical guidelines.
- Adhere to WHO standards for drinking water quality 4th edition.

Acknowledge that Somalia is a country that will be extremely exposed to **climate change** and is likely to suffer of more severe and frequent drought cycles in the next decades and will also face more sudden-onset disasters such as flooding and cyclones.

SCOPE AND OBJECTIVE

Scope

The purpose of this document is to provide an overview of the recommended WASH standards in Somalia and the available resources for the WASH Cluster partners to reach these standards.

Objective

To improve the effectiveness and the sustainability of the WASH humanitarian action in Somalia.

Role of the WASH Cluster

The primary objective of the WASH Cluster in Somalia is to reduce diarrheal disease. The transmission of diarrheal disease is illustrated in the “F” diagram (**figure 1**). This also shows how WASH interventions including sanitation, handwashing with soap or ash, and safe water quality break the transmission routes.

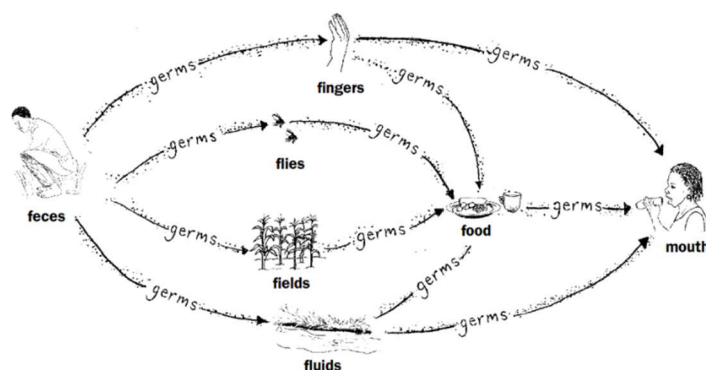


Figure 1: f-diagram is the key tool to understand the role of the WASH Cluster in preventing spread of diarrheal diseases

The role of the Somalia WASH Cluster can be further extended to the reduction of the morbidity and mortality related to water-related diseases, including water-borne diseases, water-washed diseases, water-based diseases and vector-borne diseases (**table 1**).

Categories of disease	Definition	Examples
Water-borne	Infections spread through contaminated drinking water	AWD/Cholera, rotavirus, typhoid fever, etc.
Water-washed	Diseases due to lack of water	Skin, eyes diseases, etc.
Water-based	Infections transmitted through an aquatic invertebrate organism	Lack of data for Somalia
Vector-borne	Diseases transmitted by insects in general (or other animals) that largely depend on water for their propagation	Malaria, dengue, etc.

Table 1: categories of diseases that can be prevented and control with WASH programs.

PART 1: SOMALIA HUMANITARIAN ENVIRONMENT

HUMANITARIAN LANDSCAPE

The humanitarian crisis in Somalia is among the most complex and longstanding emergencies. In 2019, more than 4 million people, half of the population, are in need of humanitarian assistance and protection. The ongoing conflict continues to reduce resilience of communities, trigger displacement and impede civilians' access to basic services (HNO).

Erratic weather patterns and extreme climatic conditions, including repeated cycles of drought, "near famine" conditions and flooding increase vulnerabilities, result to loss of livelihoods and livestock, failed crops and high prevalence of malnutrition with more than 1 million children targeted by the nutrition cluster in 2018 and 2019.

Drought, flooding, conflict and related displacements are exacerbating existing vulnerabilities, particularly among women, children, elderly, persons with disabilities and marginalized communities. Displacement from rural to urban areas has led to urban overcrowding and put additional pressure on scarce resources and services in cities and town. This is also increasing the risk of disease outbreak due to limited access to safe water and poor sanitation.

The weakness of the state and related governance challenges is among the root causes of the crisis. Despite some of the significant progress in state-building and stabilization, as well as positive political gains made over the past years, combating chronic levels of insecurity and violence with limited resources, and systematic corruption continue to be one of the major governance challenge in Somalia. The ongoing conflict also continues to reduce resilience of communities, trigger displacement and impeded civilians' access to basic services (HNO 2018). Other persistent challenges and gaps experienced in implementing WASH programs includes funding constraints and accessibility to affected population.

Access to WASH services

Unreliable access to a temporary water source and/or unprotected water is still an important feature of the WASH humanitarian landscape in Somalia. Nationwide, access to an improved water source remains below 40%, with large variations from one region to another (e.g. Bay, Gedo and Bakool below 25% each).

In most urban and sub-urban hubs and IDP settlements, access to an adequate quantity of water is often granted but water is unsafe and often microbiologically contaminated due to cross-contamination by poorly design water supply and sanitation systems.

More than half of the population lack of access to adequate sanitation. The situation is particularly critical in Lower Shabelle, Lower Juba, Gedo and Bakool (below 25% each) and in IDP settlements. Latrine safety index¹ is worryingly high in all parts of Somalia, resulting in all categories of users being at high risk of violence when using facilities.

¹ Latrine safety index: lacking two or more of the following, lockable door, lighted at night, gender separated, disable/elder access, handwashing facility

Hand washing with soap at critical moment is practiced by only a third of the population as access to soap and availability to a functional handwashing point is limited. This percentage drops to below 25% in Banadir and Hirshabelle, despite that these two states were badly affected by AWD/Cholera recently.

In drought affected regions, water scarcity and poor quality are leading causes of population displacements and conflicts, particularly in Puntland and Somaliland. In Sool and Sanag regions, respectively 69 and 35% of households need more than 30 minutes to reach their main drinking water points.

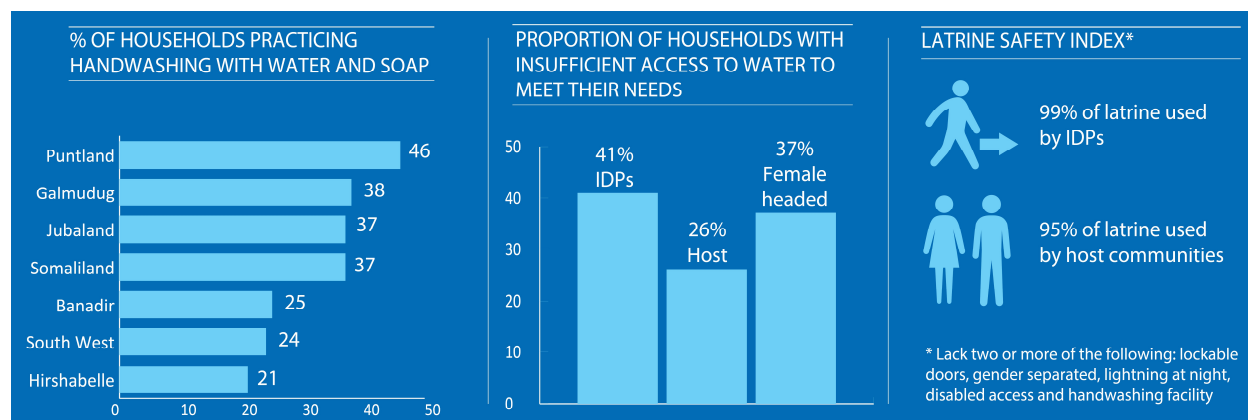


Figure 2: hand washing with soap, access to safe water and latrine safety index (HNO 2019).

Heavy rainfalls affected more than 700,000 people in 2018. WASH infrastructures suffered from important damages in more than 25 districts. Most of these infrastructures have not been repaired yet. Because of the floods and the chronic lack of investments in WASH infrastructures, Somalia continued to suffer from AWD/Cholera in 2018 and risk factors for an outbreak persist in several hotspots (Banadir, Hiraan, Middle Shabelle, Lower Juba and Bay).

AFFECTED POPULATION

About 2.9M people need urgent WASH assistance in Somalia in 2019. Among them:

- IDPs: 1.5M
- Non-IDPs/Host communities: 1.4M
- Population in rural drought hotspots: 0.5M
- Population living in AWD/Cholera hotspots: 1.2M
- Natural disaster affected/vulnerable (un-responded): 0.5M
- Women and children, and men in need of protection in relation to WASH: 2.7M

Wherever access to water and sanitation facilities is limited, women and children are increasingly exposed to violence while trying to access basic services. They will continue to be those paying the highest toll to current low access to adequate WASH services in 2019.

EMERGENCY WASH RESPONSE STRUCTURE

Persons in need of humanitarian assistance rely entirely upon humanitarian relief organizations. The relevant government to respond to crises are the Ministry of Interior and Federalism, the Ministry of Planning and International Cooperation and the Ministry of Humanitarian Affairs and Disaster Management (MoHADM) which is the nominal Federal-level interlocutor for humanitarian partners. Limited resources and funding for Government institution continues to affect their ability to carry out their constitutional mandate. In many areas, local administrators have assigned humanitarian focal points as main counterparts for humanitarian partners. These are positive developments and demonstrate the Government's increased commitment to lead humanitarian response efforts, but it is still far too early to these institutions for a crisis response. Disaster management agencies are set up at the federal level and in both Somaliland and Puntland, but little harmonization and communication exists between them (SIDA, 2017²).

The most important constraints for humanitarian agencies in Somalia revolves around security and access funding levels, corruption and to some extent political impediments. The lack of access for international staff makes it increasingly difficult to carry out monitoring and evaluation on the ground (SIDA, 2017).

At federal level, WASH Cluster meetings are co-facilitated by the Ministry of Energy and Water Resources who has assigned a focal point to attend cluster meetings, contribute to Technical Working Groups discussions and outputs and attend the Strategic Advisory Group (SAG) meetings. The Ministry of Humanitarian Affairs and Disaster Management and the Federal Ministry of Health (FMoH) have also assigned a focal person for WASH and regularly attend the cluster meetings. The same collaboration is functioning at state levels.

WASH Cluster meetings occur every 6 to 8 weeks at the national level. Meetings are attended by cluster partners, members and observers and aim to strategize and coordinate humanitarian activities at the cluster or sector level, as well as to share information on challenges and bottlenecks faced at the operational level. The WASH Cluster has a Strategic Advisory Group (SAG) to inform high level strategy and direction of the group.

The clusters are coordinated through the Inter-Cluster Coordination Team (ICCG) in the area of common concerns. Inter-cluster coordination is a collaborative forum to assure coherence in achieving common objectives, avoiding duplication and ensuring areas of need are collectively prioritized where possible.

The ICCG meeting takes place at the national level approximately every 3 weeks basis and is guided by the Humanitarian Country Team (HCT) which serves as a strategic, policy-level and decision-making forum that guides principled humanitarian action in Somalia. The 'core' HCT is composed of the Humanitarian Coordinator (HC), six representatives of UN humanitarian agencies (including those with cluster lead responsibilities), six representatives of non-governmental organizations (NGO) and one representative of the UN Secretariat (OCHA).

At the sub-national level, humanitarian coordination is facilitated through a number of mechanisms including regional Inter-Cluster Coordination Groups (R-ICCG), WASH Cluster Regional Focal Points (RFPs) and WASH Cluster Zonal Focal Points (ZFPs) in Somaliland and Puntland. A network of District Focal Points

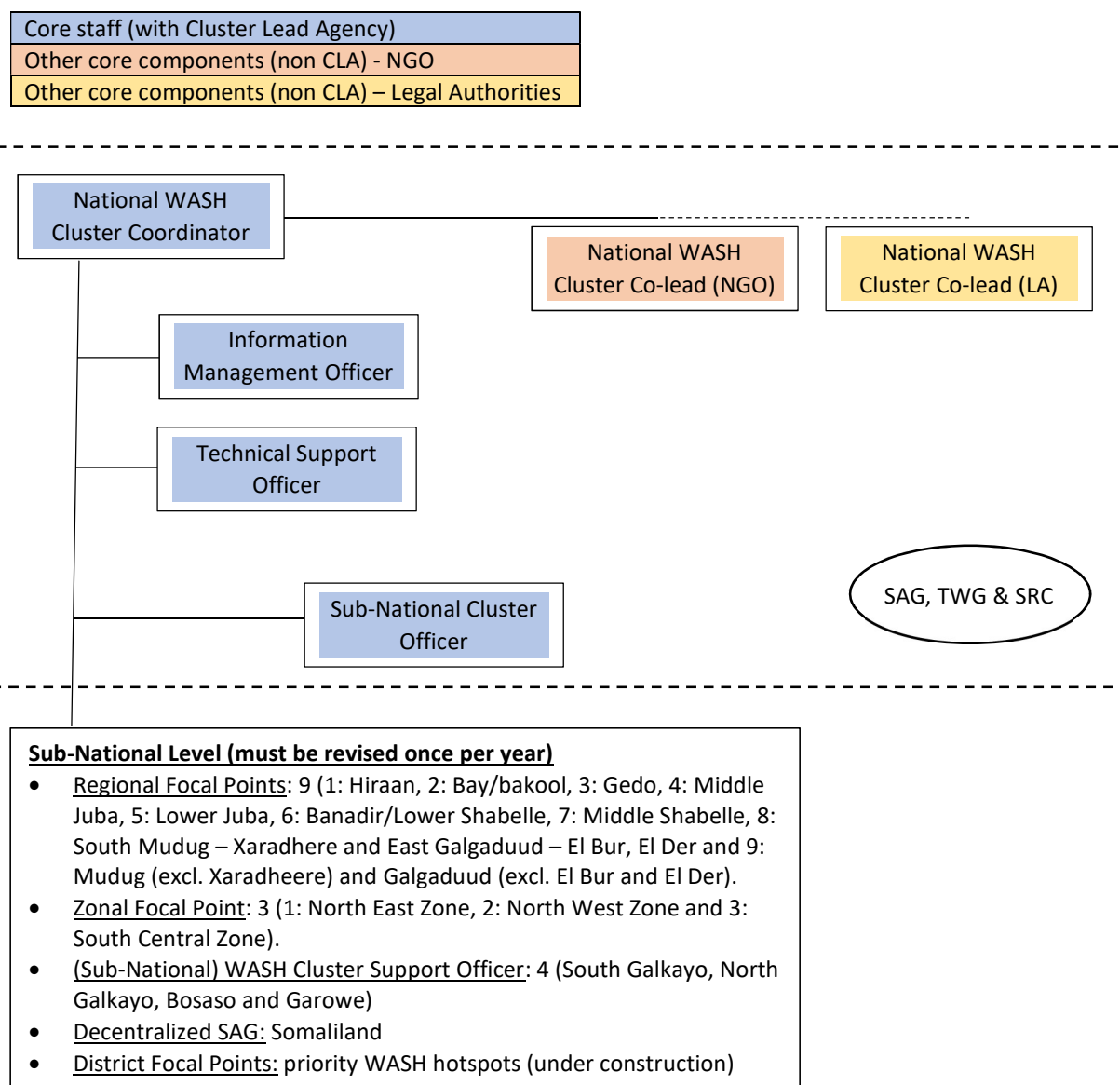
² SIDA, 2017: Somalia Humanitarian Crises Analysis 2017, February 2017.

(DFPs) is also being re-established as part of the cluster Emergency Response Preparedness (ERP), to be activated in case of emergency.

WASH Cluster Architecture

The architecture of the cluster is composed of a core team of four persons based in Mogadishu (WASH Cluster Coordinator, National Support Officer, National Information Manager and an NGO-based co-lead). All these positions are filled (February 2019).

All other structures (SAG, TWG, RFPs, Cluster Review Committee) are based on voluntary commitments of cluster partners. In total 32 different cluster partners contribute to the functioning of the cluster, most of them being NGOs, for a total of 55 active members listed in the 2019 HRP.



The role of the different support groups is summarized below:

Strategic Advisory Group

The SAG is a group composed of Ministry representatives, international and national NGOs, the WASH Cluster team and representative of UN agencies. It advises the cluster on the strategic direction to follow to ensure the cluster perform well against its core functions. The SAG meets every 3 months in Mogadishu. The terms of references of the SAG explains in detail its key responsibilities. Members are elected by WASH Cluster members every two years.

Cluster Review Committee

The Cluster Review Committee for the WASH Cluster is responsible for the strategic and technical review of project proposals received for the SHF funding allocations. Only active cluster members can be part of the CRC. The CRC is fully Mogadishu-based. The CRC also review and prioritize projects submitted into the OPS during the Humanitarian Project Cycle (HRP/HPC).

The CRC is composed of international and national NGOs, the WASH Cluster team and representative of UN agencies. The terms of references of the SAG explains in detail its key responsibilities. Members are elected by WASH Cluster members every two years.

Technical Working Groups

There are three TWGs to support the cluster to deliver against its core functions:

(a) WASH related diseases TWG:

Joint TWG with the Health Cluster. Its key role is to develop and ensure the proper implementation of strategies and technical guidelines to prevent the spread of WASH-related diseases (mainly AWD/Cholera, but not only). Members have been elected by WASH Cluster members.

(b) Guidelines and Standards TWG:

Tasked to develop technical guidelines for water, hygiene, sanitation and WASH in institutions and to update the Standard Operating Framework yearly. The document produced through the group are later endorsed by the Somalia Legal Authorities and can be used for implementing the WASH projects but also monitoring.

(c) Market Based Programming and Cash Based Interventions (MBP/CBI) TWG:

Tasked to develop guidance for the use of cash modality in Somalia and to monitor the scaling up and the appropriate use of it beyond water trucking. The TWG also has capacity building and capitalizing on lessons learnt in its terms of reference.

SOMALIA WASH CLUSTER STRATEGIES

The backbone of the WASH Cluster response mechanism is composed of three key documents:

- The WASH Cluster Humanitarian Response Plan and the Humanitarian Needs Overview (HRP/HNO) providing the strategic objectives of the cluster to deliver services to affected populations, the modalities to deliver these services and an overview of the WASH humanitarian needs;
- The WASH Cluster six core functions strategy to strengthen the performance of the cluster to deliver against its mandate and be accountable to its members and the affected populations.
- The present Strategic Operational Framework providing details on standards and guidelines that apply in Somalia.

Humanitarian Response Plan (HRP)

Refer to annex 2 for more details

This section is updated every month of January

The HRP is prepared by the clusters on a yearly basis for Somalia. The plan articulates the shared vision of how to respond to the assessed and expressed needs of the affected population. The development of a strategic response plan is a key step in the humanitarian programme cycle and is carried out only when the needs have been understood and analyzed through the Humanitarian Needs Overview (HNO).

The Somalia response plan(s) are composed of the following major axis:

- In time of WASH-related disease outbreak (if any) and/or sudden-onset disaster with or without population displacements, partners will deliver emergency temporary services to address life-saving needs and reduce WASH-related mortality/morbidity.
- In localized drought and AWD/Cholera historical hotspots, within humanitarian boundaries as established by the cluster, partners will deliver sustainable WASH solutions when feasible to progressively improve the water and sanitation ladder and improve health status of targeted communities.
- WASH Cluster partners will contribute to health, nutrition and education outcomes in ensuring access to safe water supply, adequate sanitation and hygiene promotion in health facilities of all types (cholera, nutrition, primary health care, etc.) and schools and implement integrated approaches when relevant in communities to sustain health and nutrition outcomes.
- A strong protection lens will be applied to reduce risk of violence against users, particularly women and children, and other vulnerable groups when accessing WASH facilities.

From 2019 onwards, a Targeting Guidance is provided with the HRP to allow partners to better target their projects and contribute to the strategic objectives of the Somalia Humanitarian Response Plan 2019 (HRP) in the most in need locations. It provides more detailed information to develop proposals, identify key locations, people in need and activities that are aligned with strategic directions set by the cluster, the Inter-Cluster Coordination Group (ICCG) and the Humanitarian Country Team (HCT). The content of the targeting guidance is as below:

- The first part of the document provides more details on the WASH sections of the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP).

- Boundaries between humanitarian actions and development are also defined in the document. In disaster contexts (man-made or natural), the cluster do not have specific **boundaries**. The cluster targets all the people in need. However, in chronically underserved locations, the cluster sets boundaries between humanitarian actions (what is within the HRP scope) and development. These boundaries provide guidance to partners to select the most in need populations in locations where they intend to implement sustainable activities and contribute to resilience.
- A section of the document identifies possible areas of **gaps and duplication** in Somalia.
- Some **recommendations** are also provided to partners to develop their project proposals.
- Several **annexes** are provided with some recent assessment details, including the Joint Multi-Cluster Needs Analysis (JMCNA) and the Food Security and Needs Analysis Unit (FSNAU).

The collective outcomes and WASH humanitarian boundaries.

While the HRP will concentrate efforts on core live-saving activities and protection, some interventions still include delivery of the basic services and livelihood support. In line with the ‘New Way of Working’, humanitarian partners will continue to reach out to development and resilience actors, donors and government to address the underlying causes of humanitarian needs and gradually transition the delivery of basic social services to such actors. Building long-term resilience and addressing displacement in a context of rapid urbanization requires efforts that go beyond humanitarian response. To facilitate collaboration with development and stability actors on durable solutions to displacement and resilience-building, all projects within the HRP have applied a **Resilience/Durable Solution filter** to show whether and how they could link into resilience building or durable solutions processes (HRP, 2019).

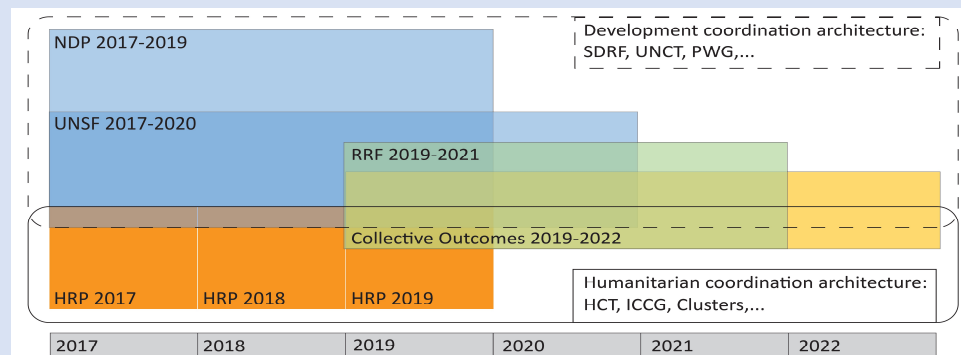


Table 2: Humanitarian, Resilience and Development plans and framework in Somalia (2019).

Resilience/Durable Solution filter

Humanitarian partners are suggested to work on durable solutions within the scope of the HRP in those areas, either in emergency situation or not:

- AWD/Cholera and flood hotspots:
 - Regions identified with an attack rate above a certain threshold and/or;
 - Regions with a minimum number of consecutive weeks to report cases and/or;
 - Regions where cholera re-appeared after a period of zero cases.
- Historical pockets of drought:
 - Populations with a critical prevalence of acute malnutrition and/or;
 - Population with a minimum percentage of children with Middle-Upper Arm Circumferences below the 125mm thresholds.
- IDP settlements identified as priority through national assessments (FSNAU and others).

Early each year, the WASH Cluster will provide the locations and the thresholds in the targeting guidance.

Core function strategy (6 cf strategy)

Refer to annex 3 for more details

This section is updated in January 2021

The six core functions referred to in this strategy³ are adapted from the Inter-Agency Standing Committee (IASC) reference module for cluster coordination at country level outlining the basic elements of cluster coordination and intends to serve as a reference guide for field practitioners to improve humanitarian outcomes.

Adapted to Somalia, the strategy aims at enhancing the cluster's performance to contribute to reducing morbi/mortality related to WASH diseases among populations affected by disasters.

The Somalia six core functions strategy provides recommendations, minimum requirements for a cluster to perform well, activities and a timeframe to enhance emergency services delivery, informed decision-making, development of plans and strategies, monitoring and evaluation, capacity building, advocacy capacity of the Somalia WASH Cluster and accountability to affected population.

The action plan unrolls activities for the coming three years (2018-2020) and integrates key Humanitarian concerns and priorities for Somalia such as linking emergency response with recovery/resilience, Centrality, enhancing the use of Cash and Market and the Centrality of Protection.

The 6 core functions strategy is updated every year through the Strategic Advisory Group (SAG). In 2020, it should be entirely revised to be extended for an additional three years if requested.

³ 6 Core Functions Strategy: to be found here.

PART 2: STANDARDS AND INDICATORS

Standard 1.

Hygiene promotion implementation

a.

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.

Key indicators

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

b.

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

Key indicators

- Women, men and children have access to hygiene items and these are used effectively to maintain health, dignity and well-being.
- All women and girls of menstruating age are provided with appropriate materials for menstrual hygiene following consultation with the affected population.

Additional notes for Somalia

The recommended content of a basic hygiene kit for Somalia is as below:

10-20 litre capacity water container for transportation	One per household
10-20 litre capacity water container for storage	One per household
250g bathing soap	One per person per month
200g laundry soap	One per person per month
Acceptable material for menstrual hygiene e.g. washable cotton cloth	One per person

Additional items may be considered based on contexts and if they could potentially decrease the morbidity related to diarrheal diseases (e.g. kettles to improve compliance to hand washing may be considered in locations where maintenance of fixed hand washing points is not possible). Nail cutter, comb, tooth brushes, etc. are not considered as essential items in an hygiene kits, at least for the first 2-4 weeks of an emergency response.

Community mobilisers, hygiene promoters or any other staff working with communities are key staff in hygiene promotion interventions aiming at decreasing risks of transmission of diarrheal diseases. The below apply to Somalia:

Number/coverage:

- At least one community mobiliser (CM) or hygiene promoter (HP) per 500 people.
- At least 40% of CMs or HPs should be women.

Community Mobilisers:

- Should have been trained on hygiene promotion (either through global tools or NGO partners in-house training);
- Can be volunteer or working with incentives (cash below 30 \$/month);
- Each group of 15 to 20 CMs should be supervised by one Hygiene Promoter (HP) staff.

Hygiene Promoters:

- Should be trained using the Hygiene promotion in emergency global tools (5 days in total);
- Should report to a HP manager or a WASH manager;
- Minimal duration of hygiene promotion project lengths should be at least 6 months.

Standard 2.
Access and water quantity

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

Key indicators

- Average water use for drinking, cooking and personal hygiene in any household is at least 15 liters per person per day.
- The maximum distance from any household to the nearest water point is 500 meters.
- Queuing time at a water source is no more than 30 minutes

Additional notes for Somalia

The estimated maximum number of people per water points in Somalia is as below:

- 500 persons per handpump based on a yield of 17 litres /minute;
- 400 persons for protected shallow well (or target population/communities if less);
- 400 persons per berkad based on a yield of 12.5 litres per minute;
- 400 persons for shallow well with motorized pump;
- 5,000 persons per mechanized borehole (or less depending on yield);
- 250 persons per tap, based on a flow rate of 7.5 litres per minute, representing 1,500 persons per tap-stands if flow rate allows.
- 1,000 persons per sand dams (can be adapted depending on number of wells).

In Somalia, the basic survival needs apply to reduce spread of diarrheal diseases:

Survival needs: water intake (drinking and food)	2.5 to 3 litres per day	Depends on the climate and individual physiology
Basic hygiene practices	2 to 6 litres per day	Depends on social and cultural norms
Basic cooking needs	3 to 6 litres per day	Depends on food type and social and cultural norms
Total basic water needs	7.5 to 15 litres per day	

Other considerations during emergency response include:

- Drought: at least 5 litres per person per day of chlorinated (0.2 to 0.5mg/l FRC) water at the early stage of the crises and 7.5 litres per person per day no after 3 months. Working towards achieving the standard of 15 litres per person after 6 months. Needs for livestock must be addressed by Food Security Cluster partners if present in the location;
- IDP settings: at least 7.5 litres per person per day of chlorinated (0.2 to 0.5mg/l FRC) water after 3 months. Working towards achieving the standard of 15 litres per person after 6 months;
- AWD/Cholera response: 15 litres per person per day of chlorinated (0.5mg/l FRC) water;
- Non-emergency settings (e.g. urban/rural water scheme): minimum 15 litres per person per day.

Additional guidance includes:

- All constructions and activities implemented as per the WASH Cluster technical guidelines if available;
- Sustainable water interventions (new/rehabilitation of boreholes, new/rehabilitation of protected shallow wells, super berkads, sub-surface dams, etc.) are preferred over temporary interventions, to improve resilience.
- Mechanism must be in place to ensure functionality of the water supply system even after the end of the project period.
- If temporary access to safe water is required, a voucher system is preferred over direct water trucking (blanket distribution), as it increases accountability and the chance of water being received by the most vulnerable.
- Water trucking must be considered as the last resort option to supply water, and systematically followed by an exit strategy to ensure that water services will be sustained after the acute phase of the response. The recommended maximum duration of all water trucking services should not exceed 3 months.

Standard 3.
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.

Key indicators

- There are no fecal coliforms per 100ml of water at the point of delivery and use.
- Any household level water treatment options used are effective in improving microbiological water quality and accompanied by appropriate training, promotion and monitoring.
- There is no outbreak of water-borne or water-related diseases.

Additional notes for Somalia

- The indicators that apply to monitor the quality of the water in emergency are the turbidity, the Free Residual Chlorine Concentration, the pH and the presence/absence of pathogens (table x).

Table x: Water quality parameters of importance in emergency situation.		
Parameters	Guide values	Remarks
Turbidity	Less than 5 NTU	Less than 10 NTU in acute phase if no other safer option exists. If the water is too turbid, chlorination is not effective.
Chlorine Residual (FRC)	Around 0.5 mg/l	Between 0.2 mg/l and 0.5 mg/l is the usual range. <ul style="list-style-type: none"> • Above 1 mg/l water may be rejected by population due to the bad taste • Below 0.2 mg/l water may not be safe for drinking after it has been stored in households
pH	Around 7	Measuring pH is important when water is chlorinated. <ul style="list-style-type: none"> • If pH is <8 allow a contact time between chlorine and water of 30 minutes before distribution. • If pH is >8 allow a contact time between chlorine and water of 60 minutes before distribution.
Fecal coliform	0 CFU per 100 ml	It is not a priority to test fecal coliform at the early stage of an emergency as water should be chlorinated. A sanitary survey can provide information on whether a water source is at risk of contamination. Bacteriological tests can be conducted one month after the onset of disaster using portable equipment.

- Where equipment is not available to measure faecal coliforms, a sanitary survey confirms low risk of contamination⁴. The use of rapid bacteriological rapid test to detect microbiological contamination can also be considered as a complement to a sanitary survey.
- After all types of rehabilitation or new construction, all wells (drilled or hand-dug) are disinfected with 50 to 100 mg/l of chlorine solution with a contact time of 2 hours, water pumped out until chlorine concentration and turbidity reached acceptable levels (0.5 mg/l FRC and less than 5 NTU). Rehabilitation and repairs of all groundwater sources must strictly follow WASH Cluster's technical guidelines⁵.
- In case of AWD/Cholera outbreak and/or if a well has been contaminated during a flood event, a one-time disinfection may be recommended provided that the following applies:
 - There are no contamination sources nearby the well that would re-contaminate the well within a few hours. If it is the case, the well should be sealed and not be used as it represent a permanent risk for public health.
 - After (or before) the emergency chlorination, a plan is in place to rehabilitate the well (casing, headwall, apron and pump), decommission all sources of microbiological contamination in the vicinity (30m radius) and equip the well with an appropriate pumping installation.
 - If there are no other options than re-chlorination of the well: the free residual chlorine must be monitored at least three times per day (to avoid excessive chlorination). The recommended between 0.2 and 0.5 mg/l). Some devices allow the slow release of chlorine in water reservoirs and could be considered as an option in emergency situations.
- All water provided by water trucking with/without voucher must have a FRC maintained as per above guidelines at point of delivery. Water quality and FRC must be tested within households to ensure that population has the adequate containers to transport and store water in adequate manner.
- In some circumstances, beneficiaries of water access by voucher and/or water trucking should also receive water treatment tablets to provide a second barrier to ensure provision of safe water
- Sensitization sessions activities are conducted in parallel of hygiene promotion to create a demand for chlorination and ensure population understand the objective of avoiding spread of pathogens.
- All elevated tanks have ladders to allow chlorination team to access the tank for chlorination and/or for routine cleaning.
- Whenever possible, seek support from local authorities (leaders, district commissioners, religious leaders, etc.) to enforce water chlorination if needed and compliance to WASH Cluster guidelines.
- A sustainable source of safe water is preferred to a temporary system, at the condition that this doesn't not represent a threat to public health.

⁴ Sanitary survey. [Link](#).

⁵ Groundwater guidelines [link here](#).

Standard 4. Water facilities

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

Key indicators

- Each household has at least two clean water collecting containers of 10-20 liters, one for storage and one for transportation.
- Water collection and storage containers have narrow necks and/or covers for buckets and other safe means of storage, for safe drawing and handling, and are demonstrably used.

Additional notes for Somalia

Water distribution systems

- Temporary reservoirs can be quickly operational: from a few minutes for a bladder or an onion tank or plastic tank till some hours for a reservoir with a frame.
- A drainage system must be installed around the reservoir's base and around the distribution points to avoid rapid deterioration.
- Install a shadow net over the reservoir to protect it at least against direct sunlight. This helps to avoid that the water in the tank gets warm. It will also protect the plastic liner against UV-irradiation, which renders the material brittle over a prolonged period.
- Build a fence to avoid kids playing with or on the reservoir. It is also strongly recommended to have an attendant at the reservoir for safety, operation and maintenance.
- Metal construction scaffolding can be used to construct a water tower, permitting the relatively rapid installation of reservoirs on rather high elevations (e.g. 3 m). Only professional scaffolding should be installed on solid underground (preferably concrete foundations) to avoid the risk of collapse once the reservoir is filled. This solution is particularly useful where a centralized water supply system is required (e.g. in a health structure or a school or even in a camp).
- Even with the self-closing taps, spillage is inevitable. A proper drainage is essential as of the beginning of the installation.
- Choose a site to install the tap-stand. The site must permit a good drainage for rain and spilled water, and must be easily accessible for the users, especially vulnerable groups.
- The tap-stands must be connected to the reservoirs to ensure a correct pressure and flow (minimum of 10 l/ min) at the taps in creating the right height difference between the tap-stands and the reservoir and/or by choosing the right type and proper diameter of pipe.
- In case the water flow at the tap-stand would be too high, it can be artificially reduced by installing a partially closed gate valve at its inlet.
- If a soak away pit is chosen to dispose of the spilled water, allow a minimum distance of 3 m away from the tap-stands. During the first days of an emergency, the evacuation of the spilled water can be done via a gravel pit.
- There are different models of tap-stands available, but most of them do have 6 self-closing taps.

Storage of water inside household

- Whatever the treatment method used, water must be stored in clean, covered containers and kept in the cool and dark place.
- Wide-necked containers such as a bucket fitted with a tight-fitting lid are the best as they are easy to clean between uses.
- It is important to encourage users to wash their hands with soap before handling drinking water and to fit a tap to the storage container so that water can be poured directly into a cup or a bowl.

Standard 5.

Environment free from human feces

The living environment in general and specifically the habitat, food production areas, public centers and surroundings of drinking water sources are free from human fecal contamination.

Key indicators

- The environment in which the affected population lives is free from human feces.
- All excreta containment measures are at least 30 meters away from any groundwater sources. The bottom of any latrine or soak-away pit is at least 1.5 meters above the water table.
- Toilets are used in the most hygienic way possible and children's feces are disposed of immediately and hygienically.
- All human excreta is disposed of in a manner safe to public health and the environment.

Additional notes for Somalia

- Immediately after a crisis, control indiscriminate open defecation as a matter of urgency. Establish improved trench latrine, site and build communal toilets and start a concerted hygiene campaign.
- Establish facilities in newly constructed or underserved settlements, or in those with substantially damaged infrastructure to immediately contain excreta.
- Decontaminate any faeces-contaminated living, learning and working spaces or water sources immediately.
- Design and construct all excreta management facilities to minimize access to the excreta by problem vectors.
- Design and construct all excreta management facilities based on a risk assessment of potential contamination of any nearby surface water or ground water source.
- Prevent defecation near all water sources, water storage and water treatment facilities.
- Do not establish defecation areas uphill or upwind of settlements. Do not establish them along public roads, near communal facilities (especially health and nutrition facilities).
- Children's faeces are commonly more dangerous than those of adults. Excreta-related infection among children is frequently higher and children may not have developed antibodies to infections. Provide parents and caregivers with information about safe disposal of children's faeces.
- In floods, IDPs or urban crises, appropriate excreta containment facilities can be especially difficult to provide. In these situations, consider raised toilets or sewage/pit containment tanks. Support these different approaches with hygiene promotion activities.
- Drainage or spillage from defecation systems must not contaminate surface water or shallow groundwater sources.
- Community based small scale desludging providers are formed and their capacity built for safe sludge removal and disposal. Desludging is the removal of excreta from the pit or tank, and transport to an off-site treatment and disposal facility. If desludging is required, it must be designed into operation and maintenance processes.

Operation/Use:

- Ensure users has been sensitized on the correct use, appropriate maintenance, hand washing and other basic hygiene practices;
- Ensure users have been targeted by hygiene promotion campaign with hygiene kit distribution before using the toilets/latrines;
- Ensure users understand the importance of having a functional hand washing facility (with soap and water) next to the toilet.

Maintenance:

- Establish and train WASH committee in Hygiene Promotion, use and maintenance of sanitation facilities;
- Before the construction, agree on responsibility for cleaning, refilling handwashing water and hygiene promotion in community (e.g; rotation system between families for cleaning and refilling water. The WASH committee monitors implementation of maintenance activities, with pre-agreements on how to address possible lack of compliance);
- Ensure that the slab and surroundings are cleaned every day (do not use disinfectant in large quantities as it may affect the bacterial degradation of the waste resulting in bad smells and the pit being filled faster);
- Ensure surroundings of latrines are well drained;
- Build community capacity and encourage them to de-sludge filled pits either by themselves (if trained and equipped) or through a dedicated service provider when required.

Standard 6.

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.

Key indicators

- Toilets are appropriately designed, built and located to meet the following requirements:
 - They can be used safely by all sections of the population, including children, older people, pregnant women and persons with disabilities.
 - They are sited in such a way to minimize security threats to users, especially women and girls, throughout the day and the night.
 - They provide a degree of privacy in line with the norms of the users.
 - They allow for the disposal of women’s menstrual hygiene materials and provide women with the necessary privacy for washing menstrual hygiene material.
 - They are sufficiently easy to use and keep clean and do not present a health hazard to the environment.
- Use of toilets is arranged by household(s) and/or per group of households in such a way that it reduces risk of violence against users, especially women and children, and it facilitates proper maintenance.

Additional notes for Somalia

In Somalia, the below minimum numbers of drop-hole apply to reduce spread of diarrheal diseases:

Coverage	<p>Initial Phase of Emergency: Less than 50 persons (around 8 households) per latrine in dense target population (IDPs and dense urban contexts).</p> <p>As soon as possible (the later after 6 months): Minimum 1 Latrine per 20 persons (around 3 households) – This is considered as the maximum that can be reached in many IDPs/crowded contexts where space is limited. Preferably households with familial affinity.</p> <p>Aiming for 1 latrine per household in stabilized context and if this brings an added value in terms of safety and/or public health.</p>
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Water requirements at sanitation points are as below:

Public toilets	<ul style="list-style-type: none">• 1 to 2 litres per user per day for hand washing• 2 to 8 litres per cubicle/drophole per day for toilet cleaning
All flushing toilets	<ul style="list-style-type: none">• 20 to 40 litres per user per day for conventional flushing toilets connected to a sewer.• 3 to 5 litres per user per day for pour-flush toilets.
Anal washing	<ul style="list-style-type: none">• 1 to 2 litres per person per day

- As often as possible, build separate toilet for males and females. Make sure they are clearly marked in pictorial form for illiterate users and work with community to ensure they are used by the indicated gender. In exceptional circumstances, toilets are provided per group of households in such a way that it reduces risk of violence against users, especially women and children, and it facilitates proper maintenance. This option must be agreed in consultation with the community, including after consultation with group of women.
- Build latrines in safe location, as agreed with women and girls in the design phase. Women may prefer private locations for toilets – away from public view. This may be achieved by a screen or a fence in front of the toilet.
- The latrine must have a rigid door (wooden or iron sheet), lockable from inside and fixed on a solid frame to allow a minimum of privacy and security for the users, in particular women and children.
- Children should be able to use and reach door handles and locks.
- Install lights near communal facilities. If lighting is not possible, consider coordinating with NFI sector for the provision of solar lamps / torches for each household.
- At least 10% of the toilets must be adapted to disabled/elderly (based on needs identified).
- Ensure that the bottom of pits is 1.5m above maximum groundwater table to avoid contamination.
- Provide appropriate handwashing facilities nearby the latrine that can be locally assembled and maintained. Ensure there is a proper drainage around the latrine and near the handwashing station to avoid any water logging in the vicinity.
- Allow for the disposal of women’s menstrual hygiene materials with a separate bin with a cover/lid, or any other suitable option accepted by users to reduce flies’ density.
- Minimize fly and mosquito breeding through:
 - Continuous backfilling of excreta (for trench latrine);
 - Provision of a well fitted lid (for simple pit latrine);
 - Provision of the appropriate ventilation system, drop-hole size, vent pipe diameter and mesh size for the net at the outlet of the ventilation pipe (for VIP system).

Other consideration during emergency response include;

- Where utilization of handwashing stations is low, alternative mechanisms are established to provide handwashing at household level.
- In non-IDPs settings, Community Led Total Sanitation could be considered as an option, but certainly not as default option.
- Separate, internally lockable toilets for women and men are available in public places, such as markets, distribution centres, health centres, schools, etc. Households should be encouraged to enhance facility privacy by having locks on the latrines
- Toilets are no more than 50 metres from target households Use of toilets is arranged by household(s) and/or segregated by sex as soon as possible.
- All the affected population is satisfied with the process of consultation and with the toilet facilities provided and uses them appropriately

Standard 7.

Individual and family protection against vector-borne diseases

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 or well-being.

Key indicators

- All populations have access to shelters that do not harbor or encourage the growth of vector populations and are protected by appropriate vector control measures.
- All people supplied with insecticide-treated mosquito nets use them effectively.
- All food stored at the household level is protected from contamination by vectors such as flies, insects and rodents.

Additional notes for Somalia

Assessment of risk factors

Decision about vector control response is based on an assessment of potential disease and other risks. Review suspected and confirmed cases during the previous two years in the defined area. Other factors influencing this risk include:

- Immunity status of the population, including previous exposure and nutritional and other stresses;
- Movement of population from a non-endemic to an endemic area during displacement;
- Increased exposure to vectors as a result of proximity, settlement pattern, shelter type, existing individual protection and avoidance measures.

Removing or modifying vector breeding and feeding sites. Many WASH activities can have a major impact on breeding and feeding sites, including:

- Eliminating stagnant water or wet areas around water distribution points, bathing areas and laundries;
- Managing solid waste storage at household level, during collection and transportation, and at treatment and disposal sites;
- Providing lids for water containers;
- Managing excreta;
- Cleaning toilets slabs and superstructures to dissuade vector presence;
- Sealing offset toilet pits to ensure no faeces enters the environment and problem vectors do not enter the pits;
- Running hygiene promotion programmes on general cleanliness;

Environmental engineering responses and measures to reduce vector breeding include:

- Proper disposal of human and animal excreta, properly functioning toilets, and keeping lids on the squatting hole of pit toilets;
- Proper disposal of solid waste to control insects and rodents;
- Ensuring good drainage in settlements;
- Draining standing water and clearing vegetation around open canals and ponds to control mosquitoes.

Standard 8.

Collection and disposal of domestic waste

The affected population has an environment not littered by solid waste and has the means to dispose of their domestic waste conveniently and effectively.

Key indicators

- All waste generated by populations living in settlements is removed from the immediate living environment on a daily basis, and from the settlement environment a minimum of twice a week.
- At least one 100-liters refuse container is available per 10 households, where domestic refuse is not buried on site.

Additional notes for Somalia

Waste disposal involves collection and disposal of waste which if unattended appropriately can pose public health risks and have a negative impact on the environment. The risks involved can arise from breeding of flies or rodents thriving on solid waste. Solid waste block drainages leading to increased risk of flooding, resulting in environmental health problems associated with stagnant and polluted water surfaces and can be a risk for infectious diseases particularly diarrhea.

Below guidance apply in emergency situations:

- Partners must encourage clean up campaigns and solid waste disposal like the digging of garbage pits at communal and household level.
- All households have access to refuse containers emptied twice a week at minimum and no more than 100 meters from communal refuse pit
- Routine should be established for the storage, collection and disposal of garbage. This is particularly important in high-density sites such as camps and unregulated settlements.
- For storing garbage, one (100 liters) container should be provided per 100 families. Two hundred liters metal drums cut in half are often used. If possible, containers should have lids and drainage holes in the bottom. Containers should be placed throughout the area at a maximum distance of 25 m from each dwelling.
- Garbage should be collected regularly from containers, at least twice a week. Settings near a city may benefit from local refuse services. It is expensive to use tractors with trailers and this should be a last option, employed only in large and densely populated settings. Wheelbarrows or carts, hauled by hand or animals are usually more appropriate.
- Domestic, market and commercial waste must be emptied at least twice a week and more frequently if required. This is an essential requirement, to break fly-breeding cycles and ensure waste does not fester and become a nuisance.
- If waste is to be buried on-site in either household or communal pits, it should be covered daily with a thin layer of earth to prevent it attracting vectors and rodents.
- If children's feces/nappies are being disposed of, they should be covered with earth.
- Disposal sites should be fenced off to prevent accidents and access by children and animals.

Standard 9. Drainage

People have an environment in which health risks and other risks posed by water erosion and standing water are minimized.

Key indicators

- Water point drainage is well planned, built and maintained. This includes drainage from washing and bathing areas as well as water collection points and hand washing facilities.
- Shelters, paths and water and sanitation facilities are not flooded or eroded by water.

Additional notes for Somalia

Surface water in or near settlements may come from households and water points spillage, rain water or rising flood water. Health risks associated with surface water include contamination of water supplies and living environment, damage to shelters/dwellings, disease vector proliferation and drowning.

Surface runoff water (from precipitation) can be evacuated directly to surface water like streams and rivers. However, runoff water should not be contaminated and enter in contact with wastewater before it is discharged in the environment.

Standard 10.

WASH in healthcare settings and other institutions

All healthcare settings maintain minimum WASH infection prevention and control standards, including in diseases outbreaks.

Additional notes for Somalia

Provide a reliable water supply of sufficient quantity and quality, appropriate to the health care setting.

- Store at least 48 hours' worth of safe water (chlorinated) to ensure a constant supply and a backup in case of supply breakdown;
- In outbreak situation: increase water quantities and monitor chlorination.

Minimum water supply for institutions is as below:

Health centres and hospitals	<ul style="list-style-type: none">• 5 litres per outpatient• 40–60 litres per inpatient per day• Additional quantities may be needed for laundry Equipment, flushing toilets, etc.
Cholera centres	<ul style="list-style-type: none">• 60 litres per patient per day• 15 litres per care giver per day
Therapeutic feeding centres	<ul style="list-style-type: none">• 30 litres per inpatient per day• 15 litres per care giver per day
Reception/transit Centres	<ul style="list-style-type: none">• 15 litres per person per day if stay is more than one day• 3 litres per person per day if stay is limited to day-time
Schools	<ul style="list-style-type: none">• 3 litres per pupil per day for drinking and hand washing• (Use for toilets not included: see Public toilets below)

Provide sufficient excreta disposal facilities to limit disease transmission.

- Provide commode chairs and bucket toilets for those facing mobility barriers;
- Clean sanitation facilities (toilets, showers, washing areas) with water and detergent. Avoid using strong detergent in toilets;
- In all type of institutions, staff (health workers, teachers, etc.) may request for their own toilet. This as to be evaluated on a case by case basis.
- In outbreak situation:
 - provide excreta disposal facilities in each zone of the health care setting;
 - adapt materials and supplies for the specific disease, such as cholera beds and excreta and vomit buckets;
 - determine any extra precautions needed for cleaning, decommissioning and desludging excreta facilities and equipment.

Minimum sanitation facilities in institutions are as below:

Health Facility	<ul style="list-style-type: none"> • 1 toilet per 20 beds or 50 out-patients in the emergency phase. • 1 toilet to 10 beds or 20 out-patients in the long term.
Feeding Centre	<ul style="list-style-type: none"> • 1 toilet per 50 adults and 1 toilet per 20 children in the emergency phase. • 1 toilet per 20 adults and 1 toilet per 10 children in the long term.
School	<ul style="list-style-type: none"> • Minimum of 2 toilets per school in different locations – one for girls and one for boys, progressing to 1 toilet to 30 girls, and 1 toilet to 60 boys.

Handle, treat and dispose of waste correctly.

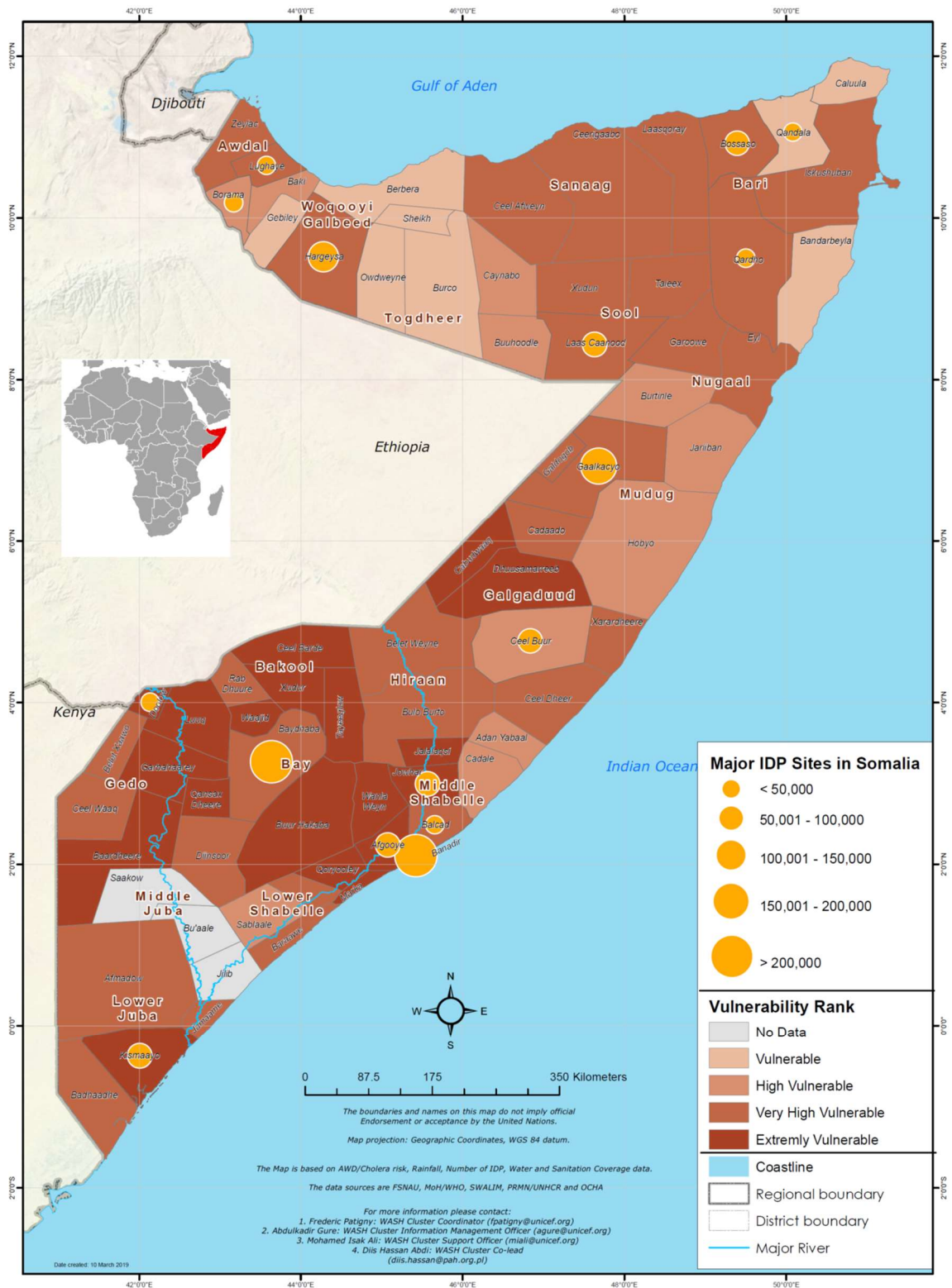
- Segregate healthcare waste at point of generation using the three-bin method.
- Train all health care workers in waste segregation and management.
- Ensure that designated teams wear Personal Protective Equipment (PPE) to collect, treat and dispose of waste (minimum: gloves and boots).

ANNEXES

1. Map 1: vulnerability map (updated March 2019)
2. Humanitarian Response Plan (HRP) - Summary
3. WASH Cluster 6 core functions strategy - Summary
4. List of guidelines developed by the cluster
5. Protection and WASH in Somalia
6. Gender and WASH in Somalia
7. Do no harm and WASH in Somalia
8. WASH, nutrition and health matrix for Somalia
9. WASH and education matrix for Somalia
10. WASH, shelter, CCCM and protection matrix for Somalia
11. Terminology/definitions

ANNEX 1

Vulnerability map (updated March 2019)



Next Update: March 2019

ANNEX 2
Humanitarian Response Plan 2019 - Summary

The below section is a summary of the HRP section of the WASH Cluster for 2019.

RESPONSE STRATEGY

In time of WASH-related disease outbreak (if any) and/or sudden-onset disaster with or without population displacements, partners will deliver emergency temporary services to address life-saving needs and reduce WASH-related mortality/morbidity.

In localized drought and AWD/Cholera historical hotspots, within humanitarian boundaries as established by the cluster (see next section), partners will deliver sustainable WASH solutions when feasible to progressively improve the water and sanitation ladder and improve health status of targeted communities.

WASH Cluster partners will contribute to health, nutrition and education outcomes in ensuring access to safe water supply, adequate sanitation and hygiene promotion in health facilities of all types (cholera, nutrition, primary health care, etc.) and schools and implement integrated approaches when relevant.

A strong protection lens will be applied to reduce risk of violence against women and children, and men or other vulnerable groups when accessing WASH facilities.

RESPONSE MODALITY

Sustainable access to safe water will be delivered with the installation of boreholes, equipped with elevated water tanks, distribution systems with household connections when possible and hybrid energization systems. Other options include improved rain/surface water catchment systems designed to respond to water demand throughout the year, sustainable extraction of sub-surface water and shallow aquifers and extension/rehabilitation of existing sustainable and performant supply systems. All installations designed to treat and distribute un-drinkable water also falls under this category of activities if environmental and functional sustainability is ensured (desalination systems, small scale water treatment plants, electro-chlorination, etc.).

Adequate sanitation will be delivered to targeted communities with the construction of improved household sanitation facilities, using Community Led Total Sanitation approach if feasible and appropriate. In urban and sub-urban fringes, or any other crowded settings, sanitary surveys will be conducted to reduce the risk of cross contamination between the sanitation system and water points. All sources of contamination identified will be decommissioned and systems put in place to reduce further risk of water source contamination such as fecal sludge management system or upgraded sanitation designs to climb the sanitation ladder. Functional handwashing points will be provided at all sanitation points.

Emergency temporary WASH services in case of acute emergency will include water trucking with temporary distribution systems, household water treatment and/or point of use water treatment, bucket chlorination, safe water storage, temporary exploitation of shallow aquifers and/or surface water,

installation/rehabilitation of simple design sanitation systems, latrine emptying, fecal sludge management and hygiene promotion.

WASH services will be delivered using a stronger protection lens which involves among other enormous efforts to ensure latrines and bathing facilities are gender separated, provided with lockable doors, lighted at night and distance to water point is reduced to agreed standards.

In health facilities and schools, the same than above will apply both for sustainable access to WASH facilities and temporary support in emergency contexts.

Where feasible and adequate, cluster's partners will contribute to build local WASH markets to enhance the use of Market Based Programming and Cash Based Interventions (MBP/CBI). This modality must be developed beyond water trucking; e.g. for desludging of latrine/septic tank, repairing and improving small water infrastructures, organizing WASH humanitarian fairs, making hygiene items available for people in need, etc.

The WASH Cluster will strengthen its capacity to deliver against its core functions. The six (+1) core functions strategy and its action plan will be the reference document compiling the tools to develop and to operationalize in 2019, including non-exhaustively, an accountability framework, an inter-agency contingency plan, strengthening the data collection and analysis process and a new information management framework.


PEOPLE IN NEED

 2.9M

PEOPLE TARGETED

 2.6M

REQUIREMENTS (US\$)

 104M
(14% cash)

OF PARTNERS

 54

WASH OBJECTIVE 1:

1 Deliver life-saving WASH assistance to reduce acute needs among the most vulnerable settlements and communities.

RELATES TO SO1 & SO2

WASH OBJECTIVE 2:

2 Reduce risk of violence against women, children and vulnerable groups when accessing WASH services.

RELATES TO SO3

WASH OBJECTIVE 3:

3 Provide or restore sustainable access to safe water and adequate sanitation services in targeted communities and institutions.

RELATES TO SO1, SO2, SO3 & SO4

HRP 2019 WASH infographics

Monitoring framework

WASH Objective 1: Deliver life-saving WASH assistance to reduce acute needs among the most vulnerable settlements and communities. Relates to SO1 & SO2.

INDICATOR	IN NEED	BASELINE	TARGET
Number of people in targeted settlements and communities with access to temporary safe water services	2,306,560	1,309,160	2,092,170
Number of people in targeted settlements and communities with access to an emergency sanitation facility and/or services	1,680,700	291,910	1,092,460
Number of people in targeted settlements and communities practicing hand washing with soap at critical moments	2,702,390	1,468,430	2,213,140

WASH Objective 2: Reduce risk of violence against women, children and vulnerable groups when accessing WASH services. Relates to SO3.

INDICATOR	IN NEED	BASELINE	TARGET
Number of people in targeted settlements and communities having access to a gender separated sanitation facility and located at less than 50 m from the household and equipped with a lockable door.	1,906,290	433,428	953,150
Number of people in targeted settlements and communities having their main source of drinking water located at less than 500 meters from the household and a queuing time less than 30 minutes.	1,680,700	725,340	1,176,491

WASH Objective 3: Provide or restore sustainable access to safe water and adequate sanitation services in targeted communities and institutions. Relates to SO1, SO2 SO3 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Number of people in targeted settlements and communities with access to sustainable safe water service	1,581,320	247,290	889,360
Number of people in targeted settlements and communities with access to sustainable an adequate sanitation facility	1,188,890	284,480	609,000
Number of institutions (schools or health structures) provided with a minimum water and sanitation package		N/A	150

ANNEX 3
6 core functions strategy - Summary

General objective

Enhancing the performance of the Somalia WASH Cluster to contribute to reduce the morbidity and the mortality related to WASH diseases among populations affected by both man-made and natural disasters in Somalia.

Specific Objectives

SO	Specific Objectives	Related core functions
SO1	Enhance support to WASH Somalia emergency service delivery mechanism	To support service delivery
SO2	Enhance capacity of Somalia WASH Cluster to inform HC/HCT's strategic decision-making	To inform the HC/HCT's strategic decision-making
SO3	Develop and implement WASH Cluster strategies and action plans to enhance cluster performance	To plan and implement cluster strategies
SO4	Enhance the WASH Cluster monitoring and evaluation mechanisms	To monitor and evaluate performance
SO5	Enhance capacity of WASH Cluster for preparedness and contingency planning	To build national capacity in preparedness and contingency planning
SO6	Develop a WASH Cluster robust advocacy capacity	To support robust advocacy
SO7	Strengthen the WASH Cluster accountability to affected population framework	

Structure of the Strategy

The six core functions of clusters (plus accountability) are the backbone of the strategy and provide a frame for the cluster to attain its objective, which is purely public health-related: reducing morbidity and mortality related to WASH diseases among populations affected by disasters in Somalia.

Each of the seven strategic objectives presented in the document relate directly to each of the core function (plus accountability) of the cluster, to facilitate the handling and the structure of the document.

For each strategic objective, a brief contextual analysis is provided, followed by minimum requirements related to the core function, as proposed by the Global WASH Cluster. A set of key recommendations are provided to attain each of the specific objective in referring to the minimum requirements provided (that could be used as output indicators).

At the end of the strategy, an action plan is proposed to unroll group of activities related to each of the 25 recommendations. The strategy is un-rolled from 2018 to 2020. A more detailed action plan must be developed on yearly basis.

The strategy was initially developed through (bilateral) discussions with cluster partners, the contribution of the cluster Strategy Advisory Group and a kick-off workshop to prioritize recommendations. The strategy should be revised and updated at least once per year, with the contribution of the cluster partners.

STRATEGIC OBJECTIVE 1

Enhance support to WASH Somalia emergency service delivery mechanism

Chronic insecurity and lack of funding resulted in an unequal distribution of partners throughout Somalia. Districts and regions that are easily accessible are very well covered whereas in some other cases, those with access constraints are left under-served. This situation may result in needs being not addressed in some parts of the country and serious risks of overlapping in other ones.

The combination of both sudden onset disasters (floods, conflict-related displacements with camp-like situations, AWD/Cholera outbreaks) and chronic public health emergency (high prevalence of malnutrition, droughts and long-term displacements) in Somalia makes the delivery of WASH services even more challenging and requires a solid cluster architecture to ensure that each level performs well against its functions in a timely manner.

Minimum requirements
Support the delivery of services by: <ul style="list-style-type: none"> • Providing a platform that ensures service delivery is driven by the Humanitarian Response Plan and strategic priorities. • Developing mechanisms to eliminate duplication of service delivery.

STRATEGIC OBJECTIVE 2

Enhance capacity of Somalia WASH Cluster to inform HC/HCT’s strategic decision-making

Emergency WASH services delivery mechanism must identify and address the needs of the most vulnerable groups. In 2018, accurate and detailed WASH specific datasets are lacking for strategic decision making. The cluster over-relies on other clusters datasets (IPC/drought data from Food Security, AWD/Cholera incidence from Health Cluster, IDP figures from CCCM cluster, etc.). The lack of assessment framework always results in approximate strategic decision making. The overall capacity of the cluster to conduct its own assessments and collect accurate and area-focused WASH specific indicators is lacking. Generate its own thematic maps and infographics and convert them in actionable measures will be critical to identify and address the needs of affected people in Somalia.

Minimum requirements
To inform the HC/HCT’s strategic decision-making by: <ul style="list-style-type: none"> • Preparing needs assessments and analysis of gaps (across and within clusters, using information tools as needed) to inform the setting of priorities. • Identifying and finding solutions for (emerging) gaps, obstacles, duplication and cross-cutting issues. • Formulating priorities on the basis of analysis.

SPECIFIC OBJECTIVE 3

Develop and implement WASH Cluster strategies and action plans to enhance cluster performance

In a country like Somalia, in a state of protracted crisis since decades, this is particularly important to carefully plan activities and define realistic objectives to address the urgent needs of the people with both temporary approaches and more durable solutions when relevant.

Clear cutoff thresholds between humanitarian and development actions are difficult to establish but in area where humanitarian indicators are the worse, such as cholera hotspots or persistent pockets of droughts, durable solutions should be implemented in parallel to rapid responses and demands for funding adapted accordingly.

Minimum requirements

To plan and implement cluster strategies by:

- Developing sectoral plans, objectives and indicators that directly support realization of the overall response's strategic objectives.
- 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.

SPECIFIC OBJECTIVE 4

Enhance WASH Cluster monitoring and evaluation mechanisms

Monitoring and evaluating (M&E) the implementation of the various strategies, including the Humanitarian Response Plan (HRP) and the core functions strategy is critical to ensure that emergency services are delivered in priority targeted locations, against set objectives and using the appropriate mechanisms. M&E of cluster activities and plans will also support the cluster in better advocating and mobilizing resources.

In Somalia, monitoring and evaluation must be addressed with existing tools in combination with innovative approaches as it represent a real challenge due to the lack of access and insecurity.

Minimum requirements

To monitor and evaluate performance by:

- Monitoring and reporting on activities and needs.
- Measuring progress against the cluster strategy and agreed results.
- Recommending corrective actions where necessary.

SPECIFIC OBJECTIVE 5

Enhance capacity of WASH Cluster for preparedness and contingency planning

Besides poor infrastructure and inadequate equipment, the WASH sector in Somalia has a considerable shortage of skilled, experienced and knowledgeable personnel required to deliver adequate water supply, sanitation and hygiene services and therefore ensure continuity of service delivery in emergency. Being prepared to respond to emergencies is essential to deliver services in the Somalian context, presenting access constraints and a fragmented institutional capacity.

Throughout all the process, the involvement of essential key ministry staff and building up their capacity for coordination must be prioritized. Un-rolling such plan at sub-national level will also guarantee the success of its implementation.

Minimum requirements
To build national capacity in preparedness and contingency planning <ul style="list-style-type: none">• Emergency response preparedness (ERP) is dependent on country-level coordination structure and risk level.

STRATEGIC OBJECTIVE 6

Develop a WASH Cluster robust advocacy capacity

Conducting advocacy activities on behalf of the cluster involves reinforcing the use of communication tools developed through the monitoring and the assessment frameworks that must be developed through SO 2&4. In Somalia, advocacy is oriented towards resources mobilization and the donors' community. However, efforts must be done to clarify what are the respective roles of both the cluster and the clusters partners in regard to fund mobilization as the cluster is sometimes perceived as a fund holder capable of disbursing funds directly to cluster partners.

The cluster must also include other stakeholders in its advocacy framework including UN agencies, NGOs, Legal Authorities and UNICEF as Cluster Lead Agency (CLA) and Provider of Last Resort (PLR).

Minimum requirements
To support robust advocacy by <ul style="list-style-type: none">• Identifying concerns, and contributing key information and messages to HC and HCT messaging and action• Undertaking advocacy on behalf of the cluster, cluster members, and affected people.

STRATEGIC OBJECTIVE 7 (or 6+1)

Strengthen the WASH Cluster accountability to affected population framework

In the face of mounting pressure on the clusters and their members to be more accountable in their humanitarian actions. The Somalia WASH Cluster wishes to be accountable not only to our donors and members but also, to our beneficiaries.

The core functions strategy is available on the Somalia WASH Cluster website or through the WASH Cluster secretariat.

ANNEX 4

List of technical guidelines developed by the Somalia WASH Cluster

Developed:

- WASH in Cholera Treatment Centers
- Latrine Design and Construction Part 1 (Simple pit and VIP latrines)
- Emergency Water Trucking

Other guidelines to be developed are:

Guidelines	Year of development
Marginal water sources (berkads, sub-surface dams, etc.)	
Groundwater (borehole and wells construction, rehabilitation and maintenance)	Mid-2019
Water kiosk rehabilitation, construction and maintenance	
Solar pumping and energization	
Water Quality (treatment, testing and monitoring)	
Household water treatment and safe storage	
Fecal Sludge Management and Latrine Emptying	Mid-2019
Solid waste management	
WASH in IDP camps	Mid-2019
WASH in health care facilities	
WASH in schools	
WASH in urban context in Somalia	End of 2019
WASH for people living with disabilities	
Assessment in emergencies	Priority 2019
Hygiene Promotion and Hygiene Kits Distribution	Priority 2019

- Others: latrines (1 vote), engaging private sector (1), AWD/Cholera response (1)
- SOF: under finalization process

ANNEX 5

Mainstreaming protection in WASH

This note has been submitted by the Somalia Protection Cluster and revised by the WASH Cluster in November 2018.

WASH actors are responsible for ensuring that beneficiaries safely access their services, without causing harm, and for promoting meaningful access, accountability and participation of beneficiaries in the provision of WASH assistance. By mainstreaming protection into WASH programming, humanitarian actors can maximize the positive impacts of WASH programs on people's safety and dignity and support affected populations access and enjoy their rights.

This note provides guidance on how to practically mainstream protection into WASH programmes in Somalia. It is divided into four sections, representing the four key elements of Protection Mainstreaming. The content is not meant to be exhaustive, but presents examples of key actions that should be taken to ensure the incorporation of protection elements in the delivery of WASH assistance in Somalia.

KEY ACTIONS

Prioritise safety & dignity and avoid causing harm

- ✓ Ensure the **location** and **access routes** to WASH facilities and distribution points are safe.
 - Locate water sources in visible, central locations and not more than 500 metres from settlement
 - Install lights near communal facilities. If lighting is not possible, consider coordinating with NFI sector for the provision of solar lamps / torches for each household.
 - Avoid placing facilities or distribution points near military installations or threats such as attacks stray bullets, crossfire or violence. Weapon bearers should not be present inside distribution points.
 - Introduce accompaniment arrangements to reduce threats to the safety and dignity of women and girls e.g. fetching water in groups
 - Identify central locations for distribution points - beneficiaries should not have to traverse long distances or pass through conflict zones to access distribution points.
 - Distributions should take place in daylight hours giving beneficiaries sufficient time to travel home before nightfall.
- ✓ Ensure the **mode** and **frequency of distribution** minimises exposure to safety threats – be aware that beneficiaries may face theft, intimidation, sexual assault and extortion whilst taking their hygiene kits home.
 - Consider door-to-door distribution
 - Consider the frequency of distributions – the greater the time between distributions the larger the quantities distributed, which puts beneficiaries at risk of attacks and pillage.
- ✓ Ensure that the hygiene **kit size** is appropriate for the beneficiaries to be able to carry home with no additional physical or financial burden and without being dependent on others to carry it for them.
- ✓ **Design** and **construction** of WASH facilities must preserve the safety and dignity of its users. If an individual does not feel safe or dignified in using the facility, (s)he may go elsewhere, potentially exposing themselves or others to harm.

- Build separate toilet and bathing facilities for males and females. Make sure they are clearly marked in pictorial form for illiterate users and work with community to ensure they are used by the indicated sex.
- For privacy, provide secondary enclosures around facilities or put locks on the doors to latrines and bathing houses. Discuss this with beneficiaries to consider their preferences.
- Raise platforms and ramps at water points to ensure safe manual lifting to all, especially children, pregnant women, and persons with disabilities.
- Cater for the disposal of personal hygiene materials, in particular sanitary pads, nappies and adult diapers.
- ✓ Consider **safety risks to children** e.g. size of drop hole; provide smaller jerry cans for children to collect water to avoid potential injury and consider their physical capacity in designing water pumps.
- ✓ If **overcrowding** at water points is reported, consider scheduling time shifts for water collection in consultation with the beneficiaries and in recognising that different people have different work schedules – women and girls who are most often the water collectors have specific times when they are busy making meals.
- ✓ Ensure that the hygiene promotion services are respectful and inclusive of **cultural** and **religious practice** and there is a proportionate number of female hygiene promoters.
- ✓ **Avoid community tensions**, by providing the local/host community with access to WASH camp assistance in situations where they are experiencing similar shortages of basic WASH services and facilities.
 - Consult both displaced and host communities about WASH needs and assess whether WASH interventions could cause tension, harassment or conflict between the two communities.
- ✓ To prevent improper use of **cleaning chemicals** and **chlorine**, ensure proper storage and that labels and instructions on their usage is in a language or pictorial form that is understood by users.
- ✓ Keep lists of beneficiaries and personal data confidential and safe from unintended use - apply effective **data protection measures**.
- ✓ Work in coordination with protection actors to put in place measures to prevent and respond to **physical/sexual violence** arising from use of or lack of WASH facilities.

Promote equitable and impartial access for all

- ✓ Collect and use data disaggregated by **sex, age** and **diversity** to effectively inform programming.
- ✓ Ensure that assistance and services are **reaching the most vulnerable** - Identify and prioritise the most vulnerable groups in the community and prevent discrimination or exclusion of marginalised groups (refer to Vulnerable Categories guidance note).
 - Apply a systematic **outreach** process in **registering beneficiaries** – otherwise vulnerable persons, such as older people, may easily be excluded as other more mobile and vocal population groups are registered.
 - Ensure **lack of documentation** does not exclude individuals from accessing services
- ✓ Ensure that the **location, distance** and **access routes** to the water points, latrines and distribution sites are accessible to all members of the community, including the most vulnerable groups.
 - Separate male and female queuing areas and ensure female staff presence at distributions so that they are accessible to women and girls.
 - Introduce special arrangements for persons who have difficulty accessing water collection points or distribution points - community mobilisation, home/mobile distributions, youth groups assisting older persons. It should not be assumed that friends and family will do it.

- ✓ Make **infrastructure adaptations** to WASH structures to make them accessible to persons with reduced mobility (eg. persons with physical disability, older persons).
 - Make access paths smooth and fit ramps for wheelchair access.
 - Install railings, handlebars and removable seats in latrines for persons with disabilities.
 - Provide bed pans or commode chairs for bed-ridden individuals.
- ✓ Establish **mechanisms** to give priority to those who cannot stand in line for long periods, such as older persons, persons with disability, unaccompanied children, pregnant and lactating women, so that they wait for less time.
- ✓ Consider the **gender balance** of distribution teams and committees to ensure that there are enough women available as a contact point for women in the community.
- ✓ Respond to the **specific hygiene needs** of women, girls, older persons - include sanitary pads and adult diapers in hygiene kits and provide additional personal hygiene items for persons with incontinence or severe diarrhoea.
- ✓ Ensure that beneficiaries **know** about WASH services, how to obtain hygiene kits, where and when the distributions will take place, what they will get, how long it should last and how to use the items.
 - Provide information through various communication means to reach the broader community and to account for different literacy levels eg. door-to-door, poster, radio, social media, use of pictograms).
 - Promote simple hygiene messages for children using child-friendly information (ie. Cartoons).
- ✓ Identify the **power dynamics** in the area. Who has access to water resources? Who is able to influence decisions on WASH interventions?
 - Use this information to inform monitoring activities and identify any barriers to access, discrimination against particular groups or whether assistance is being diverted. Take this into consideration when determining locations for WASH interventions.

Ensure accountability to affected populations

- ✓ Be **transparent** with the affected populations by providing them with accessible and timely information on selection criteria for targeted assistance, organisational procedures and processes that affect them.
- ✓ Set up accessible, confidential and well understood **feedback mechanisms** for suggestions and complaints with a view to improve programming, understand community perceptions, promote beneficiary empowerment and assist in detecting misconduct. Eg. place feedback surveys in hygiene kits, feedback box at WASH facilities, phone lines
 - Set up mechanisms for submitting feedback that do not require the beneficiary exposing themselves to project staff.
 - RESPOND to complaints, regardless of whether corrective measures can/need to be put in place.
 - Organize awareness raising sessions so that people know how it works.
 - Consider a joint feedback mechanism with other sectors to minimize confusion.
- ✓ WASH staff and committees should be **representative of all groups** within the community (e.g. gender, age, ethnicity, socioeconomic group, disability) and all staff and members should be given **protection mainstreaming training**.
 - They can play a key role in identifying issues related to exclusion and discrimination and be proactive in ensuring the voice of marginalised groups is represented.

- ✓ Ensure WASH staff, implementing partners and volunteers working with affected populations understand, sign and adhere to a **Code of Conduct** stating their commitment to respect and foster humanitarian standards and the rights of beneficiaries.
- ✓ Ensure all staff, implementing partners and volunteers involved in distributions and in direct contact with beneficiaries have received training in **prevention of sexual exploitation and abuse (PSEA)**
- ✓ **Rotate distribution teams** so no one team constantly visits the same settlements.
- ✓ Provide clear information to the distribution actors and affected population explaining that beneficiaries **do not have to pay** or provide services/favours to anyone in exchange for receiving WASH assistance. Ensure that this information is communicated to women and girls.
- ✓ In cooperation with protection actors, enhance the capacity of community WASH workers to **monitor, report and refer protection concerns** (such as abuse and exploitation) in accordance with standard operating procedures.
- ✓ Coordinate with relevant local authorities, as well as the education and health sectors, to ensure that public spaces, schools, and health centres also have WASH services.

Strengthen participation and empowerment

- ✓ **Involve and consult** all categories and layers of the affected population in identifying and responding to WASH needs. Different criteria may affect the power dynamics.
 - Consult women, men, boys, girls, persons with disabilities, older persons and marginalised persons to collect accurate information about their specific WASH requirements and preferences for location and design of WASH facilities. Topics to discuss include privacy - use of lockable doors and ‘walls’ to provide sufficient/safe cover; access for persons with disabilities.
 - Considering that most often women and children collect water, talk to them directly about safety of the location of and routes to the water collection point.
 - Engage the community and committee representatives to play an active role in identifying solutions and the decision-making processes that affect them, so as to promote a sense of ownership, build their self-esteem and improve the relevance and sustainability of the response.
- ✓ Build **community capacities** to maintain WASH structures and ensure sustainable provision of WASH services eg. establish WASH committees, provide tools for minor repairs to infrastructure
- ✓ Coordinate with **civil society** specialising in working with persons with impaired mobility or disabilities to help identify such individuals and use them as a resource to improve service delivery, train staff and for the referral of cases.

ANNEX 6
Mainstreaming gender in WASH

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

Area	Risk	To reduce this risk, incorporate the following:
Assessments	Not understanding women's needs	<ul style="list-style-type: none"> • Participatory Assessments - include women on assessment team, and single sex groups for focus group discussions or one to one • Collect sex and age disaggregated data. This means that you collect information by recognising the different risks needs and capacities of women, girls, boys and men, and you use this information to inform your programme, monitoring and evaluation.
Design	Risk of gender based violence (GBV)	<ul style="list-style-type: none"> • Separate latrines for men and women • Women's latrines in safe location, as agreed with women and girls. Women may prefer private location for toilets – away from public view. This may be achieved by a screen in front of the toilet. Ask • Locks on inside of toilet doors • Water points in safe and accessible locations (as agreed with women and girls – as they collect the water) • Introduce strategies to reduce queuing for long times – for example by using water by voucher
Open Defecation	Gender based violence when women and girls go for Open Defecation	<ul style="list-style-type: none"> • Engage communities to build their own latrines through the CLTS approach.
Hygiene Promotion	Men have limited understanding and practice of good hygiene	<ul style="list-style-type: none"> • HP teams to includes good gender balance of men and women, to influence behaviour change in men and women
WASH Committee	Increased risk of GVB Facilities are poorly/not used or maintained	<ul style="list-style-type: none"> • Establish water committees comprised of 50% women. • The committees are responsible for the maintenance of water and sanitation facilities
Schools	Menstruating girls dropping out of school, due to lack of appropriate water and sanitation facilities	<ul style="list-style-type: none"> • Separate toilets for boys and girls, in safe location with privacy for girls • Locks on inside of toilet doors • Easy access to water, in the toilets for handwashing and washing sanitary towels • Bin for disposal of sanitary material
Protection against sexual exploitation and abuse (PSEA)	Sexual exploitation and abuse	<ul style="list-style-type: none"> • All UN Staff, INGO or those working under agreement with UN have signed PSEA Code of Conduct (Obligation to report any concerns of exploitation and abuse (eg sex with a child, sexual harassment, violence, exchanging favours for providing services, asking for bribes of a sexual nature) , if caught this is grounds for immediate dismissal.

Area	Risk	To reduce this risk, incorporate the following:
Reporting	Nobody is aware that GBV is occurring, so no action can be taken	<ul style="list-style-type: none"> • If working in settlements every day, ensure a reporting mechanism is in place that allows women to feedback any problems of sexual violence, so appropriate action can be taken • WASH Agencies to find out who to report cases of gender based violence to, and where to make referrals (Health, Medical, Psychosocial)
Monitoring	Gender is not considered in project implementation	<ul style="list-style-type: none"> • Confirm Gender balance in WASH committees, access to trainings, Assessment teams • Number of cases reported on GBV and PSEA, and action taken • Use and maintenance of water and sanitation facilities through regular spot checks, and follow up actions

Gender Programming Checklist Water, Sanitation and Hygiene (WASH) Cluster-
(Adopted from the IASC gender handbook; Different Needs, Equal opportunities, 2006))

Analyze gender differences	<ul style="list-style-type: none"> ◆ Gather information from women, girls, boys and men about cultural beliefs and practices in water and sanitation use, hygiene habits, needs and roles in operation, maintenance and distribution methods, and time spent on water collection. ◆ Disaggregate data by sex and age to develop a profile of at-risk populations with special water requirements.
Design services to meet needs of all	<ul style="list-style-type: none"> ◆ Ensure water sites, distribution mechanisms and maintenance procedures are accessible to all, including people with limited mobility. ◆ Ensure communal latrine and bathing cubicles are located in safe locations, are culturally appropriate, provide privacy, are adequately lit and can be used by people with disabilities.
Ensure Access for all	<ul style="list-style-type: none"> ◆ Routinely monitor equal access to services and facilities to all through spot checks, discussions with communities, etc. ◆ Address obstacles to equal access promptly.
Ensure equal Participation	<ul style="list-style-type: none"> ◆ Involve women and men equally and meaningfully in decision-making and in programme design, implementation and monitoring. ◆ Involve women and men in the safe disposal of solid waste.
Train all equally	<ul style="list-style-type: none"> ◆ Train women and men in the use and maintenance of facilities. ◆ Train and sensitize women and men to protect surface and ground water.
Address genderbased violence	<ul style="list-style-type: none"> ◆ Ensure that both women and men help identify safe and accessible sites for water pumps and sanitation facilities. ◆ Monitor facilities and collection points to ensure they are safe and accessible (locks, lighting).
Collect , analyse and report programme monitoring data	<ul style="list-style-type: none"> ◆ Collect, analyse and routinely report on sex- and age- disaggregated data on programme coverage. ◆ Develop and implement plans to address any inequalities and ensure access and safety for everyone in the target population.

<p>Target actions based on analysis</p>	<ul style="list-style-type: none"> ◆ Address unequal knowledge levels about hygiene and water management through trainings. ◆ Monitor and address inequalities in women and men’s access to and control over resources for collecting/carrying water, containers and storage facilities. ◆ Address discriminatory practices hindering women’s participation in water management groups through empowerment programmes.
<p>Collectively coordinate actions</p>	<ul style="list-style-type: none"> ◆ Ensure that actors in WASH liaise with actors in other areas to coordinate on gender, including participating in regular meetings of the gender network. ◆ Ensure that the WASH area of work has a gender action plan and routinely measures project-specific indicators based on the checklist provided in the <i>Inter-Agency Standing Committee Gender Handbook</i>. ◆ Work with other sectors/clusters to ensure gender-sensitive humanitarian programming.

ANNEX 7
Do no Harm

Do No Harm (DNH) Guide for WASH Programmes *(Developed with Technical input from Centre for Peace and Democracy)*

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

Background: Humanitarian assistance is more and more given to meet emergency needs that, at least in part, are created by insecurity, warring and breakdown in social institutions. Somalia is an example. The dynamics of these “complex political emergencies” have been much studied and many commentators have noted that the associated, apparently mindless, violence and robbery by combatants can be interpreted as rational economic survival behaviour. The economics of war take many shapes and forms including exploitation of available resources. It became evident to humanitarian workers that international aid was seen as, and being exploited as, yet another resource available to the warring parties. In response to the realization that aid always interacts with the dynamics of the society where it is given, many aid workers tried to identify how and if this interaction could tend to the beneficial rather than the detrimental. It is on this basis that Do No Harm approach is proposed to be introduced.

“Do No Harm Methodology”

STEP 1:	<p>Understand the context of conflict</p> <ol style="list-style-type: none"> 1. Identify the geographical and social environment where you are running the WASH programme. 2. Think critically, analytically and avoid assumptions. 3. Identify which inter-group conflicts have caused violence or are dangerous and may escalate into violence. 4. How does the WASH project relate to that context of conflict?
STEP 2:	<ul style="list-style-type: none"> • Analyse, Identify and unpack- the people who create division and problems in the local area (“dividers”) and sources of tension
STEP 3:	<ul style="list-style-type: none"> • Analyse, Identify and unpack- people who create connections and resolve problems in the local area (“connectors”) and local capacities for peace
STEP 4:	<ul style="list-style-type: none"> • Analyse, Identify and unpack- the assistance project • Analyse the <u>details</u> of the WASH programme. Remember: it is never an entire programme that goes wrong. It is the details that determine impact.
STEP 5	<ul style="list-style-type: none"> • Analyse the impact of the assistance programme in the context of conflict through Resource Transfers and Implicit Ethical Messages (IEMs) <ol style="list-style-type: none"> 1. How do the resources transferred by the WASH programme impact on dividers/sources of tension? 2. How do the resources transferred by the WASH programme impact on connectors/local capacities of peace? 3. How do the IEMs passed by programme personnel impact on dividers/sources of tension?

	4. How do the IEMs passed by programme personnel impact on connectors/local capacities for Peace?
STEP 6	<ul style="list-style-type: none"> • Generate programming options <p>IF an element of the WASH programme has a negative impact on dividers- strengthening/reinforcing them and feeding into sources of tension</p> <p>Or IF an element of the WASH programme has a negative impact on connectors – weakening/undermining them and local capacities for peace</p> <p>THEN generate as many options as possible for the programme to weaken dividers and strengthen connectors</p>
STEP 7	<ul style="list-style-type: none"> • Test options and redesign programme <p>Test the options generated using your experience and the experiences of your colleagues:</p> <ol style="list-style-type: none"> 1. What is the probable/potential impact of the option on dividers/ sources of tension? 2. What is the probable/potential impact of the option on connectors or local capacities for peace? <p><i>*Finally - Use the best/ optimal options to redesign the project*.</i></p>

Do No Harm (DNH) Checklist

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

1. Impacts on Other Communities

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

2. Effects of Resources on Perceptions and Relationships

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

3. Reactions

- a) Does this activity model or promote tolerance or intolerance? Acceptance or rejection of differences? Inclusiveness or exclusiveness? Competition or cooperation? Fairness or unfairness?

- b) Will this activity provoke anyone? Will it reinforce any pre-existing divisions between people or their communities?

4. Risk of Violence

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

5. Long Term Effects

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

ANNEX 8
WASH, Nutrition and Health Matrix for Somalia

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

AREAS	SPECIFIC ACTIVITY	RECOMMENDED CONVERGENCE BETWEEN CLUSTER AGENCIES (SOMALIA)		
		HEALTH CLUSTER	WASH CLUSTER	NUTRITION CLUSTER
WASH Assessment	Conduct WASH Assessment	In Health facilities	Review assessment format as requested. Support with assessment, if funding available	In Nutrition facilities
Ensure Safe Water	Water testing and treatment	Regularly test water, and treat accordingly, as shown. Teach patients how to treat water at home.	Train staff in Nutrition and Health Centres* on water quality testing and water treatment (for centre), and household water treatment (for patients)	Regularly test water, and treat accordingly, as shown. Teach families how to treat water at home.
Water access by voucher	Selecting beneficiaries to receive vouchers	Participate in meeting if requested	In meeting with elders to identify beneficiaries for vouchers, request attendance of person in charge of Health facility and Nutrition Facility, to help identify most vulnerable community members	Participate in meeting if requested
Hygiene Promotion	Training	Staff to participate in HP training, and continue to spread the message	Train people in Nutrition and Health Centres on HP, as part of Hygiene promotion campaign. <i>(they can then continue to spread the message)</i>	Staff to participate in HP training, and continue to spread the message
	IEC material	Display HP IEC material provided, and use in programme	As part of HP campaign, share IEC material with Health and Nutrition Centres	Display HP IEC material provided, and use in programme
Large events, attracting many people (eg for vaccination)	Convergent activities	Inform WASH and Nutrition if large events are planned, or about focused health promotion days – for example on Hygiene Promotion	Use opportunity for HP, or distribution of NFIs. For example if many people are waiting for vaccinations it may be an ideal audience for HP games, local shows etc.	Inform WASH and Health if large events are planned, or about focused Nutrition promotion days
WASH NFIs	Distribution of jerry cans, hygiene kits, soap, Chlorine, bed nets etc	As requested, distribute NFI's to vulnerable community member <i>(this has the added advantage of increasing attendance at Health Centres)</i>	Consider using Health and Nutrition Centres to distribute NFIs to vulnerable community members <i>(this has the added benefit of targeting the most vulnerable – families with malnourished children, the sick)</i>	As requested, distribute NFI's to vulnerable community member <i>(this has the added advantage of increasing attendance at Nutrition Centres)</i>

AREAS	SPECIFIC ACTIVITY	RECOMMENDED CONVERGENCE BETWEEN CLUSTER AGENCIES (SOMALIA)		
		HEALTH CLUSTER	WASH CLUSTER	NUTRITION CLUSTER
Disease Outbreak	Disease outbreak	Follow up possible outbreak, with temporary facilities (eg Cholera treatment centre) or referral to fixed facility – as per standard procedure	Inform Health, of any disease outbreaks. Adjust location of intervention to address disease outbreaks reported by Health Cluster, if funding agency allows	Inform Health, of any disease outbreaks
	High levels of Malnutrition	Inform Nutrition of areas with high levels of Malnutrition	Inform Nutrition of areas with high levels of Malnutrition	Follow up – as per standard procedure
WASH Infrastructure	Prioritise facilities for renovation and construction Implement projects	In health facilities	Outside health facilities. Provide support to Health and Nutrition Clusters as requested, and as funding available	At nutrition rehabilitation centres and wet feeding programs

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

ANNEX 9
WASH and Education Matrix for Somalia

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

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

Area	Specific Activity	Recommended Activities to add to proposals to improve convergence between Education, in area of intervention	
		<i>Education Cluster</i>	<i>WASH Cluster Agency</i>
Hygiene Promotion	Handwashing facilities	Responsible for constructing handwashing facilities that use low water and encourage use of soap in new facilities	
WASH NFIs		Use as teaching material for Water treatment, HP etc	If distributing NFIs, share Hygiene kits or chlorine tablet with schools for display / teaching purpose

ANNEX 10
WASH, CCCM, Shelter and Protection Matrix for Somalia

To be developed

End.

ANNEX 11

Terminology/Definitions

This section provides definitions to which we will refer to in the 2019 HRP/HPC cycle, including the definition of sustainable access to safe water and adequate sanitation.

These definitions are those usually accepted and used in all United Nations publications and report related to WASH (JMP, GLAAS, etc.).

Access (water)

Implies sufficient water to meet domestic needs is reliably available close to home.

Access (sanitation)

Implies facilities close to home that can be easily reached and used when needed.

Adequate (sanitation)

Implies a system which hygienically separates excreta from human contact as well as safe treatment of excreta in-situ, or safe transport and treatment off-site.

Drinking water

Water used for drinking, cooking, food preparation and personal hygiene.

Hygiene

Hygiene is the conditions and practices that help maintain health and prevent spread of disease including handwashing, menstrual hygiene management and food hygiene.

For all (water, sanitation)

Suitable for use by men, women, girls and boys of all ages including people living with disabilities.

Open defecation

Disposal of human feces in fields, bushes, open bodies of water, beaches or other open spaces or with solid waste.

Safe (water)

Safe drinking water is free from pathogens and elevated levels of toxic chemicals at all times.

Sanitation

Sanitation is the provision of facilities and services for safe management and disposal of human urine and feces.

Sustainable access to safe water (vs. access to safe water)

Sustainable access to water has one component standing for environmental sustainability insisting on the environmental protection through limiting extraction of water to a capacity below what is available and one component standing for functional sustainability reflecting programme sustainability in term of design and management.

In Somalia, both components are equally important and full compliance to below criteria is requested for a water source to be referred as sustainable.

Environmental sustainability		Yes	No
1	Borehole rehabilitation/construction: design of water pumping system based on pumping test identifying the maximum yield recommended to avoid depletion of aquifer (or causing a degradation of water quality) and satisfying water demand of communities of 15 liters per person per day (see WASH/MoEWR guidelines or interim).		
2	All water sources: locations identified based on a sanitary survey and absence of source of contamination within a 30m radius.		
Functional sustainability		Yes	No
3	Borehole construction: location identified based on results of a hydrogeological survey conducted by a competent technical team using appropriate equipment (see WASH Cluster/MoEWR guidelines or interim).		
4	Borehole rehabilitation: needs identified based on diagnostic using various tools used in borehole regeneration and regeneration/rehabilitation implemented by a competent technical team using appropriate equipment (see WASH Cluster/MoEWR guidelines or interim).		
5	Borehole rehabilitation/construction: design of pumping system based on pumping test identifying the maximum yield recommended to avoid depletion of aquifer or causing a degradation of water quality. Pumping system designed to optimize the use of hybrid renewable/non-renewable energy system (see WASH/MoEWR guidelines or interim).		
6	All water sources: constructed/rehabilitated using standard designs (see WASH Cluster/MoEWR guidelines or interim).		
7	All water sources: constructed/rehabilitated following involvement of communities for site selection.		
8	All water sources: establishment of a water committee and if relevant a cost-recovery system to ensure proper operation and maintenance, community ownership and ease of access for all population groups (see WASH Cluster/MoEWR guidelines or interim). Alternate options may include Public Private Partnership.		
9	All water sources: water free from microbiological (pathogens) and chemical contamination (see WASH Cluster /MoEWR guidelines or interim).		
10	All water sources: utilities attached to each water point designed as to avoid contamination in delivery system e.g. piping systems, water tanks, distribution tap-stands and water kiosks (see WASH Cluster/MoEWR guidelines or interim).		
11	All water sources: GPS coordinates have been communicated to WASH Cluster/MoEWR and SWALIM.		
12	All water sources: feedback mechanism in place to report any dysfunction to the service provider and/or WASH Cluster/MoEWR.		

Sustainable access to adequate sanitation (vs. access to adequate sanitation)

Sustainable access to sanitation has one component standing for environmental sustainability insisting on the environmental protection through avoiding contamination of environment with soiled material and one component standing for functional sustainability reflecting programme sustainability in term of design and management. In Somalia, both components are equally important and full compliance to below criteria is requested for a sanitation facility/system to be referred as sustainable.

Environmental sustainability		Yes	No
1	All sanitation facilities/systems: constructed/rehabilitated using standard designs to avoid contamination of groundwater and surface water (see WASH Cluster/MoEWR guidelines or interim)		
Functional sustainability		Yes	No
2	All sanitation facilities/systems: constructed/rehabilitated using standard designs to facilitate emptying/desludging activities for safe disposal or re-use if relevant. If a fecal sludge management system is put in place, ensure the workers are provided with adequate tools and personal protective equipment. Emptying, transportation and final disposal of sludge conducted per WASH Cluster/MoEWR guidelines.		
3	All sanitation facilities/systems: constructed/rehabilitated using hard material, resistant to wind and water intrusion in flood affected locations, with doors lockable from inside and a lighting system operating all night long.		
4	All sanitation facilities/systems: constructed/rehabilitated following involvement of communities for site and design selection. All categories of the population involved including males, females, elders, children and disabled.		
5	All sanitation facilities/systems: establishment of committee and if relevant a cost-recovery system to ensure proper operation and maintenance, community ownership and ease of access for all population groups (see WASH Cluster/MoEWR guidelines or interim). Alternate option may include Public Private Partnership.		

NB: sanitation facility/system also include waste and wastewater disposal

Unimproved (water source)

Drinking water from an unprotected dug well or unprotected spring. By extension for Somalia, drinking water from unprotected berkad.

Unimproved (sanitation)

Use of pit latrines without a slab or platform, hanging latrines and bucket latrines.