



USAID
FROM THE AMERICAN PEOPLE

CONCERN
worldwide

CONCERN WORLDWIDE PAKISTAN
*Responding to Pakistan's
Internally Displaced (RAPID) Fund*

GUIDANCE SHEET No. 9: WATER, SANITATION AND HYGIENE (WASH)

All proposals to RAPID Fund must be in respect to Internally Displaced Persons and flood affectees in Pakistan and seek to address needs in any of the sectors listed below:

- [Agriculture and Food Security](#)
- [Economic Recovery and Market Systems \(ERMS\)](#)
- [Health](#)
- [Humanitarian Coordination and Information Management](#)
- [Logistics Support, Relief Commodities](#)
- [Nutrition](#)
- [Protection](#)
- [Shelter and Settlements](#)
- Water, Sanitation and Hygiene (WASH)

Within each of these sectors there are sub-sectors which your intervention must comply with. For each sub-sector there are set indicators which your intervention must seek to address. If your intervention is addressing sectors other than the WASH sector, you should consult with the guidance sheets for the other sectors (linked to the list above) which will guide you about the sub-sectors and indicators as well as specific areas of exclusion.

As these sectors, sub-sectors, indicators and areas of exclusion have been agreed between OFDA and Concern in the umbrella grant agreement, there is no scope for negotiation about these parameters.

The WASH sector mostly relates to increasing access of IDPs flood affectees to water, sanitation and hygiene information with an end result of reducing risk of disease. If you applying to RAPID Fund to help IDPs and flood affectees in this sector your intervention will need to be within the sub-sectors of:

- Environmental Health
- Hygiene Promotion
- Sanitation
- Water Supply

The objective of your intervention in this sector will need to be consistent with:

To ensure IDPs have adequate access to clean water, sanitation facilities and knowledge of hygienic practices to reduce risk of preventable disease

You must be able to measure the results of your intervention in terms of the following indicators relevant to each of the four sub-sectors as shown in the table below:

Sub-Sector 1:	Environmental Health
Indicator 1:	Number of community clean up/debris removal activities conducted
Indicator 2:	Number of vector borne disease environmental control activities implemented
Indicator 3:	Number of bathing facilities completed
Sub-Sector 2:	Hygiene Promotion
Indicator 1:	Percent of target population demonstrating good hand-washing practices
Indicator 2:	Percent of target population demonstrating correct water usage and storage
Indicator 3:	Number and percent of clean water points functioning three months after completion
Sub-Sector 3:	Sanitation
Indicator 1:	Number and percent of household latrines completed that are clean and in use in compliance with Sphere standards
Indicator 2:	Number and percent of household hand washing facilities completed and in use
Indicator 3:	Number and percent of households disposing of solid waster appropriately
Sub-Sector 4:	Water Supply
Indicator 1:	Number and percent of household water supplies with 0 coliform bacteria per 100ml
Indicator 2:	Average water usage of target population in liters per person per day prior to and after interventions
Indicator 3:	Number and percent of water points with measurable chlorine residual exceeding 0.2 mg/L

You can develop further indicators to these for your intervention particular to the four listed sub-sectors if you wish.

Notes about the technical design of interventions and exclusions relating to the Water, Sanitation and Hygiene sector

Ideally the sub-sectors of environmental health, hygiene, sanitation and water supply should all feature in a WASH intervention being proposed to RAPID Fund. Clearly all components are related to an overall goal. If applicants are not proposing activities from all sub-sectors, they will need to show how these other components are being addressed or are not urgent issues for the target IDPs and flood affectees. It may well be the case that some components are being addressed by other actors (eg., host

communities, local authorities etc) and the intervention being proposed aims to compliment those actions.

The level to which sustainability will need to promote within the WASH intervention design will largely be determined by the circumstances. For example, **installing emergency latrines for displaced population that is expected to return within a few months will not require emphasis on sustainability. However, building extra toilets in host communities to provide for IDP influx needs to be sustainable so that the host communities can utilize the facilities after the IDPs have left.** Water supply infrastructure in host communities or for returnees needs to incorporate Disaster Risk Reduction measures in the design. Realizing Sphere standards is implicit in every WASH intervention.

a) Sub-Sector: Environmental Health

Under this sub-sector, activities could include:

- Establishment of debris clearance/solid waste collection mechanisms in collaboration with the affected population.
- Distribution of debris clearance toolkits amongst the affected population,
- Revitalization of solid waste collection facilities
- Composting animal waste for farm yard manure preparation.
- Assessment of vector transmission routes in IDP sites
- Design and dissemination of key messages and actions that will limit vector breeding at a household level
- Construction/re-construction of bathing facilities at IDPs camps, in hosting areas and places of origin. The sites for bathing facilities will be selected in consultation with the targeted beneficiaries.

b) Sub-Sector: Hygiene Promotion

Under this sub sector, proposed hygiene promotion actions should aim to encourage healthy behavior changes among target communities. Interventions will follow a community driven approach to hygiene promotion and focus on personal hygiene promotion relating to hand washing (at critical times), latrine usage, water transport, storage, and consumption as well as infrastructure maintenance and management related to latrines and water points. Partners will need to identify and train community volunteers so they can become a medium for disseminating hygiene promotion messages to the community. The trainings should equip them with basic skills on community participation, awareness raising methodologies and basic prevention and control of water and sanitation related infections. Likely training topics will include: personal hygiene, latrine use & maintenance, hand washing, safe water use, diarrheal disease prevention and management, ORS, and malaria prevention and treatment.

Hygiene promotion should aim to motivate beneficiaries to use latrines by explaining the health benefits they are going to gain through such practices and in connection to other healthy behaviors and maintaining clean latrines. Hygiene promotion delivery should be informed by a rapid Knowledge, Attitudes, Behavior, and Practices Surveys at the outset and this should be repeated at the end to gauge level of change. Partner staff will also need to monitor the delivery of messages by volunteers to ensure quality. Messages need to be delivered in a way that they can be readily understood by target group and language, design of IEC materials for illiterate people, gender considerations, cultural norms etc. need to be considered in the design of the activities.

c) Sub-Sector: Sanitation

The objective of interventions under this sub sector is to create and improve sanitation infrastructure. Major activities could include construction of household and family latrines, and communal latrines during the initial phases of an emergency as well as in latrines for schools and clinics. The intervention could include latrine construction in camps, in host communities and in the place of return. In the IDP camps, communal latrines will need to be installed separately for women and men as per the requirements. Toilet facilities built in host communities or public buildings must be built with the consultation of the host community so that they can endure with clear responsibilities for ownership and operational maintenance. At places of origin, where latrines were either destroyed or damaged, RAPID Fund can provide essential materials for latrine reconstruction.

The particular designs of latrines will depend on soil type in the location and other environmental factors (especially flooding potential if latrines will still be in use by the rainy season). However, partners will be expected to consider the following in latrine design and construction:

- User/latrine ratio – ideally 20: 1 in communal settings with a higher proportion allocated for women and girls.
- Distance from dwellings (more than 6m but less than 50m); feeding and health centers (more than 10m)
- Distance from wells and other water sources (at least 30m)
- Suitable depth and distance from water table (at least 1.5m)

RAPID Fund partners will need to consider ongoing maintenance of latrines from the outset as only clean and well maintained latrines are consistently used by affected populations. Family latrines are usually well maintained due to a sense of ownership – however this will also be reinforced through hygiene promotion activities. Partners need to develop cleaning and maintenance plans with institutional leadership at sites like schools and clinics. In formal IDP camps, partners will be expected to work with camp management actors and undertake sufficient beneficiary consultation and mobilization to ensure latrines are kept clean.

d) Sub-Sector: Water Supply

Interventions under this sub sector will focus on the provision of safe drinking water to the affected population in camps and support supplemental community water supply in hosting/affected areas where required. Various means to ensure safe water supply could be proposed depending on the circumstances including: water tanking, installation and repair/restoration of damaged drinking water systems, and where possible, installation of hand pumps, provision of household water treatment and storage options. Water treatment and water quality monitoring of water supplies will also need to be ensured partners. Depending on the context, chlorination could be carried out at the water source, and when not possible, beneficiaries will be educated on home chlorination of water supplies. Water testing will be carried out both at source and at household level to monitor the source of infection and to advise the community on prevention measures. To ensure uninterrupted supply of water, capacity building efforts with focus on training the target groups on repairs and maintenance of water infrastructure. All the repaired/constructed water sources should be tested to confirm the suitability and safety of water for drinking prior to allowing use. Water quality testing is demanded by Indicator 1 of this sub-sector as well as compliance with Sphere standards.

Although it may be difficult to precisely determine, to the extent possible, partners will need to make sure that any repairs made to water supply infrastructure in affected communities is the result of damage due to recent conflict or disaster and not due to past poor maintenance. Applicants to RAPID

Fund proposing repairs to water supply infrastructure in areas where IDPs are returning to, are encouraged to include information about the pre-existing status of the water supply system from local sources including local authorities. This type of assessments and level of information will assist organizations to obtain the necessary 'No Objection Certificates' before carrying out the repair work as per the government policy.

For more information:

Please consult Concern's RAPID Fund Assistant Program Director (email: assistant.programrapid@concern.net) if you need more information or support about technical requirements.

The following references are suggested by OFDA:

Field Operations Guide for Disaster Assessment and Response. USAID/OFDA and the U.S. Department of Agriculture's Forest Service, 2005.

http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/resources/pdf/fog_v4.pdf

Helping Health Workers Learn: A Book of Methods, Aids, and Ideas for Instructors at the Village Level by David Werner and Bill Bower. Hesperian Foundation, 1982.

The Handwashing Handbook: A guide for developing a hygiene promotion program to increase handwashing with soap.

<http://www.globalhandwashingday.org/Resource.asp>

Technical Notes for Emergencies. Water, Engineering and Development Centre, Loughborough University.

http://weduc.lboro.ac.uk/knowledge/notes_emergencies.html

Improving Health through Behavior Change: A Process Guide on Hygiene Promotion. USAID Environmental Health Project, 2004.

http://www.ehproject.org/PDF/Joint_Publications/JP007-CIMCIPProcessGuideWeb.pdf

Just Stir Gently: the way to mix hygiene education with water supply and sanitation by Marieke T. Boot. IRC International Water and Sanitation Centre, 1991.

<http://www.irc.nl/page/1889>

Water Quality and Treatment: A handbook of community water supplies edited by Raymond D. Letterman. American Water Works Association and McGraw-Hill, 1999.

The Sphere Project: Humanitarian Charter and Minimum Standards in Disaster Response handbook. Geneva, 2004.

<http://www.sphereproject.org/sphere/en/>