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# 1. Context Analysis

## 1.1. Crisis context

As of November, 2020, the Syrian conflict enters its tenth year, during which there has been mass-scale destruction at all levels of society: socially, economically and civilly, leading to one of the worst humanitarian crises in modern history with at least 224,000 civilians, including 29,000 children[[1]](#footnote-1) having died. NW Syria has been particularly hard hit having an estimated 2.8 million people in need of humanitarian assistance of whom 1.8 million are in acute need[[2]](#footnote-2), with 2.7 of the 4.3 million population being internally displaced[[3]](#footnote-3) with the biggest impact being on women and children who make up 76% in NW Syria[[4]](#footnote-4).

Due to renewed hostilities with intensified airstrikes in southern Idlib, more than 400,000[[5]](#footnote-5) people were displaced between May and August 2019, while 950,000[[6]](#footnote-6) people were displaced between December 2019 and February 2020. Most displacement has been northwards to the Turkish-Syrian border where IDPs are increasingly being concentrated into smaller areas - in December 2018, there were 871,150 IDPs living in 9,968 sites of last resort compared to 1.5 million[[7]](#footnote-7) living in 1,117 sites[[8]](#footnote-8), stretching the absorption capacity of the camps, towns and villages which are already overburdened and lacking basic services and increasing the health and protection risks. 78 per cent of IDPs are concentrated into just 706 last resort sites in the north-west[[9]](#footnote-9), while repeat displacement numbers are particularly high with over 71 per cent of IDPs reporting multiple displacements and over half of all IDPs being displaced for more than five years[[10]](#footnote-10). 29 per cent of IDPs also have some form of disability[[11]](#footnote-11) which increases protection related risks and requires additional humanitarian assistance.

Living conditions for most Syrians have seen significant reductions in the availability of, and access to essential services, destructions of housing infrastructure, loss of livelihoods and reduced purchasing power as a result of economic decline. Even in in areas where hostilities have subsided, life remains a daily struggle due to limited access to basic services and livelihood opportunities, increasing financial hardship and an eroding capacity to cope with around 90 per cent of the population now estimated to live below the poverty line.[[12]](#footnote-12)

The ongoing devaluation of the Syrian Pound (SYP), which since October 2019 has lost over half of its value on the informal market, has further reduced families’ purchasing power resulting in substantial price increases, triggering shortages of food and other key supplies in markets. The price of the minimum amount of basic goods that people need for their survival such as food, water, fuel and hygiene items has been steadily increasing and caused difficulties for key humanitarian activities such as water trucking or local procurement of food items due to the instability of the currency.

Compounding the situation in NW Syria now is the COVID-19 pandemic, which with the first cases being identified in July 2020, is driving additional humanitarian needs that exacerbates the pre-existing needs of an already vulnerable population. Restrictions of movement and limitations on commercial activities such as markets introduced as public safety measures in some areas contribute to increased humanitarian needs, and actors have had to adapt their key activities and procedures to mitigate COVID-19 related risks, or in some cases suspended certain activities to protect the affected population as well as humanitarian workers.

Overshadowing the humanitarian response is the ongoing restrictions imposed through UN Security Council Resolutions (UNSC) on border crossing that support the cross-border operations and access to affected populations. On July 11, 2020, the UNSC adopted UNSC Resolution 2533, which is a partial renewal of previous cross-border aid resolutions, beginning with UNSC Resolution 2165 on July 14, 2014, which had authorized four border crossings from Turkey, Jordan, and Iraq. In January a UNSC vote removed authorization for two crossings from Iraq and Jordan, while a July UNSC vote removed authorization for the Bab al-Salama crossing between Turkey and northern Aleppo. Bab al-Hawa, is until July 2020 at least, the sole remaining UN Security Council (UNSC)-authorized crossing into Syria an due to the loss of Bab al-Salama, aid agencies must use Bab al-Hawa—which enters Syria through northern Idleb Governorate—to reach approximately 2.8 million people in northwest Syria, including an estimated 1.3 million people in need in northern Aleppo previously reached through Bab al- Salama.

## 1.2 Impact on WASH service provision (local civil authorities, public, private and civil society)

Despite being scarce in water resources, the Syrian population enjoyed high drinking water coverage rates of 92% in urban areas and 86% in rural areas[[13]](#footnote-13). Large amounts of water were supplied mainly from good quality groundwater while some areas and cities such as Aleppo, took their water from surface bodies such as Lake Assad and the Euphrates River following treatment. Water is conveyed from sources through supply networks and boosting stations. Groundwater levels are usually deep and are estimated to range from 150-250 meters.

Urban coverage of sanitation was high with 96% of households being connected to sewer lines while in rural areas 46%[[14]](#footnote-14) were connected to a sewer network, while the remainder utilised toilets connected to septic tanks. Aleppo City Sewage Treatment Plant (STP) (Aerated Lagoon) still exists was in operaton since 2002 with a design capacity of 345,600 m3/day for a population of 1,800,000, however the treatment performance was very poor, especially during winter where the lower temperatures affected the efficacy of the treatment method used. In Idleb an STP (Waste Stabilization Pond) was under construction in 2008 with a capacity of 29,900 m3/day which had been planned to be expanded in 2015 up to 51,000 m3/day. The lack of sewerage networks and sewage treatment for much of the NW Syria population results in the discharge of domestic and industrial wastewater into surface water resources, which is particularly significant from population centres

Water and sanitation systems were all state owned prior to the conflict and required substantial annual expenditure on operation and maintenance and were completely reliant on the electricity Cluster for their power requirements.

Without a central governing and regulatory water and sanitation authority, operation, maintenance and rehabilitation of water and sanitation infrastructure has fallen on the international community and been coordinated largely through the WASH cluster which has acted as the de facto Directorate responsible for Water and Sanitation. However, during 10 years of conflict, funding has not kept pace with needs and a reluctance by the donor community to address long-term infrastructure needs in favour of short-term humanitarian funding has left IDPs and communities in NW Syria, heavily dependent on aid, which continues to reduce annually.

Consequently, the WASH infrastructure and levels of service provision in NW Syria are entirely inadequate and require significant investments, repair and operational support. WASH systems have suffered from damage owing to years of functioning at over capacity, limited or no maintenance, targeted destruction or damage, displacement of technical staff and effects, reduced availability of water and a lack of water resource management. Damage to WASH infrastructure has been particularly severe in Aleppo, and Idlib and currently only 255 of 448 are functioning. Piped water systems, though dysfunctional in some areas, continue to operate at varying levels of efficiency, frequently experiencing negative pressure that draws in potentially contaminated groundwater through damaged pipework. Many communities that are not served through water networks face serious issues in regards to water affordability which also impacts needs in other Clusters such as livelihoods and health.

The lack of electricity supply, which has been cut off from GoS controlled areas, is also a major constraint in the provision of piped water supplies and explains the sub-standard performance of water distribution systems in many areas. Where water stations are able to operate, they require high fuel costs (accounting for an estimated 30% of the WASH Cluster’s total expenditure on humanitarian aid) to operate standby generators, which despite running over and above their capacity can only power water stations to 70% efficiency.

The lack of critical water treatment supplies, such a water treatment chemical, dosing pumps and accessories are principle causes of water quality problems for communities as well as unregulated private services and the use of unsafe sources to meet or complement household water needs[[15]](#footnote-15). This is especially apparent when WASH partners can no longer fund the provision of water services or when communities no longer have the ability to pay for water. At the household level the lack of household water treatment products as well as fuel and electricity needed to boil water further contribute to the use of unsafe water.

Sanitation coverage in IDPs camps remains limited and many families resort to building their own toilets and bathing spaces. Where desludging services cannot be maintained, or septic tanks and cess pits are not well built, sewage overflows into the human environment and contaminate ground water and water supplies due to negative pressure in underground water pipes. Desludging services lack regulation and with no wastewater treatment stations in operation, sewage is either used as fertiliser/irrigation for farmers or dumped into fresh water bodies increasing the potential for faecal oral related disease outbreaks.

The breakdown of infrastructure with reduced operation and maintenance has naturally disrupted the provision of services, while displacement and settlement of new IDP sites has made it challenging to ensure the consistent provision of water and sanitation services at pre-conflict levels. This is also true of solid waste management which while being disposed of in the majority of areas, is a growing concern due to years of informal and unsafe dumping which is now further unregulated and has been a major contributor to the high prevalence of leishmaniasis.

Meanwhile, lack of livelihoods and the devalued purchasing power of the Syrian Pound means access to essential hygiene products such as soap, sanitary towels and diapers, is limited, despite being available in the local markets. This is of particular concern in densely populated IDP camps, collective centres and communities where poor public health conditions exacerbate the risk of diarrhoea and other communicable diseases.

The combined factors of poor sanitation, damaged water and sewerage networks, poor disposal and management of solid waste, and limited access to hygiene materials have exposed and continue to expose communities in NW Syria to very high public and environmental health risks, which has contributed to significant rates of diarrhoea, impetigo, hepatitis, typhoid and leishmaniasis[[16]](#footnote-16).

## 1.3 Key operational challenges

In NW Syria, there are generally no restrictions to access for cross-border humanitarian actors, with the notable exception of frontline areas in southern Idleb and western Aleppo as of Nov 2020. However, the degradation of humanitarian infrastructure remains a significant barrier for both humanitarian actors to reach people with assistance, and for affected people to access basic services. Meanwhile some WASH activities have faced restrictions by local councils, often under the guise of land rights issues, or other arbitrary concerns, but which are often related to lack of understanding of the humanitarian imperative or personal gain.

One of the main sustainable objectives of the WASH cluster is to connect existing camps and communities to water and sewage networks, however there is a lack of clear network schematics for the water and sewage systems that delay the planning of connections, extensions and rehabilitation difficult.

The outbreak of COVID-19 has added multiple risks to the affected population, and partner staff, requiring various operational adjustments. Some local authorities have implemented restrictions in public spaces such as markets, but 88%[[17]](#footnote-17) have not. This impact is partially due to humanitarian partners who have had to adopt mitigation measures such as increasing distribution days to reduce crowding, increased house to house activities, reductions in travel etc. Such mitigation measures have reduced the level of service as well as the time taken to provide services and 60% of communities in NW Syria have stated that they have reduced or limited access to humanitarian services as result of COVID-19[[18]](#footnote-18).

Meanwhile, COVID-19, international sanctions and the devaluation of the Syrian pound have led to operational challenges around the availability and increased cost of the WASH priority items such as fuel, hygiene materials and water and sanitation pipes.

The frequent movement of IDPs and verification of new IDPs is a difficult process – between May and September, in what can be viewed as a relatively stable period in NW Syria, an average of 42,000 people were displaced each month, two-thirds of whom have been displaced three or more times (65 percent)[[19]](#footnote-19). The fluidity with which displacement occurs creates challenges for partners to meet the WASH needs of the affected populations when the target numbers change on a weekly basis. Meanwhile the cluster has struggled to align camps with that of the CCCM cluster, since many camps are not registered. Unregistered camps have no formal name/p-code and are often reported multiple times with different names.

# 2. Coordination

## 2.1 Information management

Information is managed centrally by the WASH Cluster Information Management Officer (IMO) working in close cooperation with UNICEF and OCHA. Tracking of the humanitarian WASH response coverage and gaps is conducted on a monthly basis through a Who is doing What, Where and by When (4W) activity reporting matrix. Active WASH partners are required to submit their organisational inputs to the 4W by XXX date of each month. The WASH Cluster IMO will then collate the results and return an anonymised 4W to partners by the XXX of each month.

Gap analysis is primarily undertaken by WASH Cluster partners using the 4W. All WASH Cluster partners are required to give at least 2 months’ notice of the end date of their programs when funding to continue activities has not been secured. Identified gaps can be found on page 10 of the PowerBI WASH Cluster Dashboard [NW SYRIA: WASH 4W SUMMARY](https://www.humanitarianresponse.info/en/operations/stima/water-sanitation-hygiene).

To improve the management and flow of information, it is expected that:

* Donors will provide the WCCT with details of those organizations they are funding for WASH-related activities. The WCCT may follow up with donors where known partners are not sharing information.
* WASH Cluster partners are expected to share information on a timely basis and by agreed deadlines.
* Partners who miss deadlines, fail to provide standardised location/camp names and coordinates will not have information included in the 4Ws.
* Partners who share activity information in the correct format, will receive an anonymised 4W containing information on all activities implemented by partners in the last month.
* Only IDP camps listed by the CCCM Cluster will be added to the 4Ws – partners are expected to register with the CCCM Cluster, any camps that are not on their list.

While partners can request information, including maps and matrices, at any time by contacting the WASH Cluster Coordinator, a number of databases where relevant information exist in map and table formats for analysis and interrogation:

* [**NW SYRIA: WASH 4W SUMMARY**](https://www.humanitarianresponse.info/en/operations/stima/water-sanitation-hygiene)
* [**WATER-BORNE DISEASES AND WATER STATIONS’S STATUS**](https://www.acu-sy.org/en/water-borne-diseases-and-water-stationss-status/)

## 2.2 Cluster Coordination

The WASH Cluster Cross Coordination mechanism for cross border operations in NW Syria was established in 2016 following a period of Sector coordination that started in 2013. WASH coordination for cross-border operations in NW Syria sits in Gaziantep in SE Turkey and forms the NW Syria WASH Cluster Hub. The coordination mechanism is open to all humanitarian organizations that undertake humanitarian action from Turkey and that commit to participate in coordination arrangements that aim to ensure that assistance meets all people in need in NW Syria.

### 2.21 WASH Cluster WoS and Gaziantep Hub Organogram

Share information; Report and advise

Strategic Guidance

WASH Cluster Technical Working Groups

Share information; Report and advise

Report and advise

Strategic guidance

Shape and inform technical work area

Report and advise

Strategic Guidance

WASH Cluster Strategic Advisory Group (SAG)

Share information; Report and advise

WASH Cluster Partners

WASH Cluster Information Management Officer

WASH Cluster Support Officer

WoS WASH Cluster Information Management Officer

WASH Cluster Field Facilitators x 8

### 2.22 Whole of Syria (WoS)

The WoS structure comprises Cluster-specific leads (UN agencies) and co-leads (NGOs) and the Inter-Cluster Steering Group (ISG), chaired jointly by UNOCHA and international NGOs, with participation of the Cluster lead/co-lead at the WoS level. A Strategic Steering Group (SSG) sits above the ISG, with representatives from key UN agencies and the NGO regional forum. The WASH Cluster for the WoS provides technical and policy advice through the ISG to the WoS SSG to support decision-making throughout the humanitarian programme cycle. Final and strategic decisions regarding WoS coordination are made by the SSG.

Overall WASH coordination for Syria is the responsibility of the WoS WASH Cluster, who also facilitates agreement on joint advocacy messages at Cluster level across hubs when required and provides strategic backing to hub-level Cluster/cluster leads, including sharing of best practices and knowledge, capacity building and policy advice. In this way the WoS helps to standardise response approaches across hubs and ensure preparedness and complementarity between different programmes. The WoS WASH cluster develops a single country wide input for the humanitarian needs overview (HNO), periodic monitoring reports (PMR), the humanitarian response plan (HRP) and all related exercises, such as Cluster assessments. To achieve this the WoS consolidates inputs from NE Syria and NW Syria hubs on a periodic basis.

### 2.23 Gaziantep/NW Syria Hub

The southern Turkey Gaziantep coordination architecture is comprised of nine clusters, the Inter-Cluster Coordination Group (ICCG), the Humanitarian Liaison Group (HLG) under the leadership of the Deputy Regional Humanitarian Coordinator (DRHC) and other ad hoc coordination forums and.

The ICCG facilitates the identification of cross-cutting issues and prioritizations and reports to the HLG, chaired by the DHRC in Gaziantep. The Clusters are represented at the HLG by the Inter-Cluster coordinator.

The NW Syria WASH Cluster works with partners to strengthen WASH responses through predictability, accountability, and partnership by ensuring better prioritization and defining roles and responsibilities of humanitarian organizations. The Cluster facilitates all sector activities, developing and maintaining a strategic vision and operational response plan as well as developing inputs for the WoS humanitarian needs overview (HNO), periodic monitoring reports (PMR) and the Humanitarian Response Plan (HRP). The Cluster oversees and guides the sectors input in the Syrian Cross-border Humanitarian Fund (SCHF) allocation process and all other related exercises, such as coordinated assessments in line with the WASH Cluster core functions[[20]](#footnote-20) ([Annex B](#_Annex_B)).

### 2.24 Governance and Ways of Working

The WASH Cluster Coordinator and the WASH Cluster Co-coordinator have the overall responsibility to provide leadership and facilitate the processes that will ensure a well-coordinated, strategic, adequate, coherent, and effective response by partners at the NW Syria WASH Cluster Hub level.

The Cluster Coordinator is appointed by UNICEF as the Cluster Lead Agency (CLA), while the WASH Cluster Co-coordinator, Cluster IMO, WASH Cluster Support Officer and Field Facilitator roles rotate among SNGO WASH partners and is currently staffed by IYD, through funding from the CLA. Together these individuals form the NW Syria WASH Cluster Coordination Team (WCCT). While the WCCT reports directly to the CLA, the WCCT has an over-riding duty to all partners within the cluster, to act as a representative and honest-broker of the cluster as a whole, rather than solely as a representative of his/her particular agency. As such the WCCT work impartially on behalf of the Cluster to enable all partners to respond more effectively to the needs of the affected population than they could do individually by working together in a coordinated manner and in accordance with the Principles of Partnership. ToRs for the WASH Cluster can be found in [Annex C](#_Annex_C_Cluster).

### 2.25 Strategic Advisory Group’ (SAG)

To ensure transparency and inclusivity, while maintaining a responsive decision making, strategic issues and recommendation are considered and endorsed on behalf of Cluster partners by a representative stakeholder group called the ‘Strategic Advisory Group’ (SAG). This group meets on an as-required basis and reports back to the wider WASH cluster on its recommendations when necessary WASH Cluster partners can self-nominate whenever SAG elections are proposed, as long as membership criteria are fulfilled, and the WASH Cluster partners then vote for their preferred candidates. See annex D for SAG ToRs

### 2.26 WASH Cluster Stakeholders

The WASH Cluster is inclusive and welcomes all stakeholders who can provide meaningful support to the WASH needs of affected populations. As such the principal WASH Cluster stakeholders are:

* Affected populations;
* Principal local authority partners at NW Syria level;
* UNICEF as Cluster Lead agency;
* OCHA and other UN agencies;
* International and Syrian NGOs with an established presence in country, with proven experience in the sub-Clusters of WASH that are key to the response and with reliable access to financial, human, and material resources without dependence on pooled funding;
* Other Clusters whose activities will complement, or potentially overlap with WASH;
* Donors with an expressed interest or a tradition of supporting WASH; and
* WoS coordination bodies.

### 2.27 Mutual Accountability and engagements of partners

A well-run cluster is a formal deliverable of the WASH CLA and forms a part of UNICEF’s work. However, in practice, the efficient management of the WASH Cluster is the joint responsibilityof UNICEF, the WCCT, donors and all cluster participants in NW Syria.

The Cluster Approach does not require that Cluster partners be held formally accountable to UNICEF as the CLA or to the WCCT. Individual agencies can only be held accountable to the CLA when they have a contractual obligation e.g. as an implementing partner for projects funded through the CLA. Conversely the WCCT and the CLA are responsible to the WASH Cluster partners. WASH Cluster partners must in turn ensure that they deliver on their agreed Minimum Commitments for Participation in the WASH Cluster (see annex C) and a degree of informal mutually accountability to each WASH Cluster partner, the WCCT and CLA are expected. All stakeholders are accountable to the affected population.

Where concerns or complaints about the performance of the CLA or WCCT arise, they can be submitted to OCHA/DRHC for further follow up.

Under OCHA’s guidance, matrices mapping out the mutual roles and responsibilities of WASH and other Clusters should be developed.

### 2.28 WASH Cluster Meetings

Working within COVID-19 constraints, WASH Cluster meetings are now held virtually, which means they can also accommodate large numbers of participants albeit with reduced effectiveness. There is primarily one WASH Cluster Coordination meeting per month, which is open to all WASH Cluster partners and has the objective to update the overall cluster with relevant information for the WASH response, including strategic, technical, cross cutting and capacity building issues. A key part of this meeting is the Operational Update, which is an important cluster tool for the identification of gaps and needs and duplication avoidance. Where time does not permit the full agenda to be completed, a second meeting will be held to complete the required updates. The WASH Cluster meeting is open for all active WASH Cluster partners, while the operational section of the meeting is most relevant to those who are planning to start new activities or are withdrawing from existing activities.

WASH Cluster meetings are largely held in Arabic, in line with the majority of participant’s language requirements and are chaired by the WASH Cluster Co-Coordinator, who is also responsible to ensure that minutes are shared with cluster members.

# 3. WASH Cluster Principles of Operation

## 3.1 Complementary guiding documents

The NW Syria WASH Cluster [website](https://www.humanitarianresponse.info/en/operations/stima/water-sanitation-hygiene), [Dropbox](https://www.dropbox.com/sh/frs4jca7cllp4my/AABzCu1poQA5QTPad7f8DYt-a?dl=0&lst=) and [COVID-19 Dropbox](https://www.dropbox.com/sh/1r0by4a8f5t73m1/AABplnOdX2xBuAlUfGO9-B1sa?dl=0) contains all relevant documents and should be a reference point in addition to this SOF.

This strategy should be read in conjunction with the following documents as well as additional documents hyperlinked throughout the text.

* Syria Humanitarian Response Plan 2020, OCHA
* Syria HNO 2020, OCHA

The following international guiding principles should be considered:

* [The SPHERE Project (2018)](https://spherestandards.org/handbook-2018/)
* [The Humanitarian Charter](https://spherestandards.org/humanitarian-standards/humanitarian-charter/)
* [The Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (NGOs) in Disaster Relief](https://www.icrc.org/en/doc/resources/documents/publication/p1067.htm)
* [Humanitarian Principles](http://www.unocha.org/sites/dms/Documents/OOM-humanitarianprinciples_eng_June12.pdf)
* [Core Humanitarian Standards on Quality and Accountability](https://corehumanitarianstandard.org/files/files/CHS%20Draft%202.pdf)
* [The Do No Harm approach](https://www.oxfamnovib.nl/kenniscentrum/blog-kenniscentrum/the-do-no-harm-approach-how-to-ensure-that-our-work-contributes-to-peace-not-conflict)
* [Global WASH Cluster Minimum commitments for the safety & dignity of affected people](https://washcluster.atlassian.net/wiki/spaces/CTK/pages/10782342/Accountability+to+Affected+Population?preview=/10782342/10791657/2012%20GWC%20WASH%20minimum%20commitments%20for%20Safety%20%26%20Dignity.pptx)
* [The Grand Bargain](https://interagencystandingcommittee.org/grand-bargain)
* [The 2010 HAP standard in accountability and quality management](https://reliefweb.int/report/world/2010-hap-standard-accountability-and-quality-management-enar)

## 3.2 Global Guiding Principles

The WASH Cluster partners are expected to adhere to the following guiding principles:

1. WASH Cluster partners will conform to the broad operational framework outlined in this document. They should be prepared to engage in open Cluster discussions to update this document prior to commencing any action outside of these guidelines. Those agencies that have agreed to these guidelines but do not follow them will be expected to provide clear justification to the WASH Cluster.
2. WASH Cluster partners respect [Humanitarian Principles](http://www.unocha.org/sites/dms/Documents/OOM-humanitarianprinciples_eng_June12.pdf), the [Core Humanitarian Standards on Quality and Accountability](https://corehumanitarianstandard.org/files/files/CHS%20Draft%202.pdf) and the ‘do no harm’ approach, in their interventions.
3. WASH Cluster partners conform to the 5 WASH Minimum commitments for the safety and dignity of affected people.
4. WASH Cluster partners involved in the humanitarian response agree to comply with the Principles of Partnership[[21]](#footnote-21), and are ready to share information on their programmes in a transparent manner, including activity updates, future plans and issues related to the challenges they face to ensure the quality of response for the affected population;
5. WASH Cluster partners will be mutually accountable to each other, the WASH Cluster Coordination Team/Cluster lead agency and to the affected population.
6. WASH Cluster partners will as a minimum, adhere to WASH Cluster standards where they exist, or SPHERE - whichever is the higher. Where adaptation to local context is required, this will be decided by the WASH Cluster SAG.
7. WASH Cluster partners will adhere to WASH technical guidelines developed by WASH Technical Working Groups and endorsed by the WASH Cluster SAG.
8. WASH Cluster partners will mainstream protection, good governance, human rights, gender equality, age, disability, and environmental assessment into all aspects of WASH program planning.
9. WASH activities must aim to reduce inequality and include ways to transform harmful gender norms, roles and relations and promote equitable participation and access.
10. WASH activities must increase women’s participation in decision-making processes and skills trainings, particularly in relation to the design, implementation, and operation of collective water supply, sanitation and hygiene projects.
11. Wash activities must include the affected population including vulnerable groups such as people with disabilities and older people, in assessing and prioritizing their own needs, as well as in programme design, implementation and monitoring.
12. WASH Cluster partners must provide all affected population with information about programme activities that affect them in their own language.
13. WASH Cluster partners must avoid duplicating activities in areas already served, and commit to intervene in areas where there are a lack of active WASH partners or responses.
14. WASH Cluster partners must endeavour to address the complete WASH needs of affected populations i.e. Water, excreta disposal, environmental sanitation, hygiene and vector control, either as an integrated programme, or in collaboration with other partners.
15. WASH Cluster partners must reduce ‘dependency’ on emergency WASH services at the earliest opportunity by implementing sustainable WASH solutions.
16. WASH Cluster partners should in as far as possible integrate with the strategic and operational approaches of other Clusters, particularly Health, Nutrition, Food Security and Livelihoods, Emergency Shelter and NFI, Education, Early Recovery and Protection.
17. All projects involving construction or rehabilitation of water and sanitation infrastructure are strongly recommended to be accompanied by appropriate and proportionate awareness-raising, training and hygiene activities.
18. WASH Cluster partners must build capacities of local council members, relief committees, water network managers, water station operators, camp management and affected communities through investments in human capital.
19. WASH Cluster partners must seek to create an enabling environment by strengthening local WASH capacity and systems to enable all actors to contribute effectively and improving accountability at all levels.

# 4. WASH Cluster Strategy

## 4.1 Need analysis

### 4.11 Overview

Assessments and monitoring activities undertaken in 2020 indicate that WASH related needs throughout NW Syria remain extremely high after nearly 10 years of conflict. Overcrowding due to the mass displacement of 1.35 million people between May 2019 and February 2020 has resulted in some of the worst conditions that people have faced since the conflict began with significant inequalities in service related to gaps. 70% of IDPs in camps in NW Syria continue to rely on costly water trucking, while just 26% are connected to networks. In communities, 33% still rely on water trucking, which is mostly delivered through private unregulated vendors, while 29% are connected to water networks, 15% rely on wells and 23% rely on mixed sources. Those in neighbourhoods (large towns/cities) mostly have access to water networks (92%). Communities not served with public water networks are in general at higher risk of unsafe water consumption, use less water than people served via free/low cost water networks and spend significantly more of their incomes on purchasing water

### 4.12 Water

In camps, 78% of people state they did not have access to sufficient water during the previous month compared with just 6% in communities and neighbourhoods, which reflects the increased reliability of networks over water trucking in provide sustained access to water. Through field monitoring the cluster estimates that 33% of IDP assessed sites receive less water than the cluster standard of 35l/p/d required to maintain basic hygiene and dignity levels along with COVID-19 mitigation measures such as hand washing. In communities and neighbourhoods, the cost of water is the most significant reason for people not accessing sufficient quantities. Neighbourhoods spend on average 3% (4,361 SYP) of their monthly income on water, while 2.7% (3,539 SYP) is spent in communities and 0.7% (708 SYP) is spent in camps.

Water disparity among camps in different sub-districts remains significant. The average, camp population receive 57 l/p/d but this ranges from 133 l/p/d in Afrin camps to just 11 l/p/d in Daret Azza. Meanwhile, on average, camps in Maaret Tamsrin, Atareb, Badamama, A’zaz, Aghtrin, Suran and Daret Azza all receive less than the cluster recommended 35 l/p/d. Similar inequalities occur at the community level with Haritan receiving 190 l/p/d and Ehsem Sub-District receiving.

By source, camps in Dana, Suran, Darkosh all have reasonable access to water networks and to a far lesser extent camps in Jarablus, Idleb and Harim have some access, while camps in other sub-districts rely almost exclusively on water trucking. 255 water stations out of 448 in Idlebb and Aleppo are currently functioning (57%), out of which 209 (82%) are being chlorinated, reflecting the need for a significant scale up in water station and piped network support.

At the community level sub-districts are generally more mixed in terms of sources they use, except for Ain al Arab, Sarin, Aghtrin, Al-Khafsa, Maskana and Abu Qalqal, which predominately have access to water through piped networks and or protected wells.

In camps, 92% of tests reveal some level of Free Residual Chlorine (FRC) with 33% being at 0.1mg/l and 59% being between 0.2 and 0.5mg/l, while WASH Cluster Field Facilitators have noted that 58% of assessed sites lack any FRC. For Water Trucking 11% of supplied water have no FRC. Communities fair worse when it comes to treated water, with 23% of supplied water having no FRC and 24% of trucked water and 47.6% of protected wells having no FRC. For neighbourhoods, just 1.6% of supplied water has no FRC, particularly when supplied through piped networks, while 18.7% of trucked water in neighbourhoods has no FRC.

WASH Cluster Field Facilitators have observed that 16% of sites visited sites have less than 25 liter per person per day; 34% of the assessed sites reported 0 FRC; 66% of assessed sites lack sufficient water storage to cover one day’s worth of water requirements, meaning that should there be gap in water provision, for whatever reason, affected populations would have no reserve to fall back on; and 13% of the assessed sites have no water storage tanks at all.

### 4.13 Hygiene Materials and Handwashing

Livelihood opportunities have decreased as a result of the COVID-19 pandemic while the value of the Syrian Pound has reduced the purchasing power of affected households and this has reduced the ability of the affected population to maintain basic hygiene standards and led to increased negative coping mechanisms. Most hygiene items can be purchased when required by IDPs in camps, with 87% of HHs stating they can procure items when needed. However, when it comes to all hygiene materials, only 37% could afford to procure a comprehensive set of hygiene items. When compared with handwashing, just 49% of camp populations have access to both soap and water, with 22% having no soap, 18% having no hand washing facility and 2.5% having no soap and water. This situation is particularly acute in Jarablus where 30% of the IDP population have no soap and water, despite there being on average 68 l/p/d in camps and Salqin with 14%, Janudiyeh with 13%, Dana with 12% and Idleb with 10%. In Afrin, just 7% of camps on average have access to soap and water, with 93% having only water and no soap. In Mhambal 88% have only water and no soap, along with 86% in Maaret Tamsrin, 67% in Aghtrin, 65% in Harim, 58% in Suran, 47% in Atareb and 44% in Salqin.

Communities fair slightly better with 93% being able to procure hygiene items when needed but with only 24% who could afford to procure a comprehensive set of hygiene materials. With handwashing the situation in communities is generally better as well compared to camps with 70% having both soap and water, 15% having no soap, 10% having no handwashing facility and 0.6% having no soap and water.

In neighbourhoods the situation is similar to communities with 95% of HHs being able to procure hygiene items when needed, but with only 4% being able to afford to procure a comprehensive set of hygiene materials. For handwashing in neighbourhoods, 78% of people have both soap and water, 5% have no soap and 0.1% have no soap and water. Atareb again has poor access to soap with 46% having water and no soap along with 33% in Aghtrin.

WASH Cluster Field Facilitators observed that 80% of sites assessed had no access to hygiene kits in the previous 3 months.

Meanwhile 53 percent of people with disabilities reported needing additional hygiene supplies, which were not being provided by supporting organisations[[22]](#footnote-22).

### 4.14 Excreta Disposal

In camps, 76% of IDPs do not face problems with sanitation. Of the remaining 24% that did, 35% stated that toilets are unclean, 34% stated that septic tanks were not emptied as desludging services were not available, 19% said they could not afford desludging and 1% said they had difficulty getting to the toilet without assistance.

According to WASH Cluster Field Facilitators, the average number of people sharing a toilet is 63 in assessed sites, while 41% sites have more than 50 people sharing 1 toilet[[23]](#footnote-23).

50% of toilets in camps are clean and functional, while 45% are functional but dirty and 3% are non-functional. The situation is most acute in camps in Atareb where 19% are non-funcitonal.

In communities 93% of people stated they did not face problems with sanitation. Of those that did 31% reported blocked pipes in the house, 17% reported they could not afford desludging of their septic tanks and another 17% said there were no available desludging services, while 16% had no water to flush their toilets and 2% reported an inability to get to the toilet without assistance.

In terms of sanitation problems in neighbourhoods 90% have no issues. Of the 10% that did, 78% reported blocked pipes, 16% could not afford desludging of septic tanks and 3% reported an inability to get to the toilet without assistance.

In communities 85% of toilets are clean and functional, 11% are dirty and functional and just 0.03% are non-functional. At the neighbourhood level, 79% of toilets are clean and functional and 5% are functional but dirty, with no reported non-functional toilets.

Meanwhile 56 percent of people with disabilities reported that due to the lack of available ‘European style’ toilets, they could not use toileting facilities at all[[24]](#footnote-24) and field monitors noted that 19% of assessed sites had no disaggregation of toilets by sex.

### 4.15 Solid Waste Management

In camps, 90% of IDPs have free solid waste collection services, while 3% pay for collection, 3% dispose of waste in a dumping location, 5% burn their waste and 5% leave it in public areas. Camps in AbuQalqal and Ar-Ra’ee have no collection facilities and burn 100% of their rubbish, while camps in Suran dump or leave 67% of their rubbish in the public places.

In communities 44% of solid waste is collected for free and 28% is paid for, while 20% burn their rubbish, 9% dispose of it in a dumping location and 3% leave it in a public place.

In neighbourhoods, 52% of solid waste is collected for free and 6% is paid for, while 31% of rubbish is disposed of in a dumping location (56% of which is in a formal dumping site), 10% is left in public areas and 2% is burned.

WASH Cluster Field Facilitators noted that 3% of assessed sites has no access to solid waste management services.

### 4.16 Accountability

45 per cent of people with disabilities reported that they were unaware of any complaints and feedback mechanisms available to humanitarian service users[[25]](#footnote-25) while 40% of sites assessed by WASH Field Facilitators have no feedback and complaint mechanisms in place.

In 13% of sites assessed by WASH Field Facilitators, the population are not aware of which NGO is providing their WASH services, while 26% of sites have no focal point from the NGO and 21% of sites reported “not being consulted during the design and delivery of WASH services”.

### 4.17 Water-borne Disease and Leishmaniasis

Water-borne diseases (WBD) have generally followed the level of funding support through 2020. When the initial influx of more than 1.3 million IDPs began during 2019 and early 2020, WBD rates were higher than at any time since 2017. As partners received funding to respond to the influx WBD rates decreased to below 2019 and 2017 levels, but since August 2020, have been elevated compared with all previous years. Dana and A’zaz Sub-districts notably have the highest number of reported of WBD cases followed by Idleb and Maaret Tamsrin and these are also the Sub-districts with the highest number of IDPs and thus most affected by reductions in funding that lead to reductions in WASH services.

Leishmaniasis cases have been lower in 2020 compared with previous years however prevalence rates remain above those of pre-conflict levels. Dana, Atareb and Al Bab are the current Sub-districts with the highest recorded cases.

## 4.2 Response analysis

While the WASH Cluster continues to prioritize lifesaving WASH interventions the disparity of services between camps, communities and neighbourhoods remains significant.

Access to sufficient safe water, adequate sanitation, solid waste management and/or hygiene supplies remain a challenge for IDPs living in IDP sites[[26]](#footnote-26), as well as other vulnerable households with limited livelihood opportunities and access to basic WASH services.

Some 2.6 million people lack one or more WASH services despite a full WASH package being a requirement for affected populations. The inability of the cluster to deliver these comprehensive services is due in part to the poor quality of funding, which is often short-term and does not cover comprehensive services, but also because humanitarian funding has not kept pace with the increased needs resulting from recent displacements, while COVID-19 has placed additional needs and funding constraints on the Clusters ability to respond. In addition, the possible end of cross-border activities in July 2021 means the Cluster must prepare for a possible reduction in access and an ability to provide WASH services.

Lifesaving activities continue to remain the greatest need, particularly for IDP’s in camps and informal settlements, who are dependent on continuous humanitarian support. However, the provision of WASH services through short-term solutions such as water trucking and desludging cannot be maintained with current levels of resources, while the affected population also want more reliable services. The WASH Cluster partners must increasingly meet these needs in a more sustainable and cost-effective manner, while at the same time building the capacity of local partners, affected populations and local authorities to coordinate and manage responses, thereby increasing self-reliance and reducing aid-dependency.

As part of this strategy, the WASH cluster will continue to advocate for the restoration of pre-conflict WASH services and will prioritise support to rehabilitate, operate and maintain water and sewage stations, repair and extend their networks and to ensure that IDP camps are connected to them. Provision of water and sanitation through public networks not only enables greater quality control and equitable distribution and reduces operational costs, but also minimizes protection risks and the financial burden on the most vulnerable families.

To further improve the efficiency and costs of water and sanitation services, the cluster will take advantage of electricity lines being brought in from Turkey to connect water and sewage stations to electricity grids. This is a real opportunity for the Cluster to electrify WASH services that had previously been powered by diesel generators, which will greatly reduce the Clusters overall operational costs. In areas without or with limited power supply from the grid, standby generators and fuel will continue to be needed, although this will typically satisfy only part of the power requirements. However, here too, the cluster can look to introduce renewable energy sources such as solar and wind power to provide more economically and environmentally sustainable solutions for smaller scale water supply and decentralised wastewater treatment systems, should be considereds.

While new displacements remain likely, some degree of stability in NWS provides an additional opportunity to transition from the costly to more cost-efficient emergency activities and accessing more diverse funding and developing new partnerships is a key area to be explored in order to support a more sustainable and cost-effective response in NW Syria.

With a decrease in livelihood opportunities and household purchasing power, households have increasingly resorted to negative coping mechanisms and struggle to maintain basic hygiene standards. It is important that WASH responses consider early recovery and livelihood opportunities and develop new activities that support affected populations to be more involved in and benefit from the delivery of services, such as through the construction or upgrading of private toilets and septic tanks, construction of communal water points and household tap connections, maintaining water and sewage systems, soap production etc. Capacity building in these areas will create new livelihood opportunities, while helping to increase ownership and participation from the affected population, reduce dependency, increase accountability and provide opportunities for cost recovery, which then contribute towards sustainable services. Such activities can support a reduction in the level of in-kind assistance, in favour of cash-based assistance and importantly during the COVID-19 pandemic, the ability of affected populations to increase the level of WASH infrastructure in camps, which will help increase the level of social distancing that can be maintained.

Hygiene standards in NW Syria are generally good and the role of hygiene promoters should be shifted towards community mobilisation and engagement to encourage the building of capacity to safely manage and oversee the delivery of services in camps with quality and accountability. WASH related community led grants should be applied, whereby WASH Committees, on behalf of the affected population, prioritise and address their key WASH needs. Such approaches contribute to the agency of the affected population and can provide a voice for vulnerable groups such as people with disability or older people, particularly where they are part of the WASH committees. While hygiene standards may be good, access to critical hygiene items is not universal and the cluster will continue to support the most vulnerable affected populations with cash, vouchers or hygiene kits, while also providing COVID-19 kits to those most susceptible.

Under COVID-19, community mobilisers will have a stronger focus on Risk Communication using communication strategies and interventions that individuals, families, communities, the private sector and local authorities. In particular, these approaches need to be standardised so all partners can contribute towards ensuring all affected populations know how to take action to mitigate the spread of COVID-19 and adopt health-seeking behaviour when necessary.

As well as increasing support under the COVID-19 pandemic, the cluster must also address the gap in service provision for people with disabilities in terms of infrastructure to ensure that one in five facilities are accessible for PWD and also to support their individual needs through the provision of additional supplies such as female sanitary and incontinence items and WASH related assistive devices such as bed pans, potties, commodes etc. Accessibility and safety audits must be undertaken by all partners with vulnerable groups to identify barriers to access WASH services and to ensure that services are inclusive.

While the role of WASH service provision has largely fallen on WASH Cluster partners during the last 10 years, there is a functioning private WASH service provider market that complements the water and sanitation demands in many areas, largely for communities and neighbourhoods. This market is however, largely unregulated and carries a high risk of unsafe water being distributed to large sections of the population and illegal dumping of wastewater and solid waste. Local authorities must be supported through capacity building to act as service and market regulators, to set and administer quality, levels of service and pricing. At the same time WASH partners can support the private Sector through trainings to improve the quality of services they provide, while phasing out in kind services such as water trucking for cash grants and vouchers. The increased use of market-based programming including cash and vouchers will help to support the local economy and create livelihood opportunities, while giving affected populations more flexibility and control to prioritise their individual needs.

As well as building the capacity of the local authorities to regulate services, the cluster must support the empowerment of local authorities to coordinate partners at the local level and manage the WASH services in their areas of jurisdiction, particularly public utilities and services such as bulk water stations and their networks. The implementation of water safety planning and regular water quality surveillance, through the mobilisation of WASH Committees, service providers and local authorities will help to ensure that these services are delivered with quality and accountability to the affected population. Other public services such as sewage networks were already insufficient in rural areas prior to the conflict and localised safe treatment and disposal methods need to be developed in collaboration with the local authorities to avoid environmental contamination.

The transitioning of approaches towards more recovery orientated, community and local authority managed services will require the cluster to support partners with capacity building and updated and new guidelines were necessary.

Building the capacity of local authorities to coordinate and manage services will also call for a closer collaboration with the Protection Cluster around HLP and accessibility issues, which continue to disrupt the implementation and cost effectiveness of programs in some areas. Similarly close coordination and collaboration with Food Security and Livelihoods and the Early Recovery Cluster are necessary to expand WASH’s role in this area, in a harmonised way.

While periods of relative stability exist and provide opportunities for recovery, the period between December 2019 to February 2020, is a reminder that the Cluster must remain prepared to respond to mass displacement through updated readiness and response plans in the event of significant renewed hostilities and attacks. This is increasingly important for NW Syria since the decrease in humanitarian space has already stretched the absorption capacity of most IDPs sites and host communities to breaking point. Prepositioning of critical WASH contingency supplies, such as HH water treatment chemicals and hygiene kits must be maintained at sufficient levels to provide a first response to new displacements and this will be increasingly important if cross-border operations cease in July 2020 when there is likely to be an initial decrease in the levels of services provided, while the international community adjusts. The Cluster will continue to work with CCCM and Shelter/NFI to identify, ready and prioritise potential sites that could accommodate new displacements and overflow from existing sties to ensure readiness.

While there is a strong focus on IDPs in camps by the Cluster, communities and to a lesser degree neighbourhoods, are also affected by limitations in functionality and efficiency of WASH infrastructure and services, in particular those living in over-burdened communities, areas of high return and areas under-served by public services due to limited access to electricity, high dependency on informal water sources and severe issues with sewage disposal or lack of solid waste removal services. Depending on the overall level of need as well as the response capacity in each area (related to both the technical and financial capacity of partners and to the level of safe humanitarian access and security), the Cluster will continue to prioritize activities that aim to support large swathes of the population through infrastructure repair.

## 4.3 Strategy

The WASH strategy addresses the water, environmental sanitation and hygiene needs of IDP populations, communities and neighbourhoods as well as populations at risk of COVID-19. The strategy aims to continue and improve on equitable access to WASH services in a sustainable manner, through a recovery approach, while addressing the life-saving needs of the most vulnerable in a cost effect and sustainable manner. This strategy takes into account the shrinking of humanitarian space in NW Syria, continued sporadic outbreaks of hostility that have the potential to cause mass displacements and the possible end of cross border operations in July 2021, which will initially impart significant disruptions in the provision of live-saving WASH supplies and services.

To address the needs of the WASH Cluster to sustain and expand levels of service to affected populations under the above conditions, the strategy must consider a number of key issues:

1. Improve the sustainability of life-saving, humanitarian WASH responses by restoring existing WASH services to pre-conflict levels
2. Strengthen the capacity of WASH partners, local authorities, private Cluster and communities to coordinate, manage, regulate and develop local service provision
3. Strengthen technical guidance and standardization of WASH Cluster operational modalities
4. Strengthen Quality and Accountability across all levels of the WASH Cluster to support evidence-based decision making, based on lessons learned, innovation and community engagement and feedback
5. Increase the range of implementation modalities including cash for work, cash grants and vouchers to reduce supply driven, in-kind support.
6. Strengthen the integration of emergency WASH activities with other Clusters, particularly CCCM and Shelter and with early/recovery programming
7. Strengthen the capacity of the Cluster to effectively advocate on concerns that prevent a timely and quality implementation of the WASH Cluster response e.g. HLP issues, accessibility

With these considerations in mind, the WASH Cluster has identified the below Goal, expected outcomes and strategic objectives and activities

### 4.31 Goal

* Contribute to the improved health and resilience of the most vulnerable conflict affected populations and at-risk communities, through the efficient, timely and appropriate implementation of sustainable emergency and recovery WASH programmes.

### 4.32 Expected Outcomes

* Women, men, boys and girls, including older people and those with disabilities in IDP camps, collective centres, and conflict affected locations have access to, and have made optimal use of, water and sanitation facilities and take action to protect themselves against threats to public health.
* Local authorities and communities are increasingly involved in local coordination and service provision.
* Individuals, communities and institutions have increased capacity to mitigate the impact of shocks and hazards, through improved and more resilient WASH infrastructure, services and behaviours.
* No major outbreaks of WASH related communicable diseases in targeted areas occur.

### 4.33 WASH Cluster Strategic Objectives and Activities

#### 4.331 Strategic Objective 1: Support to water, sanitation/sewage and solid waste management systems to ensure regular services for affected people in Syria.

Objective Indicator 1.1: Estimated # of people disaggregated by sex, age and disability with improved access to safe drinking water services as a result of repair, rehabilitation and operational support to WASH systems and establishment of water safety plans.

* SO 1.1.1: Estimated # of people disaggregated by sex, age and disability with improved access to safe drinking water as a result of repair, rehabilitation and extension of water supply systems
* SO 1.1.2: Estimated # of people disaggregated by sex, age and disability with improved access to safe drinking water through operation and maintenance support to the water supply systems

Activities:

1. Support existing water stations and systems with repair or rehabilitation activities, including provision of equipment (pumps, generators, chlorine injectors, etc.), repair of pipes or network, etc. This is often a one-off activity and spares should last for a year or more.
2. Support to keep water supply systems operational, including provision of fuel, electricity or payment for key staff. This is usually a continuous activity.
3. Expansion of a network or system to connect new IDP camps, collective centres or communities. This is often a one-off activity.
4. Connect water stations to electricity grids where possible.
5. Construction of solar powered systems either full or as a part of a hybrid power system. This is often a one-off activity but must be provided with operation and maintenance.
6. Protection of unimproved water sources (open well, unprotected spring, etc.).
7. Support to the development of water safety plans which include a risk assessment of the drinking water supply chain from source to user, followed by implementation and monitoring of risk management control measures.
8. Implementation of cost recovery mechanisms (tariff systems) based on cluster guidelines following an economic and willingness to participate assessment.

Objective Indicator 1.2: Estimated # of people disaggregated by sex, age and disability with improved access to safe drinking water as a result of provision of water disinfectants, quality assurance and water safety planning

* SO 1.2.1: Estimated # of people disaggregated by sex, age and disability with improved access to safe drinking water through establishment of water safety plans
* SO 1.2.2: Estimated # of people disaggregated by sex, age and disability with improved access to safe drinking water through water quality assurance
* SO 1.2.3: Estimated # of people disaggregated by sex, age and disability with improved access to safe drinking water through the provision of water disinfectants

Activities:

1. Support with water treatment chemicals, such as chlorine powder (NaDCC 55% or HTH 70%) for treatment of water supply networks. Any equipment for water treatment (chlorine gas or chlorine injection equipment) should be included under objective indicator 1.1.
2. Ensure water systems including water quality control – including water treatment and water quality monitoring.
3. Testing (one off full test including chemical, bacteriological and physical) of new sources and after the rehabilitation repair or upgrade of any water source to ensure water is safe for drinking. For existing sources continuous monitoring of water quality through Free Residual Chlorine levels after water treatment, to ensure the effectiveness of the treatment.

Objective Indicator 1.3: Estimated # of people disaggregated by sex, age and disability with improved access to safe sanitation and solid waste management systems

* SO1.3.1: Estimated # of people disaggregated by sex, age and disability supported with access to improved sanitation services, including sewage networks, wastewater treatment plants
* SO1.3.2: Estimated # of people disaggregated by sex, age and disability supported with improved drainage
* SO1.3.3: Estimated # of people disaggregated by sex, age and disability with access to safely managed Solid Waste Management services

Activities:

1. Any repairs or rehabilitation activities, including provision of equipment (pumps, generators, etc.), repair of pipes or network, etc.
2. The expansion of a sewage network or system to connect IDP camps or communities. This is a one-off activity but should be followed up with continuous operation and maintenance.
3. Support to keep sanitation systems (sewage networks, waste water treatment plants etc.) operational, including provision of fuel, electricity or payment/incentives for key staff. This is usually a continuous activity.
4. Establishment of an overall drainage plan in coordination with site planners, the CCCM and SNFI Clusters and/or local authorities.
5. Support with spare parts and other maintenance activities for sanitation systems (sewage networks, waste water treatment plants etc.), such as filters, oil, cleaning of pipes, provision of manhole covers, spares parts etc. This is often a one-off activity and spares should last for a year.
6. Connect sewage/waster stations to electricity grids where possible.
7. Localised wastewater treatment in rural environments.
8. Construction, repair and rehabilitation of drainage channels, storm water drains, soak pits, culverts etc.
9. Any support to solid waste management systems (collection and disposal) in communities. This includes activities such as fuel provision, truck rental, payment/incentives for workers, provision of personal protective equipment for workers, truck repairs, maintenance or provision of new trucks, provision of waste collection bins, construction and management of landfill sites etc. This is a continuous activity.
10. Support to recycling of solid waste and rehabilitation of the dump site.

#### 4.332 Strategic Objective 2: Deliver humanitarian, life-saving WASH supplies and services, and improve hygiene behaviour and practices for most vulnerable people

Objective Indicator 2.1: # of people disaggregated by sex, age and disability with improved access to humanitarian life-saving emergency WASH facilities and services

* SO2.1.1: # of people disaggregated by sex, age and disability with improved access to water through humanitarian life-saving/emergency water facilities and services
* SO2.1.2: # of people disaggregated by sex, age and disability with improved access to sanitation through humanitarian life-saving/emergency sanitation/sewage facilities and services
* SO2.1.3: # of people disaggregated by sex, age and disability reached through humanitarian life-saving/emergency solid waste management and vector control facilities and services
* SO2.1.4: # of people disaggregated by sex, age and disability disaggregated by sex, age and disability with improved access to humanitarian life-saving WASH Services through market-based assistance

Activities

1. Water trucking for vulnerable population including in IDP camps, collective and transit centres and communities. Minimum amount should be 35 litres of water per person per day. Water should be safe for drinking (chlorinated). The activity can be done in kind, or using vouchers or cash transfer, if appropriate. This is a continuous activity.
2. Construction of new water sources such as shallow wells. Deep boreholes should only be constructed after discussions with the WASH Cluster in the interest of sustainable groundwater resource management.
3. Provision of water storage tanks at household or communal level. Tanks should have sufficient storage for 1 day’s supply of water. This is a one-off activity. Tanks can either be filled through water trucking or by connecting it to an existing water network. This activity is counted as a one-off activity.
4. Construction of communal water collection points, which should be accessible to people with disabilities.
5. Distribution of household water treatment materials/products such as chlorine tablets for household water treatment. This activity can be one-off or continuous for several months.
6. Distribution of household water containers that are clean, appropriate and allow safe storage of water (narrow necked and equipped with lid). Preference is for jerry cans (20-10 litres). The minimum number of containers per household is 2x20 litres. Consider people with special needs and adapt size and style of container as necessary e.g. smaller containers for children or people with disability. This activity is counted as a one-off activity.
7. Construction of communal or shared family latrines for IDPs. Provision of materials or cash for work approach could be an alternative to in kind-construction to promote early recovery. 1 in 5 toilets should be accessible to older people and people with disabilities and all toilets should have locks, lighting in and near the toilets and gender segregation/pictograms where communal.
8. Provision of sanitation assistive devices or install home-based solutions (e.g. private latrines, commode/toilet chairs, bed pan/contain based sanitation, urinal bottles, portable ramps and grab bars).
9. Upgrading private latrines (latrines built with a household’s own resources) with a hygienic slab and or safe superstructure. This is a one-off activity and can done through the provision of materials or cash vouchers.
10. Construction of handwashing facilities at each toilet and repair where necessary.
11. Rehabilitation and desludging of existing latrines to ensure toilets remain functional.
12. Support to communal latrine cleaning.
13. Construction and rehabilitation of septic with concrete covers and lids.
14. Construction/rehabilitation of laundry facilities. This is a one-off activity and should be followed by operation and maintenance, which is a continuous activity.
15. Construction/rehabilitation of either shared or communal bathing facilities – understanding that many households find their own solutions for bathing. Ensure that 1 in 5 facilities is suitable for the elderly and people with disabilities. This is a one-off activity and should be followed by operation and maintenance, which is a continuous activity.
16. Support WASH Governance systems (sanitation units and local councils).
17. Any support to solid waste management systems (collection and disposal) in IDP locations as well as any cleaning campaigns. This includes activities such as fuel provision, truck rental, payment/ incentives for workers, provision of personal protective equipment for workers, truck repairs, maintenance or provision of new trucks, provision of waste collection bins, construction and management of landfill sites etc. This is a continuous activity and can be done in kind, or using vouchers or cash transfer, if appropriate.
18. Support to recycling of solid waste and rehabilitation of the dump site.
19. Vector control activities such as fogging, IRS (indoor residual spraying) services and provision of insecticide treated bed nets (ITBN). These activities are conducted on an as needed basis.
20. Support to WASH Committees.
21. Disinfection of public places (markets, bus termini, public toilets) – spraying with disinfectants
22. Communal hand washing facilities in public places (markets, distribution sites etc.)

Objective Indicator 2.2: # of people disaggregated by sex, age and disability reached with life-saving, adequate and appropriate hygiene items, community engagement for hygiene awareness, and capacity building of community volunteers

* SO 2.2.1: # of people disaggregated by sex, age and disability who received essential WASH basic hygiene kits
* SO 2.2.2: # of people disaggregated by sex, age and disability who received essential WASH consumable hygiene kits
* SO 2.1.3: # of people disaggregated by sex, age and disability reached by hygiene promotional activities and campaigns
* SO 2.1.4: # of community volunteers and health workers trained on risk communication and community engagement

Activities:

1. Distribution of basic hygiene kits to IDPs in camps and communities. The basic hygiene kit should meet WASH cluster minimum standards and be accompanied by hygiene promotion (counted as separate activity – activity 4). Distribution of basic hygiene kit should be followed by distribution of hygiene consumables (activity 2). Market-based programming/assistance that includes cash and/or vouchers can be used instead of in-kind support.
2. Distribution of consumable hygiene kits to displaced households and communities. The consumable hygiene kit should meet WASH cluster minimum standards and be accompanied by hygiene promotion (counted as separate activity to 1). Market-based programming/ assistance that includes cash and/or vouchers can be used instead of in-kind support.
3. Provision of additional female sanitary items, incontinence pants/pads to people who require them.
4. Soap production.
5. Developing community profiles to determine which individuals and groups are vulnerable to which WASH-related risks and why.
6. Any activity and processes that are undertaken to engage all Clusters of the communities to catalyse and achieve individual and/or collective change through promoting individual, family and community action in determining and improving their own health and wellbeing and adopting health seeking behaviours. This can include door-to-door (interpersonal communication) outreach; public and/or community meetings; health fairs / days; school-based; community-based folklore/ participatory local drama and/or theatre (including puppet shows); traditional media (TV and community-based radio); engagement of key local community leaders (religious and city council, others), provision of IEC (Information, Education and Communication) materials and other activities.
7. Community engagement, which is focused more on mobilising the community and ensuring their involvement and decision making in all aspects of WASH related activities.
8. RCCE and IPC related activities for COVID – 19 prevention including referral pathways.
9. Community cash grants administered by WASH Committees to address primary WASH needs in camps.

#### 4.333 Strategic Objective 3: WASH coordination structures facilitated and enhanced

Objective Indicator 3.1: # of joint needs analysis and response planning exercises developed across response hubs

* SO 3.1.1: # of Districts holding monthly Cluster coordination meetings
* SO 3.1.2: # of Cluster-specific needs assessments conducted and analysed
* SO 3.1.3: # of WASH projects/proposals that include at least one GBV risk-reduction objective, activity or indicator, and/or a dedicated budget
* SO 3.1.4: # of WASH projects/proposals that include explosive hazard risk mitigation objective, activity or indicator, and/or a dedicated budget
* SO 3.1.5: # of communities supported with capacity building activities
* SO 3.1.6: # of organisations supported with capacity building activities
* SO 3.1.7: # of local authorities supported with capacity building activities

Activities:

1. Training of people/institutions involved in the delivery of WASH services including local authorities, WASH management committees, private market or NGO staff.
2. Support WASH Governance and development of Regulatory systems through the establishment and training of relevant Committees and regulatory bodies.
3. Any needs assessment that will inform strategic decision making, including rapid needs assessments to understand the urgent needs of IDPs and communities, as well as needs assessment that covers a sub-district, district or governorate and joint assessments (with Health, Education, Nutrition Clusters etc.). All assessments should utilise the WASH Cluster Core Indicators, standardised cluster assessment tools and follow appropriate sampling methodology – contact the cluster for guidance.

#### 4.334 Strategic Objective 4: At risk health care facilities, schools, quarantine centres and other public facilities have access to safe and appropriate water and sanitation and safe hygiene behaviours are adopted among staff and user groups.

Objective Indicator 4.1: # of estimated people with improved access to gender and disability friendly WASH facilities and services in schools, child friendly spaces and health care facilities

* SO4.1.1: # of pre and school aged children have improved access to appropriate child-friendly WASH facilities and services in schools or other child-centred areas
* SO4.1.2: # of people gaining access to improved and appropriate WASH facilities and services in health care facilities and quarantine centres
* SO4.1.3: # of people benefitting from improved medical or biologically hazardous waste management systems

Activities:

* Restoration of access to safe water, sanitation by connecting institutions to existing water and sewage networks.
* Provision of emergency water, sanitation and hygiene messaging in temporary facilities such as temporary learning spaces in coordination with relevant cluster.
* Distribution of environmental sanitation consumable hygiene kits (disinfectants, soap, cleaning detergents etc.). The consumable hygiene kit should meet WASH Cluster minimum standards and be accompanied by hygiene promotion (counted as one activity) and should be undertaken in coordination with relevant cluster.
* Distribution of environmental sanitation non-consumable hygiene kits with hardware environmental cleaning supplies (brooms, gloves, buckets, mops, bins, bin liners etc). The non-consumable hygiene kit should meet WASH Cluster minimum standards and be accompanied by hygiene promotion (counted as one activity) and should be undertaken in coordination with relevant cluster.
* Construction of handwashing facilities: any support provided to construct handwashing facilities in institutions. Handwashing facilities should be accompanied by hygiene promotion (counted as one activity) and should be undertaken in coordination with relevant cluster.

## 4.4 Affected population and vulnerabilities

### 4.41 PIN and Severity Scores

The Humanitarian Needs Overview (HNO) is the main document that guides WASH Cluster partners in the prioritization of Districts in planning the WASH response. The HNO includes a list with WASH severity scores (ranging from 0 - no need/minimal need to 5 - catastrophic need) at Sub-District level. Sub-Districts with severity scores between 4 to 5 are considered to be in acute need.

The WASH Cluster has and will continue to follow IASC Principals and Global Wash Cluster guidance on the “enhanced HPC” to develop a comprehensive estimation of WASH related severities and PiN. In line with this process, the WASH response prioritisation is based on an in-depth analysis of household-level needs aggregated into a geographic distribution of needs in accordance with the Cluster severity analysis. At the individual household-level seven key WASH parameters are considered[[27]](#footnote-27):

1. Water quality;
2. Water quantity;
3. Availability and affordability of hygiene items;
4. HH solid waste disposal;
5. Issues related to sanitation;
6. Water and sanitation affordability; and
7. Hand washing access.

Additionally, one external indicators has been factored into the severity calculations:

1. Proportionate Water Borne Disease morbidity,

Indicators are weighted and averaged to determine an overall WASH severity score for each household, to estimate the number of WASH PiN and Acute PIN at sub-district level, and lastly to determine the final WASH severity of needs at sub-district level.

Details of the 2021 Severity Scores for each Sub-District can be found here.

### 4.42 Targeting and vulnerability selection criteria for WASH Prioritization emergency response

#### 4.421 Targeting: Severity Scores

Humanitarian WASH activities will primarily be focused on high severity ranking sub-districts, as identified through the WASH Cluster needs and vulnerabilities analysis, although Sub-Districts with high severity scores in specific WASH indicators can still be targeted, even if the overall sub-district severity is low (for instance, a sanitation intervention in a sub-district with an overall low severity (1 or 2), can be prioritised if the severity for the sanitation indicator is high (4 or 5), indicating acute need in this particular WASH area). Additionally, severity rankings dedicated to IDP sites in 34 assessed sub-districts in NW and NE Syria is available for Cluster partners aiming to support prioritization of activities focused on IDP sites, entirely considered as in need of acute WASH assistance.

The Cluster prioritises the targeting of groups deemed as most vulnerable geographically according to the below criteria:

1. Areas characterized by low a coverage of safe water and improved sanitation. The WASH Cluster prioritises the targeting of areas largely dependent on water trucking with water system rehabilitation and desludging for connection to sewage networks.
2. People living in areas with limited access with an absence of humanitarian partners or constraining administrative regulations that prevent partners from working.
3. Areas characterized by high prevalence of WASH related disease and or a high prevalence of risky public health behaviours.
4. People living in areas that have seen a high intensity of hostilities.
5. IDPs living in last resort sites or open areas without shelter for more than one week.
6. Newly displaced IDPs with immediate and acute WASH needs.
7. Spontaneous/self-organised returnees who required specific assistance to avoid secondary displacement.
8. Overburdened communities, where due to the large number of IDPs/returnees where the entire population face challenges to access WASH services and livelihood opportunities.

The WASH Cluster will use the same criteria among for prioritising HRP projects.

#### 4.422 Vulnerable Groups

Within the vulnerable groups above, WASH Cluster partners should further prioritise response activities based on the below vulnerability selection criteria at the HH level.

Meanwhile Extremely Vulnerable Groups can be considered to comprise:

* Female and Child-headed households
* People with physical or mental disabilities
* Large households of six or more, with four children of school age
* Pregnant or Lactating Women (PLW)
* People with low levels of self-reliance
* Elderly
* Widows
* Chronically ill

## 4.6 Response Cluster Approaches

### 4.61 WASH as part of an Integrated Response

The WASH Cluster works closely with CCCM and Shelter/NFI to identify needs and gaps with respect to displacements.

Geographical prioritization is to be based on a joint analysis of WASH, health, nutrition and IDP needs and partners are encouraged to integrate WASH with other humanitarian response activities whenever relevant, following a model of convergence (targeting the same areas and beneficiaries by different Clusters and partners). This is most commonly achieved through the HNAP and Humanitarian Needs Overview (HNO).

The Cluster will increasingly work with the Early Recovery and Food Security and Livelihoods cluster to promote market based modalities and create livelihood opportunities within WASH – see 4.64 Early Recovery.

The cluster will also work closely with the RCCE and IPC pillars to ensure that their COVID-19 related strategies are integrated into the WASH Cluster activities. disease outbreak preparedness, prevention and response.

### 4.62 Cash and Markets

The WASH cluster has primarily taken a supply driven approach with the provision of in-kind support. However, with a changing context and the possibility of the end of cross border support, the cluster must increasingly look to different implementation modalities that can strengthen local markets to deliver services such as cash for work, vouchers and cash grants.

However, before commencing with such modalities partners much have a sound understanding of the context and feasibility. Market-based assessments and a household income analysis, including gender roles in expenditure decisions, should inform the plans particularly when the economy is fragile and inflation is high. Alternative modalities must be complemented with technical assistance and community engagement. Where possible cash or voucher assistance should be coordinated with other Clusters to increase efficiencies.

### 4.63 Institutional WASH

Provision of WASH services inside health care facilities, schools, nutrition facilities and quarantine centres are the primary responsibility of the relevant Cluster i.e. Health, Education, Nutrition etc. and WASH is responsible primarily to connect these institutions where possible to water and sanitation networks. However, COVID-19 has increased the infection prevention and control (IPC) requirements in these institutions, and WASH cluster can play an important role to ensure that such institutions do not become sources of communicable disease transmission. When requested and with close coordination with the relevant cluster institutions can be supported with adequate Infection prevention and control (IPC), construction of latrines, bathing units, handwashing stations etc according to WASH Cluster guidelines.

### 4.64 Early Recovery

Early recovery starts in the emergency response phase when some level of stabilization has been reached. During this stage the WASH cluster has the opportunity to begin to restore service levels for affected populations that contribute to some level of normal life, increase self-reliance and reduce dependence on aid. The fluidity that defines the NW Syria context makes it difficult to determine when recovery should start but every effort should be taken to begin recovery type activities whenever stable periods occur and opportunities arise, and this calls for changes in approach with the consideration of new, or adapted, interventions.

For WASH, early recovery activities are those that restore in a sustainable manner, pre-conflict WASH services for example by rehabilitating water and sewage stations, connecting camps to water and sanitation networks and switching water and sewage stations from diesel generators to electricity supplies.

Alongside this early recovery WASH activities must seek to return governance functions through user group representation and local authority coordination, management and regulatory oversight of those services to ensure transparency and accountability in service delivery. Partners must actively build relations in and between communities and local authorities, addressing localized tensions or concerns, and involving local Syrian organizations. Capacity building is required for user groups (e.g. WASH Committees) and local authorities to provide the technical and financial support to these systems to be able to identify concerns and to raise them with local authorities. In this respect the cluster recommends taking a community-based approach for increased sustainability, which involves all stakeholders in the delivery of services and builds people’s capacity to respond to local issues and to identify concerns and to raise them with local authorities where necessary. Water Safety Planning plays a key role here and the Cluster should increasingly support communities and local authorities to undertake these. Where appropriate shifting to cost recovery mechanisms will increase the sustainability of services where managed by local authorities. Coordination mechanisms should also be shifted towards local coordination with local authorities and increasing engagement of diverse partners including private Cluster and development orientated partners.

It is also important that the WASH Cluster creates livelihood opportunities wherever possible including water for livelihood activities, e.g. agriculture, vegetable gardens, rearing livestock etc. By increasing shifting from a supply driven to a demand driven and livelihood-based approach, whereby WASH cluster partners provide vocational training programmes to members of the affected population the Cluster can provide more opportunities for waged employment, particularly for women and vulnerable groups in service delivery such as, water distribution, construction maintenance and upgrading of toilets and water points, drainage channels, soap production etc.

One of the main constraints the WASH Cluster faces with early recovery is around funding since humanitarian donors are less inclined to consider more sustainable recovery type activities.

The Cluster will advocate for more diverse funding streams to address the humanitarian life-saving using a longer-term recovery approach, particularly around infrastructure needs with high capital costs.

### 4.65 Cost Recovery Mechanism

Water systems in Syria used to be subsidized by the government with an approximate expenditure of almost 200 million dollars yearly for regular rehabilitation, maintenance and support, while the power supply since it was available for free from the national grid. Almost over 30% of the total humanitarian WASH Cluster expenditure is used to provide power to operate the existing systems. With continuing reductions in humanitarian funding, it is becoming increasingly difficult to maintain water systems, despite the fact that they provide the best option for safe and equitable access to water.

The Cluster recommends the use of cost recovery systems wherever possible based on the following systems:

1. Water systems in rural areas
2. Water systems in urban areas
3. Water systems that benefits multiple
4. Water systems that benefits one hundred thousand plus beneficiaries
5. Water systems with one or multiple boosting stations

Full technical guidelines on cost recovery can be found [here](https://www.dropbox.com/sh/frs4jca7cllp4my/AABzCu1poQA5QTPad7f8DYt-a?dl=0&lst=&preview=Cost+recovery+in+water+infrastrucutre+document+draft+v2.pdf).

### 4.66 Non-Renewal of UNSC Resolution on Cross-border

A non-renewal of the UNSC Resolution on Cross-border operations in July 2021 is a very real possibility that would see the closure of the Bab al-Hawa crossing. This would prevent the trans-shipment of assistance across the border from Turkey into Syria by the UN, who will be forced to centralize the majority of its operations in Damascus and operate through cross-line activities. However cross-line activities are routinely blocked the GoS and so the level of support and funding by donors will almost certainly decrease. It is unlikely that any alternative mechanism could reach as many of the affected population as the current UN framework, at least in the short-term. As a result, there is likely to be an initial transition period that will see a potentially significant reduction in services if preparations are not made.

WASH Cluster/CLA Preparedness Measures:

* Devolve coordination function and appoint WASH Cluster District Coordination Focal Points (DCFPs).
* Support the capacity building of local authorities to manage, coordinate and regulate WASH services.
* Build organisational capacity of WASH Cluster partners to absorb UN activities – particularly in high risk areas programme areas i.e. procurement procedures and financial management.
* Increase the number and coverage of third party monitoring activities.
* Develop partnerships with NGOs in NE Syria to facilitate cross-line access from Syrian Arab Republic Government (SARG)-controlled areas.
* Increase engagement with the NE Syria WASH Sector hub in Erbil, Iraq, to coordinate activities through the crossing at Peshkhabur.
* Diversify portfolio of partners.
* Vet and increase number of approved vendors in NW Syria.
* Coordinate with other Clusters to support functional markets.
* Advocate for increased funding and donor and UN acceptance of higher risk levels and disclosure of what those risk levels are.
* Support the development of a WASH Sector Working Group

WASH Cluster Partners Preparedness Measures:

* Increase partnerships with NE Syria based NGOs for potential cross-line activities.
* Prepare life-saving contingency stock such as point of use water purification products and hygiene kits.
* Develop long-term contracts with local vendors for service provision such as water trucking and desludging.
* Inform and work with donors to ring-fence funding to implement contingency plans
* Shift programme modalities towards cash and market-based approaches.
* Increase and diversify number approved vendors for procurement.
* INGOs to build capacity of IPs in high risk areas programme areas i.e. procurement procedures and financial management.
* Build capacity of local authorities to manage, coordinate and regulate WASH services.
* Build capacity of affected populations to manage, coordinate and WASH services with local authorities and private sector.
* Build capacity of private sector to deliver reliable services with quality and accountability.
* Prepare operational offices in Gaziantep.
* INGOs to consider direct implementation as well as through IPs.
* Develop WASH partner consortia

# 5. Protection and Accountability to the Affected Population

Protection encompasses all activities aimed at ensuring the enjoyment, on equal terms of the

rights of women, men, girls and boys in accordance with the letter and spirit of the relevant bodies of law (international humanitarian, human rights and refugee law).

Accountability to affected populations (AAP) can be understood as ‘an active commitment by humanitarian actors and organizations to use power responsibly by taking account of, giving account to and being held to account by the people they seek to assist’. The principle of accountability requires that humanitarian actors involve persons of concern meaningfully in key decisions and processes that impact them, and ensure transparency by continuous communication.

Accountability to Affected Population, and in particular Protection, is considered as a central feature of the WASH response in line with partners' international commitments. It is crucial for partners to design and implement their WASH response in such a way that:

* It has no negative impact on the security of the affected population
* Affected populations are consulted before and during response implementation
* Affected populations are provided with a way to feedback on their perception of response quality.

People that have been affected by crisis are the primary constituents of humanitarian aid and they should be meaningfully engaged in processes that affect them. Their views should be sought as part of the monitoring process through interviews, surveys and participatory methods and reports should be made available to them in an accessible way. Proposed action plans should be discussed with affected communities. The affected population is not homogeneous group. Different people have different needs, face different barriers and have different vulnerabilities to various risks. They also have different capacities and coping strategies that help them overcome crisis. These differences are commonly expressed across dimensions of sex, age and disability (SAD), but factors such as social, health or legal status, ethnic or religious background and sexual orientation will be important in different contexts.

## 5.1 Minimum Commitments for the Safety and Dignity of Affected Populations

The Global WASH cluster partners agreed in 2012 that “[2012 GWC WASH Minimum commitments for the safety and dignity of affected population](https://washcluster.atlassian.net/wiki/download/attachments/10782342/2012%20GWC%20WASH%20minimum%20commitments%20for%20Safety%20&%20Dignity.pptx?version=1&modificationDate=1543998225925&cacheVersion=1&api=v2)”, part of the wider [2012 GWC WASH and protection tool box](https://washcluster.atlassian.net/wiki/download/attachments/10782342/GWC%20WASH%20Minimum%20Committments%20tool%20box.zip?version=1&modificationDate=1526276699540&cacheVersion=1&api=v2), should be respected in all national humanitarian WASH programmes to ensure that the distinct assistance and protection needs of the affected population are met.

These commitments, centred on people, aim to ensure that key protection and accountability issues are taken into consideration by all partners, such as gender, gender-based violence, child protection, disability, and age. The respect of these minimum commitments throughout the humanitarian programme cycle allows partners to design and implement a participative response that address.

The five minimum commitments are:

1. Consult separately girls, boys, women, and men, including those with disabilities, to ensure that WASH programs are designed so to provide equal access and mitigate incidences of violence;
2. Ensure that girls, boys, women, and men, including those with disabilities have access to appropriate and safe WASH services
3. Ensure that girls, boys, women, and men, including those with disabilities, have access to feedback & complaint mechanisms so that corrective actions can address their specific protection and assistance needs
4. Monitor and evaluate safe and equal access and use of WASH services in WASH projects;
5. Give priority to girls (particularly adolescents) and women’s participation in the consultation process

A [WASH Accountability Checklist](https://washcluster.atlassian.net/wiki/spaces/CTK/pages/10782123/Accountability+Protection?preview=/10782123/10783389/GWC%20WASH_Accountability_Checklist%20draft.pdf)[[28]](#footnote-28) has been developed by the Global WASH Cluster, which helps partners to ensure they are considering the 5 key elements of accountability in their work:

1. Transparency
2. Feedback and Complaints
3. Participation
4. Staff competencies and attitudes
5. Monitoring and Evaluation

In practical terms the emphasis is on active listening, a respectful attitude and the ability to empathise with those affected. The formal and informal provision of adequate and timely information is also critical.

The WASH Cluster has two focal points agencies supporting partners to mainstream protection and accountability into the WASH Cluster and the partners’ work - see [annex E](#_Annex_E_WASH) for their ToR

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## 5.2 Gender[[29]](#footnote-29)

Disasters are not gender neutral: they have a different impact on women, girls, boys, and men of all ages. Thus, in order to respond effectively to the different needs of various gender-related groups, humanitarian assistance must take gender considerations into account.

Gender mainstreaming is a globally recognised strategy for achieving gender equality. It is a strategy for making women’s and men’s concerns and experiences an integral part of the design, implementation, monitoring and evaluation of WASH programs, so that women and men benefit equally, and inequality is not perpetuated. To integrate a gender perspective into WASH programs, partners must:

1. Disaggregate data by sex and age and disability
2. Seek gender balanced WASH staff
3. Analyse gender differences
4. Ensure equal participation of women, men, boys and girls PWD (people with disability) and older people in the assessment, design, implementation and evaluation of WASH programs
5. Train women and men equally

### 

## 5.3 Gender and Age and Diversity

Age refers to the different stages in a persons life cycle. People’s capacities and needs change with age and it can also enhance or diminish a person’s capacity to exercise his or her rightsiii

Integrating gender and age enhances the quality of humanitarian programming, in line with WASH partners' international commitments. Support that is not gender and age-sensitive is less effective. It risks not reaching the most vulnerable people or failing to respond adequately to their specific needs. Furthermore, it could expose vulnerable populations to risks such as sexual and gender-based violence.

WASH interventions can make assistance responsive and fair by:

* Consulting affected people separately (by gender and age groups) to understand the distinct local needs, roles and dynamics of the member groups in households;
* Designing programs to match the distinct needs;
* Including women and men, girls and boys in appropriate age groups in the design and review of the project; and
* Reviewing and comparing the distinct benefits for women and men, girls and boys.

Diversity refers to different values, attitudes, cultural perspectives, beliefs, ethnic background,

nationality, sexual orientation, gender identity, ability, health, social status, skill and other specific

personal characteristics. While age and gender dimensions are present in everyone, other

characteristics vary from person to person. These differences must be recognized, understood

and valued in order to ensure protection for all peopleiv.

For more information see: [Humanitarian inclusion standards for older people and people with disabilities](https://spherestandards.org/resources/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities/).

## 5.4 Data Disaggregation

While detailed disaggregation may not be possible in the initial phase on an emergency it is of critical importance to identify the different needs and rights of children, adults, older people and people with disability of all ages. For example, you may find that there are people with incontinence who need extra water, materials for incontinence and safe waste disposal, or that there are women with disabilities who need additional menstrual hygiene products.

At the earliest opportunity, partners should be seeking to disaggregate by sex and age and disability according to the following criteria:

* children 0–5 male/female/disability
* 6–12 male/female/disability
* 13–17 male/female/disability
* 18-59 male/female/disability
* 60 plus male/female/disability
* Disaggregate relevant indicators to assess access and participation of persons with disabilities

## 5.5 Inclusion

Vulnerable, disadvantaged and marginalised groups within the affected population may face barriers when accessing WASH services that excludes them, which partners are often not aware of. These barriers may be in the form of social/attitudinal discrimination, lack of power and influence, physical, environmental and even institutional/organisational barriers.

As service providers the WASH Cluster and partners accountable for providing equitable WASH services as a basic human right[[30]](#footnote-30) and play a key role in reducing attitudinal, institutional and environmental barriers as well as changing negative perceptions.

Inclusion must be addressed throughout the programme cycle, with specific consideration for inclusive and participatory assessment, implementation and monitoring activities.

During WASH needs assessments, partners must gather information on barriers and enablers to WASH activities and adapt as necessary. Accessibility audits with groups of individuals who may have reduced access to services should be used throughout the programme along with focus group discussion to understand barriers and possible ways to overcome them.

Asking the affected population whether they feel that WASH services are accessible for all in need may provide useful insight into accessibility barriers that are less obvious from the outside, such as financial, bureaucratic, social or information barriers.

## 5.6 Disability and Age

In NW Syria 29% of people above the age of 12, have a disability and 57% of households have at least one family member with a disability, while 20% of households have more than one family member with a disability. In Syria 3% of the population are estimated to be over 60[[31]](#footnote-31), which based on global averages, means at least 46 per cent could have a disability[[32]](#footnote-32). People with disabilities and the older people often have limited access to water, sanitation and hygiene (WASH) services in emergency situations and WASH partners must make sure that there are a sufficient number of WASH facilities (20% or 1 in 5) that are designed for people with disabilities or reduced mobility. Where existing facilities exist which have not been suitably designed, partners must ensure that facilities are adapted to enhance accessibility and or provide assistive devices for sanitation and water collection.

Distributions must also be accessible or failing this, distributions can be provided to individual households with reduced mobility and the distributions themselves should take account of the specific needs such as incontinence materials or additional menstrual hygiene materials. Information on WASH distributions, public health risks and hygiene promotion should also be accessible to PWD and the older people.

WASH Cluster minimum recommendations for the inclusion of people with disabilities and older people can be found in Annex F

## 5.7 Safety

Feeling unsafe can be an important barrier that prevents people from accessing WASH services. Safe WASH programming begins by partners identifying risks faced by people of different ages, genders, abilities and backgrounds and understanding who is most vulnerable to these risks.

Women and adolescent girls are often at particular risk of harm and specific actions to address the safety of WASH services should be taken and safety should be appropriately monitored in collaboration with protection and GBV colleagues.

Discussing specific safety threats or incidents requires careful consideration to avoid putting people at increased risk or doing harm. It is the responsibility of all WASH partners to work within a protection framework and understand the safety and security risks that women, girls, men and boys face. Therefore, it is extremely important that assessment and monitoring of general safety issues be an ongoing feature of WASH assistance. This includes exploring—through a variety of entry points and participatory processes—when, why and how GBV-related safety issues might arise, particularly as the result of delivery or use of humanitarian services. The WASH cluster will work with protection and GBV specialists to identify appropriate mechanisms for collecting information about feelings of safety and to collect information on protection risks and safety perceptions as well as to ensure that partner field staff are ready to make referrals to protection and GBV teams if necessary.

An accessibility and safety audit is a participatory methodology to evaluate the level of accessibility and safety of existing water and/or sanitation facility and its surrounds, and to identify possible changes or improvements. The audit identifies simple changes to facilities and their surrounds that  
can improve their usability for a wide range of users, thus avoiding the need for separate ‘special’ provision. The audit is a way for stakeholders to consider any risks to safety from using the facilities and to consider if anything can be done to reduce the risks.

Accessibility and safety audits are a good way to engage with Disabled People’s Organisations. A WASH organisation can partner with a DPO, invite them to participate in each stage of the process, including the training and when doing the accessibility and safety audit. This means that you hear directly from people with disabilities on what their barriers to accessing WASH are, and also builds DPO’s knowledge of WASH.

For more information see: [IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015. Water, Sanitation and Hygiene, Thematic Area Guide](https://wrc.washcluster.net/sites/default/files/2019-06/IASC_Guidelines%20for%20Integrating%20GBV%20in%20Humanitarian%20Action_2015_0.pdf)

## 5.8 Community Engagement

Community engagement seeks to better engage the community to achieve long-term and sustainable outcomes, processes, relationships, discourse, decision-making and implementation. It is based on principles that respect the right of all community members to be informed, consulted, involved and supported to become empowered which helps to build trust and effective governance. For the purpose of the WASH Cluster, the “community” includes all stakeholders who have an interest in a specific WASH service, which includes the users themselves, local authorities, the private sector, academia, religious groups, regulators, NGOs etc.

As WASH partners, a sound understanding of the diversity and varied vulnerabilities within affected communities is vital if the humanitarian response is to be effective. To this effect, partners must devote resources to understanding community perspectives and advocating for community-focused interventions and should support community capacity building and awareness raising to ensure community engagement in planning, implementation, management, monitoring and evaluation to guarantee sustainability of services provided. To do this effectively, key groups (e.g. women, men, boys and girls as well as local authorities, community leaders, older people, people with disabilities, religious leaders, community elders, etc.) need to be identified.

Where appropriate, the WASH cluster recommends establishing WASH Committees to enhance the engagement to support the operation and maintenance of WASH services, ensure user rights are respected and to help extend the effectiveness of complaint mechanisms. Where WASH committees are established women, men, people with disabilities, youth and older people who make-up the community should be included, ensuring gender balanced representation.

More information on community engagement can be found within the [WASH 5 Commitments for the safety and dignity of affected populations](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/wash_gender_minimum_commitments_.pdf).

## 5.9 Community Feedback and Response Mechanism (CFRM)

A CFRM is a set of procedures and tools formally established to allow affected communities to feedback, respond and complain about their experience of any WASH related activities provided by partners. A CFRM supports accountability, transparency, empowerment, monitoring and evaluation, and programme improvement by triggering actions that lead to an adapted and more appropriate response. As such the existence and regular use of a **feedback and complaint mechanism** by partners implementing WASH programmes is an indicator of their commitment to quality and it is a requirement as a WASH Cluster Partner to have a functioning[[33]](#footnote-33) CFRM in place.

How: This will be monitored through partners’ self-assessments against the 5 WASH minimum commitments on a 6-month basis and through the WASH Cluster Field Facilitators. Meanwhile the WASH Cluster will also set up a Facebook page and WhatsApp group accessible to all stakeholders that can record feedback and complaints.

Guidance on CFRM can be found in Annex G.

# 6. WASH Standards and Indicators

See [Annex H](#_Annex_H_Standards,) for full details of WASH Cluster standards and indicators.

The WASH Cluster standards are informed by available evidence and humanitarian experience contextualized for NW Syria. They present best practice based on broad consensus and agreement with the SAG.

Each standard has a group of key indicators that serve as signals to measure whether the standard is

being reached. They provide a way for partners to capture process and programme results against the standard and over the life of the response and for the WASH cluster to measure the coverage and quality of the response and identify gaps. Indicators represent the minimum quantitative requirement and are the lowest acceptable level of achievement, which are agreed by the SAG. Where partners deem that standards or indicators are inappropriate, they should request the SAG to review.

# 7. Monitoring, Quality, Accountability and Learning

Effective monitoring of WASH activities by the cluster is essential to:

* Establish a common frame of reference for effective coordination.
* Assess the quality of the humanitarian response and adherence to WASH Cluster standards
* Assess the level of inclusion of gender, protection and accountability in the response
* Identify gaps (gaps in the response as well as capacity gaps in the Cluster)
* Identify best practices and lessons learned

The Cluster’s ability to effectively monitor its activities will be achieved through:

1. Quality and Accountability Assurance System (QAAS) to assess the quality of the humanitarian response through 4 modules:
   1. Cluster objectives: related to overall strategic cluster and HRP objectives i.e.4 Strategic Objectives with 25 related output indicators capture the cluster and cluster partners ability to:
      1. Strategic Objective 1: Support to water, sanitation/sewage and solid waste management systems to ensure regular services for affected people in Syria
      2. Strategic Objective 2: Deliver humanitarian, life-saving WASH supplies and services, and improve hygiene behaviour and practices for most vulnerable people
      3. Strategic Objective 3: WASH coordination structures facilitated and enhanced
      4. Strategic Objective 4: At risk health care facilities, schools, quarantine centres and other public facilities have access to safe and appropriate water and sanitation and safe hygiene behaviours are adopted among staff and user groups.
   2. Public Health Risk: related to the risk of faecal oral and vector-borne transmission
   3. WASH Service Provision: related to the level of WASH services being provided
   4. People-Centred Programming: Core Humanitarian Standards related to satisfaction inclusion, safety, participation, feedback and capacity and monitoring of the partners adherence to Global WASH Cluster 5 minimum commitments for safety and dignity of the affected population.
2. The adoption and implementation of WASH Cluster monitoring tools and indicators, as a common approach to monitoring project activities and results – see [Annex H](#_Annex_H_Standards,).
3. The use of standard access numbers for WASH systems i.e. number of people/latrine – see [Annex H](#_Annex_H_Standards,).
4. The use of monitoring and learning through WASH Cluster Field Facilitators.

## 7.1 Quality Assurance and Accountability System

The NWS will adopt a Quality Assurance and Accountability System (QAAS) approach that supports results-oriented, evidence-based decision making with the aim of ensuring that standards for quality and accountability in the humanitarian WASH response are met and maintained, with continuous improvement.

The NWS QAAS provides a way to monitor the WASH response against a contextually relevant framework of quality and accountability standards that utilise national and international frameworks. The framework includes indicators that measure quality and accountability from six perspectives:

1. How effectively are WASH partners achieving desired ***outcomes***? Are WASH programmes ***appropriate and relevant*** and able to reduce public health risks while providing equitable and safe access to WASH services for communities? Are they providing safe access to WASH services in institutions? Are they supporting health, nutrition or livelihoods outcomes?
2. What ***processes***do WASH partners have in place to ensure that they are able to provide high quality services? Are they collecting the right information about needs, priorities and abilities from different groups of people? Are they routinely engaging with and encouraging participation? Are they providing appropriate mechanisms for people to provide feedback?
3. How ***satisfied*** are WASH service users/non-users about the way their priority needs are being met? Are people happy about the level of involvement and ***participation*** they have in the process? Have specific needs been overlooked? Do different groups feel safe using services?
4. Is the WASH response***impartial****?* Are people targeted based solely on criteria of WASH-related vulnerability?
5. Is the WASH programme ***effective and timely?*** Has the WASH response been contextualized, realistically designed, sized and phased so that it is delivered in a timely manner, in line with the capacity of the Sector, and in line with agreed standards?
6. Does the WASH programme ***strengthen national and local capacities and avoid negative/dependent effects?***  Do WASH partners, to the maximum extent possible build their response on local capacities and work towards improving the resilience of communities and people affected by crisis?

The QAAS process can be seen in Figure 1 and combines a continuous process of monitoring, analysis and improvement with a periodic review of lessons learned.



Figure 1 The QAAS process and Key Outputs

Full details of the QAAS can be found in [Annex J](#_Annex_J_Quality).

## 7.2 Quality improvement and field monitoring – field facilitators

WASH Cluster Field level monitoring also occurs through 8 WASH Cluster Field Facilitators that support the triangulation of WASH assessment data and monitoring of the Quality and Accountability Assurance System core modules. The field facilitators as well as monitoring activities, support partners to improve the quality and accountability of their response by providing feedback and guidance based on cluster good practice.

The field facilitators are mainly be responsible to:

1. Highlight risks to public health risks
2. Verify compliance with cluster standards and that infrastructure designs specifications are met across interventions.
3. Monitor the impact of WASH activities and provide regular, timely and accurate narrative for the cluster coordination team or other parties
4. Provide timely information on gaps and need to WASH cluster coordination
5. Guide the WASH partners in the field on data collection, monitoring and evaluation and carry out training sessions, as required.
6. Conduct rapid WASH needs assessment to identify and validate or verify specific info corresponding to WASH cluster priorities and intervention needs defined by the WASH Cluster Coordination Team.
7. Integrate agreed priority cross-cutting issues in sectoral needs assessment, analysis, planning, monitoring and response e.g. age, gender, environment, protection and diversity.
8. Support WASH members in conducting technical monitoring and impact evaluation of implemented WASH interventions.

# 8. Assessment, Core indicators, data collection and analysis

One of the core functions of the WASH Cluster is to inform the WASH Partners, Deputy Regional Humanitarian Coordinator and the HLG to make strategic decisions, by providing them with a clear analysis and prioritization of the WASH humanitarian needs. To support this the WASH Cluster conducts twice-yearly household level surveys through HNAP and REACH covering more than 30,000 HHs, with the information being available as raw data and assessment reports and products. These assessments, provide an overview of WASH conditions across camps, communities and neighbourhoods in NW Syria and the data is analysed and feeds into the Humanitarian Needs Overview (HNO).

At the same time WASH partners conduct their own assessments to identify needs and it is essential that these, in as far as possible, are harmonised, i.e. WASH Cluster partners use Common Operational Datasets (CODs), such as Administrative levels and population figures and that data is sufficiently comparable between different partners to be compiled into a single database, and to serve as the subject of a shared analysis. Standard assessment templates for the below, can be found in the WASH Cluster drobox [here](https://www.dropbox.com/sh/frs4jca7cllp4my/AABb2dsAHuiPpoPo0KS8gUj6a/Assessment%20tools?dl=0&lst=&subfolder_nav_tracking=1).

* WASH HH NEEDS & POPULATION MONITORING (NPM) - community level
* WASH in schools
* WASH RAT (Rapid Assessment Tool) - HNAP 2018
* WASH RAT (Rapid Assessment Tool) - Household NPM
* WASH RAT (Rapid Assessment Tool) - Key Informant - Community Level
* WASH RAT (Rapid Assessment Tool) - Key Informant - Informal Settlements
* Water Infrastructure survey
* WBD focused HH Survey Questionnaire - DRAFT

In addition, WASH partners are required to integrate the Clusters set of Core Indicators into their respective data collection tools and to share the results with the WASH Cluster Coordination Team.

Core Indicators are a small set of indicators and questions that allow the WASH Cluster to collect basic WASH data that help to determine the WASH severity scores of sub-districts. Mainstreaming these indicators across as many data collection initiatives as possible increases the cover, frequency and resolution of Severity data with the minimum effort. The Core Indicators are:

1. Indicator 1: Household FRC results (observations)
2. Indicator 2: Water sufficiency and coping strategies
3. Indicator 3: Availability and affordability of hygiene items (number of HH items)
4. Indicator 4: Household's solid waste disposal
5. Indicator 5: Household's issues with sanitation (number of problems reported)
6. Indicator 6: Percentage of household income spent on Water and sanitation/septic tanks desludging
7. Indicator 7: Household's access to sufficient handwashing facilities (question/observations)

In addition there are 3 external indicators, which help to quantify the context in NW Syria:

1. Indicator 8: EWARN Proportion WBD
2. Indicator 7: % IDPs and returnees vis a vis host population
3. Indicator 9: Intensity of hostilities

Core Indicator questionnaires for partners use can be found in [Annex K](#_Annex_XXX_Core)

# Annex A Definitions

Planned Camp:

The structures that are established by an accountable humanitarian actor and to the extent possible, meet the minimum SPHERE standards. The site was chosen by the humanitarian actor and, where possible, the infrastructure was established before the arrival of some IDPs.

Informal Settlement/Informal Camp:

Also called spontaneous settlements or self-established camps. They are a group of tented of other types of housing units established by the IDPs themselves or by non‐experienced actors, often erected on land that the occupants have no legal claim to. The IDPs do intend to stay in this location for an extended period of time. At the moments, most of the so called IDP camps in Syria fall under this category.

Collective Centre:

Other types of settlements, i.e. public buildings, schools, private collective building, i.e. factories that are inhabited by five or more IDP families.

Transit/Reception Centre:

A temporary shelter or group of shelters that was erected to provide extremely short‐term support to IDPs while they are registered and referred to alternative housing solutions.

Zero Point:

Is the zone where buses arrive carrying IDPs. The zero point comprises a vast area that can accommodate 40 buses for exchange of transportation since the incoming buses are supposed to return to their original departure location. On average, IDPs stay from few up to 12 hours before moving to other locations.

Household (HH):

One Household (HH) is defined as 5 persons.

# Annex B Cluster Core Functions

Cluster Core Functions form the Inter-Agency Standing Committee (IASC) reference module for cluster coordination at country level:

1. Supporting service delivery
   1. Provide a platform to ensure that service delivery is driven by the agreed strategic priorities
   2. Develop mechanisms to eliminate duplication of service delivery
2. Informing strategic decision-making of the DRHC (Deputy Regional Humanitarian Coordinator)/HLG (Humanitarian Liaison Group) for the humanitarian response
3. Needs assessment and response gap analysis (across Clusters and within the Cluster)
4. Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues
5. Formulating priorities on the basis of analysis
6. Planning and strategy development
   1. Develop Sectoral plans, objectives and indicators that directly support realization of the DRHC/HLG strategic priorities
   2. Apply and adhere to existing standards and guidelines
   3. Clarify funding requirements, prioritization, and cluster contributions for the DHC’s overall humanitarian funding considerations (e.g. HRP, CERF, SCHF)
7. Advocacy
   1. Identify advocacy concerns to contribute to DRHC and HLG messaging and action
   2. Undertake advocacy activities on behalf of cluster participants and the affected population
8. **Monitoring and reporting** the implementation of the cluster strategy and results; recommending corrective action where necessary
9. **Capacity building in preparedness and contingency planning** in situations where there is a high risk of recurring or significant new disaster and where sufficient capacity exists within the cluster.
10. Accountability to affected populations

# Annex C Cluster ToRs

WASH Cluster ToR[[34]](#footnote-34)

**Objectives of the NW Syrian WASH Cluster**

The objective of the NWS WASH Cluster is to strengthen WASH responses through predictability, accountability, and partnership by ensuring better prioritization and defining roles and responsibilities of humanitarian organizations. Information management and analysis are key in this regard.

**Accountability**

The Cluster Approach does not require that Cluster partners be held accountable to the WASH CLA (Cluster Lead Agency) or Cluster Coordination Team. Individual agencies can only be held accountable to the CLA when they have a contractual obligation e.g. as an implementing partner for projects funded through the CLA.

However, this ToR and the minimum commitments for participation in the cluster detailed herein, hold partner organisations involved in the WASH Cluster implementation and decision making, accountable to following the agreed commitments, principles, policies, and priorities.

Conversely the WASH Cluster Coordination Team and the CLA are responsible to the WASH Cluster partners. Concerns or complaints about their performance can be submitted to OCHA/DHC for further follow up.

**Minimum Commitments for Participation in the WASH Cluster**

The WASH Cluster is inclusive and as such welcome’s participation of all organisations actively implementing WASH responses in NW Syria. Organisations who are not implementing WASH responses are also encouraged to participate in and contribute to cluster related activities as either members (e.g. other clusters, OCHA, cross-cutting specialists etc.) or observers (e.g. donors).

The minimum commitments for participation in the NW Syria WASH Cluster provide a common understanding of what organisations – whether local, national, or international – commit to bring to the Cluster through their participation. These minimum commitments for participation in the WASH Cluster include:

* A common commitment to humanitarian principles, the Principles of Partnership[[35]](#footnote-35) through for example, Cluster-specific guidance and internationally recognized programme standards, including the [Humanitarian Principles](http://www.unocha.org/sites/dms/Documents/OOM-humanitarianprinciples_eng_June12.pdf), [Core Humanitarian Standards on Quality and Accountability](https://corehumanitarianstandard.org/files/files/CHS%20Draft%202.pdf), [The Humanitarian Charter](https://spherestandards.org/humanitarian-standards/humanitarian-charter/), the [Minimum Operating Standards – PSEA](https://interagencystandingcommittee.org/system/files/2020-03/Minimum%20operating%20standards-psea%20by%20own%20personnel%202012.pdf) and [Global WASH Cluster 5 Minimum commitments for the safety & dignity of affected people](https://washcluster.atlassian.net/wiki/spaces/CTK/pages/10782342/Accountability+to+Affected+Population?preview=/10782342/10791657/2012%20GWC%20WASH%20minimum%20commitments%20for%20Safety%20%26%20Dignity.pptx).
* Readiness to participate in actions that specifically improve accountability to affected populations and ensure the centrality of protection in all WASH activities.
* Demonstrate an understanding of the duties and responsibilities within the Cluster, as defined through this ToR.
* Active participation within the Cluster and commitment to consistently engage in the Cluster’s collective work.
* Capacity and willingness to contribute to the Cluster’s strategic response plan and activities, which must include the integration of the Inter-Agency Standing Committee’s (IASC’s) agreed priority cross-cutting issues (Human Rights, HLG, HIV/AIDS, Age, Diversity, Gender, Psycho-Social, and Environment).
* A commitment to ensure that the needs, contributions, and capacities of women and girls, as well as men and boys, are appropriately addressed.
* Commitment to follow the priorities and the guidelines collectively agreed and issued by the Cluster, and apply the technical standards collectively agreed within the Cluster.
* Commitment from a relevant senior staff member to engage consistently in the Cluster towards the fulfilment of its mission.
* Commitment to work cooperatively with other Cluster partners to ensure an optimal and strategic use of available resources, including sharing information on organizational resources, participation in the timely collection and sharing of information relevant to a more effective response, as well as providing information to the WASH Cluster Coordination Team in the format, and with the frequency requested.
* Willingness to adjust programmes if required in the spirit of mutual cooperation.
* Willingness to participate in the establishment and maintenance of appropriate sectoral coordination mechanisms, including, if capacity allows, active participation, in working groups and task forces including leadership of these, and other Cluster activities, and agree to act as focal points (see District Coordination Focal Point ToR) where necessary.
* Commitment to apply lessons learned from past activities and beneficiary feedback to revise strategies and action plans accordingly.
* Commitment to include Early Recovery as well as prevention and risk reduction concerns into WASH planning and support the development of appropriate exit / transition strategies.
* Contribute to developing and disseminating advocacy and messaging targeted at various actors, including, but not limited to, affected communities, the local authorities, donors, the HLP, Cluster lead agencies, and the media.
* Advocate on issues of IDPs with the authorities to ensure long term water and sanitation solutions.
* Ensure interpretation and effective communication (i.e. appropriate language) in order to support diverse participation within the Cluster, notably from local organizations (and national and local authorities where appropriate).
* Support the training of national and international staff of Cluster members, and promote transfer of skills to Cluster members where required.

**WASH Cluster Lead Agency**

A well-run cluster is a formal deliverable of the WASH Cluster Lead Agency and forms a part of the agency’s work. However in practice, the efficient management or functioning of clusters is the joint responsibilityof the Cluster Lead Agency, the Cluster Coordination Team, resourcing partners and all cluster participants in NW Syria.

The Cluster Lead Agency for WASH will be responsible to:

* Support emergency response by assuming overall responsibility for coordination of the Cluster through recruitment and support of a Cluster Coordination Team.
* Work closely with other key members of the Cluster including Local Authorities, INGOs, NNGOs, the co-chair agency, the Inter-cluster Coordination Group (ICCG) and OCHA and ensure that linkages are made with other relevant Cluster groups.
* Ensure that needs are identified and that Cluster activities address the identified needs, fill gaps and prevent overlap and duplication.
* Secure commitments from humanitarian actors responding to the emergency WASH response.
* Lead the strategic development of the WASH Sector including development of strategies, work plans, coordination of response activities and taking into account the cross-cutting issues.
* Ensure that information is shared, via the cluster coordinator and Information Management (IMO) Officer, amongst cluster members and inter- sectors in order to improve planning, integration and implementation. This includes contributing to regular OCHA situation reports, and taking an active part in humanitarian coordination meetings.
* Support advocacy and fundraising efforts for the cluster in emergencies as first wave response and ensure that the WASH cluster is explicitly included and prioritized in all multi- cluster assessments, reports and appeals.
* Facilitate the joint development of relevant and contextualised minimum standards, indicators and guidelines by WASH cluster members and build their capacity to apply these.
* Track and monitor cluster members fundraising for WASH-specific interventions. Ensure that members are aware of funding opportunities and support their capacity to access these.
* Support cluster wide contingency planning including support to the development and application of sector wide emergency preparedness plans and capacity building of sector members.
* Provision of assistance or services as a last resort subject to access, security and availability of funding.
* Ensure the commitments to Accountability to Affected Populations (CAAP) and agreed to incorporate the CAAP into the policies and operational guidelines of the cluster and promote them with operational partners.

**WASH Cluster Coordination Team**

The role of the WASH Cluster Coordination Team as set out in the IASC ‘*Operational guidance generic terms of reference for cluster coordinators at the country level*’ is to lead and facilitate cluster coordination and with the CLA, ensure the cluster core functions as defined in the *"IASC Reference Module for Cluster Coordination at the Country Level” are implemented*.

In general, the WASH Cluster Coordination Team enables cluster partners to respond more effectively to the needs of the affected population than they could do individually by working together in a coordinated manner and in accordance with the Principles of Partnership. The Cluster Coordination Team provides leadership and works impartially on behalf of the cluster as a whole, facilitating all cluster activities and developing and maintaining a strategic vision and operational response plan. The team also ensures coordination with other clusters in relation to inter-cluster activities and cross-cutting issues.

The Cluster Coordination Team reports directly to the Cluster Lead Agency. However, the Cluster Coordination Team has an over-riding duty to all partners within the cluster, to act as a representative of the cluster as a whole rather than solely as a representative of his/her particular agency

**The WASH Cluster Coordinator and Co-Lead**

## The WASH Cluster Coordinator/Co Lead will be responsible to:

**Support service delivery**

* Establishment and maintenance of effective coordination mechanisms
* Ensure inclusion of key WASH humanitarian partners in a way that respects their mandates and programme priorities. Act as focal point for inquiries on the WASH Cluster’s response plans and operations.
* Ensure appropriate coordination between all WASH humanitarian partners, including national authorities to the extent that the political situation allows, through the establishment/maintenance of appropriate WASH Cluster coordination mechanisms, including Working Groups (WGs) and Technical Working Groups (TWIGs) at the national and, if necessary, local level. Coordinate with these actors to ensure that WASH humanitarian responses build on local capacities including the promotion of capacity building of relevant authorities when necessary.
* Convene and facilitate meetings of the cluster (and/or joint meetings with other clusters), increasing or reducing their frequency as needed but being careful to avoid meeting overload. Ensure that cluster meetings are well-managed and action and results-oriented, with decisions clearly communicated to relevant cluster partners and stakeholders. Ensure that meetings are managed in line with the Principles of Partnership.
* Secure commitments from WASH humanitarian partners in responding to needs and filling gaps, ensuring an appropriate distribution of responsibilities within the WASH group, with clearly defined focal points for specific issues where necessary. Ensure the complementarity of different WASH humanitarian actors’ actions.

**Inform strategic decision-making of the DRHC (Deputy Regional Humanitarian Coordinator)/HLG (Humanitarian Liaison Group) for the humanitarian response**

* Represent the interests of the WASH Cluster in discussions with the Humanitarian Coordinator and other stakeholders on prioritization, resource mobilization and advocacy.
* Maintain information on all current and potential WASH partners, their capacities and areas of work (including Who, What, Where, When and for Whom).
* Promote WASH emergency response actions while at the same time considering WASH within early recovery planning as well as prevention and risk reduction concerns. Ensure effective links with other Clusters.

**Planning and strategy development**

* Support the development/updating of agreed WASH response strategies and action plans and ensuring that these are adequately reflected in the overall country strategies (Humanitarian Response Plan – HRP).
* Ensure that WASH cluster partners are aware of relevant policy guidelines, technical standards and relevant commitments that the Government/concerned authorities have undertaken under international human rights law. Ensure that WASH responses are in line with existing policy guidance, technical standards, and relevant Government human rights legal obligations.
* Ensure effective and coherent WASH assessment and analysis, involving all relevant partners. Promote and adopt standardized methods, tools and formats for common use for needs assessments and analysis. Promote joint needs assessments and analysis with other clusters, especially Health, Nutrition and Shelter.

**Monitoring and reporting**

* Ensure adequate monitoring mechanisms are in place (with OCHA support) to review impact of WASH interventions and progress against implementation plans.

**Capacity building in preparedness and contingency planning**

* Promote and support training of WASH humanitarian personnel and capacity building of humanitarian partners, based on the mapping and understanding of available capacity. Support efforts to strengthen the WASH capacity of the national/local authorities and civil society.
* Ensure adequate WASH related contingency planning and preparedness for potential significant changes in the nature of the emergency.

**Advocacy**

* Identify core WASH advocacy concerns, including resource requirements, and contribute key messages to broader advocacy initiatives of the DHC, HLG, UNICEF and other actors. Advocate for donors to fund WASH actors to carry out priority WASH activities in the sector concerned, while at the same time encouraging WASH actors to mobilize resources for their activities through their usual channels.
* Lobby for implementing humanitarian partners (including UNICEF) to address the gaps. With advice/support from the DHC and support from other humanitarian partners will advocate, as appropriate, on the adequate provision of resources and safe access.

**Accountability to affected populations**

* Promote utilization of participatory and community-based approaches in WASH related assessments, analysis, planning, monitoring and response.
* Promote integration of agreed priority cross-cutting issues in WASH assessments, analysis, planning, monitoring and response (e.g. age, diversity, environment, gender, HIV/AIDS and human rights).

**WASH cluster information management officer**

The **WASH cluster information management officer** will be responsible to:

* Build the capacity of Cluster’s Partners’ staff for managing cluster information during implementation of the response plan along with emergency response intervention through provision of technical guidance and on-the-job training of the implementing partners’ IM focal persons.
* Contribute to the preparation and finalization of the Cluster Information Management System (IMS) training module.
* Update the 5W matrix for the Cluster on a monthly basis.
* Prepare and disseminate periodic IMS reports to implementing partners.
* Generate and analyse the IMS reports and identify and report on response priorities, gaps in assistance and areas that need additional interventions to improve quality of service delivery.

# Annex D WASH Cluster Strategic Advisory Group ToR

Terms of Reference

WASH Cluster Strategic Advisory Group (September 2020)

**Accountability**

The SAG is accountable to the cluster partners. The SAG will share decisions/endorsements to the cluster partners periodically through the WASH Cluster Coordinator or directly at the WASH Cluster meetings.

**Objective**

The WASH Cluster Strategic Advisory Group (SAG) is a small representative group of elected cluster partners responsible for developing and adjusting the strategic framework, policies, priorities and work plan for the cluster on behalf of the collective. Chaired by the Cluster Coordinator, the SAG also SAG act to improve the transparency and governance of the WASH Cluster.

**Specific Responsibilities**

1. To provide advice and support to the Cluster Coordination Team on key priorities, including:

* Develop, review and propose to cluster partners the WASH cluster strategic priorities for preparedness, response, and contingency plans.
* Develop and monitor the implementation of the WASH Cluster workplan.
* On behalf of the cluster partners establish technical working groups (TWG), Working Groups (WG) and task forces (TF) as required.
* Endorse all technical guidance prepared by TWG, WGs and TF and ensure conformity with international standards, guidelines, policies, and procedures.
* Monitor the inter-cluster strategic engagement especially with closely related clusters such as Shelter/NFIs, CCCM, Health and Nutrition.

1. Advise the cluster coordination team in the development of funding, communication and advocacy strategies for the WASH cluster response, including:

* The humanitarian needs overview of the WASH sector and ensure that the process has been inclusive.
* The development of the WASH Cluster response plan.
* Ensuring transparency in the prioritization of projects for Syrian Cross-border Humanitarian Funding (SCHF) and the Humanitarian Response Plan (HRP)
* Provide strategic oversight for the development of the sector Monitoring and Evaluation plan.

1. Ensure that the Cluster Coordination Team upholds its responsibilities as highlighted in the WASH Cluster TOR.
2. Review and update the TOR for the SAG once a year in close partnership with the Cluster Coordination Team.
3. Represent the WASH cluster when deemed needed and appropriate.
4. Support the Cluster Coordination Team in conflict resolution.

**SAG Working Methods**

* It is expected that each SAG member will spend about *10 hours per month* on SAG-related matters, including, but not limited to attending the SAG meeting and providing feedback to requests via emails, collaboration software, phone calls and other suitable means.
* Members will be expected to attend at least *70%* of SAG meetings and be involved in the activities outlined in these ToR. It is essential that the agencies and individuals who take up these positions are committed to fulfilling their responsibilities.
* SAG Working methods for the SAG include e-mail, skype calls, conference calls, internet conferencing, setting up of a SAG dropbox and meetings.

**Decision-making**

* The SAG will meet monthly and an ad hoc basis as deemed necessary. SAG meetings will usually follow the general WASH Cluster Coordination meetings, so that any strategic/critical issues raised for the SAG’s attention can be actioned in a timely manner.
* The draft agenda will normally be submitted by the WASH Cluster Coordinator, but any member can suggest relevant items. The SAG meetings will be chaired by the WASH Cluster Coordinator.
* SAG members will work on the basis of reaching consensus. If this is not possible, members will vote and a decision will be made by simple majority. If there is a tie vote, the Cluster Coordinator who ordinarily refrains from voting will cast a vote and the decision will be final.

**SAG Composition**

The SAG will consist of 9 voting members who include:

* 1 Cluster Coordinator (Chair)
* 1 Cluster Coordinator Co-lead (Co-Chair)
* 3 elected representatives of Syrian NGOs (LNGO)
* 2 representatives of INGOs Organizations
* 2 UN Organizations one of which is UNICEF and one of either CCCM or Shelter and NFIs

Based on a context specific basis, the SAG may appoint additional invitees such as District Coordination Focal Points, donor representatives, technical experts etc. to support decision making and strategic direction.

**SAG Tenure**

Membership of the SAG is on a two-year rotational basis, with the exception of the Cluster Coordinator and Cluster Co-lead and UNICEF as the Cluster Lead Agency who remain on a permanent basis. Membership is renewable, and there is no limit on the number of times that membership can be renewed.

The seat at the SAG belongs to the organisation selected, not the individual and it is expected that during the course of an organisation’s SAG tenure the same person (or an alternate) will attend SAG meetings and fulfil the SAG member roles and responsibilities outlined in this ToR, in order to ensure consistency.

SAG members can be based in any location as long as they are able to attend meetings virtually and provide the necessary support when requested.

**SAG Membership Process**

Elections to be member of the SAG will take place during the month of September 2021.

* The WASH Cluster Coordination Team on behalf of the SAG, will call for the elections, sending an email to eligible organizations.
* Organizations that are willing to be members of the SAG will express their interest via email (to infoNWS@WASHCluster.org[[36]](#footnote-36)) within the next 3 consecutive days (including weekends).
* The Cluster Coordination Team establishes a list of all eligible organisations.
* The Cluster Coordination Team will, via Kobo, provide a ballot.
* All WASH cluster partners are invited to cast three votes (one for each group: LNGO, INGO, UN), via email, which will be confidential.
* WASH Cluster Coordination Team publish the results and constitute the SAG.
* The SAG will determine which organisations should be on the CRC based on the eligibility criteria and ensure regional and thematic diversity. The proceedings are confidential
* The WASH Cluster Coordination Team will publish the results and constitute the CRC.

In the event that a SAG member seat becomes vacant, the Cluster Coordination Team will begin the process of elections to fill the vacant seat within a timeframe of 1 month.

**Eligibility Criteria for SAG Membership**

1. Technical and strategic experience, demonstrated by at least 5 years of implementing WASH programs in NW Syria.
2. Operating at scale, with programs that support at least 100,000 persons.
3. Comprehensive WASH programs, that include water, excreta-management, solid waste disposal, waste water management, hygiene promotion, vector control and WASH in institutions.
4. A good track record demonstrated by successful project implementation.
5. Active participation in the WASH Cluster demonstrated by participation in technical meetings, previous CRC experience and attendance in at least 60% of WASH Cluster meetings in the past year.
6. Regular completion of the WASH Cluster’s 4W and/or regular information sharing including assessments and gaps within the previous year.
7. Organizations but not individuals may be members of more than one SAG (from other clusters). Individuals may not be nominated for more than one SAG.

Consortiums are not eligible: individual organisations of the consortium are eligible if they meet the other criteria.

**Loss of SAG Membership**

The below criteria will lead to a member organization forfeiting its seat on the SAG.

* Absence from the SAG by a member organisation for two consecutive SAG meetings - unless mitigating circumstances exist.
* Any disclosure of confidential discussions and decisions of the SAG with individuals or organisations outside of the SAG.

Any organization that forfeits its seat will be ineligible to stand in the next SAG election, but may apply in any subsequent SAG election.

# Annex E WASH Cluster Protection Focal Point ToR

**Terms of Reference for WASH Protection Focal Point – NW Syria**

In an effort to strengthen Protection mainstreaming across WASH Cluster operations strategies and plans and to ensure adequate integration of Protection elements within the WASH Cluster, in line with the global centrality of Protection strategy, the WASH Cluster will identify two (2) WASH partner organisations to act as Protection focal points (along with alternates).

The TORs for the WASH Cluster Protection focal points include:

1. Review cluster tools, guidance, and products through a protection and gender lens to ensure protection, gender, and disability inclusion are mainstreamed in all cluster activities, especially in needs analyses and strategy design.
2. Collaborate on Protection Cluster TWIGs where relevant.
3. Collect and coordinate the sharing of identified Protection concerns that relate to the WASH Cluster and WASH activities within the cluster in collaboration with the WASH Cluster Coordinator, the Protection Cluster and Sub-Cluster Coordinators for Child Protection, GBV, and Mine Action.
4. Represent the WASH Cluster at Protection coordination meetings, and report protection concerns identified within the WASH Cluster.
5. Assess the capacity of WASH Cluster members on Protection integration within WASH Cluster operations, and work with the Protection Cluster coordinator/advisory group to define a capacity building strategy and calendar - inform the WASH Cluster of protection capacity building initiatives as and when they occur.
6. Review (or provide guidance) on HRP proposals and needs analysis with a protection mainstreaming lens.
7. Work closely with the protection Cluster leads for the harmonization of Protection mechanisms and materials (e.g. Information sharing, IEC materials development, protection sensitive and safe referrals, PSEA sensitization and complaints mechanism establishment) including the 5 WASH Minimum Commitments for the Safety and Dignity of Affected Populations.

The WASH Cluster seeks to ensure gender balance of designated focal points.

# Annex F WASH Cluster minimum recommendations for the inclusion of people with disabilities and older people

|  |
| --- |
| * In line with the Sphere Standards (2018) which state that actors should ‘consider access and use by age, sex and disability; people facing mobility barriers; people living with HIV; people with incontinence; and sexual or gender minorities; and should also ‘locate any communal toilets close enough to households to enable safe access, and distant enough so that households are not stigmatised by proximity to toilets’. Ensure water, sanitation and hygiene facilities are located within 25 metres of persons with significant functional difficulty and that at least 1 toilet in every 5, and 1 bathing facility in every 5 are designed in alignment with the universal design principles. This includes, at a minimum, ramp access, wide doorways (>90cm), adequate circulation space inside the facility, safe seating, and grab rails. |
| * Where universal design is not possible from the outset, consider temporary, locally sourced methods to enhance accessibility of toileting and bathing facilities such as installation of grab rails, portable ramps, portable shower chairs and ‘over the toilet frames’ to support function and reduce the risk of harm (such as falls) during self- care activities. * An engineer in consultation with an accessibility officer who have strong experience in environmental adaptations must be consulted prior to the implementation of any temporary measures to ensure the safety of interventions and avoid causing harm. |
| * Consider the distribution of commodes (portable toilets) and bed pans for people who cannot reach or use toileting facilities |
| * Consider the viability of training a smaller group of senior staff on basic environmental adaptations of WASH facilities and include persons with disabilities in this as experts. |
| * Identify the best distribution modalities for persons with disabilities. Options include accessible distribution sites, door-to-door delivery, a buddy system with other beneficiaries, sponsored transport, priority lines, etc IASC |
| * Provide additional hygiene supplies such as wet wipes, adult diapers, absorbent cotton material, disposable or reusable pads, washable leakproof mattress protector, second bucket, additional soap and moisturising lotion for persons with difficulties toileting and who are at risk of skin deterioration in their current dwelling. IASC |
| * Women with disabilities may need access to flexible and diverse menstrual hygiene management materials. Adapt menstrual hygiene materials to meet their requirement. Consider supplying absorbent cotton pads, disposable or reusable sanitary pads, underwear, soap, a dedicated storage container with lid, and rope and pegs for drying IASC |
| * Ensure the protection of persons with disabilities when using facilities from sexual exploitation and abuse by ensuring protection mechanisms are put in place with specific consideration of the needs of girls, boys, women and men with disabilities. |

# Annex G Community Feedback and Response Mechanism Guidance



Suggested following steps in setting up a complaints mechanism (CM):

• Define purpose of complaints mechanism and ensure commitment and support from staff and users.

• Define what constitutes a valid complaint

• List of stakeholders who will have access to complain

• Define how complaints will be made (which entry points they will be submitted etc.)

• Decide in which form complaints can be submitted e.g. written and/or verbal and the information required

• Define system of processing complaints with time limits

• Define procedure and persons involved in processing of complaint

• Decide how to communicate when responding to a complaint – who to communicate resolution of complaint to

• Decide on how to communicate the existence of CM to users and invite feedback (explain and make both staff and beneficiaries aware also of limitations – things that are not within your power to change, complaints about other areas of humanitarian response etc.)

# Annex H Standards and Indicators

The WASH Cluster standards are informed by available evidence and humanitarian experience contextualized for NW Syria. They present best practice based on broad consensus and agreement with the SAG.

Each standard has a group of key indicators that serve as signals to measure whether the standard is

being reached. They provide a way for partners to capture process and programme results against the standard and over the life of the response and for the WASH cluster to measure the coverage and quality of the response and identify gaps. Indicators represent the minimum quantitative requirement and are the lowest acceptable level of achievement, which are agreed by the SAG. Where partners deem that standards or indicators are inappropriate, they should request the SAG to review.

### Water supply and quality

#### Water Quantity

Water supply standard 2.1: Access and water quantity

People have equitable and affordable access to a sufficient quantity of safe water to meet their drinking and domestic needs.

Zero Point – typically between a few hours to 12 hours:

* 1.5-litre bottle per adult person and 0.5-litre bottle for children - 3 litres per day for drinking if stay is more than 24 hours
* 1–2 litres per capita per day for hand washing
* 2–8 litres per cubicle per day for toilet cleaning
* Water points no more than 50 meters from a shelter
* Water points are easily accessible for women, children, people with disabilities and older people
* Water tanks (2 or 5 m3) if needed – sufficient for 1 day’s supply for population
* 1–2 litres per person per day for anal washing

Reception Centre – typically between 15 days and two months:

* Minimum 20 to 25 litres/person/day requirement of chlorinated water
* 1–2 litres per capita per day for hand washing
* 2–8 litres per cubicle per day for toilet cleaning
* 100-80 people per tap (based on a flow rate of 7.5 litres/minute)
* Water points no more than 50 meters from a shelter
* Water points are easily accessible for women, children, people with disabilities and older people
* Water tanks (2 or 5 m3)– sufficient for 1 day’s supply for population
* 2–5 litres per person per day for washing and drinking in Mosques
* 40 to 60 litres/inpatient/day to health and nutrition centres
* 1–2 litres per person per day for annal washing
* 5 litres/outpatient/day to health centres
* 3 litres/student/day to schools and learning centres

Camp – typically longer than 2 months:

* Minimum 35 litres/person/day requirement of chlorinated water
* It takes less than 30 minutes to collect water including time taken to queue.
* 1–2 litres per capita per day for hand washing
* 2–8 litres per cubicle per day for toilet cleaning
* 80 people per tap (based on a flow rate of 7.5 litres/minute)
* Water points no more than 50 meters from a shelter
* Water points are easily accessible for women, children, people with disabilities and older people
* Water tanks (2, 5, 11, 45, 75 or 90 m3) – sufficient for 1 day’s supply
* 2–5 litres per person per day for washing and drinking in Mosques
* 40 to 60 litres/inpatient/day to health and nutrition centres
* 5 litres/outpatient/day to health centres and nutrition centres
* 3 litres/student/day to schools and learning centres

Community - typically longer than 2 months:

* Minimum 35 litres/person/day requirement of chlorinated water
* 1–2 litres per capita per day for hand washing
* 2–8 litres per cubicle per day for toilet cleaning
* 20 people per tap (based on a flow rate of 7.5 litres/minute)
* 5 per cent or less of household income is used to buy water for drinking and domestic hygiene
* Water tanks (2, 5, 11, 45, 75 or 90 m3) – sufficient for 1 day’s supply
* 2–5 litres per person per day for washing and drinking in Mosques
* 40 to 60 litres/inpatient/day to health centres, nutrition centres and hospitals
* 5 litres/outpatient/day to health centres, nutrition centres and hospitals
* 3 litres/student/day to schools and learning centres

#### Water Quality

Water supply standard 2.2: Water quality

Water is palatable and of sufficient quality for drinking and cooking, and for personal and domestic hygiene, without causing a risk to health.

At all locations:

* At the distribution lines the FRC value should be 0.5 mg/l, at HH and consumption points it should be > 0.2 mg/l
* Zero E. coli/100ml
* Turbidity of less than 5 NTU

## Sanitation

### Excreta Disposal

Excreta management standard 3.1: Environment free from human excreta

All excreta is safely contained on-site to avoid contamination of the natural, living, learning, working and communal environments.

Zero Point:

* 1 toilet to 50 people - 3:1 female to male ratio (disaggregated by sex)
* 1 in 5 toilets should be suitable for people with disabilities and older people
* Toilet users have access to handwashing facilities with soap and water adjacent to the toilet
* 2-8 litres of water should be provided per person for hand washing, flushing and toilet cleaning, each latrine should be provided with a handwashing point/ sink
* Toilets are no more than 50 meters from location
* Minimum 30m distance from groundwater sources to toilets/latrines

Reception Centre – typically between 15 days and two months:

* 1 toilet to 20-30 individuals - 2:1 female to male (disaggregated by sex)
* 1 in 5 toilets should be suitable for people with disabilities and older people
* 2-8 litres of water should be provided per person for hand washing, flushing and toilet cleaning, each latrine should be provided with a handwashing point/ sink
* Toilet users have access to handwashing facilities with soap and water adjacent to the toilet
* Toilets are no more than 50 meters from reception centres/tents.
* Minimum 30m distance from groundwater sources to toilets/latrines
* 1 toilet for 20 beds or 50 outpatients in medical/ nutritional centres
* 1 toilet for 30 girls and 1 toilet for 60 boys in schools/disaggregated

Camp – typically longer than 2 months:

* 1 toilet to 20-30 individuals - 2:1 female to male (disaggregated by sex)
* 1 in 5 toilets should be suitable for people with disabilities and older people
* 2-8 litres of water should be provided per person for hand washing, flushing and toilet cleaning, each latrine should be provided with a handwashing point/ sink
* Toilet users have access to handwashing facilities with soap and water adjacent to the toilet
* Toilets are no more than 50 meters from reception centres/tents.
* Minimum 30m distance from groundwater sources to toilets/latrines
* 1 toilet for 20 beds or 50 outpatients in medical/ nutritional centres
* 1 toilet for 30 girls and 1 toilet for 60 boys in schools/disaggregated

Community - typically longer than 2 months:

* 1 toilet to 20-30 individuals - 2:1 female to male (disaggregated by sex)
* 1 in 5 toilets should be suitable for people with disabilities and older people
* 2-8 litres of water should be provided per person for hand washing, flushing and toilet cleaning, each latrine should be provided with a handwashing point/ sink
* Toilet users have access to handwashing facilities with soap and water adjacent to the toilet
* Toilets are no more than 50 meters from reception centres/tents
* Minimum 30m distance from groundwater sources to toilets/latrines
* 1 toilet for 10 beds or 20 outpatients in medical/ nutritional centres
* 1 toilet for 30 girls and 1 toilet for 60 boys in schools/disaggregated

## Hygiene

### Hygiene Promotion

Hygiene promotion standard 1.1: Hygiene promotion

People are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them.

Zero Point – typically between a few hours to 12 hours

* 1 hygiene promoter per 1,000 persons
* Hygiene promotion messages include:
  + COVID-19 - social distancing, avoid shaking hands, wearing a mask and increased handwashing

Reception Centre – typically between 15 days and two months

* 1 hygiene promoter per 1,000 persons
* Hygiene promotion messages include:
  + handwashing with soap at key times i.e. Before touching food (eating, preparing food or feeding a child) and after contact with excreta (after using the toilet or cleaning a child’s bottom)
  + safe water treatment and storage practices at household level
  + COVID-19 - social distancing, avoid shaking hands, wearing a mask and increased handwashing

Camp – typically longer than 2 months:

* 2 hygiene promoters per 1,000 persons
* At least 70% of CMs or HPs should be women
* Hygiene promotion messages include:
  + handwashing with soap at key times i.e. Before touching food (eating, preparing food or feeding a child) and after contact with excreta (after using the toilet or cleaning a child’s bottom)
  + safe water treatment and storage practices at household level
  + COVID-19 - social distancing, avoid shaking hands, wearing a mask and increased handwashing

Community - typically longer than 2 months:

* 2 hygiene promoters per 1,000 persons urban
* 1 hygiene promoter per 1,000 persons rural
* At least 70% of CMs or HPs should be women
* Hygiene promotion messages include:
  + handwashing with soap at key times i.e. Before touching food (eating, preparing food or feeding a child) and after contact with excreta (after using the toilet or cleaning a child’s bottom)
  + safe water treatment and storage practices at household level
  + COVID-19 - social distancing, avoid shaking hands, wearing a mask and increased handwashing

### Hygiene Items

Hygiene promotion standard 1.2: Identification, access to and use of hygiene items

Appropriate items to support hygiene, health, dignity and well-being are available and used by the affected people.

#### Hygiene Kits

Four types of hygiene kits can be distributed to affected populations depending on the situation and needs/gaps identified:

* COVID-19 Kit: distributed in COVID-19 hotspot areas, to people/HHs who have tested positive and to vulnerable groups such as people over 60 or those with co-morbidities.
* ONE TIME/FIRST MONTH HYGIENE KIT: this kit contains consumable and non-consumable items and is distributed for IDPs once per year. Desirable items can be included where funding allows.
* SECOND TIME/FOURTH MONTH HYGIENE KIT: this kit contains only consumable items and should be distributed every 3 months (3 times per year) to the same population who received the ONE TIME/FIRST MONTH HYGIENE KIT. Desirable items can be included where funding allows, but should be maintained through all distributions.
* NEW ARRIVALS / Emergency Hygiene Kit: this kit contains only essential hygiene items, for an on the spot temporary distribution and is provided to newly displaced populations who are in transit or facing a short-term displacement.

COVID-19 KIT – for 3 months

|  |  |  |
| --- | --- | --- |
| Item | Type | Quantity |
| Soap | Consumable | 4 kg; soap bars 175 gr per Pc or equivalent quantity |
| Washing powder | Consumable | 8 kg |
| Reusable cloth masks | Consumable | 5 |

ONE TIME/FIRST MONTH HYGIENE KIT (to be distributed one time or first round)

|  |  |  |
| --- | --- | --- |
| Item | Type | Quantity |
| Basin | Non-consumable | 2 pieces; large & medium/small |
| Bucket with lid | Non-consumable | 1 piece; 20 litres |
| Nail clipper/cutter | Non-consumable | 1 piece |
| Pegs | Non-consumable | 24 pieces |
| Plastic jug (for ablution) | Non-consumable | 1 piece |
| Jerry can | Non-consumable | 2 pieces; 10 litre |
| Toothbrush (adult) | Consumable | 8 pieces (alternatively 4 pieces distributed every 3 months) |
| Toothbrush (child) | Consumable | 4 pieces (alternatively 2 pieces distributed every 3 months) |
| Towel | Consumable | 6 pieces; 30 x 70 cm; not white |
| Towel | Consumable | 3 pieces; 80 x 150 cm; not white |
| Baby wipes/wet wipes | Consumable | 1 pack (100 pieces) |
| Dishwashing Liquid | Consumable | 750 ml |
| Dishwashing sponge | Consumable | 1 piece |
| Plastic bag | Consumable | 30 pieces; size appropriate for bucket provided in bi-annual kit |
| Razor | Consumable | 5 pieces |
| Sanitary pads | Consumable | 4 packs (10 pieces each) |
| Shampoo | Consumable | 1000 ml |
| Soap | Consumable | 2500 g; soap bars 175 gr per Pc or equivalent quantity |
| Washing powder | Consumable | 4 kg ( |
| Ear buds | Desirable | 1 box (100 pieces) |
| Shaving cream | Desirable | 60 ml |
| Talc powder | Desirable | 200 g |
| Toilet paper/tissue | Desirable | 4 rolls or box of 100 pieces |
| Bath sponge | Desirable | 2 pieces |
| Comb | Desirable | 1 piece |
| Rope | Desirable | 10 m |

SECOND TIME/SECOND MONTH HYGIENE KIT: to be distributed to the same population every three months after receiving the ONE TIME/FIRST MONTH HYGIENE KIT:

|  |  |  |
| --- | --- | --- |
| Item | Type | Quantity |
| Baby wipes/wet wipes | Consumable | 1 pack (100 pieces) |
| Dishwashing Liquid | Consumable | 750 ml |
| Dishwashing sponge | Consumable | 1 piece |
| Plastic bag | Consumable | 30 pieces; size appropriate for bucket provided in bi-annual kit |
| Razor | Consumable | 5 pieces |
| Sanitary pads | Consumable | 4 packs (10 pieces each) |
| Shampoo | Consumable | 1000 ml |
| Soap | Consumable | 2500 g; soap bars 175 gr per Pc or equivlenet quantity (If the kit is for three months then quantity becomes a total of 2500 gr) |
| Toothpaste (adult) | Consumable | 150 ml |
| Toothpaste (child) | Consumable | 75 ml |
| Washing powder | Consumable | 2 kg (If the kit is for three months then quantity becomes a total of 4 kg) |
| Ear buds | Desirable | 1 box (100 pieces) |
| Shaving cream | Desirable | 60 ml |
| Talc powder | Desirable | 200 g |
| Toilet paper/tissue | Desirable | 4 rolls or box of 100 pieces |

NEW ARRIVALS / Emergency Hygiene Kit (On spot temporary distribution)

|  |  |  |
| --- | --- | --- |
| Item |  | Quantity |
| Baby Diapers | Basic | 1 pack (100 pieces) |
| Water bottle | Basic | 1.5 litres/person |
| Sanitary pads | Basic | 4 pack of 10 pieces |
| Soap | Basic | 2000 g |

### Menstrual Hygiene and Incontinence

Hygiene promotion standard 1.3: Menstrual hygiene management and incontinence

Women and girls of menstruating age, and males and females with incontinence,

have access to hygiene products and WASH facilities that support their dignity and well-being.

Zero Point – typically between a few hours to 12 hours

* Sanitary pads and underwear are available for women and girls who might need them
* Incontinence materials are available for those who might need them, such as:
  + Disposable incontinence pads
  + Bed pan and urinal bottles (male and female), toilet commode chair (as appropriate)
  + Underwear

Reception Centre/Camp/Community – typically between 15 days to permanent

* People with menstrual hygiene needs are identified and provided with suitable materials
  + 4 pack of 10 sanitary pads for 3 months
* People with incontinence needs are identified and provided with suitable materials
  + A dedicated container with lid for soaking cloths and storing pads/cloths
  + Rope and pegs for drying
  + Disposable incontinence pads (150 per month) or reusable incontinence underwear (12 per year)
  + Underwear (12 per year)
  + Extra soap (500 grams bathing and 500 grams laundry per month)
  + Two washable leak-proof mattress protectors
  + Additional water containers
  + Bleach or similar disinfectant cleaning product (3 litres of non-diluted product per year)
  + Bed pan and urinal bottles (male and female), toilet commode chair (as appropriate)

## Environmental health (vector control and solid waste management).

### Solid Waste

Solid waste management standard 5.2: Household and personal actions to safely manage

solid waste

People can safely collect and potentially treat solid waste in their households.

Zero Point – typically between a few hours to 12 hours

* At least one 100-litre garbage container is available per 40 HHs

Reception Centre – typically between 15 days and two months:

* At least one 100-litre garbage container is available per 20 HHs
* Maximum distance from shelter/tent to garbage container 100 meters

Camp – typically longer than 2 months:

* At least one 100-litre garbage for each 10 HHs
* Maximum distance from shelter/tent to garbage container 100 meters

Community - typically longer than 2 months:

* At least one 100-litre garbage container is available per 10 HHs
* Maximum distance from shelter/tent to garbage container 100 meters

### Vector Control

Vector control standard 4.1: Vector control at settlement level

People live in an environment where vector breeding and feeding sites are targeted to reduce the risks of vector-related problems.

All locations:

* Areas around dwellings and water points are kept free of standing waste water or flood water, and water point drainage is well planned, built and maintained.
* No solid waste accumulating around dwelling or communal public waste collection points

# Annex J Quality Assurance and Accountability System

The NWS will adopt a Quality Assurance and Accountability System (QAAS) approach that supports results-oriented, evidence-based decision making with the aim of ensuring that standards for quality and accountability in the humanitarian WASH response are met and maintained, with continuous improvement.

The NWS QAAS provides a way to monitor the WASH response against a contextually relevant framework of quality and accountability standards that utilise national and international frameworks. The framework includes indicators that measure quality and accountability from six perspectives:

1. How effectively are WASH partners achieving desired ***outcomes***? Are WASH programmes ***appropriate and relevant*** and able to reduce public health risks while providing equitable and safe access to WASH services for communities? Are they providing safe access to WASH services in institutions? Are they supporting health, nutrition or livelihoods outcomes?
2. What ***processes***do WASH partners have in place to ensure that they are able to provide high quality services? Are they collecting the right information about needs, priorities and abilities from different groups of people? Are they routinely engaging with and encouraging participation? Are they providing appropriate mechanisms for people to provide feedback?
3. How ***satisfied*** are WASH service users/non-users about the way their priority needs are being met? Are people happy about the level of involvement and ***participation*** they have in the process? Have specific needs been overlooked? Do different groups feel safe using services?
4. Is the WASH response***impartial****?* Are people targeted based solely on criteria of WASH-related vulnerability?
5. Is the WASH programme ***effective and timely?*** Has the WASH response been contextualized, realistically designed, sized and phased so that it is delivered in a timely manner, in line with the capacity of the Sector, and in line with agreed standards?
6. Does the WASH programme ***strengthen national and local capacities and avoid negative/dependent effects?***  Do WASH partners, to the maximum extent possible build their response on local capacities and work towards improving the resilience of communities and people affected by crisis?

The QAAS process can be seen in Figure 1 and combines a continuous process of monitoring, analysis and improvement with a periodic review of lessons learned.



Figure 1 The QAAS process and Key Outputs

### Modular Analytical Framework

The QAAS is comprised of a **modular analytical framework** that defines **core standards**, **Key Quality Indicators (KQI)** and **Benchmark guidance** monitoring approaches that will be used to routinely monitor and identify commonly experienced quality and accountability issues along with a **quality assurance process** that links this monitoring to operational decision making through joint analysis and planning. The modular analytical framework has been designed in such a way that the modules align either directly or through proxy indicators, with the Core Humanitarian Standards, while reducing the burden of data collection and reporting.

### Define

The first step of the QAAS is for the cluster to “Define” the appropriate standards, indicators, benchmarks and monitoring approaches. WASH Cluster partners must be able to commit, to the definitions agreed upon. During the Define stage, the Strategic Operational Framework (SOF) is collectively reviewed based on an analysis of context, strategic objectives and any learning from previous cycles.

The role of contextualising the modular analytical framework is managed by a Technical Working Group. The draft should be shared with all stakeholders for comment before being validated by the SAG on behalf of the cluster.

|  |  |
| --- | --- |
| **OUTPUT** | Contextualised modular analytical framework based on the revised Strategic Operational Framework (SOF) |
| **WHEN** | Annual revision after HRP finalised (November-December) |
| **WHO** | TWG to draft or propose revisions and SAG endorses reviewed SOF |

### Modules

**MODULE STRUCTURE**

The modular analytical framework consists of **a minimum recommended set of 4 core modules for**

* Cluster objectives: related to overall strategic cluster and HRP objectives
* Public Health Risk: related to the risk of faecal oral and vector-borne transmission
* WASH Service Provision: related to the level of WASH services being provided
* People-Centred Programming: Core Humanitarian Standards related to satisfaction inclusion, safety, participation, feedback and capacity and monitoring of the partners adherence to Global WASH Cluster 5 minimum commitments for safety and dignity of the affected population.

With the exception of Module1: Cluster Objectives, each module is focussed on a dimension of quality that is based on globally accepted standards and where appropriate, includes the following information:

**Standards:** Each module includes references to standards which are globally recognized and link the indicators back to fundamental humanitarian principles. The standards are universal statements that apply to humanitarian response in any context, whereas indicators and benchmarks have been contextualized for NW Syria.

**Key Quality Indicators (KQI):** KQIs are measurable values used to illustrate a component of quality linked to a standard. KQIs are relative values that must be disaggregated to make comparisons over time, between locations and between different affected groups (See Data Disaggregation section in XXX). KQIs are calculated and presented in a regularly updated Quality Snapshot in order to inform the analysis of quality gaps and trigger corrective action.

**Benchmark guidance:** Benchmarks are points of reference that define how the KQIs should be measured. Different benchmarks have been selected for the different contexts within the response such as camps vs. communities.

**Monitoring approaches:** Each indicator may be measured in different ways depending on the information available. In NW Syria, information will largely be collected through the 4W, assessments undertaken by REACH and HNAP for camps and communities respectively, the Cluster Field Facilitators and partner assessments as well as other clusters that will contribute towards the monitoring of KQIs such as CCCM.

### Components of the accountability and quality assurance system

**MODULE 1. CLUSTER OBJECTIVES:**

Do the partners reach the targeted population that they have committed to reach when they defined the Humanitarian WASH response? Not reaching these targets would mean failing to provide the minimum response level WASH partners have collectively committed to provide. Therefore, **the WASH Cluster/cluster objectives** that are set-up in the Humanitarian Response Plan (HRP) with their associated indicators will be regularly monitored.

***How: This will be monitored and reported through the 4Ws. Benchmarks will be the number of people identified as being in need for each objective – this number will change on an annual basis (please refer to the relevant HRP Document)***

|  |  |  |
| --- | --- | --- |
| **Sectoral Objective** | **Objective Indicator** | **Indicator** |
| **Sectoral Objective 1:** Support to water, sanitation/sewage and solid waste management systems to ensure regular services for affected people in Syria [ related to strategic objective 3 – *increase resilience and access to services* ] | **Objective Indicator 1.1:** Estimated # of people with improved access to safe drinking water services as a result of repair, rehabilitation, operation and maintenance, | Estimated # of people with improved access to safe drinking water as a result of repair, rehabilitation of water supply systems |
| Estimated # of people with improved access to safe drinking water through operation and maintenance support to the water supply systems |
| **Objective Indicator 1.2:** Estimated # of people with improved access to safe drinking water as a result of provision of water disinfectants, quality assurance and water safety planning | Estimated # of people with improved access to safe drinking water through establishment of water safety plans |
| Estimated # of people with improved access to safe drinking water through water quality assurance |
| Estimated # of people with improved access to safe drinking water through the provision of water disinfectants |
| **Objective Indicator 1.3:** Estimated # of people with improved access to safe sanitation and solid waste management systems | Estimated # of people with access to improved sanitation services through support to sanitation systems, including sewage networks, wastewater treatment plants |
| ***Estimated # of people supported with improved drainage*** |
| Estimated # of people with access to safely managed Solid Waste Management services |
| **Sectoral Objective 2:** Deliver humanitarian WASH services, and improve hygienic behaviour and practices of most vulnerable people [ related to strategic objectives 1 *Provide life-saving and life-sustaining humanitarian assistance to the most vulnerable people with an emphasis on those in areas with high severity of needs* and 3 *increase resilience and access to services* ] | ***Objective Indicator 2.1: # of people disaggregated by sex, age and disability with improved access to humanitarian life-saving emergency WASH facilities and services*** | # of people with improved access to safe drinking water through humanitarian life-saving/emergency water facilities and services |
| # of people disaggregated by sex, age and disability with improved access to sanitation through humanitarian life-saving/emergency sanitation/sewage facilities and services |
| # of people reached through humanitarian life-saving/emergency vector control services |
| # of people who received market-based assistance for WASH services |
| ***Objective Indicator 2.2: # of people disaggregated by sex, age and disability reached with life-saving, adequate and appropriate hygiene items, community engagement for hygiene awareness, and capacity building of community volunteers*** | # of people who received essential WASH basic hygiene kits |
| # of people who received essential WASH consumable hygiene kits |
| # of people reached by hygiene promotional activities and campaigns |
| # of community volunteers and health workers trained on risk communication and community engagement |
| **Sectoral Objective 3:** WASH coordination structures facilitated and enhanced [ related to strategic objective 1 *Provide life-saving and life-sustaining humanitarian assistance to the most vulnerable people with an emphasis on those in areas with high severity of needs*] | **Objective Indicator 3.1:** # of joint needs analysis and response planning exercises developed across response hubs | # of WASH sector coordination meetings held across response hubs |
| # of sector-specific needs assessments conducted and analysed |
| # of WASH projects/proposals that include at least one GBV risk-reduction objective, activity or indicator, and/or a dedicated budget |
| # of WASH projects/proposals that include explosive hazard risk mitigation objective, activity or indicator, and/or a dedicated budget |
| ***# of communities supported with capacity building activities*** |
| ***# of organisations supported with capacity building activities*** |
| ***# of local authorities supported with capacity building activities*** |
| ***Sectoral Objective 4:*** *At risk health care facilities, schools, quarantine centres and other public facilities have access to safe and appropriate water and sanitation and safe hygiene behaviours are adopted among staff and users groups. [ related to strategic objective 1, 2 and 3 ]* | **Objective Indicator 4.1:** # of people with improved access to gender and disability friendly WASH facilities and services in schools, child friendly spaces and health care facilities | # of pre and school aged children have improved access to appropriate *child-friendly* WASH facilities and services in schools or other child-centred areas |
| # of people gaining access to improved and appropriate WASH facilities and services in health care facilities and quarantine centres |
| # of people benefitting from improved medical or biologically hazardous waste management systems |

#### MODULE 2: PUBLIC HEALTH RISK

WASH programmes are most commonly concerned with public health risks related to faecal-oral transmission of disease. The first four KQIs in this module are designed to provide an overview of the relative risk of faecal oral transmission between different settings, locations and population groups. The fifth KQI indicates the public health risk from poor solid waste management, due to the high prevalence of leishmaniasis in NW Syria. Monitoring the presence of these five key barriers can be used as a proxy for estimating the level of public health risk due to WASH-related disease.

**PUBLIC HEALTH RISK STANDARDS, INDICATORS AND BENCHMARKS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MODULE | **PUBLIC HEALTH RISK**  Reduce public health risks by creating barriers to faecal-oral transmission along the pathways described in the F-diagram | | | | |
| COMPONENT | **WATER QUANTITY** | **WATER QUALITY** | **EXCRETA DISPOSAL** | **HANDWASHING** | **SOLID WASTE** |
| STANDARD | **SPHERE 2018**  **Water supply standard 2.1: Access and water quantity**  *People have equitable and affordable access to a sufficient quantity of safe water to meet their drinking and domestic needs.* | **SPHERE 2018**  **Water supply standard 2.2: Water quality**  *Water is palatable and of sufficient quality for drinking and cooking, and for personal and domestic hygiene, without causing a risk to health.* | **SPHERE 2018**  **Excreta management standard 3.1: Environment free from human excreta**  *All excreta is safely contained on-site to avoid contamination of the natural, living, learning, working and communal environments.* | **SPHERE 2018**  **Hygiene promotion standard 1.1: Hygiene promotion**  *People are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them.* | **SPHERE 2018**  **Solid waste management standard 5.2: Household and personal actions to safely manage**  **solid waste**  *People can safely collect and potentially treat solid waste in their households.* |
| KEY QUALITY INDICATOR | **Outcome:**  % of affected HH using a sufficient quantity of water for drinking, cooking, cleaning and personal hygiene | **Outcome:**  % of affected HH using water for drinking and cooking that is of acceptable quality | **Outcome:**  % of affected HH that have no reported sanitation problems | **Outcome:**  % of affected HH washing their hands with soap at key times | **Outcome:**  % of affected HH disposing of waste in appropriate and adequate waste storage containers |
| BENCHMARK  GUIDANCE CAMPS | HHs are consuming 35 l/p/d) | For existing water sources:  At the distribution lines the FRC value should be 0.5 mg/l, at HH and consumption points it should be > 0.2 mg/l | HHs have no sanitation problem including:   * Connection to sewage   blocked   * Sewage overflowing in the neighbourhood * Septic tank not emptied due to unavailability of desludging service * Could not afford desludging of septic tank * Pipes blocked (inside the house) * No water to flush   Toilets unclean | HH are washing their hand at critical times  Soap includes bar soap, liquid soap, powder detergent, soapy water and chlorinated water but does not include ash, soil, sand or other handwashing agents.  Key times: Before touching food (eating, preparing food or feeding a child) and after contact with excreta (after using the toilet or cleaning a child’s bottom) | HHs are disposing of waste in 100 litre metal container bins shared between 10 HHs. |
| BENCHMARK  GUIDANCE COMMUNITIES | As above | As above | As above | As above | HHs have individual containers for disposing of waste |

**PUBLIC HEALTH RISK MONITORING APPROACHES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| COMPONENT | **WATER QUANTITY** | **WATER QUALITY** | **EXCRETA DISPOSAL** | **HANDWASHING** | **SOLID WASTE** |
| ASSESSMENT | 4W  ISIMM Plus | * ISIMM Plus – need to check.   WASH Cluster Field Facilitators | HNAP  REACH  ISIMM Plus  WASH Cluster Field Facilitators | HNAP – possible in need to check  REACH – NOT IN REACH   * Partner assessments | WASH Cluster Field Facilitators |
| TRIANGULATION | * WASH Cluster Field Facilitators * Water pumping / Delivery records * Water point mapping * Qualitative information from group discussions or participatory approaches | * Sanitary survey of waterpoints * Bulk water treatment process records * Qualitative information from group discussions or participatory approaches | * WASH Cluster Field Facilitators * Safety perception survey * Toilet facility mapping * Qualitative information from group discussions or participatory approaches | * Qualitative information from group discussions or participatory approaches | * ISIMM Plus * Qualitative information from group discussions or participatory approaches |

#### MODULE 3: WASH SERVICE PROVISION

In contrast to the Public Health Risk module, the level of service module measures what is being provided, rather than behaviour or risk factors. This allows data from the two modules to be compared over time to understand how the level of service provided influences the severity of public health risks. Understanding the level of services is critical to understanding the quality of WASH responses, which may be different among different groups, thus indicating inequality.

**WASH SERVICE PROVISION STANDARDS, INDICATORS AND BENCHMARKS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MODULE | **WASH SERVICE PROVISION**  Provide access to WASH services that support life with dignity, considering local WASH systems, service providers and the needs of targeted groups. local WASH providers | | | | |
| COMPONENT | **WATER SUPPLY** | **SANITATION** | **HYGIENE** | **MENSTRUAL HYGIENE** | **SOLID WASTE** |
| STANDARDS | **SPHERE 2018**  **Water supply standard 2.1: Access and water quantity**  People have equitable and affordable access to a sufficient quantity of safe water to meet their drinking and domestic needs. | **SPHERE 2018**  **Excreta management standard 3.2: Access to and use of toilets**  People have adequate, appropriate and acceptable toilets to allow rapid, safe and secure access at all times. | **SPHERE 2018**  **Hygiene promotion standard 1.2: Identification, access to and use of hygiene items**  Appropriate items to support hygiene, health, dignity and well-being are available and used by the affected people. | **SPHERE 2018**  **Hygiene promotion standard 1.3: Menstrual hygiene management and incontinence**  Women and girls of menstruating age, and males and females with incontinence, have access to hygiene products and WASH facilities that support their dignity and well-being. | **SPHERE 2018**  **Solid waste management standard 5.3:**  **Solid waste management systems at community level**  *Designated public collection points do not overflow with waste, and final treatment or disposal of waste is safe and secure.* |
| KEY QUALITY INDICATOR | % of affected population with access to drinking water services, by level of service | % of affected population with access to sanitation services, by level of service | % of affected population with sufficient access to handwashing facilities, by level of service | % of affected women/girls of menstruating age with access to menstrual hygiene services, by level of service | % of affected population with access to solid waste management services, by level of service |
| BENCHMARK GUIDANCE  Camp | Level of service:  Basic: Communal level water points  Improved: HH level water point | Level of service:  Limited: Private toilets  Basic: Communal toilets  Improved: Shared family toilets | Level of service:  No service: No water and soap  Basic: Either Soap only or Water only  Limited: No hand washing facility  Improved: Both soap and water available but no handwashing station  Full: Both soap and water and handwashing facility  Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing.  Soap includes bar soap, liquid soap, powder detergent, soapy water and chlorinated water but does not include ash, soil, sand or other handwashing agents. | Menstrual hygiene services: Includes provision of menstrual hygiene materials, facilities for cleaning or disposing of materials and appropriate information, education and communication provision.  Level of service:  No service – no MH services provided  Limited – one off distribution of menstrual hygiene materials provided to women and girls  Basic – regular distribution of menstrual hygiene materials provided to women and girls  Full – regular distribution of menstrual hygiene materials provided to women and girls with additional menstrual hygiene and incontinence materials for those who require them. | Level of service:  No service – Garbage left in public areas  Limited – Garbage buried or burned  Basic – Garbage disposed of by household to a dumping location  Improved - Public garbage collection paid  Full - Public garbage collection free |
| Communities | Water Trucking  Network | Desludging  Network | No handwashing facility  Handwashing facility | As above | As above |

**WASH SERVICE PROVISION MONITORING APPROACHES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| COMPONENT | **WATER SUPPLY** | **SANITATION** | **HYGIENE** | **MENSTRUAL HYGIENE** | **SOLID WASTE** |
| ASSESSMENT | WASH Cluster Field Facilitators for camp level  HNAP for community level | ISIMM Plus  REACH  HNAP  WASH Cluster Field Facilitators | HNAP  REACH  WASH Cluster Field Facilitators | HNAP  REACH  WASH Cluster Field Facilitators | HNAP  REACH  WASH Cluster Field Facilitators |
| TRIANGULATION | Post action monitoring  Service provider / supplier monitoring | ISIMM Plus  Post action monitoring  Service provider / supplier monitoring | ISIMM Plus  Post action monitoring  Service provider / supplier monitoring | ISIMM Plus  Post action monitoring  Service provider / supplier monitoring | ISIMM Plus  Post action monitoring  Service provider / supplier monitoring |

#### MODULE 4: PEOPLE-CENTRED PROGRAMMING

Accountability to Affected Populations (AAP) requires that people are central to the assessment planning, implementation and monitoring of WASH responses. The foundations for AAP are set out in the Humanitarian Charter[[37]](#footnote-37) and the Core Humanitarian Standard (CHS) and these principles underpin all humanitarian action.

This module supports collective monitoring of satisfaction inclusion, safety, participation, feedback and capacity, by assessing whether partners are fulfilling their commitments to AAP in the way they work. The module also provides a framework for integrating the views of the affected population into quality monitoring. The opinions and perspectives of people affected by crisis hold crucial information about how quality and accountability are experienced by the people we aim to support[[38]](#footnote-38). Understanding the response through the different perspectives of those affected by crisis is a critical step towards achieving quality and accountability in any context.

To help monitor the degree that partners are mainstreaming AAP in their work, the module also looks at the key processes that they have through the programme cycle as outlined in the Clusters **5 WASH Minimum Commitments for the Safety and Dignity of Affected Populations**.

**PEOPLE-CENTRED PROGRAMMING STANDARDS, INDICATORS AND BENCHMARKS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MODULE | **PEOPLE-CENTRED PROGRAMMING**  Ensure the response upholds commitments to humanitarian principles and enhances the safety, dignity and rights of those affected by crisis | | | | | |
| COMPONENT | **SATISFACTION** | **INCLUSION** | **SAFETY** | **PARTICIPATION** | **FEEDBACK** | **CAPACITY** |
| STANDARDS | **CORE HUMANITARIAN STANDARD**  **Commitment 2:**  *Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.* | **CORE HUMANITARIAN STANDARD**  **Commitment 1:**  *Communities and people affected by crisis receive assistance appropriate and relevant to their needs.* | **CORE HUMANITARIAN STANDARD**  **Commitment 3:**  *Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.* | **CORE HUMANITARIAN STANDARD**  **Commitment 4:**  *Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.* | **CORE HUMANITARIAN STANDARD**  **Commitment 5:**  *Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.* | **CORE Humanitarian Standard**  **Commitment 3**  Communities and people affected by crisis are not negatively affected and are  more prepared, resilient and less at-risk as a result of humanitarian action. |
| KEY QUALITY INDICATOR | **PERCEPTION**  % of affected population who are satisfied that WASH services meet their priority needs in an appropriate and timely way | **PERCEPTION**  % of affected population who feel that WASH services are accessible to all those in need  **PROCESS**  % of partners who assessment, design, implement and monitor WASH services to be accessible for people of all genders, ages, abilities and backgrounds | **PERCEPTION**  % of affected population who report feeling safe using WASH services at night and during the day, by service  **PROCESS**  % of partners who design, implement and monitor WASH services based on an analysis of the specific safety risks faced by people of all ages, genders, abilities and backgrounds | **PERCEPTION**  % of affected population who feel that they are able to influence the way that assistance is designed, implemented and monitored  **PROCESS**  % of partners who design, implement and monitor WASH services based on the participation of people of all ages, genders, abilities and backgrounds | **PERCEPTION**  % of affected population who feel that they have a safe, accessible and responsive channel for providing feedback to WASH partners  **PROCESS**  % of partners who ensure that people of all ages, genders, abilities and backgrounds can safely provide feedback & complaints that trigger corrective actions | **PERCEPTION**  % of affected population who feel that they have increased their resilience has increased  **PROCESS**  % of partners who ensure that capacity building initiatives at camp, community and local authority/leadership levels are included in all project proposals. |
| BENCHMARK GUIDANCE | **PERCEPTIONS**  Perceptions are subjective measures. Ask respondents to score how they feel about satisfaction, inclusion, safety, participation and feedback on a 5 point Likert scale and compare answers over time and between gender, age and disability groups to identify disparities and trends that should be investigated further. Benchmark is 90% “mostly agree”  **PROCESS**  Minimum process requirements for assessment, design, implementation and monitoring should be agreed by the WASH Custer to ensure that the 5 Minimum Commitments are upheld. Benchmark is at least 90% in each of the 5 Minimum Commitments questions | | | | | |

**PEOPLE-CENTRED PROGRAMMING MONITORING APPROACHES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **SATISFACTION** | **INCLUSION** | **SAFETY** | **PARTICIPATION** | **FEEDBACK** | **CAPACITY** |
| ASSESSMENT | HNAP  REACH | HNAP  REACH  Partner survey (e.g. WASH 5 Minimum Commitments Organisation Survey) | HNAP  REACH  Partner survey (e.g. WASH 5 Minimum Commitments Organisation Survey) | HNAP  REACH  Partner survey (e.g. WASH 5 Minimum Commitments Organisation Survey) | HNAP  REACH  Partner survey (e.g. WASH 5 Minimum Commitments Organisation Survey) | HNAP  REACH  Partner survey (e.g. WASH 5 Minimum Commitments Organisation Survey) |
| TRIANGULATION | Qualitative information from participatory methods | Qualitative information from participatory methods | Qualitative information from participatory methods  Safety Audits | Qualitative information from participatory methods | Qualitative information from participatory methods | Qualitative information from participatory methods |

## Quality Assurance Process Measure – Analysis – Improve – Learn

The measure, analyse and improve phases of the QAAS occur continuously, with monitoring data being fed from the field to update the quality snapshot. In the analyse phase, the quality snapshot is used to ‘trigger’ conversations between partners about where quality gaps exist and how they will be addressed. Action plans for improvement will then be developed by WASH Cluster partners. Information about the gaps identified and corrective actions planned should be fed back to the affected population for validation.

### Measure

**Collect data as set out in the modular analytical framework and produce regular quality snapshots to support further analysis**

|  |  |
| --- | --- |
| **OUTPUT** | Quality Snapshot |
| **WHEN** | Data is collected twice yearly through the HNAP and REACH assessments along with continuously, through WASH Cluster Field Facilitators, ISIMM Plus assessments and WASH partners. Quality snapshot will be updated on a quarterly basis. |
| **WHO** | Partners report up to date information to the WASH Cluster IMO for collation.  The IMO will share up to date information on all key quality indicators, disaggregated by sex, age, disability and location where appropriate. Online dynamic dashboards such as PowerBI, as well as spreadsheet charts or static documents may be used to share information.  The snapshot is shared before meetings on a quarterly basis and the results discussed.  The IMO highlights where information gaps exist and note concerns about data quality |

### Analyse

The WASH Cluster partners jointly analyse the information in the quality snapshot and develop action plans based on the quality gaps identified.

|  |  |
| --- | --- |
| **OUTPUT** | Agree action plans to address quality gaps |
| **WHEN** | Continuously, updates and analysis to be discussed during regular Cluster meetings |
| **WHO** | Joint analysis can be carried out by all partners, or through a specially established Quality and Accountability Working Group. Input from thematic specialists where required may be necessary. |

**The analysis will include**

* Identification and prioritization of the immediate and contributing causes of quality gaps.
* Identify which factors can be directly controlled, what may be influenced through advocacy and what must be worked around.
* Agree actions to address quality gaps, prioritise ‘quick wins’ that are likely to be achievable and effective in the near term.
* Seek specialist advice and refer to global evidence to understand what has been effective in other contexts.
* Agree timelines and how progress will be monitored.

### Improve

WASH Cluster Partners implement the agreed action plans and provide feedback to the affected population.

|  |  |
| --- | --- |
| **OUTPUT** | Improvements to programmes, feedback to communities |
| **WHEN** | Continuously, after action plan(s) are agreed |
| **WHO** | Partners as identified in the relevant action plan(s) |

The Improve Stage should:

* Document and design corrective actions based on priority themes, trends and insights
* Address the immediate causes of quality gaps through direct action, changes to designs or ways of working.
* Address the root or systemic causes of quality gaps through influencing, in collaboration with wider stakeholders.
* Track the completion of corrective actions and continue to monitor for unintended consequences.

Partners are expected to implement the actions agreed as monitoring continues, with support from other stakeholders as required. Information about issues identified and corrective actions taken well be shared with appropriate stakeholders, including the affected community.

### Learn

The learn stage is a annual opportunity to take a more strategic perspective on quality and accountability, to realign priorities and to identify and address course correction on a longer timescale.Based on the learnings, the SOF, and other key response documents will be updated to reflect changes to the context and improvements to methods and approaches. The QAAS can also be revised to include changes to the priority modules and standards as the response progresses to ensure that it continues to be appropriate, and relevant to the evolving context.

|  |  |
| --- | --- |
| **OUTPUT** | Revised SOF and Modular Analytical Framework |
| **WHEN** | July-August prior to HNO process |
| **WHO** | All WASH Cluster participants, technical specialists and representatives from other clusters as appropriate |

The lessons learned review should be informed by the data collected as part of quality monitoring as well as findings from programme evaluations, support visits, operational research and cluster technical working groups. It can be managed through a small, task-focussed working group, but should be inclusive of input from all WASH cluster participants.

# Annex K Core Indicators

The Core Indicators are a small set of indicators and questions that allow the WASH Cluster to collect basic WASH data that help to determine the WASH severity scores of sub-districts. Partners are requested to include these indicators and below questions to increase the coverage, frequency and resolution of Severity data.

1. Indicator 1: Household FRC results (observations)
2. Indicator 2: Water sufficiency and coping strategies
3. Indicator 3: Availability and affordability of hygiene items (number of HH items)
4. Indicator 4: Household's solid waste disposal
5. Indicator 5: Household's issues with sanitation (number of problems reported)
6. Indicator 6: Percentage of household income spent on Water and sanitation/septic tanks desludging
7. Indicator 7: Household's access to sufficient handwashing facilities (question/ observations)

In addition, there are 3 external indicators, which help to quantify the context in NW Syria:

1. Indicator 8: EWARN Proportion WBD
2. Indicator 7: % IDPs and returnees vis a vis host population
3. Indicator 9: Intensity of hostilities

|  |  |
| --- | --- |
| **INDICATOR 1. Household FRC results (observations)** | |
| Ask for a glass of water that household would typically use for drinking purposes. Test the water with a pooltester.  What is the free chlorine residual (mg/L) in the sample? | ☐ 0  ☐ 0.1  ☐ 0.5  ☐ 1  ☐ 2  ☐ 3  ☐ No result |
| **Indicator 2: Water sufficiency and coping strategies** | |
| 2.1 Did you have enough water in the last 30 days to meet your household needs? | ☐ Yes  ☐ No |
| 2.2 Did your household spend 2 consecutive days or more without water in the last 30 days? (Select one) | ☐ Yes, once or twice  ☐ Yes, more than twice  ☐ No |
| 2.3 In the last 30 days, have members of your household used the following coping mechanisms for a lack of water?  *Select all that apply; do not read options to interviewee* | ☐ Reduce drinking water consumption  ☐ Spend money usually spent on other things to buy water  ☐ Modify hygiene practices (bathe less, etc)  ☐ Not being able to wash hands with sufficient frequency  ☐ Receive water on credit / borrow water or money for water  ☐ Drink water usually used for cleaning or purposes other than drinking  ☐ Other (specify)  ☐ None |
| **Indicator 3: Availability and affordability of hygiene items (number of HH items)** | |
| 3.1 Was there one / multiple hygiene item your household needed to procure in the last 30 days but could not find or afford? | ☐ Yes  ☐ No *Proceed to 4.1* |
| 3.2 If yes for 3.1, what item could you not access or afford? Why? (Select all that apply) | ☐ Soap (bar)  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Sanitary pads  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Disposable diapers  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Baby infant items  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Washing powder  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Hand sanitizer  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Jerry can / bucket  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Toothbrush (adults)  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Toothpaste (adults)  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Toothbrush (child)  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Toothpaste (child)  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Shampoo (adults)  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Shampoo (babies)  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Cleaning liquid (for house)  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Detergent for dishes  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Plastic garbage bags  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Washing line  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Nail clippers  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Comb  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Towel  ☐ Wasn’t available in market ☐ Couldn’t afford it  ☐ Other (specify)  ☐ Wasn’t available in market ☐ Couldn’t afford it |
| **Indicator 4: Household's solid waste disposal** | |
| 4.1 What is the most common way your household disposed of garbage in the last 30 days? (Select one) | ☐ Public garbage collection (free)  ☐ Private garbage collection (paid)  ☐ Garbage disposed of by household to a dumping location  ☐ Garbage left in public areas  ☐ Garbage buried or burned  ☐ Other (specify) |
| **Indicator 5: Household's issues with sanitation (number of problems reported)** | |
| 5.1 Did any of the following toilet-related problems occur in the last 30 days?(Select all that apply, do not read options to the interviewee) | ☐ No facilities present  ☐ Not enough facilities / too crowded  ☐ No water to flush  ☐ Toilets unclean  ☐ Lack of privacy / no separation between men and women  ☐ Septic tanks not emptied/no desludging  ☐ Sewage overflowing into neighbourhood  ☐ Pipes blocked  ☐ Connection to sewage blocked  ☐ It is not safe (No light)  ☐ It is not safe (No Lock/bolt)  ☐ It is not safe (Bothered on the way)  ☐ It is not safe (Bothered at facility)  ☐ Lack of ability to get there without assistance  ☐ Other (specify)☐ None |
| **Indicator 6: Water and sanitation services affordability (Percentage of household income spent on Water and sanitation/septic tanks desludging)** | |
| 6.1 How much money has your household spent on water in the past 30 days? |  |
| 6.2 What percentage of the household budget was used to buy water in the last 30 days?  *Note: Household budget is defined as total household expenditure over the last 30 days.* |  |
| 6.3 If ‘Connection to septic tank’, What percentage of household income is used on desludging of septic tank?  *Note: Household budget is defined as total household expenditure over the last 30 days.* |  |
| **Indicator 7: Household's access to sufficient handwashing facilities (observations)** | |
| 7.1 Is there water and soap available in the household for handwashing? | ☐ Yes, both water and soap available  ☐ Yes, water but no soap available  ☐ Yes, soap but no water for handwashing in the household  ☐ No, neither available  ☐ Not sure |
| 7.2 Are soap and water available at the handwashing facility? (OBSERVATION, select one) | ☐ Soap only  ☐ Water only  ☐ Soap and water  ☐ No water and no soap  ☐ No handwashing facilities |

1. <https://cccmcluster.org/operations/syria> [↑](#footnote-ref-1)
2. Draft 2020 Humanitarian Needs Overview (HNO) for Syria [↑](#footnote-ref-2)
3. Monthly Displacement Updates - North West Syria Sept 2020 [↑](#footnote-ref-3)
4. Recent Developments in Northwestern Syria, Situation Report No. 9, 26 February 2020. Available at: <https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-recent-developments-northwestern-syria-situation-11>. [↑](#footnote-ref-4)
5. Ibid [↑](#footnote-ref-5)
6. Draft 2020 Humanitarian Needs Overview (HNO) for Syria [↑](#footnote-ref-6)
7. Monthly Displacement Updates - North West Syria Sept 2020. CCCM Cluster [↑](#footnote-ref-7)
8. ANNUAL REPORT 2019 HUMANITARIAN RESPONSE PLAN SYRIAN ARAB REPUBLIC [↑](#footnote-ref-8)
9. CCCM Cluster, March 2020. [↑](#footnote-ref-9)
10. UN Partner’s Survey, IDPs: Past, Present and Future Intentions, December 2019. [↑](#footnote-ref-10)
11. HNAP Summer 2020 Report Series Disability Overview [↑](#footnote-ref-11)
12. Draft HNO 2020 [↑](#footnote-ref-12)
13. WHO/UNICEF JMP: Coverage Estimated Improved Water Supply, Arab Republic of Syria, 2012. [↑](#footnote-ref-13)
14. Ibid [↑](#footnote-ref-14)
15. 2019 WASH Household Survey (countrywide). [↑](#footnote-ref-15)
16. EWARN system (November, 2020) and WASH Cluster meeting presentation October 2020. [↑](#footnote-ref-16)
17. COVID-19 RAPID ASSESSMENT NON-STATE ARMED GROUP & TURKISH-BACKED ARMED FORCES CONTROLLED AREAS | ROUND 22 [↑](#footnote-ref-17)
18. IRC Protection Monitoring Northwest Syria July-August 2020 [↑](#footnote-ref-18)
19. North-West Syria – Shelter & NFI Emergency Overview September 2020 [↑](#footnote-ref-19)
20. IASC Cluster IASC Reference Module for Cluster Coordination at the Country Level [↑](#footnote-ref-20)
21. Endorsed by the Global Humanitarian Platform, 12 July 2007. [↑](#footnote-ref-21)
22. Brief report: Persons With Disabilities NW Syria [↑](#footnote-ref-22)
23. This does not include private toilets, those made by individual households that are of poor quality without safe superstructures, lockable doors and sealed septic/collection tanks [↑](#footnote-ref-23)
24. Brief report: Persons With Disabilities NW Syria [↑](#footnote-ref-24)
25. Brief report: Persons With Disabilities NW Syria [↑](#footnote-ref-25)
26. Throughout the WASH chapter the term "IDP sites" refers to IDP camps, informal settlements and collective centres/shelters, in line with a generic IASC term used to describe several IDP settlement types. [↑](#footnote-ref-26)
27. As of 2021. [↑](#footnote-ref-27)
28. The checklist is not prescriptive and should be adapted according to context. [↑](#footnote-ref-28)
29. “Gender” does not mean “women only”. While women and girls most often face constraints within gender roles, men and boys are also influenced by strict expectations of masculinity. Gender equality programming requires their inclusion for the development of more equitable relationships and equal participation of women, girls, men and boys. [↑](#footnote-ref-29)
30. *The Human Right to water and sanitation* <http://www.ohchr.org/EN/Issues/WaterAndSanitation/> SRWater/Pages/SRWaterIndex.a spx [↑](#footnote-ref-30)
31. WASH Cluster Household survey 2020 Round 2. [↑](#footnote-ref-31)
32. UNDESA, Division for Social Policy and Development Disability, Ageing and disability, http://bit.ly/2BtLg4I (24 November 2017) [↑](#footnote-ref-32)
33. Functioning means that that all of the affected population are aware of feedback and complaints mechanisms (including older people and people with disabilities), feel confident on how to use them and that if they do, action will be taken, and they will receive a response within a short period of time. [↑](#footnote-ref-33)
34. [4. Reference Module for Cluster Coordination at the Country Level](https://interagencystandingcommittee.org/system/files/legacy_files/4.%20Reference%20module%20for%20Cluster%20Coordination.pdf) (Nov 2012) [↑](#footnote-ref-34)
35. Equality, transparency, results-oriented approach, responsibility, and complementarity as defined in the statement of commitment available at www.globalhumanitarianplatform.org [↑](#footnote-ref-35)
36. Title of the email must be: SAG Membership EOI: MM.YrYr (e.g. 09.20) [↑](#footnote-ref-36)
37. Sphere (2018). The Sphere Handbook. <https://handbook.spherestandards.org/en/sphere/#ch003> [↑](#footnote-ref-37)
38. For examples of how perception information can be used to monitor humanitarian action, see: <https://groundtruthsolutions.org/our-work/strengthening-the-humanitarian-response-in-chad> [↑](#footnote-ref-38)