



# WASH

HANDBOOK OF MULTI-SECTOR  
COORDINATION FOR EMERGENCY  
RESPONSE IN INDIA







**Sphere India**

*National Coalition of Humanitarian Agencies in India*

## **Handbook Of Multi-Sector Coordination For Emergency Response In India**

**ROLES AND FUNCTIONS**

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**ASSESSING AND MONITORING THE SECTOR  
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The National Institute of Disaster Management (NIDM) is one of the pioneer institutes under the Ministry of Home Affairs, Government of India which has been mandated to promote capacity building interventions in Disaster Risk Management (DRM). Since its inception, the Institute has been proactive in raising the level of awareness and preparedness in dealing with disasters and emergency situations in the country, as well as making DRM education accessible to people across different level of stakeholders.

Sphere India: Sphere India, is a national coalition of humanitarian agencies in India with a vision to build a disaster resilient India by promoting quality and accountability in humanitarian action through processes of collaborations at various levels. The members include key nodal agencies from Govt. of India, UN agencies, INGOs, NGO networks and national NGOs. Sphere India facilitates inter-agency coordination, training and capacity building, knowledge management and collaborative advocacy to protect the rights of the people affected by disasters and other humanitarian crisis.

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# Preface

Our aim is to enhance capacities and knowledge management system for emergency preparedness and response to improve quality of humanitarian action. In this handbook, we have sought to include practical guidance and advice on how different stakeholders and sector actors (NGOs, CSOs, UN Agencies and India Government) can come together to strategize sector preparedness and response in emergencies. It highlights key principles of humanitarian action and how coordination and joint efforts can increase the effectiveness and efficiency of interventions and promote better outcomes.

This handbook was drafted after numerous consultative meetings and write shops with sector experts from local and national organizations working in the field of WASH. Extensive research and discussions have taken place between authors of the sector before finalising the handbook. Inputs have been collected and collated from various experts across the field throughout the handbook drafting process. Sector wise consultative meetings were also organized to invite inputs from the Government and wider membership.

Sphere India would like to thanks Oxfam International, UNICEF, World Vision, Water Aid and all who have contributed their knowledge, expertise and time to make this edition of handbook, a possible venture. We are also grateful to collaborative partners and other CSOs, FBOs, CBOs, corporations, institutions, government departments and officials for their continued support and active participation in various consultations which helped us in facilitating the handbook.

**Vikrant Mahajan**  
CEO, Sphere India



**Sphere India**  
National Coalition of Humanitarian Agencies in India

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# Foreword

As fundamental access to **Water, Sanitation and Hygiene** (WASH) is in our daily lives, it is even more critical for ensuring survival in the initial stages of an emergency. When natural disasters or public health emergencies strike, people often lose access to resources that help stave off disease, including necessary amounts of safe water, sanitation systems that protect them from contamination and infection, and hygiene supplies that help mitigate viral and bacterial transmission. These investments within the first 48-96 hours, after a disaster, are especially important for ensuring that the most vulnerable in our society 'children' are not experiencing detrimental effects that cause long-term harm.

UNICEF in India has worked closely with national and state level policymakers since 1949 to advocate for and ensure the rights of children across the country, including their right to WASH. UNICEF's role in humanitarian response encompasses direct programmatic response, support for capacity building and preparedness and response coordination at global and country levels. In recovery contexts, UNICEF supports the development of national policies on WASH, strengthening the resilience of existing systems, and investing in human resource capacity in line with national priorities and development goals.

Natural disasters, man-made disasters or combined natural and man-made disaster with environmental consequences all require the efficient coordination of various stakeholders (public sectors, private sectors, as well as citizens) in order to minimize damage caused to communities and respond expediently to urgent needs for survival and security. By deploying a well-coordinated resources and interventions, resources are more likely to be efficiently utilized and priority areas will be better identified while increasing work on those area during disasters. Such coordination will also improve our supply distribution strategies for relief.

This handbook for WASH humanitarians working in India is one step towards ensuring that said coordination efforts are supported by outlining necessary standards and protocols that can be quickly implementing in the immediate aftermath by various stakeholders. We hope that this will be used extensively by all concerned in the field of disaster management, and contributes positively to building back better.

**Tom White**  
Chief DRR  
UNICEF India



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# Foreword

The year 2020 was full of challenges, as the global health crisis brought humanity to a virtual standstill. The difficult times have changed the way organizations operate, and now we have started adapting to the new emerging socio-economic order.

The role of CSR has become more relevant than ever, as corporates played a crucial role in supporting the nation in the fight against the pandemic and other disasters witnessed this year. HCL Foundation, along with partner organizations, has been working significantly to mitigate the humanitarian crisis. Through its various flagship programmes and special initiatives, it has positively impacted 2.14+ million human lives, spanning 21 states and 2 union territories of India.

It was the commitment and resilience of our communities, teams and partners that helped us navigate through the situation, and keep our efforts sustained. Going forward, I feel that organizations must start working towards strengthening of preparedness and unified emergency response systems. At HCL Foundation, we remain committed to addressing the socio-economic concerns while focusing on humanitarian aid and assistance. Our CSR programmes have the potential to bring value to the preparedness, response, and recovery systems by aligning corporate citizenship efforts to sustainable development processes.

The formulation of ***Handbook of Multi-Sector Coordination for Emergency Response in India*** (WASH), through joint efforts of Sphere India and partner organizations, shall act as an operational manual for coordination during emergencies and help improve the disaster management in the country and thus, mitigating the disaster risks.

**Nidhi Pundhir**

Director, HCL Foundation



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## From Director's Desk

WASH involves the promotion of good hygiene practices, the provision of safe drinking water and the reduction of environmental health risks which allow people to live with good health, dignity, comfort and security. Inadequate provision of WASH can lead to an increased risk of several diseases. Multi-stakeholder coordination plays an important role in reaching every household as a preparedness measure. Post-disasters importance of coordination is realized, wherein, supplying water and sanitation kits reduces the spread of outbreak of any disease by limiting use of contaminated water in nearby lakes or at contaminated storage area. In emergencies, WASH needs to be integrated with the scientific assessment and complied with sector parameters. Multi-sectoral action reduces vulnerability, maintains water sources and waste systems, and ensures WASH is a priority action in the response to emergencies.

To strengthen preparedness and unified emergency response, Sphere India and its members have drafted a ***Handbook on Multi-Sector Coordination for Emergency Preparedness for Response*** (WASH), which shall act as an operational manual for coordination during emergencies. This shall enable collaboration among different stakeholders in disaster management and thus, mitigating the disaster risks.

**Major Gen. Manoj Kumar Bindal**

Executive Director

National Institute of Disaster Management





# Acknowledgement

The chapters in this Sphere India's Multi-Sector Handbook (dedicated to WASH sector) are result of a diverse consultation process amongst WASH experts in India and globally. Sphere India gratefully acknowledges the scale and breadth of the contributions made by: Oxfam International, UNICEF, World Vision and WaterAid. The working process to develop this handbook was coordinated by the Sphere India via several online zoom meetings. We sincerely thank Shri Anil Kumar Sinha- IAS (retired) for supporting and moderating these sessions. Most of the writeups were put forward by authors of their organizations, dedicating their time and effort as an in-kind contribution to the sector. Sphere India acknowledges their valuable contribution made between June 2020 and December 2020.

Sphere India also extends special thanks to Major General Manoj Kumar Bindal (Executive Director- NIDM) and Nidhi Pundhir (Director, HCL Foundation) for overall guidance and to Anil K. Gupta (Professor- NIDM) and Santosh Kumar (Professor- NIDM) for their critical editorial inputs.

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# About Sphere India







Sphere India is a national coalition of humanitarian agencies in India. The members include key nodal agencies from Govt. of India, UN Agencies, INGOs, NGO networks and national NGOs. Sphere India facilitates inter agency coordination, training and capacity building, collaborative advocacy and information knowledge and learning management through a collaborative process for quality and accountability.

	Right to life with dignity.
	Right to assistance and protection.
	Principles of humanity impartiality, neutrality, independence, and other principles of Red Cross Code of Conduct
	Inclusion

The above mentioned points are grounded in Sphere India’s commitment to the Article 21 of Indian Constitution on *Right to Life* and its interpretations in various judicial proceedings, Universal Declaration of Human Rights, International Humanitarian Law, Refugee Law and the associated treaties and covenants.



# Composition of Sector Committees

SPHERE INDIA SECTOR COMMITTEE MEMBERS		
 WASH	 SHELTER	 FOOD & NUTRITION
<p>Oxfam India (Lead) UNICEF (Co-Lead) Water Aid CARE India EFICOR PGVS GIWA Wash Institute REDR ADRA India Plan India HI Ambuja Cement Foundation</p>	<p>HCL Foundation SEEDS Habitat for Humanity India (Lead) CARE India ( Co-Lead) AIDMI NCDHR UNNATI HCLF</p>	<p>WFP (Lead) UNICEF India (Lead) CFNS (Co-Lead) CARE India EFICOR IGSSS World Vision India Oxfam World Animal Protection ACF Save the Children HCL Foundation</p>
 HEALTH	 PROTECTION	 EDUCATION
<p>WHO (Lead) Doctors For You (Co-Lead) Handicap International CARE India ADRA ChildFund Water Aid HCL Foundation Cipla Limited Cipla Foundation Adani Foundation World Vision India UNICEF Save the Children ICRC OXFAM India PCI IPPF EHA Americares India</p>	<p>Caritas (Proposed Lead) OXFAM (Proposed Lead) NCDHR CARE India Child Fund Islamic Relief IGSSS CRS Handicap International IPPF ADRA TDH UNNATI WV Change Alliance Save the Children IPPF SAFA HCL Foundation</p>	<p>Save the Children (Sector lead) UNICEF ( Co-Lead) CARE India ChildFund India World Vision India Oxfam RTE Forum HCL Foundation Sterlite EdIndia Foundation Bharti Foundation DLF Foundation</p>

# About the Handbook

This WASH Sector Coordination handbook provides practical guidance and advice on how different stakeholders and sector actors (NGOs, CSOs, UN Agencies and Government) can come together to strategize sector preparedness and response during emergencies. It highlights key principles of humanitarian action and how coordination and joint efforts among different sector actors can increase the effectiveness and efficiency of interventions and to promote better outcomes.

# Process of Drafting the Multi Sector Coordination Handbook

The handbook has been drafted under the ***Network Approach to Emergency Preparedness for Response***, after numerous consultative meetings and write shops with sector experts from local and national organizations working in the fields of education, health, food and nutrition security, WASH, shelter, and protection.

After initial consultations with sector leads, starting from the month of January 2020, the outline of the handbook was developed and discussed in the sector committee meetings of six sectors held in February 2020. Interest from sector committees and other sector experts was sought and nominations were completed by April. The inception of the handbook began in the first week of May 2020. Introductory meetings were held with each of the six sector committees wherein Sphere India presented a prototype of the handbook to elucidate the kind of chapters and content to be produced. Following this, lead authors, section authors with support from Sphere India Secretariat began drafting the handbook. Sector-wise meetings as well as multi-sector meetings were held for discussions. During the drafting of the handbook, three Multi-sectors write shops and consultations with multi-sector strategic leads were held along with 24 sector authors meetings.

Extensive research and discussions have taken place with authors of the sector before finalising the content. Inputs have been collected and collated from various experts across the field throughout the process of drafting the handbook. Further, sector wise consultative meetings were held inviting inputs from the Government and its wider membership.

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# Roles and Functions of the Sector Committee

# ROLES AND FUNCTIONS

## Roles and Functions of the Sector Committee

1. Humanitarian coordination: during disasters and preparedness.
2. Recovery coordination.
3. Coordination for DRR activities of Sphere India members.
4. Coordination with IAGs at district and state levels for the above roles situations.

## Roles of the Sector Lead

1. Use the lead agency's existing working relations with the national authorities and non-state actors active in the sector, to facilitate their participation in the sector.
2. Maintain appropriate links and dialogue with national and local authorities, CSOs, and other stakeholders.
3. Make the technical expertise of lead agency available for sector and inter-sector assessments.
4. Participate actively in strategy development.
5. Ensure that sector plans take appropriate account of national sector policies.
6. Ensure that all sector committee members are aware of relevant policy guidelines and technical standards.
7. Promote/ support training of sector members.
8. Hold regular coordination meetings.
9. Collect information from all partners on Who's Where, since and until When, doing What, and regularly feed the database managed by Sphere India.
10. Represent the sector in inter-sector coordination mechanisms.
11. Assess and monitor available sector resources.
12. Mobilize sector partners to contribute to establishing and maintaining appropriate 'Early Warning System'.
13. Ensure that sector needs are identified by planning assessments.
14. Head and contribute to sector analysis of information and data leading to identification of gaps in sector response.
15. For recovery planning, or in protracted crisis, ensure incorporating building back better, and risk reduction measures.
16. Lead sector contingency planning.



17. International NGO's and CSO's to utilize their networks in a comprehensive manner for provide guidance to the government.

## **Roles and Responsibilities of the Sector Coordinator (Sphere India Secretariat)**

1. The Sector Coordinator also known as the Focal Point shall coordinate for execution of the annual plan under the guidance of committee, Chair, Co-chair of committee and CEO/SPM (Senior Program Manager) of Sphere India.
2. The Focal Point shall have monthly meetings with the Chair and the CEO/SPM to update and seek guidance on developments on processes, projects, new initiatives taken and individual development.
3. The Focal Point shall have frequent meetings with members individually.
4. The Focal Point shall share the monthly report with the Chair and CEO/ SPM.
5. The Focal Point shall take minutes of all the committee meeting and circulate it to members.

## **Main Functions of the Committee**

1. To draft the long-term strategic plan for the sector.
2. To approve annual plan of actions with programmatic and financial details.
3. To review the progress on plan implementation and utilization of budget quarterly.
4. To guide and support executive team for collaborative advocacy.
5. To elect chair and vice-chair for the committee.

## **Meetings of the Committee**

1. The committee shall meet once every quarter. The dates should be fixed in advance falling under first week of the months of February, May, August and November.
2. The special meetings of the committee meeting can be convened as required.
3. The committee meetings should be professional with agenda approved by the subcommittee chair and the CEO/SPM.
4. The member organizations shall appoint a point person to attend the meetings and represent in committee.
5. All important decisions including election of the chair, approval of plans and activities shall be final only if there is a minimum quorum of the 50% of the committee strength in the meeting.

## Sector Committee Composition

1. The composition of the sector committees must be diverse. Efforts are made to have an inclusive committee with prominent representation from local NGOs, all castes, groups, different genders and different regions.
2. In order to enhance local representation, the sector committee must ensure that either the Sector Lead or Co Lead is a member of a local organisation.

## Formation of the Sector Committee

Following a participatory process, the formation of sector committee is carried out. Sphere India Secretariat sends out an email to all its members inviting them to be a part of sector committees. Furthermore, members are requested to nominate sector specialists or focal persons for the sector within their organizations. Terms of reference of the committee are also sent along with this email. The desired committee size is 8-10 members however, in the event that more nominations are received, preference is given to members who were not a part of the sector committee in the previous year. Nominations for the Chair/Co-Chair are received and finalised based on consultations with the CEO or the Chair/Vice- Chair of Excom.



# Introduction: WASH Sector

# INTRODUCTION

India is the second most populous country in the world, with more than 1 billion citizens. The World Bank Group in 2017 estimated that 21 percent of communicable diseases in India were linked to unsafe water and the lack of hygiene practices. The economic cost of these water borne diseases is an estimated USD 600 million annually with 73 million days of lost labour. <sup>1</sup>The report also mentions that 30% of urban and 90% of rural households still depend completely on untreated surface annually (World Bank, April 2017). Unsafe water leads to stunted development in approximately 20 million children every year. The single largest cause of ill health and death among children is diarrhoea, resulting from the inadequate water quality along with poor sanitation practice and hygiene. Additionally, 66 million Indians are at risk due to excess fluoride and 10 million due to excess arsenic from drinking water.

Further, according to WHO fact sheet (WHO, Sept 2019)<sup>2</sup>more than 500 children under the age of five die each day from diarrhoea in India alone. Half of all under-five deaths in 2018 occurred in these five countries: India, Nigeria, Pakistan, Ethiopia and the Democratic Republic of the Congo. India and Nigeria alone account for about a third. However, there has been some improvement in the **Water, Sanitation and Hygiene (WASH)** as compared to the earlier decade. The overall proportion of Indian households with access to improved water sources increased from 68% in 1992-93 to 89.9% in 2015-16. According to the JMP data (2017)<sup>3</sup>the open defecation in India has reduced from 72.6% in 2000 to 25.7 % in 2017. Similarly, according to UNICEF by 2019<sup>4</sup>, according to the latest estimates, the number of people without access to toilets has reduced significantly by an estimated 450 million people.

There have been considerable projects and flagship programmes aimed at improving the **Water, Sanitation and Hygiene** situation in India and to achieve the SDG goal 6 by 2030. Some of the programmes such as Swachh Bharat Abhiyan to clean India, the National Rural Drinking Water Programme, and Namami Gange which aim at the conservation of the River Ganga, have helped in addressing the WASH needs. However, considering the huge population and other factors like climate change, India still has a long way to go. The growing urbanisation and the peripheral growth of unplanned urban areas exacerbate the WASH needs and risk of diseases. This also poses a serious challenge of waste management in the country especially in the urban and peri-urban areas. The practice of manual scavenging which is mostly a caste-based profession with majority of the manual scavengers belonging to the

1. <http://documents1.worldbank.org/curated/en/586371495104964514/pdf/115133-WP-P152203-PUBLIC-17-5-2017-12-28-1-WaterlifeCaseApril.pdf>

2. <https://www.who.int/news-room/fact-sheets/detail/chil-dren-reducing-mortality>

3. <https://washdata.org/data/household#!/table?geo0=coun-try&geo1=IND>

4. <https://www.unicef.org/india/what-we-do/water-sanita-tion-hygiene>

Dalit caste, is another issue since most of them work without any protective gears. Despite a 2013 law prohibiting employment of manual scavengers, a government survey identified 54,130 people engaged in this job as of July 2019<sup>5</sup> (The Hindu, Sep 2019). There's a need for a systematic approach to tackle the enormous WASH needs in the country, as described above.

This section focuses largely on the various components of having a WASH Emergency Preparedness and Response Plan in a multi- sectoral coordination approach to achieve a holistic humanitarian response. The WASH section draws from various existing handbooks such as the SPHERE handbook, the WASH cluster coordinator handbook (as well the WASH cluster good practices), and the Oxfam's pocket humanitarian handbook. All the content herein has been drawn from India's existing scenarios and humanitarian responses. It is intended to be a dip-in reference tool, rather than a step-by-step guide.




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5. <https://www.thehindu.com/data/manual-scaveng-ing-exists-in-india-despite-being-outlawed-in-2013/arti-cle29508476.ece#:~:text=Over%2054%2C000%20manual%20scavengers%20have,from%2011%20is%20States%20unavail-able&text=814%20deaths%20of%20manual%20scavengers,in%20-20%20States%20and%20UTs>



# Stakeholder Analysis and Coordination



# STAKEHOLDER ANALYSIS AND COORDINATION

1. Include a chain of network for big NGOs to support the smaller NGOs to ensure better reach and visibility of all areas in a state.
2. Recommend channels of effective interaction with big private firms that work independently.

## Coordination Mechanism

The main objective of the sector coordination is to ensure a well-structured coordination and effective, efficient and timely response to emergency WASH needs for the affected population. Since WASH cluster is not activated in India at present times. So, a part-time WASH Sector Coordinator, and Focal Points from both Sphere India and Sector lead/ Co lead agency are in place to facilitate the WASH sector at national level.

### National Level

National level WASH cluster will primarily for high-level liaison and strategic decision making. It will focus on strategic aspects of WASH committee programming and contributing to the coherence of the overall emergency response. This involves:

- Regular input to the government/civil society organizations working on overall WASH interventions for coordination function and support for joint assessments.
- Negotiation and agreement with government and other sectors on policy guidelines, overall priorities, and resource allocations.
- Interpreting and establishing technical guidelines related to international and national standards and supporting Sphere India to prepare material for WASH sector capacity building and related measures.
- Review of the WASH sector preparedness and actions as required and providing recommendations and support for strengthening the same.

### Regional or International Level

Regional or international coordination will focus on technical and advocacy activities.

### Sub-national Level(s)

Sub-national-level coordination will focus primarily on planning and response activities such as the detail of planning and implementation of WASH-related activities, that is, who is doing what, where, etc. At this level, it also tries to



practically achieve early recovery, emergency preparedness and capacity-building measures.<sup>1</sup>

### State Coordination

Partners of the WASH sector are part of State level coordination mechanisms, called Inter Agency Groups (IAGs). In principle, Sphere India leads the IAGs at the state or district level, with various humanitarian organizations taking up and leading different functions. There is a group of organizations that leads the WASH sector activities within the IAGs. State IAGs need to be treated as independent bodies, and similarly district IAGs.

This needs to be agreed and clearly stated right from the beginning, in order to ensure feasibility of successful coordination. The IMO will develop reference documents for inter state/district experience sharing the learnings during and after emergencies. Learnings and best practices will also be shared with Govt. partners.

### Meeting Management

The WASH sector coordination meeting aims to coordinate response and discuss strategic, technical and operational issues as required. The coordination meeting is open for the WASH sector committee members and takes place quarterly. This meeting is co-chaired by Sphere India and the WASH Chair. Sphere India WASH sector focal point will be responsible to ensure that meeting minutes are shared with and agreed by the sector members and WASH sector Chair. Role of Media (Both print and electronic Media).

### Technical Working Groups (TWiG)

Technical issues requiring further elaboration, are to be discussed with small qualified technical teams or groups under the facilitation of a Focal Point from/ within the WASH Sector Committee, as identified by the Chair. These groups will be called 'Technical Working Groups' (TWiGs) and will convene in response to specific needs as expressed by sector partners or the WASH sector lead, and meet as often as required to come up with concrete solutions for arising technical issues from time to time. Terms of reference are to be developed by the TWiG and approved by the WASH Sector Committee/Chair. TWiGs are accountable to the WASH Sector Chair and report through the WASH Sector Committee meetings.

### Information Management

Information is managed centrally by an Information Management Officer (IMO) of Sphere India, who will be closely working with the WASH Sector Committee and the Chair. Tracking of the humanitarian response will be done monthly and the partners are responsible to submit their reports to the national level IMO within set deadline, using a Unified Response Matrix (URM) agreed by the WASH Sector

1. <http://washcluster.net/wp-content/uploads/sites/5/2014/04/WASH-Cluster-Coordinator-Handbook.pdf>

Committee. The IMO will compile the reports into one report and disseminate the same. The IMO will also conduct regular gap analysis of the response against the targets and needs, which will be shared with partners.

## Planning

The WASH Sector Committee will prepare the following three types of plan.

### Annual WASH Sector Work Plan

The objective of this plan is to ensure that the WASH sector meets the minimum sector coordination requirements, and required activities are planned for each of the 7 sector coordination core functions. The WASH Sector Committee or IAG members at sub national level may suggest specific activities, as and if required.

### Emergency WASH Response Plan

This plan will be developed for each 'major emergency' and includes a short overview of the humanitarian needs and the response planned by the different WASH sector partners. The plan will include targets against the agreed standard sector indicators and activities and will include the required budget for the response.

### WASH Preparedness and Contingency Plan

This plan should be prepared for each major emergency that is expected and should be regularly updated. The plan should include different expected scenarios, the requirements for preparedness and response (include both activities and budget), and a capacity assessment of the WASH sector partners that would be engaged in the response. Epidemic preparedness (diseases such as cholera, COVID-19) should always be embedded within the WASH preparedness plan.

Contingency plan should consist of at least these four main things/points.

- **Surge capacity** – comprising of a multi-sectoral rapid response team that can be deployed fast, soon after the disaster strikes. (Strengthening of roster of local resource persons/consultants from non-government and government organizations).
- **Toolkits**- ready to use toolkits for carrying out rapid and follow-up assessments of the damage caused by the disaster.
- **WASH items**- contingency stocks of basic WASH items such as hygiene kits, masks, soap, hand sanitizers, sanitary absorbents, water quality testing kits with handouts, and chlorine aquatabs to provide immediate emergency relief after the disaster hits.
- **Logistical coordination support**- such as vehicles and contacts (for communication) with the leading authority on the immediate relief response to those affected by the disaster.



## Monitoring

The WASH sector will monitor the following:

- Implementation of the annual WASH Sector work plan developed by the WASH Sector Committee.
- Progress of the emergency response through regular monthly URM reports and analysis. For this purpose, partners should report their monthly response to the WASH Sector IMO for progress and gap analysis as mentioned under information management targets set in the response plan. (The details on monitoring are mentioned in Chapter 4).
- Sector coordination performance will be monitored by the WASH Sector Chair and Co-Chair. This is done through an annual perception survey and an annual Sector Coordination Performance Monitoring (SCPM) exercise, which can be conducted with support from the Global WASH cluster based in UNICEF HQ/ Geneva.
- Lastly, the WASH Sector Chair and Co-Chair will monitor sector minimum requirements on quarterly basis through the milestone indicators.
- Propose regular trainings of and updates to IRS- Incident Response Teams (IRT) under Incident Response System (IRS).

### Coordination with Other Relevant Stakeholders

The WASH sector should maintain coordination with other relevant stakeholders engaged in the overall humanitarian preparedness and response. Coordination can happen at three levels: national, state and district.

- **National:** The Ministry of Environment, Forest and Climate Change (MOEFCC) should be included in coordination levels in India as an important stakeholder.
- **State:** The central and state population control board should be included as they are responsible to monitor and ensure the safe disposal of waste.
- **District:** Recommend inclusion of Disaster Management Institute in every district.

### National Level Stakeholders

At the national level, this includes the National Disaster Management Authority (NDMA) and the National Institute for Disaster Management (NIDM). It also includes aligning relevant ministries for WASH, such as the Ministry of Jal Shakti (MoJS), the Department of Drinking Water and Sanitation (DDWS) and the Ministry of Housing and Urban Affairs (MoHUA). Engagement with NDMA and NIDM is mainly centered in policy and advocacy efforts and institutional capacity building. Engagement with MoJS and MoHUA is mainly around understanding the humanitarian needs, emergency response planning and regular updating on the response. The Ministry of Health and Family Welfare is engaged for the coordination of WASH sector's action with health, specifically with reference to drinking water quality and disease prevention.

### Coordination with NDMA

The National Disaster Management Authority has been mandated with laying down policies on disaster management and guidelines which would be followed by different ministries, government departments of India, and state government in taking measures for disaster risk reduction. It has also laid down guidelines to be followed by the state authorities in drawing up the State Plans and to take such measures for the management of disasters. The WASH Sector Committee will coordinate with the cell/unit of the NDMA that is responsible for WASH sector preparedness and response, as and when necessary.

### Coordination with NIDM

The National Institute of Disaster Management is mandated with ensuring the capacities of national and state level actors for disaster resilience, preparedness and action. The WASH Sector Committee will coordinate with the cell/unit within NIDM that leads on the actions of NIDM on **Water, Sanitation and Hygiene (WASH)** issues.

### Coordination with Ministry of Jal Shakti (MJS)

The Ministry of Jal Shakti has the Department of Drinking Water & Sanitation (DDWS), which is responsible for providing technical and financial support the State RWSS/PHED/Board, while responding to natural calamities for restoration of damaged water supply and sanitation systems. Upon receipt of a memorandum from the state governments seeking additional central assistance in the wake of any calamity and of the constitution of Inter-Ministerial Central Teams, the Department of Drinking Water & Sanitation (DDWS), deputes an officer who is competent to understand the situation and can join the Central team for conducting damage.

### Assessment

DDWS will participate in all technical coordination and linkages with the state rural development departments, SDMAs, NGOs, international agencies, etc.

- At national level, DDWS in coordination with concerned national and international agencies will inform departmental contingency/preparedness plans to concerned nodal officers in NDMA to avoid or minimize overlap and duplication of efforts and to improve coordination.
- All agencies involved in emergency relief and disaster management activities will have to operate within the framework laid down in disaster management policy and other related laws, codes and government notifications in force and guidelines issued from time to time.
- Particularly for the WASH sector disaster preparedness, the DDWS will:
  1. Technically advise the state PHED/ RWSS departments with equipments resources used for emergency water and sanitation during response.



2. Identifies key institutions/resource centres/ATI's including those run by non governmental agencies for human resource development and training for the state departments. A detailed plan for capacity building is usually prepared.
  3. Develops disaster management plans to tackle L3 disaster situations.
  4. Maintains a roster of personnel whose services might be required for making assessment of disasters.
  5. Develops manuals on water conservation/recharging as part of preparedness measure.
- For ensuring early warning for the WASH sector, DDWS plays the role of:
    1. contacting various nodal agencies at national level mandated for disseminating early warning bulletins.
    2. deputing one officer for monitoring early warning bulletins and scheduling conference calls with States for situation briefing to Secretary DDWS.
  - For ensuring proper response and relief measures with relation to the WASH services, DDWS has these specific roles.
    1. Monitoring the activities of the concerned state government department dealing with rural water supply and sanitation.
    2. If necessary, to depute technical experts/officers to assist the state departments and to conduct a quick assessment of the situation.
    3. Providing financial assistance from the calamity fund available under 5% NRDWP can be allocated, subject to approved procedure as ad-hoc calamity funds immediately in case of major emergency situations.

The WASH Sector Committee will coordinate with the concerned cell of the DDWS, as and when necessary, in order to support it, or for availing its support.

### Coordination with Existing INGO-NGO Platforms

The WASH Sector Coordination Committee will map from time to time various alliances or coordination mechanisms set up by INGOs and NGOs for specific purposes, and will try to influence these platforms by reaching out to them for integrating their actions with WASH sector priorities, as necessary.

### State Level Stakeholders

At the state level, State Water Sanitation Mission (SWSM) under the State Disaster Management Authority (SDMA) and State Executive Committees (SEC) are the basis for coordination of emergency support, relating to drinking water supply and sanitation. The nodal officer for state is usually the Secretary in-charge of Rural Drinking Water Supply and Sanitation Department, at state government level. Engineer in Chief/Chief Engineer, at PHED state level. Certain states also have senior officers of the department nominated as the disaster management focal point, with dedicated responsibility of reporting to the Secretary of the

department and supporting the state department (SWSM, SDMA) and districts in day to day coordination, decision-making and reporting.

Any big scale emergency response is managed by the CMO and the CS of the state and Relief and Rehabilitation Department. Hence, it needs to go beyond sector as disaster impacts are multi-sectoral and key players should be involved since the beginning. In Bihar, any disaster is primarily the responsibility of the Disaster Management Department at the state level and of the district administration at the district level. There is a dedicated position of Additional District Magistrate (ADM), Disaster, at the district level to coordinate the disaster response under over all guidance of the District Magistrate.

During the preparedness stage SWSM will coordinate and take a stock of the following.

- Organizing hazard analysis exercises and promoting that these are smoothly conducted in all districts.
- This is also the time when all the pre-stock piling of the emergency materials such as water disinfection tablets and essential water and sanitation equipment happens.
- Linkages are set up with WSSO on guidance for framing technical guidelines and IEC/ HRD strategy for managing disasters.
- For drought, all necessary steps are taken before 30th June every year for drought preparedness.
- Managing inventory of water supply and sanitation materials and spare parts as may be required by the district Superintending Engineer/Executive Engineer in an event of disaster is made available.

The State Disaster Management Plan needs to be reviewed periodically, at least once in a year to align it to the changing disaster profile and the related needs of the State. The specific department disaster management plans at state and district levels need to be reviewed for specific action, budget availability, refreshers for roles and responsibilities of officials/functionaries at state, district, block, and GP levels. For providing early warnings for the WASH sector, the E-in-C/Chief Engineer (RWSS/ PHED) at the state will alert his/her counterparts in district and block levels. The District Collector will alert the block and village level Disaster Management Committees (DMCs) and Disaster Management Teams (DMTs) to disseminate the early warning to the community. Based on assessment of the severity of the disaster, the E-in-C/Chief Engineer (RWSS) shall issue appropriate instructions on actions to be taken including restoration/augmentation of water sources to the SE/Executive Engineers/Assistant Engineers, who will then supervise responses.

For response and relief work at the State level, the RWSS Principal Secretary/Secretary, is the State Nodal Officer and shall coordinate the response & relief operations of the RWSS department. At the district/block level, coordination should happen with the respective block office, PHED department. SOPs and the standard response indicators



need to be developed for the States specific WASH status and the requirements. The WASH sector committee, as and when necessary, will reach out to the state level agencies and departments, in coordination with the IAGs.

### Coordination Platforms for INGOs, NGOs, CBOs

Different IAGs are set up in each of the states and the coordination with these platforms will happen at the IAG level.

### District/Block/Village Level Stakeholder

At the district level for the purpose of combating calamities, DWSM will function under the supervision of District Magistrate/Collector to carry out the actual implementation of rural water and sanitation relief projects. There is need to coordinate also with District Disaster Management officer and RDC and District level IAG partners/ networks. Many states have functioning District Disaster Management Authorities (DDMAs) headed by the Deputy Commissioner/District Collector, and it is important to put WASH preparedness and response in their roles and responsibilities as well to ensure a sync between DWSMs and DDMAs.

The SE/Executive Engineer, the RWSS is the district level nodal officer for coordinating emergency operations with respect to delivering water and sanitation services.

For WASH preparedness, the SE/Executive Engineer (Member Secretary) of DWSM in his/ her capacity is entrusted with the responsibility of ensuring that all Rural Water Supply works in the district are properly maintained in an event of disaster by carrying out timely repairs wherever necessary. When any early signs of distress appear in any part of the district, Member Secretary (MS), DWSM usually has the following roles:

- Submits a special situation update to DC indicating the position in respect of Water and Sanitation preparedness in the district.
- Informs all the concerned RWSS- JE/AE of blocks and Panchayats to review essential emergency stocks and contingency plans, to be able to respond in a timely manner.
- Monitors all water and sanitation infrastructure in the affected parts of the district. Looks coordination and constant update from the local IMD and other agencies in the district for information on impending disaster.
- Sets up district emergency Control Room in his /her office for daily monitoring of situation under the guidance of DDMA.
- Shares emergency contingency plans with district level DDMA for effective coordination during emergencies.



SDMAs need to work with the IAGs and the Development Partners to rope in the CBOs and the PRIs for preparedness and capacity building of different stakeholders, including the Apda Mitras, Swachhagrahis, Ward Implementation & Management Committees (WIMCs) members and the Jeevika women SHG members at the village level.

Towards response and relief, as part of the implementing team in the field, the district departments are usually responsible for:

- ensuring supply of clean drinking water to affected areas.
- ensuring transportation of water with minimum wastage.
- ensuring supply of water purification installations, mobile systems, halogen tablets etc. for providing clean drinking water.
- ensuring water supply and sanitation facilities are properly maintained in the designated camps adequately.

The WASH Sector Committee, through the IAGs and their district level mechanisms, will coordinate with the district level government agencies for the WASH sector initiatives, as and when necessary.

### Block Level Stakeholders

At the district/block level, many of the NGOs or community organizations are directly working in the field. Many of the civil society bodies are coordinating with the respective water and sanitation department for implementation of various programmes at the panchayat or village levels. Very often the informed risk of planning at the preparedness level and capacity building the district level officials are done in collaboration with the civil society bodies.





# Assessing and Monitoring the Sector Situation in India

# ASSESSING AND MONITORING THE SECTOR SITUATION IN INDIA

The process of assessment, analysis, planning, monitoring, and evaluation is as essential in relief work, as it is for any interventions phase or development work, which failed due to lack of adequate assessment and planning. However, one will not be able to find out all the relevant information straight away and in an acute emergency some assumptions will need to be made within a few days to provide the framework for a proposal, until more detailed information can be gathered. Not all projects will commence in an acute emergency, however, and the time available for data collection should thus be adjusted accordingly.

Figure 1: Overview of the Assessment, Analysis, and Planning for a WASH Emergency Response



## Assessment

The process of assessment can be broken down into three stages.

**Stage 1:** Initial rapid assessment using exploratory walks and discussions with key informants to provide concept paper and/or proposal - should be undertaken in the first week.

**Stage 2:** Initial baseline data collection which is concurrent with discussion groups to mobilize communities using mapping, focus group discussions and household observations - should be undertaken between weeks 2 - 4 weeks.

**Stage 3:** Obtaining a deeper understanding on what people know, do and think, by using tools such as matrix ranking, seasonal calendars and gender analysis. This should be undertaken once the initial baseline data has been obtained although some initial data on gender issues should be gathered as early as possible.

#### **Other useful tips for conducting assessments**

- Gather information on government structures with which you should be working, prevalence and trends of the most common diseases and what data other agencies or government bodies have or will gather in their assessments before embarking on the field assessment.
- If available, invite a representative from the Ministry of Health or Water and Sanitation for the assessment.
- Use rapid assessment methods initially. Employ exploratory walks, observations, discussions with key informants and opinion leaders (eg: religious and secular leaders, community elders/ leaders, PRI members, teachers, etc). Stakeholder mapping, focus group discussions (with men, women, and children), and other participatory tools can be used to supplement the baseline data collection.
- Mapping represents an especially useful way to gain an overview of the water and sanitation situation from the perspective of the beneficiaries and to initiate community discussion on possible solutions. Separate maps should be drawn with women and men and other distinct and often vulnerable groups such as children, older people, or people with disability.

While comparing needs of territories over the years and understanding the need of WASH in emergencies, the basis for identifying aspects of social vulnerability of access to water can be divided in these categories for better understanding.

1. Quantity parameter dealing with availability of water.
2. Quality of water which is in dichotomy with the former as water levels are reducing and pollution is increasing,
3. The conservation of water for WASH purposes and its storage for consumption as well.
4. For further details on this please refer to: detailed matrix on the recommended use of different methodologies in data collection.

In an emergency scenario there are various types of assessment such as:

- **Rapid Appraisal/Sitrep:** Usually prepared from various secondary sources and reliable government data within 1 or 2 days of the onset of the disaster. The report gives an overview of the impact of the disaster, damage to lives and properties and map available resources including those from governmental departments.
- **Rapid Need Assessment:** Usually conducted within a week of the onset of the disaster. The RNA will only cover basic information of the immediate needs.

- **Joint Detailed Need Assessment:** This will be more elaborate assessment with the detailed requirement and situation of WASH on the affected areas. Conducted usually for more than 15 days after the initial life-saving requirements have been made to check on the water and sanitation situation and the requirement in terms of hardware and software.

### Analysis and Prioritisation

Assessment data is meaningless without subsequent analysis of the information and a well defined list of priorities. Compiling a problem tree may allow a closer examination of the causes of problems and their possible solutions and may help to focus on the most significant risk factors. A problem tree is formed by outlining problems and for each problem asking the question 'why'.

By continually asking 'why', the root causes of problems may be discovered and priorities for intervention thus become clearer. Example: if diarrhoea is a major problem with evidence or risk of high morbidity or mortality (and it often is), then the focus of the Oxfam response should be excreta disposal, hand washing, protection of water from contamination and providing clean water in adequate quantities. The necessary software or promotional interventions should similarly focus intensively on these aspects until the public health risks have been mitigated.

Ongoing epidemiological disease surveillance will be necessary to monitor outbreaks of disease especially those related to water and sanitation. In most large-scale emergencies other agencies or government bodies will be best placed together such data from their records of clinic consultations or from isolated reports and investigations. However, in many other situations there is extraordinarily little data available and ways need to be found to ascertain disease prevalence through discussions with those affected or by encouraging community leaders or community mobilisers to keep records. Analysis of raw data from focus group discussions should be done by highlighting key themes and ideas.

This data can only be examined in general terms rather than attempting to convert the responses into percentages, which is often the mistake done. For instance, the report should state 'many people said that young children under eight years old did not use the latrines because they were dark'.

The analysis of the data will also include the collective reflection to identify all important issues in order to make the plan comprehensive. The reflection and analysis of the data should include expert from health, WASH, Disability and representatives from concerned government department etc to consider diverse perspectives to arrive at an effective decision.

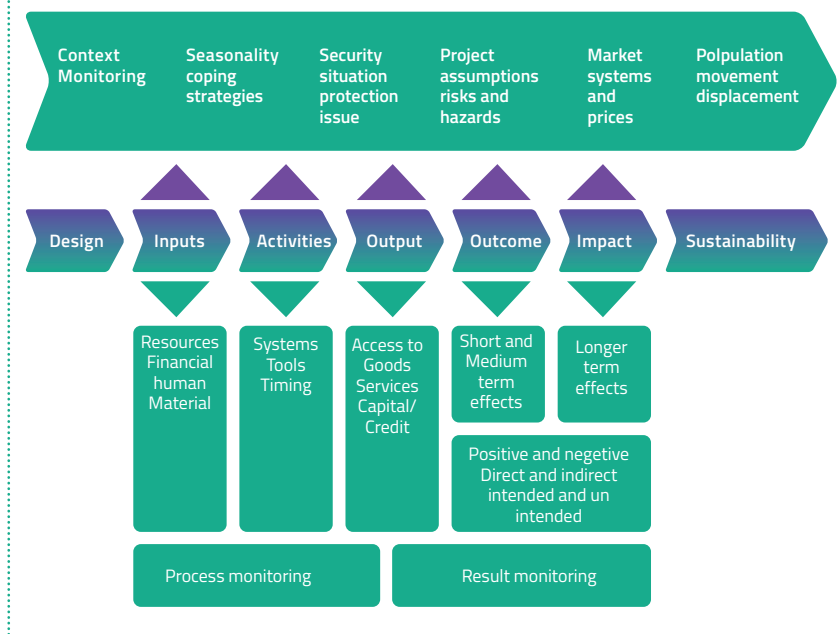
### Monitoring and Evaluation

Monitoring and Evaluation is an important aspect of any programme designing.<sup>1</sup>It ensures quality and accountability of the programme and checks if the programme

1. <https://www.oxfamwash.org/running-programmes/monitoring-evaluation-learning>



Figure 2: Monitoring Context, Process and Results



is going according to the planning. This section should be used along with the section on Benchmark and Indicators since the monitoring and evaluation are usually done for indicators and standards.

Monitoring is the systematic and continuous process of collecting and using information throughout the programme cycle for the purpose of management and decision-making.

**The WASH programmes should include:**

- Process monitoring that looks at how the project is being developed.
- Impact monitoring that looks at whether the project is having the intended impact.

**The minimum standards for monitoring of WASH should include the following:**

- WASH teams (PHE and PHP) should work together in monitoring and evaluation activities.

**A joint M&E monitoring plan should detail:**

- Who is responsible for different parts of the monitoring process.
- The tools and techniques to be used (quantitative and qualitative), including monitoring forms.
- How affected communities can be involved in monitoring activities.

- What methods will be used for analysis of the monitoring data.
- How data will be used (as a feedback into programme activities, shared with partners/ donors/beneficiaries, etc).
- How changes in needs, capacities and context will be monitored and used as a feedback into the programme.
- A time frame for different monitoring activities.

The diagram below places a chain of processes and events running from left to right across the centre and organizes these three broad types of monitoring around it.

According to ALNAP 2, Evaluation of Humanitarian Action (EHA) is a systematic and impartial examination of humanitarian action intended to draw lessons to improve policy practices & enhance accountability. Evaluations are usually done against the log frame that was developed during the project implementation period. In humanitarian action, it can take place at various times:

- **Real-time evaluation<sup>2</sup>:** this is undertaken soon after an operation begins aiming to provide feedback to operational managers in real time and to ensure that the operation is 'on track'.
- **Mid-term evaluation:** this takes place around the middle of the planned operational period (used in larger or longer responses).
- **Final evaluation:** this takes place at the end of the implementation period or after the closing of an operation. Such evaluation is often used to capture learning and identify gap areas.

## Organizing Follow-Up Assessments and Surveys

Depending on the outcomes of initial assessment, the context and type of crisis, a detailed follow-up assessments or sample surveys may need to be undertaken in particular localities in relation to some or all of the following:

- Mortality rates (CMR and U5MR) and morbidity rates.
- Main causes of death, injury and disease and their distribution among different population groups (disaggregated by age, sex, geographical area and other locally relevant characteristics).
- The psychological impact on the population and on health and relief workers.
- The impact on disease vectors and vector control programmes.
- The impact on the ability of men, women, boys and girls to access health services.
- Damage to health facilities- detailed surveys by competent technicians and engineers to prepare specific plans and cost estimates for repair/ reconstruction work.
- Damage to facilities that the health facilities are dependent upon – eg. feeding electricity grid, oxygen generators, road connectivity, etc.

2. <https://www.alnap.org/help-library/sphere-for-monitoring-and-evaluation>

- The human and other resources and capacity to assure health services in the medium term. Including other health system components: policies, infrastructure, financing, supplies and management.

Followups on assessments and surveys need careful planning, as they often require considerable resources (human, financial and logistic) for the results to be reliable and usable. Additionally, these are sometimes politically sensitive also. Care must always be taken not to over-load a survey by trying to respond to too many disparate demands for data.

### The five criteria for evaluation according to OECD/DAC are as following

**Table 1: The Five Criteria for Evaluation According to OECD/DAC**

<b>Relevance</b>	Are we doing the right thing? How important is the relevance or significance of the intervention regarding local and national requirements and priorities?
<b>Effectiveness</b>	Are the objectives of the development interventions being achieved? How big is the effectiveness or impact of the project compared to the objectives planned (Comparison: result – planning)?
<b>Efficiency</b>	Are the objectives being achieved economically by the development intervention? How big is the efficiency or utilisation ratio of the resources used (Comparison: resources applied– result)?
<b>Impact</b>	Does the development intervention contribute to reaching higher level of development objectives (preferably, overall objective)? What is the impact or effect of the intervention in proportion to the overall situation of the target group or those effected?
<b>Sustainability</b>	Are the positive effects or impacts sustainable? How is the sustainability or permanence of the intervention and its effects to be assessed?

For WASH, it is important to have monitoring and the evaluation process for any intervention. Hence, WASH programmes should plan and budget for a WASH Learning Review towards the end of the programme, involving programme and support staff, which considers what went well/good for the programme, what could have been improved and how we could do things differently.





# Guiding Principles and Standards

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# GUIDING PRINCIPLES AND STANDARDS

The guiding principles and standards to be followed by the WASH agencies in India:

- Compliance with the Humanitarian Principles, the Core Humanitarian Standards and the 'do no harm' approach. The Sphere WASH secretariat will provide orientation on these standards periodically to all the WASH agencies.<sup>1</sup>
- Adherence to the international WASH standards (as outlined in the Sphere India handbook) and the national operational guidelines for WASH in emergencies where adaptation to local realities is required.
- Holistic approach to the 'three prongs' of WASH (**Water, Sanitation, and Hygiene**), either as an integrated program, or in collaboration with other partners. Water, Sanitation and Hygiene are interlinked; thus, the planned program interventions by WASH agencies should ensure coverage of all the 3 aspects of WASH in any given location.
- Coordination with other sectors, particularly health, nutrition, shelter, livelihoods and protection, including GBV and child protection; to effectively integrate their standard minimum operational approaches within the WASH sector activity implementation.
- Inclusion<sup>2</sup> and leaving no-one behind through which WASH interventions by the agencies will target all affected populations in a humanitarian crisis, with a focus on the most marginalized and vulnerable groups including children, youth, persons with disabilities, people living with HIV, older persons, indigenous peoples, refugees, internally displaced persons and migrants.
- All stakeholders are involved in the decision-making process, planning and monitoring process to ensure ownership and sustainability. This participatory approach should ensure the guidelines of accountability to the affected population through transparency, feedback and complain mechanism, participation and monitoring and evaluation mechanism.
- Well-defined processes that seek to improve good and credible governance, human rights, gender equality, age appropriateness, disability sensitive, accountability and environmental protection in all aspects of WASH programming.

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1. [https://www.unocha.org/sites/dms/Documents/OOM-humanitarianprinciples\\_eng\\_June12.pdf](https://www.unocha.org/sites/dms/Documents/OOM-humanitarianprinciples_eng_June12.pdf)

2. <https://www.spherestandards.org/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities-become-part-of-the-humanitarian-standards-partnership/>

- Close collaboration with local authorities/state governments and partners to strengthen their technical and managerial capacities on the WASH sector. Duplication of WASH activities in one area (while leaving other areas unserved) should be avoided by mapping out intervention areas for active WASH partners.
- Incorporation of the long-term sustainability in the early recovery and resilience of humanitarian responses. This implies having a long-term strategy implemented in a phased approach throughout the humanitarian crisis, to ensure sustainability. For example, emergency water supply measures such as trucking could be considered at the beginning of the response while the project teams explore rehabilitation or construction of permanent water sources for long term water supply.
- Integration of the National Disaster Management Framework in the WASH activity implementation plans, to ensure effective coordination of emergency preparedness and disaster risk reduction amongst all agencies. For example, integrated flood or drought management measures, cyclone preparedness in coastal zones and epidemic preparedness across the states.
- Capacity building and mobilization of the affected populations to ensure participation and ownership of the WASH interventions. This will help the targeted communities to cope with present or future crises and empower them to influence the decisions that affect their lives in the humanitarian response.
- Nationwide, use of multiple languages in media communications within the WASH sector to increase access to information for all communities. Thus, ensuring equal opportunities for participation by all. For example, translation of all the IECs developed by the sector to multiple local languages for use across various states and districts.
- Ethical recruitment processes for human resources within the WASH sector. For example, technically certified personnel for fields that require registration, such as engineering and accounting, reference check to confirm safeguarding aspects as per donor requirements, etc.





# Sector Strategy and Agenda

# SECTOR STRATEGY AND AGENDA

## WASH Gaps and Risks

### General WASH Overview

In the immediate aftermath of a disaster, WASH is one of the basic sectors to focus on alongside food, shelter and livelihoods. The need for reliable sources of clean and safe water for drinking and other immediate uses after a disaster, is a life-saving priority. Contamination of existing water sources can easily happen during a disaster, either due to storm /cyclone surge resulting in salinity of water or when the water supply system gets damaged. Water and sanitation are closely linked, because poor sanitation could be a potential risk of contamination to the water sources. Limited access by the community to improved WASH during disasters could lead to outbreak of many water-borne diseases, hence, it is paramount to address WASH risks at the earliest instance of a possible disaster. Without immediate WASH assistance to the communities affected by the crisis, disease outbreaks will continue and worsen, including the ongoing COVID-19.

The water quantity and quality in many parts of India significantly improved about a decade ago, due to a range of projects focused on groundwater recharge; responsible use of water for agriculture; and use of technologies such as micro-irrigation. Additionally, several legislations promoting water-efficient energy production or discouraging water pollution by industry were enacted. More significantly, the government consolidated institutional structures under the Ministry of Jal Shakti to bring interrelated water management functions together and drive more effective outcomes.

Despite all these efforts, according to the NITI Aayog's Composite Water Management Index (CWMI) report (2019)<sup>6</sup> the overall performance remains well-below of what is required to adequately tackle India's water challenges. About 82% of rural households in India do not have individual piped water supply, and 163 million live without access to clean water close to their homes. 70% of India's surface water is contaminated. Average per capita water availability, which is already low enough for India, to be categorized as water stressed, is expected to reduce further to 1341m<sup>3</sup> by 2025 and 1140m<sup>3</sup> by 2050, close to the official water scarcity threshold. Estimates suggest ~INR 20,00,000 crores in investments are required to bridge the expected water supply gap by 2030. 80% of the states assessed on the Index over the last three years have improved their water management scores, with an average improvement of +5.2 points.

But worryingly, 16 out of the 27 states still score less than 50 points on the Index (out of 100) and fall in the low-performing category. These states collectively account for ~48% of the population, 40% of agricultural produce, and 35% of economic output<sup>1</sup> of India. Also, the ground water supply has been steadily depleting every



year, especially in mega cities. According to the Central Water Commission Report (June 2019) groundwater, which has been steadily depleting for years, makes up 40% of the country's water supply.

But other sources are also running dry, almost two-thirds of India's reservoirs are running below normal water levels. The depletion is also observed especially in mega cities and growing urban areas. According to the NITI Aayog's report (2019) India's urban population is expected to reach 600 million by 2030 and then fulfilling its water needs will be a great challenge. Estimates suggest that the demand-supply gap for the domestic sector will stand at 50 BCM in 2030, with the demand expected to double by that time. The present situation is worrisome because 5 of the world's 20 largest cities under water stress are in India, with Delhi being second on the list. Considering all these factors, a disaster will only exacerbate the water challenges. Refer to the link (<http://cwc.gov.in/dashboard>) for data on water quantity.

The government's focus on sanitation goal through Swachh Bharat Abhiyan over the past few years has improved the sanitation coverage in India. However, most of the reported improvement is on infrastructure (such as toilet construction) without the most important aspect of usage. A classic example is schools with well- built toilets that remain unused because they lack running water. Another major gap in sanitation relates to the migrants, who shift to other cities in search of jobs. Once in the city, they usually stay in makeshift camps with no sanitation facilities. This results in open defecation by many of these populations in urban and peri-urban areas practicing. Since these settlements are 'informal', they often do not get represented in official government data.

Hygiene promotion is generally poor, with many WASH agencies focusing on didactic message dissemination, with a lack of formative research on priority risks per district/local area. The presence of inhibiting cultural practices coupled with a lack of infrastructure needed for improved hygiene practices (such as hand washing) especially in rural India, leaves the population more susceptible to the spread of diseases.

According to recent Government surveys, 70 percent of the people wash hands with plain water without soap before meals, while more than 30 percent do so after defecation. These surveys indicate that the hygiene practices are still poorly understood, with the example of hand washing being done wrongly. In this case, emphasis on using 'a substance having microbe killing properties' such as soap or ash is needed.

Community participation in siting and designing of WASH infrastructure has been limited in the past disasters, partly due to language challenges in communicating key information to communities in the rural areas. The current situation of travel restrictions due to COVID-19 poses a real challenge on digital technologies needed for remote community engagement. Therefore, there is a need to do more To Ensure Proper Behaviour Change Amongst The Communities.

## Overall Goal

“To contribute in reduction of morbidity and mortality rates amongst the people affected by crises, due to diarrhoea and other infectious diseases.” To achieve this goal, the WASH agencies will work together with relevant stakeholders and the emergency-affected communities to create an environment in which their public health risks are reduced and their safety and dignity is enhanced.

## Strategic Objectives

1. **Water:** ensure regular, sufficient, and dignified access to safe water for drinking, domestic and medical/health needs.
2. **Sanitation:** ensure increased access to environment-friendly and acceptable improved sanitation facilities.
3. **Hygiene promotion:** encourage the targeted communities to adopt individual and collective hygiene behavioural practices that are safe, to improve their health seeking behaviours and to mitigate against key public health risks.
4. **Wash in disease outbreaks:** ensure Risk Communication and Community Engagement (RCCE) and Infection Prevention Control (IPC) in targeted communities to prevent disease transmission and control disease outbreaks.

## Expected Outcomes

Expected outcomes after implementation of the above mentioned strategic objectives are as following:

- Effective prevention and reduction of public health risks to the most vulnerable groups through trusted, clear, and effective communication and meaningful engagement within the targeted communities.
- WASH assistance that promotes the protection, safety, and dignity of targeted people, issued equitably to men, women, boys and girls.
- Appropriate hygiene behaviours amongst the community such as increased proper hand washing practice and menstrual hygiene management enabled through improved access to hardware such as hand washing facilities and sanitary hygiene kits, respectively.
- Safe spaces for all (especially females, children, and people with disabilities), provided to involve them in WASH educational activities.
- Reduced protection threats linked to disasters in targeted communities and increased access to emergency and protection services, strengthened referrals relating to child protection, gender-based violence, and legal assistance.
- Strengthened local humanitarian leadership, with community and local actors having increased capacities, space, and voice during and after the humanitarian response.



- Better integration of SDGs (specifically SDG 6) in the projects and programs of the government, civil societies and other stakeholders.

## Priority Areas of Focus

(Short-term and Long-term priorities, Table – Emergency/Response, Preparedness, Long Term).

### Water Supply

- Rehabilitation of damaged water sources.
- Identify the most appropriate water sources along with considering local values and environment impacts.
- Water needs reporting with respect to area and the capacity of existing resources.
- Appropriate treatment of poor-quality water.
- Operation and maintenance of all water facilities.
- Constructions of new water sources (in line with the government’s approval process).

### Excreta Disposal and Management

- Construction of communal or household toilets and bathing facilities.
- Establish new facilities for excreta management especially in case of new construction being provided during disaster response.
- Safe disposal of infant potties and children excreta.
- Arrangement for decontamination in working areas or surface sources immediately.
- Operation and maintenance of all sanitation facilities.
- Fecal Sludge Management.
- Communal or household waste bins and final dumping site under solid waste management plan.
- Rehabilitation of the partially damaged sanitation facilities such as toilets, urinals, bathing facilities at household and institutions.

### Hygiene Promotion & Community Engagement

- Access to and use of essential WASH facilities, services, and materials.
- Identify major public health risks and practices that contribute to them.
- On field assessment and health surveillance to improve hygiene promotion.
- Wash campaigns in schools to create understanding of concepts of hygiene, sanitation and responsible use of water from an early age.



- Access to essential hygiene-related materials for women and girls of reproductive age.
- Community mobilization for two-way communication and feedback on public health risks, priorities, and services, to develop community action plans and contribute to decision-making.
- Conducting hygiene education sessions to facilitate proper hand washing, menstrual hygiene management and other life-saving hygiene practices.

### WASH in Disease Outbreaks and Healthcare Settings

- Sharing accurate information in the right language and through trusted channels to address fear, panic and rumours that can undermine efforts and lead to increased transmission risk.
- Involving women in DRR activities and build their capacity to assess the quality of water and it's usage post disaster.
- Engaging communities (remotely where possible to prevent the risk of infection) to build trust in and acceptance of response efforts to contain the spread of the epidemic.
- Support to healthcare facilities to maintain minimum WASH infection, prevention and control standards.

## Resource and Service Needed

### Object Human Resource/Personnel

WASH agencies must recruit, train and support local staff, and explore options to create partnerships with existing local CBOs and CSOs to deliver the WASH programmes. Recruitment should cover all the relevant technical fields based on the scope of the WASH programme to be implemented. These positions may include water/sanitation engineers, public health experts, MEAL experts, communication experts, anthropologists, social scientists, etc. For effective community engagement, it's advisable to include community volunteers with basic literacy levels and build their capacity in WASH.

### Capacity Building

WASH agencies need to allocate some budget for staff and community trainings, to improve their knowledge and skills. Training costs might include anything from renting a space to materials needed and refreshments, based on the target audience.

### Communication

WASH agencies must develop communication strategies to raise awareness of public health risks and solutions. This includes establishing two-way



Figure 3 :WASH Principles for Action in the Community During Outbreaks – SPHERE 2018, page 132



communication with beneficiaries to enable modification of the programme and its activities according to received feedback. Examples of specific communication activities to allocate budget for include portable radios, phones, phone credits for the staff and volunteers or fees for a professional photographer to capture certain programme details and develop a bulletin.

### Data Collection and Analysis

WASH agencies need devices (such as cell mobile phones/tablets) and staff (such as data enumerators) for this. Additionally, hiring consultants with specialised skills for formative research may be required to better understand the social and anthropological situation and sustainability of the planned WASH programme.

### Activities Implementation

WASH agencies must budget for the programme implementation starting with assessment of public health risks and the capacity of key stakeholders to respond. Besides context analysis of the local norms and practices to identify appropriate technical options, involvement of communities on the siting, design and management of facilities, and establishment of appropriate mechanisms for monitoring the technical quality of interventions. Where partners are engaged, separate budgets for the activities are assigned and recommended for easy accountability.

### Other Resources to Consider During Budgeting of WASH Programmes

- Safe spaces such as community centres, to enable trustful (private) communications with communities.
- Language support for translation of activities or adaptation of materials for ease of understanding by the local community. Sometimes, this includes the study of the local languages/dialect to develop a glossary.
- Staff and community mobilisation kit, comprising of visibility materials (such as t-shirts, caps, bags, rain jackets with slogan and logo); technical resources (such as USB device/hard copy booklet with key technical resources, guidelines and templates) and office stationery and community-level work (several sets of relevant items such as flipcharts, coloured markers, whiteboard, laminator, ring files, hole punch, folders, masking tape, pop-up tent, etc.)





# Resource Mobilization

# RESOURCE MOBILIZATION

As part of the work plan of the sector committee, member organizations will be undertaking joint programming and advocacy initiatives based on the predetermined key priorities. Therefore, resource mobilization forms a key component of the sector committee to achieve success in meeting the set strategic targets. It is integral to ensure a balance in resource distribution among the actors and between different stakeholders, so as to not underplay the requirement of other sectors.

## 'Flash Appeal'

Within 5 to 7 days of the onset of a crisis, the sector committee should convene and release a flash appeal to mobilize resources for humanitarian response during the first three to six months. After the first month, the sector committee should reconvene and revise the flash appeal to include additional information, and more details about early recovery projects.

Add focus on resource mobilization for Disaster Management Resources like machineries and equipment.

### Some Guidance Notes on the Flash Appeal

- The flash appeal should contain an initial response plan - developed jointly with participation of relevant government departments.
- The initial response plan should focus on life- saving needs and necessary early recovery projects, and include a clear response strategy, roles and responsibilities of the involved stakeholders, and an outline of proposed projects based on early estimates, JRNA reports and any other available information.
- While government departments may not appeal for funds, they may acknowledge the need for resource mobilization through a joint statement in solidarity with civil society organizations.

### The Process to Develop a Flash Appeal in an Emergency

- Bring together all significant stakeholders and analyse the available assessment information, discuss any projects proposed by member organizations that are aligned to the agreed response framework, develop a consensual strategy to ensure that the appeal contains relevant, high-priority, coordinated and feasible projects.
- Consult with other sector committees, notably food security, nutrition and health sector to ensure complementarity of projects and avoid duplication.



- Consult with the Ministry of Jal Shakti and MoHUA, along with water supply departments of states, municipal corporations, the SDM and the DM offices on the appeal, and keep donors informed of the process.
- Submit the draft within 5 days of the decision to launch the flash appeal to the Sphere India Secretariat, although the actual deadline may be specified during consultation meetings of the sector committee in each case.

## Common Resource Pool for the WASH Sector

The Common Resource Pool (CRP) is a stand-by fund to be established/ facilitated by the Sphere India Secretariat to enable response to help jump-start critical operations or support under-funded emergencies, intended to complement – and not substitute for – flash appeals. The funds are intended to support emergency response in general, and if any member organization wants to seek access to the fund, a proposal for the project funding is to be submitted to the Sector Committee and the Sphere India Executive Committee.

### Some Guidance Notes on the CRP Funding

- While releasing the flash appeal, donors should be appealed to contribute to the CRP.
- Internally, the sector committee shall agree on the high-priority projects which are not attracting attention of donor agencies and develop a Guiding Note for the Sphere India Executive Committee.
- The Sector Committee shall invite organizations to submit proposals to it and the Executive Committee.
- The Executive Committee of Sphere India shall then select the projects to be funded based on the guiding note and the project proposal; and ensure that the procedure on accountability of the CRP funds is clear and understood by the recipient WASH agency(ies).

### Ways to Ease SDRF

- Formation of common matrix for distribution of funds as per disaster and region.
- Formulating strategies for use of funds in the pre-disaster, during disaster and post disaster period.
- Segregation of funds as per the provision for different needs such as health, infrastructure or food and nutrition.
- Making a strategic plan on division of spending and increasing transparency by involving various stakeholders in the formulation of the plan.

## Financial Tracking System

Sphere India Secretariat shall develop a Financial Tracking System (FTS) dashboard to track needs and contributions against the WASH component of the flash appeals and funding from CRP. It shall provide quarterly reports on the FTS, analysing the crises-wise utilization of funding, and the additional funding required to fulfil the priority projects.

## Resource Mobilization Strategy

The Sector Committee Lead, with support from the members, shall undertake efforts to increase the participation of donors in the sector committee meetings, visits to the projects undertaken through flash appeals and CRP, oversee communication to donor agencies on behalf of the sector committee, and link potential donors to the sector committee and its members wherever appropriate. Similarly, the Sector Committee Lead, in consultation with the members shall prepare a 'Joint Report' for donors based on funding received from the flash appeal or CRP, including a joint narrative report and a separate financial report for each organization.

## Human Resource

Human resource is another important resource to mobilize for a rapid and proper response work. A skilled person is required for proper implementation of any project. During an emergency it becomes difficult to trace and find people on urgent basis. Hence, it is important to have pools of human resources beforehand who are skilled for various WASH related activities. It is essential for any WASH intervention to have a PHE person who has engineering skills and knowledge to construct and design any WASH infrastructure. There is also a need for a Public Health Person who can design all the software related to the WASH interventions. Apart from these, like any other project implementation, there is a need for a project coordinator, finance person, logistic team, and other human resources. Grass root level organizations should be mobilized and included in response activities.





# Benchmarks and Indicators



# BENCHMARKS AND INDICATORS

Basic standards and key indicators are extremely important to measure the quality of the interventions by various WASH agencies in a humanitarian response. They help to track progress, improve accountability and demonstrate the impact of efforts to improve conditions and services, especially at district and state levels. The standards, indicators and benchmarks in this chapter are provided as a guidance. Further, specific ones are for a given disaster, as agreed upon by all stakeholders led by the government authorities. For instance, variations are expected between urban and rural areas; as well as water-scarce (such as drought) and water-abundant areas. Definition of terms:

- Standards are universally agreed and recognised level of attainment for a given objective, during humanitarian response as mentioned in the Sphere India handbook.
- Indicators are measurable values that can be used to illustrate the performance of a component of quality linked to a standard. These are relative values that must be disaggregated to make comparisons over time, between locations and between different affected groups. Indicators are calculated and presented regularly in an updated quality snapshot in order to inform the analysis of quality gaps and trigger corrective action. They are usually written in a general sense, thus, should be contextualised by defining both the baseline and benchmark-appropriate for a given location.
- Sources of Data refer to the means of verification for all the indicators listed.
- Baseline refers to the data existing before the intervention of any response or any activities to measure against at the end of the implementation. Each of the standards needs to be measured on a specific baseline. The baseline will depend on the area of intervention.
- Target/ Benchmark refers to the minimum threshold to be achieved for any particular indicator to map the progress for each objective. The benchmark needs to be set according to the context of the area. Monitoring and evaluating the progress of each objective against the benchmarks set based on the known baseline over time results in an analysis of existing gaps. Therefore, when developing monitoring frameworks for specific humanitarian responses, WASH agencies should remember to include baselines and the frequency of reporting.
- Frequency of reporting refers to the rate/ duration or timing of reporting to examine the progress of the response activity. The frequency of reporting is decided based on the area of intervention and type of intervention. This could either be quarterly or monthly or yearly.



Frequency of reporting will help in monitoring if the benchmark set for the indicators is being met or not.

Possible standards, indicators and benchmarks for each of the strategic objectives mentioned in Section 6.3 are explained in detail in the below matrix.

## SO 1: WATER

Ensure regular, sufficient, and dignified access to safe water for drinking, domestic and medical/ health needs.

The global standards on **Water, Sanitation and Hygiene** promotion to be considered as a WASH benchmark and to be shared with different actors after evaluation and modification as per local requirements.

**Table 2: SO 1 – Water (Benchmarks and Indicators)**

	Standards	Indicators	Sources of Data	Targets/Benchmarks
ACCESS TO WATER	People have equitable and affordable access to a sufficient quantity of safe water to meet their drinking and domestic needs.	Percentage of house- holds with year-round access to improved water sources.	Sanitary Surveillance. FGDs with sex disaggregated groups.	Minimum 15 litres / day/ person.
		Percentage of constructed water supply facilities maintained by the communities served.	Hand over notes. FGDs KIs.	250 people/tap (based on a flow rate of 7.5 l/minute).
		Percentage of communal water distribution points free of standing water.	FGDs with sex disaggregated groups (especially those that fetch water).	Queuing time should be less than 30 minutes.
		Percentage of water systems/ facilities that have functional and accountable management system.	Handover notes Meeting minutes of the user committees Observations.	Each facility should have a user committee.
	Children have adequate access to safe drinking water facilities in the school premise.	Percentage of water system/ facilities available in schools.	Sanitary surveillance. Observations. Number of drinking water facilities.	

	Standards	Indicators	Sources of Data	Targets/Benchmarks
QUALITY OF WATER	Water is palatable and of sufficient quality for drinking and other personal hygiene/domestic purposes; without causing a risk to health.	Percentage of households with year-round access to improved water source- home or compound is connected directly to a piped system or that a public fountain, well, or stand post is located within 200 meters of the home.	Water quality. Monitoring. Sanitary survey of water points.	10CFU/100ml at the point of delivery (unchlorinated water). > or = 0.2-0.5mg/litre FRC at point of delivery (Chlorinated water). Turbidity of less than 5NTU 0 faecal coliforms per 100ml of water at the point of delivery. The faecal coliform bacteria (>99% of which are E. coli) are an indicator of the level of human/animal waste contamination in water and the possibility of the presence of harmful pathogens.
QUALITY OF WATER	Water is palatable and of sufficient quality for drinking and other personal hygiene/domestic purposes; without causing a risk to health.	Percentage of affected people who collect drinking water from protected water sources.	Observations. Number of cases of water borne disease.	10CFU/100ml at the point of delivery (unchlorinated water). > or = 0.2-0.5mg/litre FRC at point of delivery (Chlorinated water). Turbidity of less than 5NTU 0 faecal coliforms per 100ml of water at the point of delivery. The faecal coliform bacteria (>99% of which are E. coli) are an indicator of the level of human/animal waste contamination in water and the possibility of the presence of harmful pathogens.
		Percentage of HH observed to store water safely in clean and covered containers at all time.	Observations. FGDs with sex disaggregated groups. Sanitary survey. Number of cases of water borne disease.	
		Percentage of water quality test meeting minimum water quality standards.	Water testing reports. Sanitary survey. Number of cases of water borne disease.	
		Percentage of schools with water quality tests meeting the minimum quality standards.	Water testing reports. Sanitary survey. Number of cases of water borne disease.	



## SO 2: SANITATION

Ensure increased access to environment-friendly and acceptable improved sanitation facilities.

**Table 3: SO 2- Sanitation (Benchmarks and Indicators)**

	Standards	Indicators	Sources of Data	Targets/Benchmarks
EXCRETA MANAGEMENT	There are no human feces present in the environment in which people live, learn and work.	% of households with access to a sanitation facility excreta disposal facility, typically a toilet or latrine.	KAP survey FGDs with sex disaggregated groups. Number of cases of water borne/faecooral diseases.	100% access to toilets/ latrines in the intervention areas.
	All excreta containment facilities are sited appropriately and are an adequate distance from any surface or groundwater source.	% of households with appropriate sanitation which is at adequate distance from ground water source.	Observations. Number of cases of faecooral diseases.	Distance of 50m from any ground water source.
EXCRETA MANAGEMENT		Number of functional toilets with proper hand washing facility in the community.		1 per 20 people.
	All schools have adequate facilities for excreta management.	Number of functional toilets with proper hand washing facility along with locks, lighting and waste disposal facility for ensuring protection measures for girls.	Observations. FGDs with sex disaggregated groups.	1 toilet for 30 girls and 1 toilet for 60 boys.

	Standards	Indicators	Sources of Data	Targets/Benchmarks
SOLID WASTE MANAGEMENT	Solid wastes are safely contained to avoid pollution of the natural, living, learning, working and communal environments.	Percentage of HH with access to a designated neighbourhood or communal solid waste collection points at an acceptable distance from their dwellings.	KAP survey. Observation. Number of waste bins in the town/village. Available system of waste collection. FGDs with sex disaggregated groups.	Effective management of solid wastes by at least 80% of households and all public places (including the primary schools, panchayat ghar and anganwadi centre). This includes the management of biodegradable waste from cattle and agricultural activities by individual and community compost pits, and of plastic waste by ensuring an adequate segregation and collection system. Safe disposal of excreta for both public and environment.
	<b>Standards</b>	<b>Indicators</b>	<b>Sources of Data</b>	<b>Targets/Benchmarks</b>
SOLID WASTE MANAGEMENT	There is no solid waste accumulating around the designated neighbourhood or communal public collection points.	Percentage of HH reporting appropriate and adequate waste storage at HH level.	Observation. Availability of waste bins. FGDs with sex disaggregated groups.	Safe disposal of excreta for both public and environment.
	Designated public collection points do not overflow with waste and final treatment. Disposal of waste is safe and secure.	Percentage of schools and learning centres with appropriate and adequate waste storage.	Observation. Availability of waste bins.	Effective management of solid waste by at least 80% of households and all public places (including the primary schools, panchayat ghar and anganwadi centre). This includes the management of biodegradable waste from cattle and agricultural activities by individual and community compost pits, and of plastic waste by ensuring an adequate segregation and collection system.
		Percentage of public markets with appropriate and adequate waste storage.	Observation. Availability of waste bins, waste management system.	
	Percentage of solid waste pits or incinerators at schools, learning centres, public markets and other public institutions are managed safely.	Collection points, SOP and safety guidelines. Observations, presence of responsible committee or in charge, FGDs.		



## SO 3: Hygiene Promotion

Encourage the targeted communities to adopt individual and collective hygiene behavioural practices that are safe, to improve their health seeking behaviours and to mitigate against key public health risks.

**Table 4: SO 3-Hygiene Promotion (Benchmark and Indicators)**

	Key Standards	Key Indicators	Sources of Data	Targets/ Benchmarks
HYGIENE PROMOTION	People are aware of key public health risks related to water, sanitation and hygiene and can adopt individual, households, and community measures to reduce them.	Percentage of affected HH who correctly describe the three measures to prevent WASH related diseases.	Observation. KAP survey. Focus group discussions with men and women.	80 percent of the community members should be aware of basic hygiene behaviour practices.
		Percentage of target Population who correctly cite two critical times for hand washing.	Observation. KAP survey. FGDs.	
		Percentage of target population observed to use hand washing stations with soap and water on leaving communal toilets.	Observation. KAP survey. FGDs with men and women, availability of hand washing unit with running water.	
		Percentage of target population observed to use hand washing stations with soap and water on leaving communal toilets. Percentage of HH who dispose off solid waste appropriately.	Observation. KAP survey. FGDs with men and women.	
		Percentage of child caregivers and food preparers with appropriate hand washing behavior.	Observation. KAP survey. FGDs with men and women.	
		Percentage of active WASH committee in the community.	WASH committee meeting registers, notifications.	

	Key Standards	Key Indicators	Sources of Data	Targets/Benchmarks
HYGIENE PROMOTION		Percentage of people received training on WASH (safe water handling, critical hand washing time, excreta management and solid and liquid waste management).	Training attendance/ participant list. Photos. FGD.	At least all the WASH committee members and 80 percent of the population should receive training on basic hand washing.
MENSTRUAL	Women and girls have access to safe and healthy Menstrual Hygiene Management.	Percentage of women population having access to proper menstrual hygiene products.	KII, FGDS.	
		Percentage of women aware about the menstrual hygiene management and health related risk.	Observation. FGDS. KAPS.	90 percent of the women and adolescent girl between the age of 13- 40 should have the awareness.
		Percentage of women groups trained in Menstrual Hygiene Management.	Training attendance/ participant list. Photos. FGD.	
		Proper menstrual management in schools (discreet disposal mechanism , container with lid, well maintained sex segregated WASH facilities).		
GENDER	Women groups are adequately involved in all the planning and decision making activities on WASH and they have safe access to WASH structures.	Percentage of women in the target area having access to WASH facilities.	Sex Age Disability (SADD). Disaggregated Data.	All WASH facilities should consider accessibility and facility for women including protection and security measures.
		Percentage of women in the target area as member of the WASH committees.	WASH committee member list, meeting minutes.	At Least 50 percent of the member should be women.



	Key Standards	Key Indicators	Sources of Data	Targets/Benchmarks
GENDER		Percentage of women in the target area trained in basic repair and maintenance of the WASH structures.	Training participant list. Photos of training.	At least 50 percent of women groups should be trained.
		Percentage of toilets reported as safe by women and girls.	Need assessment. Post distribution survey. FGDs. observation.	100% of the toilets installed have accessed to lighting and are approved by the community in the safe area.
		Number of privacy or separate areas for changing for women in camp settings.	Need assessment. FGDs observation.	

## SO 4: WASH In Disease Outbreaks

Ensure Risk Communication and Community Engagement (RCCE); and Infection Prevention Control (IPC) in targeted communities (including the institutions) to prevent disease transmission and control disease outbreaks.

**Table 5: SO 4- Wash In Disease Outbreaks (Benchmarks and Indicators)**

	Key Standards	Key Indicators	Sources of Data	Targets/Benchmarks
WASH IN HEALTHCARE SETTING	Communities in HCF are well informed on the prevention, detection, and control of the disease in question.	Number of humanitarian staff/volunteer trained/ oriented on issues related to the disease (e.g. COVID 19). Number of key messages developed and disseminated on issues related to the disease (e.g. COVID 19). Number of community meetings sessions.	Training reports. Progress tracking reports. IECs collection of key messages. FGDs with sex disaggregated groups.	For RCCE related guidelines kindly refer to the following <a href="https://www.nhp.gov.in/rcce_pg#:~:text=%C3%98%20Be%20right%3A%20Information%20should,should%20be%20acknowl-edged%20in%20words.">https://www.nhp.gov.in/rcce_pg#:~:text=%C3%98%20Be%20right%3A%20Information%20should,should%20be%20acknowl-edged%20in%20words.</a>



	Key Standards	Key Indicators	Sources of Data	Targets/Benchmarks
HYGIENE PROMOTION	All health care settings maintain minimum WASH infection prevention and control standards to reduce disease transmission.	All healthcare workers clean their hands using soap, rub water or alcohol before and after every patient contact.	Physical verifications. Feedback/ complain mechanisms. Records/ register in the healthcare centres.	
WASH IN HEALTHCARE SETTING	Water quantity and quality.	Drinking water facility in all the healthcare facilities.		
	Sanitation	Number of accessible toilets in the facilities.		
	Personal Protective Equipment.	All health workers/staff of the healthcare facilities are provided with proper personal protective equipment PPE kits for staff handling dead bodies.	Observations. FGDs with the staff. Government circulars.	For Covid 19 response, kindly refer to the following document <a href="https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf">https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf</a>
	All the wastes are handled, treated, and disposed off correctly.	Segregation of waste into general, sharps, infectious, pathological, pharmaceutical and chemical waste.	Observation. Physical verification.	For COVID19 guidelines for Quarantine centre, kindly refer to the guideline <a href="https://www.mohfw.gov.in/pdf/90542653311584546120quartine-guidelines.pdf">https://www.mohfw.gov.in/pdf/90542653311584546120quartine-guidelines.pdf</a>
		Number of waste bins for proper disposal of waste.	Observation. Physical verification.	
		Number of incineration equipment for disposal of harmful waste.	Survey and Observations. FGDs. Complain/ feedback mechanism.	



REFERENCES

	Key Standards	Key Indicators	Sources of Data	Targets/Benchmarks
WASH IN HEALTHCARE SETTING	Management of the dead bodies.	Ensuring all dignified and culturally appropriate burials of the dead bodies.	Observation Records.	For management of dead due to COVID19, kindly refer to this document <a href="https://www.mohfw.gov.in/pdf/1584423700568_COVID-19_Guidelines_on_Dead_body_management.pdf">https://www.mohfw.gov.in/pdf/1584423700568_COVID-19_Guidelines_on_Dead_body_management.pdf</a>
		Ensuring family members are aware of the process.	FGDs	
		Ensuring and following proper protocols for the burial and management of dead people.	Checklist Records of disposal of dead bodies.	

# Annexure

Rapid Assessment	Baseline Data Collection	Monitoring
<b>Exploratory Walk</b>		
Use to collect initial data on what facilities are available at present and what are main problems/ risks. This provides a rapid impression of situation.	A checklist (see appendix) can be used to record information from different areas or zones to define indicators for monitoring. Information will be impressionistic and cannot be presented as 'survey' data.	Using 'crude' indicators such as a rating of how much indiscriminate defecation is observed, or evidence of hand washing facilities, change should become obvious by comparing check lists used for baseline data collection.
<b>Key Informant Interviews</b>		
Use to collect initial data on main problems/risks and people's perception and understanding of risk.	Record information and identify themes and trends to help define indicators. Do not present these as percentages or statistical information but as narrative, qualitative information cross checked by using other methods.	Repeat interviews and ask people to identify changes they perceive to have taken place using previously identified indicators. Previous and new key informants should be interviewed.
<b>Mapping</b>		
May be possible to do for one or two maps at the same time as interviewing group of key informants but may take time to do well.	Structure mapping activities to include different areas and groups, ensure data is recorded both in form of map itself and accompanying commentary and observations. It may provide numbers of facilities or breeding sites.	Repeat mapping to use as a visualisation of community, perceived changes at three monthly intervals. It may be possible to obtain numerical data for each map and this can then be collated for the whole area.
<b>Focus Group Discussion</b>		
May be possible to organise one or two FGDs as part of initial assessment.	Information needs to be summarised and cross checked with other information collected and presented in narrative format. This data cannot be interpreted in terms of percentages.	Subsequent focus groups should not identify the same groups. Organising focus groups should be an ongoing activity as this is an opportunity for community discussion and learning.



Rapid Assessment	Baseline Data Collection	Monitoring
<b>Three Pile Sorting</b>		
Time is not usually available for preparation of materials or in-depth discussions but pictures may be used to make FGD more interesting.	Can provide detailed information on how people perceive problems, if a careful recording is made. Cannot present this data in percentages- only narrative is required.	Such activities should form part of ongoing training and key information should be recorded.
<b>Household Observation/Interview</b>		
May be useful to visit one or two homes during exploratory walk, if there is time.	Random selection of small sample of households in different areas to provide impressionistic data only. This is not intended to be used as a survey, so do not try to collect too much data. Data can be presented in the form of percentages with qualification that this is not necessarily statistically valid: ensure you provide 'sample' size. If used and cross checked with other methods, greater reliability of the data can be assumed.	
This method can be used to investigate situations such as quantity of water used in more depth – use up to ten households and look at one or two indicators only.	Repeat household observations making selection of households as random as possible. Conduct at 3-6-month intervals. You do not need to use the same households. Only useful, if cross checked with other methods.	
<b>Pocket Charts</b>		
Not appropriate at this stage.	Can provide some quantitative data on what people do but cannot be presented as percentages – provide actual outcome of session and back-up narrative of key information.	Such activities should form part of ongoing training and key information should be recorded.
<b>Matrix Ranking</b>		
Basic ranking of problems, may be possible if situation not at high risk.	Should only be used if situation is stable – pocket charts may be more useful in providing indicators. May provide deeper understanding of people's preferences for facilities such as latrines.	Should only be used if situation stable – pocket charts may be more useful in providing indicators.

Rapid Assessment	Baseline Data Collection	Monitoring
<b>Spot Check Observations</b>		
Not applicable at this stage.	This method can be used to produce many observations on specific issues such as number of school children washing hands after using latrines. Data can be presented statistically, and percentages can be extrapolated with the qualification that the data is not necessarily statistically valid although the larger the number of observations, the more reliable the data is available. May be best used as a monitoring tool.	This tool can be used in various ways for monitoring: 1. A large number of observations may be repeated on particular indicators as with the number of school children washing hands after using latrine. 2. Spot checks should also be conducted on an ad-hoc basis to verify if toilets are clean. 3. Checking if people coming to clinic or distribution know how to make up ORS, etc. These activities should be carried out as a part of regular programme activities.
<b>Seasonal Calendar</b>		
Time is not generally available in high risk situation.	May provide useful information on peak seasons for sickness and useful to make link between them. E.g. rainfall, sickness, and food availability. More useful as a training tool than a monitoring tool.	More useful as a training tool than a monitoring tool in emergency situations.
<b>Gender Analysis</b>		
Some information should be sought from key informants on gender roles and relations, etc. But time is not generally available for comprehensive gender analysis.	Baseline information on gender may help to determine appropriate gender indicators for situation.	May not be possible to view significant change in short time available but individual gender indicators should be monitored.



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