UNICEF’s Core
Commitments for
Children in
Humanitarian Action:
WASH Sector

Commitment 1:
Effective leadership is established for WASH cluster/inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

Commitment 2:
Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.

Commitment 3:
Children and women access toilets and washing facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate.

Commitment 4:
Children and women receive critical WASH-related information to prevent child illness, especially diarrhoea.

Commitment 5:
Children access safe water, sanitation and hygiene facilities in their learning environment and in child-friendly spaces.
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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
<th>Description</th>
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<td>$</td>
<td>US$</td>
<td>Immediate Response Team</td>
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<td>ACF</td>
<td>Action Contre la Faim</td>
<td>Moderate Acute Malnutrition</td>
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<td>AWD</td>
<td>Acute Watery Diarrhoea</td>
<td>Millennium Development Goal</td>
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<td>CAP</td>
<td>Consolidated Appeals Process</td>
<td>Menstrual Hygiene Management</td>
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<td>CATS</td>
<td>Community Approaches to Total Sanitation</td>
<td>Multi-Cluster/Sector Initial Rapid Assessment</td>
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<td>CCCs</td>
<td>Core Commitments for Children in Humanitarian Action</td>
<td>National Committee</td>
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<td>CEAP</td>
<td>Corporate Emergency Activation Procedure</td>
<td>Non-Governmental Organisation</td>
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<td>CERF</td>
<td>Central Emergency Response Fund</td>
<td>Non-Food Item</td>
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<td>CFS</td>
<td>Child-Friendly School or Space</td>
<td>New York Headquarters</td>
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<td>CLA</td>
<td>Cluster Lead Agency</td>
<td>Oral Cholera Vaccine</td>
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<td>CO</td>
<td>Country Office</td>
<td>Open Defecation Free</td>
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<td>C4D</td>
<td>Communication for Development</td>
<td>Other Resources, Regular</td>
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<td>DaLA</td>
<td>Damage and Loss Assessment</td>
<td>Programme Division</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
<td>Post-Conflict Needs Assessment</td>
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<td>EAPR</td>
<td>East Asia and the Pacific Region</td>
<td>Post-Disaster Needs Assessment</td>
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<td>EMOPS</td>
<td>Office of Emergency Programmes</td>
<td>Point of Use Water Treatment &amp; Safe Storage</td>
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<td>EOR</td>
<td>Emergency Other Resources</td>
<td>Public-Private Partnership</td>
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<td>EPF</td>
<td>Emergency Programme Fund</td>
<td>Global Public-Private Partnership for Handwashing with Soap</td>
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<td>ESAR</td>
<td>Eastern and Southern Africa Region</td>
<td>Regional Office</td>
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<td>ESL</td>
<td>Emergency Supply List</td>
<td>Regular Resources</td>
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<td>GBV</td>
<td>Gender-Based Violence</td>
<td>Rapid Response Team</td>
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<td>GWC</td>
<td>Global WASH Cluster</td>
<td>Real-Time Evaluation</td>
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<td>HPM</td>
<td>Humanitarian Performance Monitoring</td>
<td>Severe Acute Malnutrition</td>
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<td>HWTS</td>
<td>Household Water Treatment &amp; Safe Storage</td>
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<td>HWWS</td>
<td>Handwashing with Soap</td>
<td>United Nations Children’s Fund</td>
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<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
<td>Water, Sanitation and Hygiene</td>
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<td>IDP</td>
<td>Internally Displaced Persons</td>
<td>WASH in Emergency</td>
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<td>IEC</td>
<td>Information, Education, Communication</td>
<td>West and Central Africa Region</td>
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<td>IM</td>
<td>Information Management</td>
<td>WASH in Schools</td>
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<td>INGO</td>
<td>International Non-Governmental Organization</td>
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1. EXECUTIVE SUMMARY

Water, sanitation and hygiene (WASH) are critical for survival in the initial stages of an emergency. People in emergencies – especially children – are more susceptible to illness and death from diseases that are often caused by lack of sanitation, inadequate safe water supplies and poor hygiene. UNICEF works to ensure, protect and restore children’s right to WASH. UNICEF’s role in humanitarian programming encompasses direct programmatic response, support for capacity building and preparedness and response coordination at the global and country levels. In recovery contexts, UNICEF supports the development of national policies on water and sanitation and the strengthening of human resource capacity in line with national priorities and development goals.

Over the last 6 years, through partnerships with national stakeholders and other implementing partners, UNICEF programmatic support has helped an estimated 125 million people gain access to improved water and almost 75 million people to sanitation. Emergency response accounts for about two-thirds of these water beneficiaries and one-third of sanitation beneficiaries.

2012 highlights

♦ UNICEF responded to emergencies in 79 countries, 72 of which had a WASH component

♦ UNICEF spent $146 million for emergency coordination and response, representing 39 per cent of total 2012 WASH expenditures and the tenth consecutive year that emergency programming is at or near 40 per cent of the overall WASH programme

♦ UNICEF led or co-led WASH coordination platforms in 64 emergencies, more than in any previous year, while continuing to support and enhance national stakeholders’ abilities to shoulder responsibility

♦ UNICEF WASH humanitarian action helped an estimated 17.1 million people maintain or gain access to potable water supplies and 4.5 million people to sanitation facilities

♦ Human resources were deployed to 24 countries and provided critical surge support to UNICEF’s programmatic response, thanks to continued investment in the Global Web Roster and the Standby Partner mechanism

♦ Working closely with UNICEF’s Health sector, cholera prevention and response received significant attention through creation of an agency-wide Cholera Support Team, development of a comprehensive Cholera Toolkit and launching of an initiative introducing Oral Cholera Vaccines (OCV) in an integrated approach

♦ In response to the food security and nutrition crisis across the Sahel region, WASH and Nutrition collaborated throughout the development and implementation of ‘WASH in Nuts’ minimum package of interventions used across nine countries

♦ In 2010, the Pakistan Approach to Total Sanitation (PATS) programme used serious flooding as an opportunity to link recovery with development and in two years, this community-level sanitation programme reached more than 7.4 million people in rural and peri-urban areas

♦ UNICEF led WASH support efforts for the whole Syrian crisis in 2012, including refugees in neighboring countries, on behalf of UNHCR

♦ An initial foray into operational research on existing menstrual hygiene management (MHM) in emergency practices resulted in an insightful report that will inform future approaches


2. INTRODUCTION

Why WASH in an emergency?

Water, sanitation and hygiene (WASH) are critical survival interventions at the onset of an emergency. Children are generally more susceptible than adults to illness and death from diseases that are caused by lack of sanitation, inadequate safe water supplies and poor hygiene. In a crisis situation, access to WASH is critical. Many WASH interventions support a person’s dignity and privacy, especially for girls, women and adults and children with disabilities. WASH is critical to other areas of UNICEF’s humanitarian action including Health, Nutrition, Education and Child Protection, and specifically in Gender-Based Violence (GBV), HIV/AIDS care and gender issues. The UNICEF support effectiveness through its other sectors is heavily influenced by the presence of a complementary WASH component.

Why UNICEF?

In addition to its technical capacity in WASH, UNICEF holds a unique position within the sector. Rather than providing support on a ‘project by project’ basis, UNICEF convenes, facilitates and advocates on programmatic issues across sectors. Its presence on the ground before, during and after crises, close relationship with national governments, significant influence over developmental WASH issues and long history of operating in difficult and resource-constrained environments has established credibility on the ground in humanitarian situations.

Service delivery is only one component of UNICEF’s contribution to the WASH sector. Through its large cadre of field-based professional staff, UNICEF provides high quality technical assistance to national authorities and other stakeholders. The support improves sector performance, increasing the capacity and effectiveness of large-scale national programmes. This substantial presence on the ground provides a direct link to established systems and personal networks that are frequently called upon in an emergency.

UNICEF’s work in humanitarian WASH is firmly rooted in key human rights documents and development frameworks including the Convention on the Rights of the Child (CRC) and UNICEF’s own Core Commitments for Children in Humanitarian Action (CCCs).*

How does UNICEF WASH work?

Through its WASH program, UNICEF works to ensure, protect and restore children’s right to access safe water, improved sanitary facilities and safe hygiene practice. UNICEF’s role in emergency programming encompasses direct response, support to capacity building and preparedness and sector coordination at the global and country levels. In recovery contexts, UNICEF supports the development of national policies on water and sanitation and strengthening human resource capacity. Through its presence in 190 countries and territories, UNICEF leverages a variety of tools to meet the needs of children around the world. In emergency contexts, UNICEF works both upstream (policy, advocacy and budgetary issues) and downstream (community level) to achieve its goals.

**Government capacity:**

Government capacity always assumes the first line of response to a disaster or complex emergency. As a United Nations agency, UNICEF works directly with member states to provide support where requested. In the event that a government asks for assistance, UNICEF mobilises its assets and solicits additional resources.

**UNICEF’s internal capacity:**

UNICEF’s global technical and human capacities are strategically deployed or re-deployed to deliver WASH services to children and their families. These programmatic actions also ensure that a foundational package is available to support schools and other Child Friendly Spaces (CFS).

If the national capacity to coordinate a large number of responding agencies is insufficient, UNICEF fulfils a sectoral coordination role, and directly oversees implementation of our partner interventions to assure programme quality and suitability. UNICEF provides technical support when needed and supports and monitors the overall situation on the ground to identify and prioritise action and address critical gaps.

**UNICEF supplies:**

During humanitarian responses, the WASH sector depends heavily on supplies and equipment. UNICEF’s global procurement and logistical capacity are critical for delivering key WASH supplies, especially when in-country availability is limited. At global and country level, UNICEF’s negotiating and leveraging capacity with suppliers fosters the best value for money, reaching the highest possible number of beneficiaries. In recent years, with engagement from both academia and the private sector, there has been a shift from centralised to local procurement and from static practices to new and innovative approaches. This adds up to a dynamic and flexible system that is better prepared to meet needs on the ground.
Implementation through UNICEF partners:
UNICEF teams up with governmental institutions and civil society to deliver humanitarian assistance. Our humanitarian action relies heavily on the capacity of implementing partners. There is a rigorous selection process and support mechanisms are in place to ensure that resources are properly spent, quality results are achieved and the greatest impact for children is delivered.

UNICEF looks for fresh ways to engage with partners to reach those most in need. Remote programming is one way in which partnerships can overcome security restrictions (e.g., in the Somalia programme where only local organisations can operate). Engagement with partners facilitates continuous investment in improved capacity for current and future emergency responses.

UNICEF’s core commitments for Children in Humanitarian Action
Core Commitments for Children in Humanitarian Action (CCCs) provide UNICEF’s overarching framework for emergency at all levels, covering both programmatic and operational commitments. UNICEF’s WASH commitment includes sectoral coordination, ensuring that affected people have access to WASH facilities and critical related information. This package is also provided in learning environments and CFSs.

In compliance with its overall programmatic approach, UNICEF links its humanitarian operations with development goals, incorporating risk-informed approaches into the recovery phase and development work. Encompassing longer-term goals helps build WASH community resilience and protects from future hazards. Although UNICEF’s focus is on children and women, WASH interventions benefit entire communities, reaching those most affected by disaster or conflict, with special attention to girls and those with disabilities.

3. UNICEF PROGRAMMATIC INTERVENTIONS FOR HUMANITARIAN WASH

WASH in Emergencies seeks to ensure that those affected and most in need have reliable access to sufficient, safe water, sanitation facilities and can practice good hygiene. WASH goals are achieved through a combination of service delivery and awareness-raising around the importance of hygiene practices to keep children and families healthy (safe water, a clean environment free of excreta and clean hands). In some cases, an affected population is aware of the importance of WASH and people engage directly in sourcing and paying for its services and consumables. In other instances, disasters and complex emergencies shatter regular coping mechanisms and leave households exposed to increased risk and a more proactive approach is required to ensure people can access critical services and progressively return their lives to normal.
UNICEF’s WASH in humanitarian action interventions are coordinated in respect to national and international standards. If national guidelines are not specific or extant, UNICEF, government counterparts and partners (through sectoral coordination platforms) reference the ‘Sphere Humanitarian Charter and Minimum Standards in Humanitarian Response,’ a useful framework around which to discuss standards and agree to targets with appropriate indicators.

During the response’s initial life-saving phase, attention is paid to immediate and direct relief, and beneficiary consultation may suffer as a result. Nevertheless, there is ongoing recognition that WASH messages, interventions and approaches must be consistent with long-term development interventions. This link is influenced by investments made during the preparedness phase that involve mapping local practices, preferences and culture. Once the transition from response to recovery is made, development-focused programming may begin in earnest.

**Hygiene**

WASH interventions sustain life and improve well-being by preventing hygiene-related illness including diarrhoeal diseases, pneumonia and other respiratory infections. An array of interventions, from ‘door to door’ communication to mass media campaigns, promote hygiene to greatly reduce the incidence of disease.

Hygiene promotion begins by identifying key messages and communication channels appropriate to the context and type of emergency. This powerful tool focuses on the most effective interventions, including handwashing with soap (HWWS), excreta disposal, household water treatment and safe storage (HWTS). Messages address local health risks and behaviour that may increase them, and channels are selected to target those most at risk. Preventing diarrhoeal diseases is a priority in an emergency’s first, life-saving stage. If necessary, people are informed how to use the facilities and materials are provided.

In emergencies, communication campaigns are often undertaken by hygiene or health promoters who speak with communities and families (especially women and caregivers) about how to keep themselves and their children healthy in difficult circumstances. As the response progresses, ongoing monitoring of messages, channels and motivating factors follow. Where possible, emergency hygiene messages are consistent with those used in long-term development programming and promote and reinforce cohesion. Ideally, they go hand-in-hand with other health-related messages that recommend, e.g., exclusive breastfeeding and insecticide impregnated bed nets for malaria prevention.

Global humanitarian partners recognise the paramount importance of hygiene promotion and developed an adaptable set of materials, training modules and reference tools to include best practices for implementing initiatives in emergency settings. This inter-agency ‘Hygiene Promotion Working Group’, in which UNICEF is an active member, undertook the project to fill a gap in adaptable, quality hygiene-related tools and materials at the global level. This work was originally completed in consultation with the Global WASH Cluster (GWC).

**2012 Emergency Hygiene — examples from the field**

- **Nicaragua:** In a post-flood environment, UNICEF supported hygiene promotion activities and training in the use and maintenance of water treatment kits (filters) for 4,222 families.
- **Ethiopia:** Key sanitation and hygiene messages reached over 3 million people on the prevention of Acute Watery Diarrhoea (AWD).
- **Kenya:** 380,000 people (38 per cent of the target) in cholera prone areas, including 29,000 school children, received hygiene promotion information and training to prevent illness, especially diarrhoea. This involved mobilisation of over 1,000 community health workers in ongoing training programmes conducted through the Ministry of Public Health & Sanitation, and in line with the National Community Health Strategy.
Sanitation

Excreta disposal is a critical WASH intervention for disease prevention (see ‘5F’ diagram). WASH facilities dealing with excreta disposal are also important for an individual’s dignity, especially that of girls, women and people with disabilities.

**Excreta must be contained in specific locations to avoid human contact.** Varied options in an emergency, many of which must be low cost, include shallow or deep trenches, family pit latrines and communal latrine blocks constructed of durable materials. UNICEF and its partners work with local populations using culturally and context appropriate designs and locations that meet minimum national or Sphere benchmarks.*

It is often difficult to provide sanitation facilities and services. The recommended ratio is one latrine for every 20-50 people,* and by nature they call for privacy and the erection of a structure around the option used. Additional privacy fencing around facilities for females is standard practice. Monitoring of open defecation is critical since the effects of poor sanitation may take several weeks to manifest as disease. By contrast, a lack of water is imminently life-threatening. Hygiene also plays a vital role in effective sanitation. Correct disposal of excreta must be followed by handwashing with soap (HWWS), which is critical to preventing disease.

UNICEF programming is linked to longer-term development, and planning usually begins early in a humanitarian response. Community Approaches to Total Sanitation (CATS), which are most often used in development contexts, have been an effective bridge between crisis and recovery.

The Pakistan Approach to Total Sanitation (PATS) is a robust example. The programme addressed the high rates of acute diarrhoea, providing or restoring sanitation to flood-affected areas with a focus on children and women and supporting the Government of Pakistan in reaching its MDG target while adhering to the Pakistan National Sanitation Policy. CATS can be varied and adapted to suit the context. Its main focus is at the community level and the achievement of Open Defecation Free (ODF) status without use of subsidies.

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**2012 Emergency Sanitation — examples from the field**

- **Libya:** In early 2012, UNICEF supported a total of 22,300 vulnerable, displaced people through the distribution of 4,050 family hygiene kits in and around the conflict-affected cities of Sirte and Bani Walid.

- **Liberia:** Through UNICEF’s support, about 45,000 (68 per cent) Ivorian refugees in camps and host communities now have improved sanitation, a much higher rate than the 18 per cent national average.

- **South Sudan:** Access to temporary, safe excreta disposal systems reached over 232,000 conflict-affected people (almost 93 per cent of the target) in Upper Nile, Unity, Jonglei, Central Equatoria and Northern Bahr el Ghazal states.

- **Myanmar:** 44,000 conflict-affected, displaced people (72 per cent of the target) were provided with sanitation access.

- **Sri Lanka:** Approximately 9,000 vulnerable people (45 per cent of the target), previously practicing open defecation due to a lack of or limited toilet facilities, gained access to improved sanitation facilities in conflict-affected Northern and Eastern Provinces.

*Sphere Standards, WASH chapter, p. 79, [http://www.sphereproject.org/resources/]
Water

UNICEF’s role in emergency water supply is critical, especially during the first 72 hours of a response. Safe drinking water is one of the most important elements to sustain and save lives, and water availability is essential for HWWS. For this reason, water is often the first WASH service provided during a crisis. In the first phase of an emergency, it may not be possible to meet all water requirements of a population. In such cases, a staged approach is adopted with initial efforts focused on meeting survival needs. The services are then gradually improved as resources allow.

Water is vital for the individual and plays a key role in siting formalised and spontaneous camps or settlements, allowing displaced communities a choice to stay in one place. If tapping existing water sources is not safe, does not cover needs or distribution systems are unreliable, other options are immediately considered. Water tankering, e.g., may be a short-term choice, although it is costly and unsustainable.

Once sufficient water quantity (including initial water safety) is established in the first hours of an emergency, water quality monitoring becomes a priority. Unsafe water’s severe impact on beneficiaries, especially children, makes water quality monitoring crucial. Various water treatment methods are available dependent on local conditions, preferences and resources. A combination of flocculants and chlorine are often used for mass treatment. Where appropriate, Household Water Treatment and Safe Storage (HWTS) interventions allow families at household level to treat their own water with water purification tablets or filtration. Chlorine tablets are an effective and common choice at the household level and presence of adequate residual ‘free chlorine’ is considered an appropriate proxy of water safety. Training and communication in local languages on available technical options is essential. A community’s resilience to future water shocks is strengthened as it gains knowledge about reasons and methods for effective HWTS.
Emergency WASH in schools, learning environments and Child Friendly Spaces (CFS)

In development or humanitarian contexts, WASH in Schools (WINS) is a microcosm of WASH interventions, and generally begins during the first three months of the emergency onset. In a CFS/learning environment, safe water must be in place and sanitation facilities (including handwashing stations and supplies) must be accessible, gender-segregated, culturally and age-appropriate and secure for all children, including those with disabilities. Hygiene education and promotion should start when the facility opens and form part of children’s daily routine. It must be reinforced through learning games and participatory activities.

Children have a naturally influential role and are in a position to effectively share WASH messages with family and peers. There is also an increasing recognition of Menstrual Hygiene Management (MHM) as a challenge in all contexts, and a push to tackle the issue in learning environments.

WASH as a service sector and entry point for cross-cutting issues

The integration of WASH into other sector responses reflects its wide contribution, both within UNICEF’s work in work with partners (e.g., WINS or in Health/Nutrition clinics). UNICEF WASH response always commences with measures to address life-threatening risks and population safety. As soon as possible, WASH activities are expanded to support integrated solutions and a complete WASH package.

WASH, alongside shelter and food, is often one of the first sets of interventions in any humanitarian action, and can serve as an entry point for other sector programming in emergencies. For example, water is often of utmost concern to displaced or returnee populations. Without a reliable source of water, people will move in search of a sustainable supply, making it difficult for other sectors to provide assistance. The rehabilitation of a village well or community water pumps in a post-conflict environment, for example, can present an opportunity for a return of basic services or peace-building/conflict resolution initiatives, gender inclusiveness and advantages for people with disabilities.

“HWTS interventions can lead to dramatic improvements in drinking water quality and reductions in diarrhoeal disease...”
World Health Organisation (WHO)
In supporting the basic rights WASH to affectees, UNICEF seeks to make these services available in gender sensitive and culturally appropriate ways. WASH accessibility among children, people with special needs, people with disabilities and people living with HIV/AIDS (who may require more water) remains a central challenge. Significant progress has been made to include flexible designs in development contexts (child-friendly toilets that include ramps and other considerations in school settings), but emergency response continues to fall short regarding accessibility and insufficient sanitation coverage to entire populations. UNICEF WASH works to support development of innovative solutions through Supply Division and externally with WASH stakeholders and the private sector.

Gender considerations are central to planning humanitarian WASH. Women and girls usually collect water, cook the family’s food, do the laundry, bathe small children and dispose of faeces. As a result they are disproportionately affected by a lack of WASH, and have a significant opportunity to influence their respective family’s WASH-related behaviours and practices.

Poor WASH has a disproportionate impact on girls, women and Gender-Based Violence (GBV). WASH facilities must be sited to minimise the potential for GBV and include security measures such as lighting, door locks and privacy fencing that completely shield users. There are especially affecting concerns for menstruating girls and women, and UNICEF has invested considerable effort into MHM in emergencies.

UNICEF and other agencies traditionally support MHM in emergencies by providing products and materials through various hygiene kits (including cloth and pads). In 2012, operational research showed that women

<table>
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<th>2012 Emergency Drinking Water — examples from the field:</th>
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<td>• oPt: Around 20,000 people in Gaza, 50 per cent children, now have access to water through the installation of four small desalination units, with the remainder to be served in 2013.</td>
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<td>• DPRK: In response to the July/August 2012 floods, access to safe water through gravity-fed water supply systems benefitted 25,000 people from two county towns.</td>
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<td>• Philippines: The response to Tropical Storm Washi continued in 2012 in Northern Mindanao, where 193,000 people (the target was 113,000) had access to clean and sufficient drinking water.</td>
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<td>• Djibouti: Some 120,000 people in the city of Djibouti and the five surrounding regions received water through trucking services. In addition, daily water distributions served 500 vulnerable households in informal peri-urban settlements.</td>
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<td>• Ethiopia: In 2012, UNICEF’s emergency water response activities benefitted an estimated 1 million people in 15 drought and flood affected areas. More than 350,000 drought-affected people gained access to safe drinking water through water tankering.</td>
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<tr>
<td>• Somalia: Over 950,000 people gained access to safe water. Beneficiaries included those from vulnerable communities – IDPs, school children and health and nutrition facility clients. Interventions included gaining access to sustained water sources through the construction and rehabilitation of water supply systems.</td>
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Point of Use Water Treatment and Safe Storage: Factors that must be considered in the promotion of Point of Use Water Treatment and Safe Storage (PoUWT&SS):

♦ Information must be provided in the local language, and people must be trained to undertake household water treatment. Follow-up support should be provided, along with monitoring and assurance that adequate equipment and consumables are available.

♦ The emergency uptake of PoUWT&SS is higher in countries with pre-existing programs, where educational and promotional materials in local languages are already in use and related products are familiar to local populations. They can be scaled-up in production to meet additional demand during a cholera outbreak (for more information on existing programs, see www.cdc.gov/safewater).

♦ Consistency is needed on messaging and agreement on residual chlorine levels, especially when high turbidity water is encountered.
and girls require a comprehensive package of culturally appropriate products, functional facilities and communication that can only be achieved through consultation with beneficiaries.

To clarify the issue and better respond to MHM in humanitarian crises, UNICEF WASH gathered feedback from affectees. Often a taboo subject, MHM research focused on analysing the special needs of menstruating women and girls by focus group and key informant discussions. The report showed that MHM is not often treated as a priority. Without a concerted effort to elicit female feedback, MHM will likely remain a hidden issue. A number of factors influence personal sanitary practices including cultural norms, affordability, access to facilities and water, the surrounding environment, information, handouts and the discussants’ daily activities. Several countries provided information for the report including Somalia, Haiti and the Philippines. The research also highlighted the need for cooperation to effect change among UNICEF’s WASH, Child Protection section, Supply Division and external stakeholders.

Monitoring

Historically, within UNICEF and externally, monitoring is widely recognized as the weakest link in any emergency response. UNICEF has recently invested and refocused on different elements of WASH monitoring in both development and humanitarian settings. A sector-specific Humanitarian Performance Monitoring (HPM) system, in use since 2011, was developed to help track the relationship between expenditure, supplies, service delivery and the end beneficiary. It includes a high frequency reporting mechanism and field monitoring to improve results on the ground by identifying and addressing bottlenecks and barriers in a timely manner.

UNICEF Supply and Local MHM Practice in Afghanistan:

Supply Division, in partnership with Programme Division (PD), initiated a rolling review of select existing emergency core supplies in 2012. One part of this review is a series of end-user surveys at country-level on their needs and adequacy of UNICEF supplies to meet those needs.

UNICEF Afghanistan has a solid foundation of past and ongoing MHM related activities. The review was conducted in concert with the Ministry of Education in Kabul and Jalalabad. The two evaluation objectives were:

- To have a more in-depth understanding of cultural preferences, challenges and coping mechanisms in emergencies
- To identify gaps in understanding in order to make hygiene kits more ‘fit for purpose’

All the communities visited were aware of sanitary napkins, but few could afford them. Among younger girls there was a clear preference for sanitary napkins rather than traditional menstrual cloths. Many girls shared their supplies of napkins and replenished them when possible.

The biggest challenge cited was the compulsory bathing after menstruation that is dictated by Islamic cleanliness requirements. A person cannot pray if not fully cleansed, and without private bathing facilities, many girls and women complained about missing prayers.

By collecting this type of information, UNICEF is working toward improved programming effectiveness and appropriateness of supplies.

For more information, please contact Tabinda Syed, tsyed@unicef.org
Additional training resources, incorporated in 2012, are comprehensive across a number of different functions. The resources outline the relationship between Monitoring of Results for Equity System (MoRES), used to track progress in UNICEF development programmes, the VISION computer system, cluster coordination milestone monitoring and field monitoring. UNICEF also undertakes Real Time Evaluations (RTEs) for large emergencies (from its Office of Evaluation) to confirm whether response/recovery programming is going well or if it needs additional support.

To augment monitoring capacity at field level, especially in complex security environments, UNICEF Country Offices increasingly turn to third party monitoring systems to capture and assess outcome-level results. This type of monitoring will significantly improve UNICEF’s ability to track field-level results, including gaps and bottlenecks that may exist, allowing UNICEF staff and implementing partners to take immediate action to correct problems mid-stream. Accountability to beneficiaries is improved by capturing and including feedback as part of this monitoring approach.

As Cluster Lead Agency (CLA) and participant in the IASC designated global WASH cluster (GWC), UNICEF frequently hosts Information Management (IM) Officers (working directly with the WASH Cluster Coordinator) whose data analysis data contributes to both the cluster/coordination platform as a whole and UNICEF’s own programmatic activities. UNICEF participates in the IASC multi-Cluster/Sector Initial Rapid Assessment (MIRA), Post-Disaster Needs Assessments (PDNA), Post-Conflict Needs Assessments, Damage and Loss Assessments (DaLA) among other collaborative processes.

### WASH as it relates to other sectors:

| Nutrition: | ♦ Safe drinking water reduces the incidence of disease and allows better nutrient absorption |
| Health: | ♦ Handwashing with soap at critical times reduces the incidence of diarrhoeal disease, pneumonia and other respiratory illnesses |
| Child Protection: | ♦ Separate sanitation facilities for girls and women promote dignity and reduce the possibility of GBV |
| Education: | ♦ Children need not spend large parts of the school day fetching water from great distances and have the time and energy to focus on school activities |
| | ♦ Hygiene in schools/learning environments/CFS reinforces life-saving WASH messages, which can also used in their own households |
| Cross-cutting issues: | ♦ Accessible latrines for people with disabilities promote dignity, inclusion and better mental and physical health |
| | ♦ Gender-sensitive WASH facilities/supplies (MHM) promote inclusiveness |

### UNICEF Monitoring Tools Available in Humanitarian Settings:

♦ Humanitarian Performance Monitoring System
♦ Third party monitoring
♦ Cluster milestone monitoring
4. PROGRAMMATIC CONSIDERATIONS FOR HUMANITARIAN WASH IN CHALLENGING CONTEXTS

Urban WASH

Urban WASH continues to pose a significant challenge, especially in sanitation. The difficulty exists on a technical, sector-wide level. Emergency sanitation is a problem where there is insufficient space in which to install emergency latrines, and where it may be difficult to dig pit latrines on paved surfaces or on top of hazardous materials, such as pipes or wiring. Water tankering presents a problem as do safety risks in crowded urban areas where smaller trucks with proportional capacities may be needed (Port-au-Prince after the 2010 earthquake). Piped water systems, many of which are owned or operated by the private sector and were inoperable and unsustainable prior to the crisis, take significant time to repair or rehabilitate. To better engage with the larger ‘urban sector’, UNICEF, with UNHABITAT and UNHCR, has launched an initiative to guide and facilitate emergency WASH in urban settings, defining operational frameworks and exit strategies.

As the rate of urbanisation increases globally*, there is an increasingly urgent need to improve and expand capacity in emergency contexts and in stable situations. In Eastern and Southern Africa, for example, 50 per cent of the regional population now live in urban areas and 80 per cent of urban growth is informal and in low-income countries***. By 2005, the proportion of people living in urban settings reached 50 per cent and by some estimates, 80 per cent of 2030’s urban populations will live in the developing world by 2030**.

There are large disparities within urban areas (WASH, health, nutritional status, poverty and housing) and planning and infrastructure is often inadequate to support new migrants. Poor environmental protection include household sanitation, poor drainage and waste management and unreliable and expensive water supply. Given cities’ inherent crowding, a disaster, such as a cholera outbreak, can have a massive impact. In an unfortunate example, cholera broke out in Freetown in 2012 and spread along rivers and coastal areas.

Humanitarian needs triggered engagement in urban WASH in Somalia, where IDPs often flee to urban areas seeking safety. With the threat of a 2011 cholera outbreak, activities focused on measures to reduce the risk of cholera transmission. The lessons learned included the need to identify an exit strategy from emergency service provision very early on, build capacity for sustainable action in emergency response and engage with the private sector. Better urban sanitation resources needs and more analysis of urban WASH needs in an emergency were apparent. UNICEF Somalia has also had some success in creating Public Private Partnerships (PPP) for urban water supplies in 16 towns (2004-2016) where government capacity is lacking.

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*** Augustijn et al. 2009, UNICEF ESARO presentation
**WASH in protracted emergencies and in ‘fragile states’**

Emergencies vary in nature and scope, and require particular types of responses. Many need prolonged humanitarian support over several years. Severe drought, long-term conflict and chronic political instability are factors that may contribute to a ‘fragile state’ label. Countries with poor infrastructure and collapsed service delivery systems require greater investment and redoubling of WASH sector efforts. These are needed for WASH to meet its ambitious programmatic results, and because WASH plays an important role in other sectors’ successful outcomes (e.g., WASH is a key element in children’s educational spaces). In fragile countries, humanitarian and development programming must be in tandem, and each must inform the other within and across sectors.

**WASH emergency response and its link with development**

Depending on the magnitude of the emergency, the scope of a response ranges from an emergency programme running parallel to existing development activities, to a humanitarian action focused on a specific geographic location. In extreme cases, development activities must be suspended and all UNICEF assets and staff are reoriented to respond to a rapid onset crisis. While responding to the critical initial stage of an emergency, usually up to eight weeks after the event, extended planning and recovery measures are often triggered concurrently. UNICEF’s presence before, during and after the emergency provides an advantage by integrating these considerations into response design. Medium and long-term vision and planning promotes recovery and sustainability, and hopefully future community resilience to similar shocks.

The area of overlap between humanitarian action and development work can be articulated and approached in a number of ways – by building community resilience, through disaster risk reduction (DRR), preparedness and contingency planning and climate change adaptation. Ultimately the key is the adoption of risk-informed approaches within design, planning and programme implementation.

These links are best forged by:

- Investing in preparedness and response improvement during development
- Using the same approaches, messages and technologies as those in development, improving overall effectiveness increases (e.g., in HWTS, HWWS, cholera response, WINS etc.)
- Building government and counterpart response capacities in advance of a crisis, thus promoting their resilience and reducing the need for external support

**Emergency preparedness and disaster risk reduction**

Although significant attention is given to response and recovery, there is increasing recognition and focus on preparedness and incorporation of risk-informed programming into non-emergency work. Annual preparedness plans are made at country level with government counterparts and partners, and seek improved national capacity to respond to humanitarian situations. Partnerships play a critical role in planning, including: sharing resources (e.g., pre-positioning of supplies), disseminating information and identifying roles. All of this interaction and mapping feeds into cohesive responses.

UNICEF has started incorporating DRR measures across its WASH programmes. By elevating the height of water pumps in flood prone areas, for example, contaminated flood water is prevented from entering a well, preserving better quality water in the following weeks and months.

Partnerships built in advance (with firm commitments and defined scopes of joint action) reduce delivery times and improve emergency response. While emergency preparedness may be associated with stockpiling supplies and response implementation, operational readiness is equally or more important for immediate service delivery. The need for quick reactions must be balanced with adequate financial oversight and predictable capacity. Some high-risk COs are creating ‘pre-certified’ agreements with strategic partners that can be easily drawn upon when a crisis occurs, allowing a focus on response. Madagascar, Philippines, Pakistan and Zimbabwe, e.g., use pre-certified agreements in innovative ways.
Bolivian coordination for disaster preparedness

In addition to the impact that the ‘El Niño’ and ‘La Niña’ cycles impose, Bolivia suffers from the consequences of climate change. Rural populations are especially vulnerable. Floods, mudslides, landslides, cold waves and droughts have caused displacements and massive damage to housing, infrastructure, agriculture, potable water and sanitation services.

To strengthen national preparedness and coordination in 2012, the emergency WASH sectoral group – under the leadership of the Vice-Ministry of Water Resources and Irrigation (Ministry of Environment and Water) and co-chaired by UNICEF – developed contingency plans based on the identification of the four most likely emergency WASH scenarios for Bolivia. The plan focusses on specific WASH protocols and coordination mechanisms to be followed in compliance with government actions at national and sub-national levels, along with other sector responses. Human resource capacity is an important activity and the sectoral group maintains a roster with approximately 50 trained experts to draw on in a disaster.

Moving forward, the major challenges are:

- Agreement upon indicators for the four scenarios within the contingency plan
- Analysis and mapping of sub-national capacity for response with local resources
- Strengthening information generation mechanisms
- Developing a strategy to better engage with the local level
- Completion of a simulation of one scenario
- Establishing an information platform
- Development of a gap calculation and monitoring tool for response

For more information, contact Koenraad Vancraeynest, kvancraeynest@unicef.org

Other environmental concerns

In emergencies, UNICEF focuses on interventions, including WASH, that have the greatest impact on children’s health and wellbeing. Other aspects of the physical environment are recognised as important for health (e.g., drainage, solid waste collection), but these additional interventions are often a secondary priority. Engagement in these aspects of emergency programming is determined on a case-by-case basis and is only tackled if the highest priority activities, including the commitments specified under the CCCs or UNICEF’s mandate, are not compromised and there are adequate resources.

<table>
<thead>
<tr>
<th>Pre-Certified (stand alone) Agreement</th>
<th>Pre-Certified Clause within regular Agreements</th>
</tr>
</thead>
<tbody>
<tr>
<td>✦ Signed in advance (saves time)</td>
<td>✦ Part of regular partnerships (builds on existing relationships)</td>
</tr>
<tr>
<td>✦ Based on agreed scenarios, establishes generic interventions and caseloads against the CCCs (additional details to be specified upon activation)</td>
<td>✦ Capacity building for humanitarian purposes as part of regular work-load (integration of preparedness into development)</td>
</tr>
<tr>
<td>✦ Needs a clear activation procedure, such as letter exchange (to reduce confusion)</td>
<td>✦ Needs activation procedure (to start the ‘emergency component’)</td>
</tr>
<tr>
<td>✦ Demands a ‘two-way’ investment: information sharing, update on stand-by capacities (to maximise benefits)</td>
<td></td>
</tr>
</tbody>
</table>

| 20 |
5. SECTOR COORDINATION FOR HUMANITARIAN WASH

Effective coordination maximises resources and improves efficiency. By working with government counterparts, partners and stakeholders, UNICEF leverages its resources and reaches a far greater number of people than if it worked alone. At the same time, through contact and collaboration, agencies with a particular focus can avoid duplication of work and resources and ensure that under-served areas receive assistance when and where needed. Coordination platforms bring sector stakeholders together for collective action, a division of labor, information dissemination, alignment of approaches and resource sharing. The net result of the coordinated response should exceed the sum of the individual agency components.

WASH sector coordination in humanitarian action represents a substantial responsibility at the country level. It requires funds and a sizable amount of skilled and experienced professional staff time. In larger emergencies, dedicated staff are often posted to a CO, allowing a better distribution of the additional work. When needed, UNICEF WASH staff accept extra tasks (mainly in cases where the humanitarian crisis is short-lived, relatively small, at sub-national level or where coordination is supervised remotely). In large WASH programme countries (e.g., DRC and Ethiopia), a large humanitarian-focused programme is the norm and dedicated coordination capacity runs concurrently with the development programme.

UNICEF’s priority is to build the capacity of national institutions and promote their leadership in WASH coordination, preparedness, response and recovery. UNICEF often leads or plays a significant role in a country’s national WASH coordination. In 2012, UNICEF led or co-led coordination of the WASH sector (all types of coordination platforms) in 64 emergencies.

The ‘Cluster Approach’

There are many different models for country level coordination. The Inter-Agency Standing Committee (IASC) ‘cluster approach’ is one such example. Beginning in 2006, UNICEF has undertaken the role of WASH Cluster Lead Agency (CLA).

The ‘cluster approach’ is simply an approach that encourages agencies to collaborate with one another and share information. The ‘cluster’ is not a separate organisation with resources and assets, but a mechanism for cooperation supported by participating agencies.

Unique ‘cluster approach’ in the Philippines enables more timely assistance to affected populations

Globally, the Philippines is one of the most disaster-prone countries, with a number of typhoons moving through the region annually. As early as 2007, the Government of the Philippines’ (GoP) Philippine Disaster Management System institutionalised the cluster approach to ensure a coherent response based on predictability, accountability, inclusivity and partnership. Under the Department of Health (DOH) leadership and co-led by UNICEF, the WASH cluster recently agreed on a common future vision for resilient communities able to efficiently manage the WASH-related impact of disasters and emergencies. The 5-year strategic plan prioritises capacity development for coordination, information management, advocacy and resource mobilisation.

For further information, please contact Rory Villaluna, washccph@gmail.com

2012 examples of WASH sector coordination at country level:

- **Nicaragua**: UNICEF played an important support role in damage assessment and demand analysis after Tropical Depression 12E hit the country. Once needs were prioritised, UNICEF helped facilitate the Humanitarian Network NGO response through the close coordination of activities.

- **Haiti**: WASH cluster partners responded to more than 34 cholera episodes countrywide. With UNICEF support, DINEPA (Ministry of Water) created an operational sectoral Emergency Response Department, finalised seven departmental contingency plans and trained national officials across ten regions, which reinforced emergency response at the local level.
The cluster approach is used when a government has a limited capacity to handle a large influx of implementing partners on the ground. Where there is government-citizen hostility, the cluster interfaces between humanitarian actors and authorities. In all cases, the cluster approach should represent a stepping stone toward national management.

At the global level, the Global WASH Cluster (GWC) is one of several platforms in which UNICEF participates. Agencies contribute to the cluster mechanism with staff time, fundraising and hosting deployable staff, on behalf of the collective group. UNICEF hosts the GWC coordinator and six of nine deployable professionals for coordination and technical and information management functions. The remaining three are hosted by other participating agencies.

Along with other global clusters led by UNICEF, staff supporting the GWC in day-to-day operations made a smooth transition from Programme Division (PD) in New York to Geneva, under the Office of Emergency Programmes (EMOPS), establishing the ‘Global Cluster Coordination Unit’. The 2012 move enhanced synergies between different cluster mechanisms and increased the uniformity of approach across sectors.

In 2012, the agreed priority of the GWC partners focused on supporting national WASH coordination platforms with ‘operational support’ and ‘improved preparedness’. Under the GWC umbrella, human resources can be deployed to any country-level WASH coordination platform and are not limited to emergencies using a formal cluster approach. The Rapid Response Team (RRT) is one such resource.

Under GWC auspices, participating agencies undertook a major review of information management (IM) tools, practices and requirements. The work reflected a ‘bottom up’ approach, with the aim of determining IM tools and skills that are required at national level. The review captured over 70 positive examples from field adaptations, complemented by a user survey.

The conceptual analysis is complete and subsequent work will focus on practical guidance for national IM staff. Based on a comprehensive consultation, GWC partners undertook a strategic planning exercise for a suitable Knowledge Management (KM) system. From the agreed outline, activities and definition of resource requirements are underway.

### Humanitarian Platforms in which UNICEF participates

- Emergency Environmental Health Forum (EEHF)
- Sustainable Sanitation Alliance (SuSanA)
- The Hygiene Promotion working group
- The Global Public Private Partnership for Handwashing (PPPHW)
- Sphere Project

### Global WASH Cluster Strategic Plan 2011-2015: Outcomes

1. Effective coordination and capacity of the Global WASH Cluster
2. Timely operational support to national WASH clusters as needed
3. Improved emergency preparedness of WASH stakeholders
4. Use of ‘Accountability and Learning’ to facilitate effective WASH cluster action
5. Operational advocacy for WASH as an essential part of humanitarian response and communication in both emergency and development
2012 Humanitarian WASH in a Nutshell

In 2012, UNICEF WASH humanitarian action helped an estimated:

- 17.1 million people maintain or gain access to potable water supplies
- 4.5 million people gain access to sanitation facilities

While not every emergency to which a UNICEF country office responds has a WASH component, 72 reported they did in 2012. UNICEF expended significant time and resources on various complex nutritional and cholera crises, most significantly in the West Africa and Sahel regions. Food security and nutrition crises also affected the Horn of Africa region and additional countries, including Angola, where WASH was a critical programming component.

In the regional transformation of the ‘Arab Spring,’ UNICEF continues to support WASH in affected countries. In 2012, UNICEF provided WASH leadership and sector coordination to the ongoing Syrian conflict, in close collaboration with UNHCR. This included support within Syria and surrounding refugee-hosting countries. Other responses included population displacements in South Sudan, the DRC, Mali and Myanmar and numerous responses within Pakistan and to repeated typhoons in the Philippines.
6. UNICEF CAPACITIES SUPPORTING HUMANITARIAN WASH

Supplies

For humanitarian situations, UNICEF maintains a global stock of lifesaving supplies (Emergency Supply List (ESL)), including WASH-specific items available for use by UNICEF COs. Based in Copenhagen, UNICEF’s Supply Division (SD) manages a pool of regional hubs where materials are stored and ready for deployment. For humanitarian action, the SD’s performance benchmark is delivery within 72 hours to the port of entry in-country. Due to the high costs involved in rapid distribution, the airfreight option is used sparingly.

Developed in close collaboration with PD, the ESL includes 126 programme support items that are maintained at all times in UNICEF or supplier warehouses. It can provide lifesaving relief items to meet the needs of 250,000 people.

Local procurement, stockpiling and end-user feedback are encouraged in order to make the best use of funds, hasten turn-around times and respond in culturally sensitive ways. When ESL items are available in-country, the shift to local procurement and stockpiling (where suitable) boost local, regional or national economies. CO supply staff work on access and distribution with respective WASH colleagues in the planning and preparedness phase to set up agreements with potential vendors, the government and other partners.

In 2012, UNICEF procurement reached a value of $2.38 billion (excluding international freight), of which $47 million was for WASH related items. Local procurement accounted for 70 per cent of WASH supplies with the remainder coming from offshore sources through SD.

Human resources and capacity building

Overall, UNICEF’s WASH programme is highly decentralised: 94 per cent of all staff and 98 per cent of expenditure is devoted to programme activities at national and sub-national levels. In an emergency response, UNICEF COs have primary responsibility for action and resource mobilisation. Depending on the magnitude, the Regional Offices (ROs) and Headquarters (HQs) provide additional support where needed.

When additional human resources are needed to cover an emergency response, UNICEF relies on three modalities for deployment:

- Temporary re-deployment of staff on mission (from other UNICEF COs, ROs or HQs)
- External recruitment (for which there is a globally managed roster with over 400 candidates who have been vetted and technically cleared through UNICEF as suitable for deployment for technical or coordination functions)
- Standby agreements with partner agencies to provide support on a pro bono basis

WASH surge support is increasingly streamlined. Twenty-four country offices benefitted from the close working relationship between WASH and the Division of Human Resources (DHR) to strengthen the pool of pre-cleared candidates in the Global Web Roster and expedite recruitment of WASH (and other) fixed-term positions. Almost 23 per cent of the total number of people on the UNICEF roster are WASH professionals.
In 2012, UNICEF continued to supplement response capacity in countries through surge deployments that included the posting of 81 professionals, 46 supporting UNICEF programmes, 35 supporting WASH clusters and other coordination mechanisms. In addition, 17 deployments were made by the nine members of the GWC RRT, including Information Management Officers.

Other specific DHR projects in 2012 focused on Arabic speakers in advance of Syria being declared a Level 3 emergency. One hundred and eighty of the 282 surge assignments came from the WASH Roster, including 55 from the WASH list. As a corollary benefit, the Roster helped fill 11 fixed-term placements.

UNICEF continues to develop existing staff capacity through the roll-out of the WASH in Emergencies (WiE) course, which covers key components of emergency response and coordination. Its purpose is to ensure that UNICEF staff (primarily WASH, but other sectors and partners also benefited) is soundly grounded in current operational system options. This helps build staff confidence for delivering services during humanitarian crises, and gives participants a better understanding of UNICEF’s role, responsibilities and operations in emergencies. By the end of 2012, over 250 UNICEF WASH professionals completed the course.

Following considerable positive feedback from standby partner participants for whom UNICEF systems are new, the course was adapted in 2011 to serve as orientation. It is designed to ensure that secondees are ‘UNICEF savvy’ from their initial arrival in-country and can immediately add value. The course is open to wider WASH stakeholders who gain a deeper understanding of UNICEF’s delivery mechanisms, develop better structured expectations and demand greater accountability from UNICEF staff. Course completion identifies potential secondees who might be selected for emergency missions within UNICEF WASH and external applicants to UNICEF vacancies. WASH has worked with the Government of Sweden to support this adapted training by funding an annual training event in Sando, and we are considering facilitating a southern edition in Australia.

**Expenditure & fundraising**

UNICEF raises resources from government donors (through bilateral annual commitments or programme-specific proposals), National Committees (NatComs) and private donations. In an emergency, various internal and external mechanisms used to mobilise resources include: a CO diverting regular resources (RR) for emergency programmes; a country requesting a ‘loan’ from UNICEF’s Emergency Programme Fund (EPF) to bridge the time between donor pledges and funding receipt; NatComs and UNICEF headquarters raising funds from private sources; COs participating in consolidated appeals (CAP) and Central Emergency Response Fund (CERF) processes with partners and other stakeholders.

In 2012, UNICEF spent $380 million supporting WASH activities, including $146 million for emergency response and coordination that represented 39 per cent of the year’s WASH expenditures. **This was the tenth consecutive year that emergency programming was at or near 40 per cent of the overall WASH programme.** In 2012, UNICEF supported humanitarian WASH responses in 72 countries, including ten countries in which expenditures exceeded $4 million. For the third successive year, Pakistan had the greatest WASH expenditure of any single country.
The three largest donors for emergencies (by Other Resources Expenditure (ORE)) were: the governments of Japan, at $16.1 million; the United States, at $15.1 million and the European Union, which was one of the top three donors for WASH development funding, at close to $10 million. While these numbers represent OREs raised specifically in response to an emergency, they do not represent the full picture. UNICEF also diverts considerable RR, or Other Resources–Regular (ORR), for emergency programming. The humanitarian work expenditure is considerably higher when reoriented staff spends time away from planned work (see table).

Over 2012, the highest emergency WASH expenditure occurred in two UNICEF regions: Eastern and Southern Africa at $36 million, and West and Central Africa at $30 million. Additional examples of large expenditures in 2012 included extensive interventions in the Middle East (including Yemen and Syria), continued support to Haitian families affected by the 2010 earthquake and cholera outbreak and population displacements in South Sudan and DRC. Outside of such large responses, in 2012 UNICEF continued to mount smaller but critical emergency interventions in many other countries around the world, including the flooding in Nicaragua in 2012.
7. CHALLENGES

Future challenges lie ahead for UNICEF emergency WASH work. Some are systems and operation-related, while others are technical and require sector-wide discussion on moving forward. Capacity building remains a challenge on several fronts, including identifying sufficient funding to invest in human capacity and preparedness. Fully meeting an emergency’s CCCs requires attention and increased resources prior to the crisis. We cannot meet high expectations for service delivery during a response unless we focus on consensus in response planning, strengthening national preparedness systems and partnerships and building local and organisational response capacity (including human resources, procurement, roles and responsibilities).

Specific attention must be paid to the need for qualified staff in hygiene promotion. In spite of the growing interest in hygiene in humanitarian settings, there is a dearth of professionals with the needed skill-set, resulting in a constraint for all agencies within the sector. Ongoing investment is needed for training, maintenance, human resource roster management and programme coordination and implementation. We must highlight our need to expand talent pools and expedite external recruitment, strengthen capacity of internally deployed staff and increase use of standby secondments and internal redeployment of UNICEF WASH staff to programme and coordinate functions.

Cholera, which can be treated if caught early, poses a serious threat in many parts of the world - especially in the West Africa region where there were many outbreaks between 2010-2012. A breakdown of systems to prevent cholera has exacerbated the problem, and it must be considered a sentinel indicator of WASH deficits. Combined with other crises, such as the Sahel food security and nutrition disaster, the disease presents a formidable problem. On the positive side, UNICEF’s HQ, ROs and COs have done a tremendous amount of work on cholera treatment and prevention through cross-sectoral collaboration, and have rationalised best practices into easy-to-use guidance and support.

Service delivery to people and children with disabilities is always difficult in humanitarian settings and despite available technology and designs, there is significant room for improvement. UNICEF works with the other WASH agencies to address ongoing gaps.

Menstrual hygiene management is an area of considerable concern within UNICEF’s programming in humanitarian and development contexts. In spite of recent operational research, UNICEF needs more guidance from women and girls to help define their needs and cultural practices. WASH is working with Child Protection and SD to better engage women and girls so we can increase understanding of these issues.

Few WASH agencies are equipped with appropriate skills and technical expertise to contribute on a large scale to urban humanitarian WASH. This is particularly true for urban emergency sanitation, where space constraints and restricted access to service facilities is a common problem. The sector’s default use of emergency pit latrines is frequently inappropriate due to regulations, paved surfaces or sub-surface infrastructure including water mains, powerlines and drainage. In an effort to better engage with the larger ‘urban sector,’ UNICEF, with UN HABITAT and UNHCR, has started an initiative to guide and facilitate emergency WASH in urban settings, define operational frameworks and exit strategies and map skill sets and key urban stakeholders for better engagement.

Progress has been made toward comprehensive or integrated programming, for which longstanding goals remain valid. Preparedness and risk reduction provide opportunities for enhanced inter-sectoral dialogue. Stronger linkages between humanitarian and development approaches offer further channels for enhanced resilience and greater sustainability.
8. FURTHER READING AND RESOURCES

- UNICEF WASH in Humanitarian Action internet page
- UNICEF WASH Annual Report
- UNICEF WASH in Humanitarian Action intranet webpage
- UNICEF Core commitments for children in humanitarian action
- UNICEF WASH for Schoolchildren in Emergencies, A Guidebook for Teachers, 2011; Associated flashcards (Africa, Latin America)
- UNICEF YouTube channel and Newslines
- UNICEF Programming in Unstable Situations
- UNICEF Cholera Toolkit
- UNICEF Humanitarian Performance Monitoring Training Resources
- UNICEF Compendium of Designs of WASH in School Facilities in Emergencies
- Menstrual Hygiene Management in Emergencies: Taking Stock of Support from UNICEF and Partners
- The Sphere Project
- Hygiene Promotion in Emergency Resources
- Excreta Disposal in Emergencies
- Minimum Standards for Education: Preparedness, Response, Recovery (INEE)
- IASC Transformative Agenda

For additional details, please contact:

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9. CASE STUDIES

Pakistan:
The Humanitarian — Development Nexus in Pakistan: Scaling-Up the Pakistan Approach to Total Sanitation (PATS) in Flood and Polio Affected Areas

Syria:
Using Water Vouchers for Syrian Refugees

Angola:
Integrating WASH Behaviour-Change into the Angolan Nutrition Crisis Response

Cholera:
UNICEF’s Global and Regional Initiatives to Address Cholera

Democratic Republic of Congo (DRC):
WASH in a Complex Operating Environment

West Africa:
Humanitarian WASH in the West Africa Region in 2012
The Humanitarian — Development Nexus in Pakistan: Scaling-Up the Pakistan Approach to Total Sanitation (PATS) in Flood and Polio Affected Areas

In 2010, Pakistan experienced unprecedented flooding that devastated large areas of the country and directly affected 20 million people. The incidence of WASH-related diseases among the affected population rose alarmingly. As a result, in the first quarter of 2011, there were over 700,000 reported cases of acute diarrhea, mostly in children and women. Severe respiratory infections, skin diseases and suspected malaria also became leading causes for medical attention in the flood-affected districts.

In the context of this terrible flooding, UNICEF, its implementing partners and the Government of Pakistan jointly initiated a rural sanitation programme (the Pakistan Approach to Total Sanitation (PATS)). Between October 2010 and October 2012, PATS reached more than 7.4 million people. Highlights include a comprehensive approach to sanitation, strong partnerships and collaboration with stakeholders including the Government of Pakistan and robust third party monitoring.

Programme & Monitoring

In addition to having a government-lead sanitation policy and framework in place, several tools operationalised PATS: Participatory Rural Appraisal (PRA) for demand-creation, Community Led Total Sanitation (CLTS) and School Led Total Sanitation (SLTS). They focused on respect, dignity and pride as motivations for change. The programme promoted the use of safe hygienic latrines and improved hygiene behaviours through IEC campaigns and supported establishing markets for low-cost sanitation goods and services. Trained masons demonstrated latrine construction to showcase low cost options. The programme also included pilot projects to demonstrate decentralized, constructed wetlands to attain 100 per cent drainage and wastewater treatment in select villages.

A wide variety of stakeholders facilitated the implementation of PATS at scale, including all levels of government, local civil society organisations, INGOs and most importantly community members. Plan International was contracted to carry out the programme jointly with local NGOs, while UNICEF’s role focused on overarching programme management, monitoring, strategy development and technical advice.

UNICEF further contracted WaterAid to independently monitor all programme processes in real time at village level, using a variety of tools. This allowed identification of key bottleneck factors and regularly triggered corrective action when and where implementation processes were insufficient.

Results

Now completed, some of the impressive results for the PATS programme exceeded their targets:

- 5,245 villages were declared/certified ODF—the initial target was 4,154
- The population in those villages declared/certified ODF was 7.5 million — the initial target was 5.6 million
- 6.26 million people were reached with appropriate hygiene messages
- 3,983 demonstration latrines were constructed
- There are 113 facilitated sanitation marts now operating
- There were 16 wetlands including sewer lines constructed
- There were 742,000 households that had soap somewhere in their dwelling

Next Steps

Going forward, UNICEF Pakistan will work on scaling up the programme to address the 2012 Monsoon flood that displaced more than 5 million people. Provincial governments will increase here will be increase ownership, including ongoing real-time output and process monitoring (for MoRES).

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Using water vouchers for Syrian refugees

In partnership with UNICEF, Action Contre la Faim (ACF) began using a voucher-based distribution system in April/May 2012, for Syrian refugees fleeing from the ongoing conflict in the North Bekaa Valley of Lebanon. The system was successful not only for water, but also for food distribution. A number of refugee families received water vouchers for about three months. The quantity of water was based on an average need of 15 litres per day per person, with an average of five people per household (Sphere).

- Each family received one voucher worth 1,000 litres of drinkable water on a bi-weekly basis
- The distribution of vouchers was based on household-level needs assessments
- Those households without water storage facilities also received water containers

The vouchers were redeemable by phone. On the back of each voucher were the telephone numbers of local water trucking companies that beneficiaries called when they needed water delivered. The providers were paid monthly against the number of vouchers they redeemed.

The advantages of a voucher system are:

- Vouchers are nominative and numbered and are, thus, easy to track and reconcile (between the vouchers distributed and those redeemed), providing a high level of accountability
- Vouchers avoid cash transactions so there is no risk to the beneficiary of carrying cash and just a small possibility of fraud
- The vouchers’ face value is low enough to discourage trading it in for cash (a market rate of $20 for 1,000 liters) and it can only be used with a limited number of suppliers
- A voucher system does not require a massive investment in human resources
- Once the selection of beneficiaries and the distribution of vouchers is completed, the system becomes mostly self-sufficient and post-distribution monitoring can be combined with other field activities
- Over 95 per cent of the vouchers distributed were redeemed, with anecdotal evidence suggesting they were used within two to three weeks of distribution

The challenges and proposed remedies were:

- When providers did not deliver water on time, beneficiaries were given the local NGO’s telephone number for ‘customer care’ service
- Beneficiaries were able to use the measurements on distributed water containers to confirm the amount of water delivered in order to ensure that providers resisted the temptation to distribute less than 1,000 litres of drinkable water on a bi-weekly basis
- While some providers submitted their vouchers late at first, anecdotal experience suggests that most were eager to receive regular payments and caught up with the system quickly
Integrating WASH behaviour change into the Angolan nutrition crisis response

**Nutrition crisis**

In addition to poor WASH conditions across much of the country, Angola suffered a food security/nutrition crisis similar to the West Africa region’s crisis over the last few years. Following a 60 per cent rain shortfall, the 2011-2012 agricultural seasons resulted in drought and crop production fell 30 per cent. Mostly women traveled 2 – 40 km daily to fetch drinking water, often by foot.

In response to this crisis, WASH coordinated with UNICEF Health and Communication for Development units to:

- Propose a minimum package of WASH interventions at Nutrition Treatment Centers and Health Units for In-Patient care (IPF), at community level for Out-Patient care (OPF) and in high-risk communities
- Develop IEC materials with key hygiene messages in support of WASH packages
- Procure 10,000 bottles of bleach for Nutrition Treatment Centers in the four most-affected provinces, along with guidelines for drinking water’s correct treatment on the correct treatment
- Continue advocating with national and provincial counterparts for robust water supply interventions

The integrated response has had an impact on implementation and capacity for future crises:

- Treated water is used to prepare therapeutic milk (for children) and Oral Rehydration Salts (ORS)
- Training for Community Management of Acute Malnutrition (CMAM) includes a specific WASH component
- CMAM training has been completed by 350 health workers and over 2,000 community mobilisers

While current rainfall seems to have closely returned to expected levels and crop yields look promising, there are ongoing concerns about population resilience and the sustainability of integrated nutrition interventions.

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UNICEF’s global and regional initiatives to address cholera

Cholera is on the rise globally, with an estimated 1.4 billion people at risk in countries where it is endemic. Recent WHO estimates show up to 4.3 million cases of cholera annually result in as many as 142,000 deaths, and that children under five account for about half of these deaths. In 2011, the global caseload was the highest in 20 years (The Global Burden of Cholera, WHO, 2012).

Cholera outbreaks provide a particularly challenging context, although prompt action results in lower mortality rates. Prevention can be achieved through a combination of interventions in WASH and health during the development or preparedness phase, when there is no outbreak.

UNICEF’s multi-sectoral programmatic approach has the potential to bring together all sectors dealing with child health and wellbeing. Many country programmes work across the development – humanitarian spectrum, providing an opportunity for capacity building through risk-informed programming and preparedness. Recognising the need for action and building on past work, UNICEF WASH invested significant resources in cholera response and prevention initiatives in 2012 by:

- Creating a global level ad hoc agency-wide Cholera Support Team
- Developing a UNICEF Cholera Toolkit providing single source of information for staff, partners and other stakeholders to prevent, respond to and control cholera. While it mostly concerns WASH and health, specific references are made to education, nutrition, C4D, child protection and other relevant sectors
- Launching an initiative to introduce the use of Oral Cholera Vaccines (OCVs) within an integrated approach

Close collaboration between Health and WASH is essential when cholera cases begin to emerge in a local health system. Existing health surveillance systems direct the location, speed and type of WASH intervention including:

- Personal and food hygiene
- Water safety and security
- Appropriate excreta disposal methods
- Ensuring appropriate interventions in health facilities and schools/CFS
- Other public facilities and social gatherings for infection control

Year round, this close collaboration develops risk reduction strategies, preparedness planning and regular programming. Responses include the use of mobile and community rapid response teams, cross-border coordination (where relevant) and significant integration across sectors.

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Democratic Republic of Congo (DRC):
WASH in a complex operating environment

In conjunction with partners, UNICEF employs a number of mechanisms for emergency response in DRC. One innovative mechanism is the Rapid Response to Movements of Population (RRMP). WASH is one of the components of this multi-sectoral initiative. Based on vulnerability assessments, RRMP is a rapid response mechanism in four provinces in the east of the DRC where there is poor WASH and high levels of displacement (currently 2.6 million IDPs). Less than half of the DRC population has access to potable water, and only one in seven people has access to an improved latrine. In 2012, this dearth of WASH systems and supplies resulted in the country’s worst cholera epidemic, which affected nine of eleven provinces, more than 32,000 cases and approximately 800 deaths.

The RRMP represents the largest multi-sectoral response in DRC and is anchored in two core objectives:

- **Surveillance and information** to guarantee situation monitoring and early warning via rapid sector-specific or multi-sector assessments in areas affected by displacement and/or return

- **Response** to ensure that vulnerable people affected by displacement and/or return are assisted by multi-sector emergency response through rapid interventions in three UNICEF core sectors: WASH, Non-Food Items (NFI) / emergency shelter materials and emergency education, with Health now under a pilot project

RRMP programme strength is its ability to incorporate innovative pilot activities within an ongoing response programme, effectively making it an active ‘laboratory’ for new approaches (e.g., cash/voucher approaches, the use of mobile technology for data collection and hand-dug wells in emergency).

The RRMP ‘vulnerability approach’ leads to improvements in selecting beneficiaries and permits inclusion of host families, thus integrating displaced people into an existing community coping mechanism.

**2012 Results**

In 2012, the WASH emergency program targeted cholera and conflict-affected areas and communities with critically poor access to WASH.

This resulted in total of **3,335,575 people benefiting from these interventions**. In the 4 provinces of Nord Kivu, Sud Kivu, Orientale and Katanga, the RRMP assisted:

- **487,904 conflict-affected people, who were provided with access to minimum WASH package interventions** including emergency and durable water supplies, showers, emergency toilets, semi-permanent toilets and hygiene

- **577,465 cholera-affected people with a minimum WASH package** in 4 provinces: Nord Kivu, Sud Kiva, Province Orientale and Katanga
Administration

In four provinces (North Kivu, South Kivu, Province Orientale, Katanga) the RRMP mechanism is co-led by UNICEF and OCHA, with direct implementation by six NGO partners including IRC, AVSI, Solidarités, NRC, Save the Children and Merlin. Donors and the UN Humanitarian Coordinator (HC) are closely associated, contributing to the strategic orientation of the programme, while communities and local authorities are also actively involved. The RRMP coordinates with other humanitarian actors, including the WASH cluster.

UNICEF handles the overall coordination and management of the RRMP partnership in the DRC, including strategic planning and leadership, technical oversight, documenting lessons learnt, scaling up best practices, incorporating innovative approaches, prepositioning supplies and operational and financial support to partners. It also ensures financial monitoring and effective use of resources. In 2012, the RRMP budget was over $37 million, with contributions from donors including ECHO, the DRC Pooled Fund, DFID, SIDA, Japan, USAID/OFDA, CIDA, CERF and the Government of Korea. Results of an external evaluation of the RRMP began in late 2012 and will be available in mid-2013.

Monitoring & Evaluation

While RRMP monitoring is ongoing, the 2013 focus will strengthen information management systems and track outcome level results.

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West Africa: Humanitarian WASH in West Africa Region in 2012

After years of drought and crop failure, food insecurity in the Sahel region continues to be high and puts young children, the most vulnerable population, at risk. Throughout 2012, many children under five continued to suffer from Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition (MAM) and required life-saving treatment. SAM/MAM is treated in Nutrition Centers and the need for WASH at these clinics is essential. WASH mobilises resources for interventions, and the close cooperation between WASH and Nutrition led to the ‘WASH in Nut’ strategy for Sahel crisis countries. This strategy focuses on targeted interventions rather than specific caseloads.

The WASH package provided access to potable water, hygiene, sanitation facilities and related supplies to Nutrition Centers, and to discharged, malnourished mothers and children who were at home or in school. The strategy is well received by the humanitarian community as an integrated and equity-focused tool targeting malnourished mothers and children suffering from SAM/MAM. It follows these mothers and children from health institutions to household level, trying to break the vicious circle of diarrhea and malnutrition. The strategy focuses on functionality and field monitoring, and delivers a minimum WASH packages with a choice of optional phasing and responses. The package has been integrated into the 2013 humanitarian programmes for the nine Sahel crisis countries (Chad, Cameroon, Nigeria, Niger, Mali, Burkina Faso, Mauritania, Gambia and Senegal).

Both tracking indicators show that the integrated WASH minimum package have reached half of its targets: 56 per cent of affected population and 51 per cent of Nutritional Centers.
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