GLOBAL HUMANITARIAN
WASH GUIDANCE 2019-2021

Save the Children

Contents

Save the Children

Acronyms

CA	Common Approach
CCC	Community Care Centers
CVA	Cash and Voucher Assistance
CTC	Cholera Treatment Centre
CFS	Child Friendly Space
CO	Country Office
CP	Child Protection
CSPs	Country Office Strategic Plans
CPMS	Minimum Standards for Child Protection in Humanitarian Action
EiE	Education in Emergency
ELM	Emergent Literacy and Math
EP	Emergency Preparedness
EP	Epidemiology (or Expanded Program of Immunization?)
EPP	Emergency Preparedness Plan
EPREP	Emergency Preparedness Rapid…Plan
EVD	Ebola Virus Disease
ETU	Ebola Treatment Units
FGD	Focus Group Discussions
FSL	Food Security and Livelihoods
GWC	Global WASH Cluster
HF	Health Care Facility
HH	Household
HSG	Humanitarian Strategy Group
HWWS	Handwashing With Soap
IAS	Inter-Agency Standing Committee
IDP	Internally Displaced Person
INGO	International Nongovernmental Organization
IPC	Infection Prevention and Control
KPI	Key Performance Indicator
MEAL	Monitoring, Evaluation, Accountability and Learning
MBP	Market Based Programming
NFIs	Non-Food Items
OCV	Oral Cholera Vaccine
OFDA	Office of Foreign Disaster Assistance
OPS	Operations
OTP	Outpatient Treatment Program
PPE	Personal Protective Equipment
PWD	Persons with Disabilities
SC	Save the Children
SCA	Save the Children Association
SMT	Senior Management Team
SWOT analysis	Strengths, weaknesses, opportunities and threats analysis
TLCs	Temporary Learning Centers
WASH	Water, Sanitation and Hygiene
WG	Working Group

1. Introduction

Despite children regularly making up more than 50% of the population affected by a humanitarian crisis (UNICEF, 2019) across most humanitarian organizations and emergency standards, child-focused emergency Water, Sanitation and Hygiene (WASH), programming remains inconsistent (Kostelny, 2008). As a result, children are often deprived of their basic right to WASH and live in undignified and poor physical conditions. This results in children being excessively exposed to risks of preventable diseases and malnutrition, affecting their immediate survival and safety as well as their physical and cognitive growth, with short- and long-term impacts on their development and success in life.

For Save the Children (SC) this is unacceptable. In humanitarian contexts children must have access to safe water and clean toilets, enabling them to practice proper hygiene at home, in schools and in health and nutrition centres.

As such, SC will strive to improve WASH interventions across our Education, Health, Nutrition, and Child Protection interventions to the reach the most deprived and marginalised children in most at-risk communities, namely those with high malnutrition rates and high rates of WASH-related diseases.

Since its relatively recent creation in 2010, the SC Humanitarian WASH team has steadily increased its integrated support to other SC sectors' outcomes. In 2017-2018 SC implemented 168 humanitarian WASH interventions across 30 countries. These interventions reached 8 million beneficiaries for an overall global humanitarian WASH portfolio of roughly $80m USD, as cited in Figures 1 and 2.

Although WASH remains a subtheme in SC this rapid growth has made this guidance necessary to further clarify the position and ensure alignment of Humanitarian WASH within different humanitarian workstreams and strategies, including "Public Health on the Frontline"; the "Areas of Focus of Humanitarian Strategy Group"; the "Centenary Commitments"; the "2019-2021 Save the Children Strategic Objectives"; as well as for the "2030 Ambition Breakthroughs".

This guidance has undergone wide consultation with SC humanitarian colleagues to capture lessons learned from WASH and non-WASH programs. The purpose of this document is to provide direction to the movement on what type of WASH interventions should be applied and integrated in multi-sectoral humanitarian programs. This paper starts by outlining key WASH interventions across SC's three pillars: Survive, Learn and Be Protected. This is followed by guidance on key cross-cutting models and approaches. Within each section there is a brief presentation of key points that will be focused on from 2019-2021 although these are not exhaustive, but rather provide an overview of important steps in moving forward in SC humanitarian WASH work.

8
Million
WASH
Beneficiaries

Hati

Colombia

Mauritania

Niger

Nigeria

Sudan

Yemen

South Sudan

Ethiopia

Kenya

Somalia

DRC

Zambia

Zimbabwe

Lebanon

Syria

Iraq

Afghanistan

Nepal

India

Bangladesh

Myanmar

Vietnam

Philippines

Indonesia

69
30
29
16
13
11

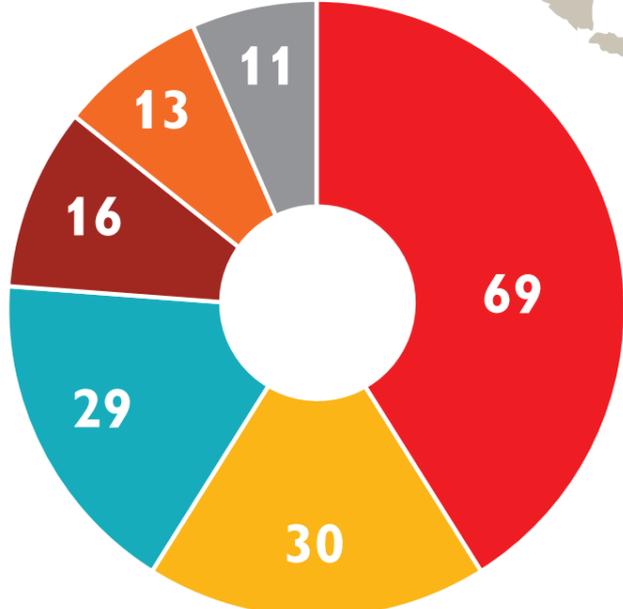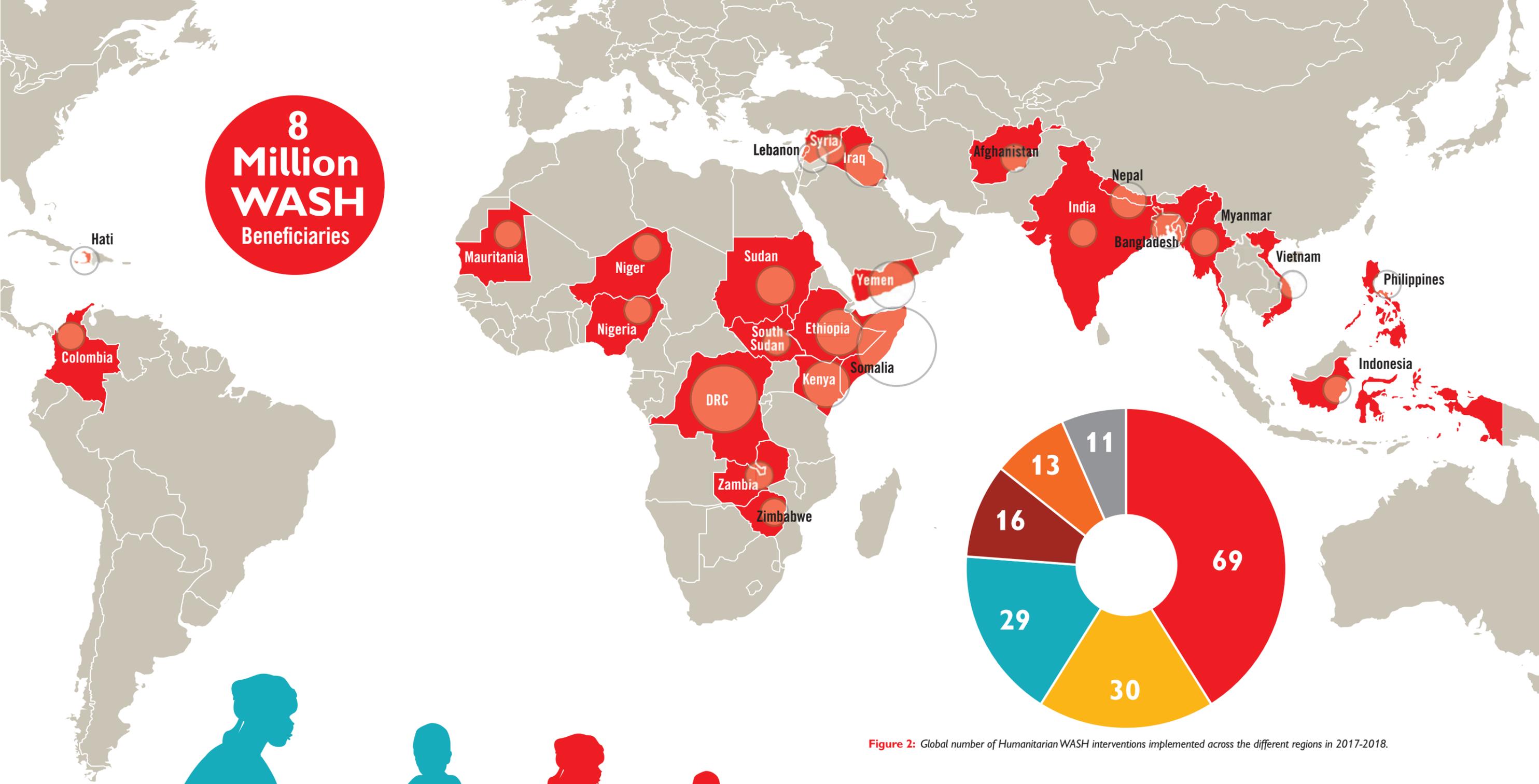**Figure 2:** *Global number of Humanitarian WASH interventions implemented across the different regions in 2017-2018.*

$34M
MIDDLE EAST AND EUROPE

$30M
EAST & SOUTHERN AFRICA

$8M
SOUTH & CENTRAL ASIA

$3M
SOUTH EAST ASIA & PACIFIC

$3M
WEST & CENTRAL AFRICA

$2M
LATIN AND CENTRAL AMERICA

Figure 1: *Humanitarian WASH Global portfolio 2017-2018*

2. Lessons from working with children

The needs and preferences of children of different ages or genders are often insufficiently considered in many WASH projects despite often vast differences in need and experiences. There are age and gender related concerns that require different levels of attention and different approaches. These need to be adapted to each phase of the humanitarian response and different environments including household, community, schools and health and nutrition facilities. Consideration of child-specific needs is often overlooked due to the lack of skilled and confident WASH staff with experience in working with children; a lack of knowledge of suitable activities for different age groups; and lack of support from humanitarian childhood experts (D' Mello-Guyett, L., et al. 2018).

Children under five are the most vulnerable to water- and excreta-related diseases. We must prioritize the most deprived and marginalized children through robust analysis of children's WASH deprivations within our programs and through WASH Cluster working groups. SC will consider age-sensitive packages of interventions divided into: i) the first 1,000 days; ii) pre-school; iii) school age; and iv) adolescents. Other important groups to consider include **menstruating girls** and children with **physical disabilities**.

In cholera endemic areas, for example, the young child is more likely to be sick and die than an adolescent or adult, and they are less protected from diseases even if vaccinated. By crawling on dirty floors and mouthing everything they can reach, infants are at high risk of frequent diarrhoea, environmental enteropathy dysfunctions (EED)[1] and parasitosis. Currently, **conventional WASH interventions are not adapted to children under five** and reduction of diarrhoea, EED and parasitosis among 0-18 months children has not so far been demonstrated (Arnold et al. 2018).

Although age and gender-sensitive WASH and children's participation were insufficiently considered[2], some recent **commendable WASH responses have included age and gender components in their project cycle.** For example, a user-centred digital tool for sanitation design has been successfully piloted in the Rohingya response and in Iraq[3]. Other examples of child-centred WASH activities conducted include: game-based learning methods to remember top hygiene practices (e.g. "High five" for five practices in Asia; hygiene comics in Yemen); child-designed soap and hygiene promotion approach with toys embedded in soaps designed by children; and children as organizers of key WASH events for their school or community.

Finally, SC WASH teams are, and must continue to be, a **voice for children** in strategic platforms, including the WASH Cluster, where SC technical advisors are active members. SC will continue to focus on working with other relevant global and regional WASH fora and engage in national cluster platforms, with the acknowledgement that there is room for improvement and further engagement. A SWOT analysis presented in Annex 1 provides fundamental messages based on input from Country Office WASH Technical Specialists and Advisors at the 2019 Global WASH network meeting.

3. Our Humanitarian WASH Vision, Mission and Values

OUR VISION

A world in which every child affected by an emergency wherever she/he is – at home or displaced; in schools; and in health institutions – has the right and access to safe water supply and adequate sanitation facilities and is enabled to perform basic hygiene.

OUR MISSION

As a means of achieving the SC Breakthroughs (Survive, Learn, Be Protected) we aim to:

1. Reduce morbidity and mortality of children exposed to poor WASH conditions, wherever they are living (including homes, camps and institutions), and improve quality of care through WASH interventions in health facilities (HFs);

2. Enhance hygiene practices, dignity, attendance and learning outcomes in schools and temporary learning spaces;

3. Design and implement WASH programing in a way that does not put children or their families at risk, and where they are protected against dangerous situations and physical environments.

This mission will be attained through safe, timely, and quality access to essential WASH services and goods.

OUR VALUES

1. Involve children and their families in decision-making processes, improving their resilience to disasters;

2. Unite humanitarian and development WASH programs;

3. Collaborate with other sectors and external partners across geographic, thematic and operational priorities;

4. Run innovative, effective, efficient and results-focused programs with creativity and environmental protection components;

5. Ensure integrity and enhance motivation of WASH staff and support their technical skills development;

6. Align with the nine Core Humanitarian Standards as they are embraced by SC;

7. Be guided by the Child Safe-guarding and Safe-programming guidance and principles for WASH.

In line with our vision, mission and values, the following diagram depicts the various aspects of SC within the three thematic pillars, citing the various aspects within each pillar as well as cross sectional.

Diagram 1: *SC Humanitarian WASH Framework – Alignment of Humanitarian WASH with Ambition 2030*
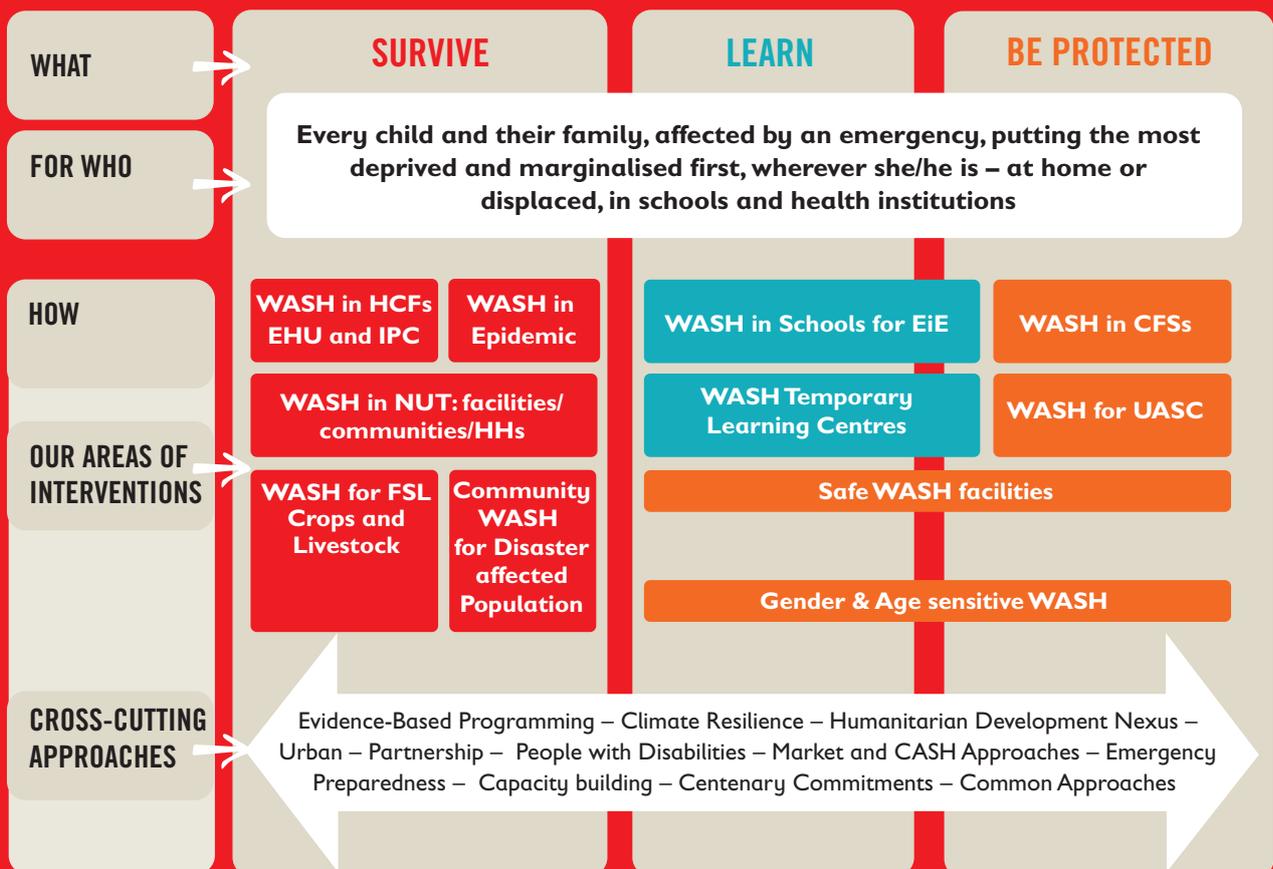
4. Areas of Intervention

The 2019-2021 Humanitarian WASH Guidance is aligned with Ambition for Children 2030, SC's global strategy, which in turn aligns to members' visions and country office strategic plans (CSPs)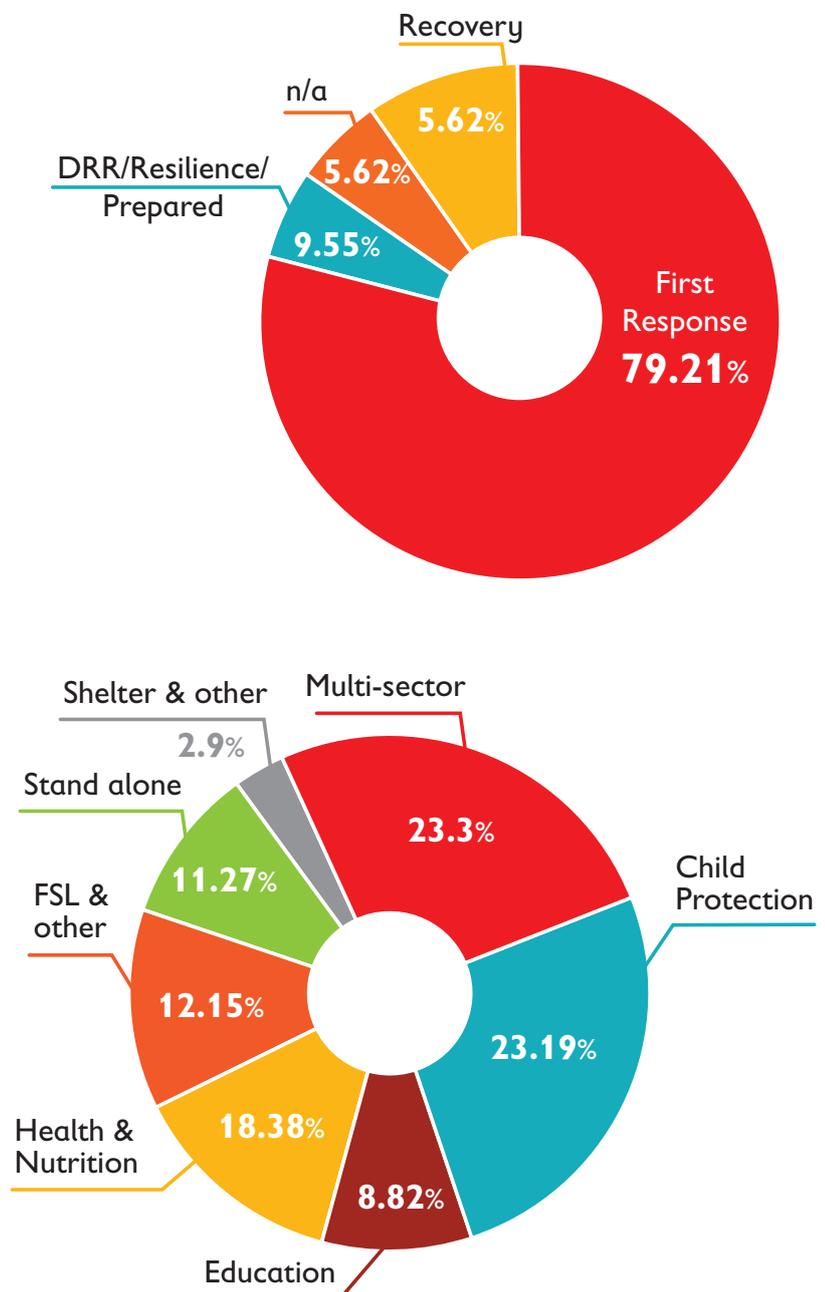 and reflects what SC will deliver in terms of the commitments to achieve immediate and lasting change in children's lives. The 2030 timeframe is consciously chosen to be consistent with the United Nation's Sustainable Development Goals horizon. The following sections provide details on our approach and specific areas of interventions required to achieve these goals.

The Humanitarian WASH team sees the three SC Breakthroughs (Survive, Learn, Be Protected) as pillars that can mutually contribute to each other's final objective. Since 2015, it is estimated that integrated WASH interventions (i.e. those embedded into other sector programs) increased from 60% to almost 90% of the Humanitarian Global WASH portfolio at SC, as illustrated in the Figure 3. As cited in *Public Health on the Frontline,* WASH remains a critical function primarily integrated into health and nutrition and moving forwards we will further integrate with education and child protection in order to contribute to the related Breakthroughs.

Figure 3: *Integrated Humanitarian WASH global porfolio*

Recovery
n/a
DRR/Resilience/ Prepared
5.62%
5.62%
9.55%
First Response **79.21**%

Shelter & other **2.9**%
Multi-sector
Stand alone
FSL & other
11.27%
12.15%
23.3%
Child Protection
Health & Nutrition
18.38%
8.82%
23.19%
Education

The following illustration depicts how the WASH strategy integrates with various SC sectors through direct contributions to children's health, dignity, development and learning across their life course and fully aligning with *Ambition 2030.*

Figure 4: *WASH across the life course of the child, (adapted from UNICEF WASH 2030 Strategy)*

MATERNAL AND NEONATAL

EARLY CHILDHOOD DEVELOPMENT

OLDER CHILDREN

WASH DIRECTLY CONTRIBUTES TO:

PREGNANCY	CHILDBIRTH AND NEWBORN	INFANT TO 2 YEARS	YOUNG CHILDREN 2-5 YEARS	SCHOOL-AGE CHILDREN	ADOLESCENT GIRLS AND BOYS
Reduced maternal disease and death	Reduced neonatal and maternal disease and death	Reduced child disease and death	Reduced child disease and death	Reduced child disease and death	Reduced adolescent disease and death
Reduced under-nutrition	Increased dignity	Reduced stunting	Reduced under-nutrition	Reduced under-nutrition	Reduced under-nutrition
Protection from violence		Lack of evidence of impact of WASH on < 2 years children		Increased school attendance	Increased school attendance, especially girls
Increased dignity				Protection from violence and exploitation	Protection from violence and exploitation
		Note: lack of evidence		Increased dignity	Increased dignity
✓	✓	✕	✓	✓	✓

WASH DURING THE 1,000 DAYS

The figure below illustrates how WASH programs will ensure the promotion of good hygiene, sanitation and water practices being embedded into Health, Nutrition, Education, and Child Protection interventions.
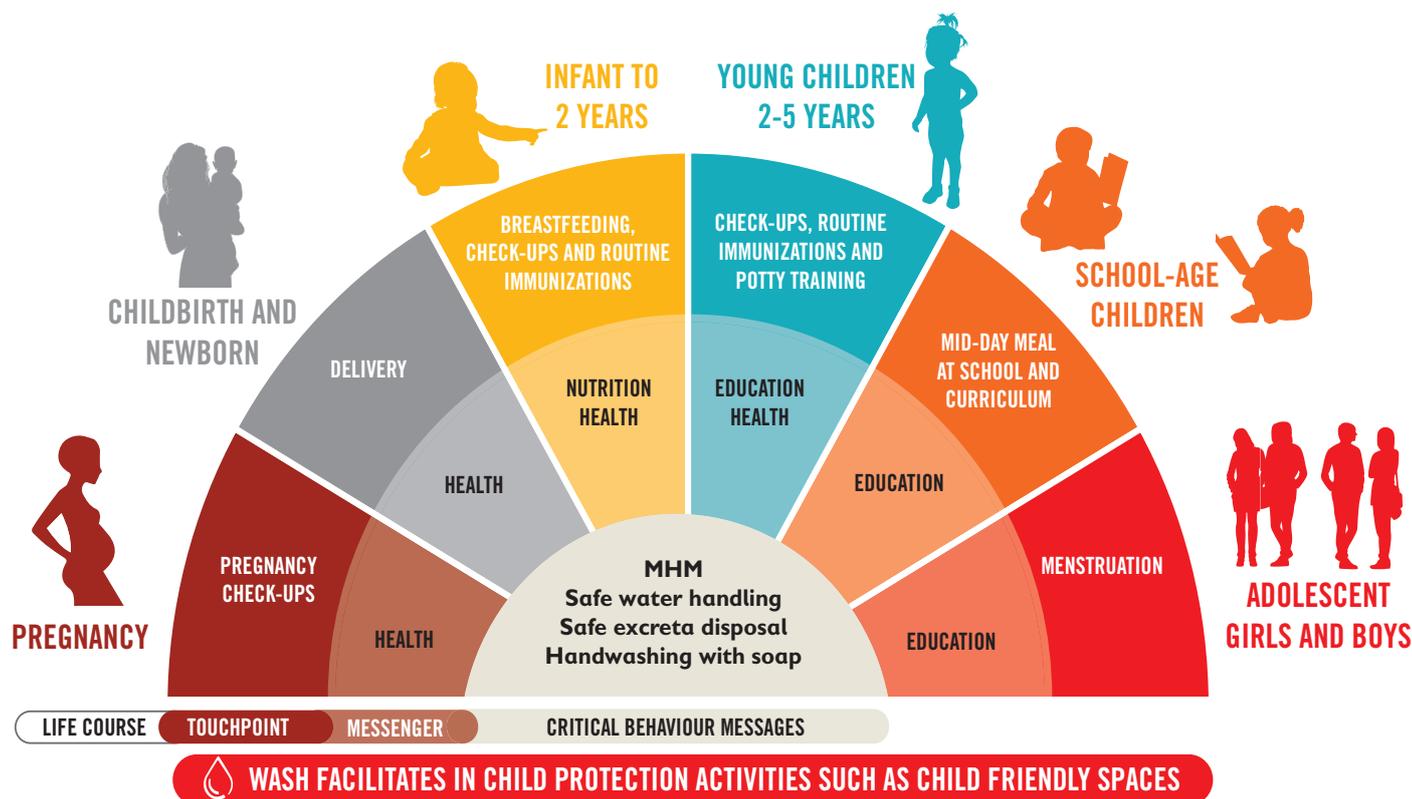

Figure 5: *Enhancing WASH critical behaviours through all SC programs*

4.1 SURVIVE – WASH in Health and Nutrition

The Survive Breakthrough aims to ensure that *"No child dies from preventable causes before their fifth birthday"*. "Public Health on the Frontline" is the SC guiding strategy for the humanitarian contribution to this Breakthrough and outlines key interventions for WASH, health and nutrition. WASH programs will contribute to the Survive Breakthrough through a balanced approach of hygiene promotion (motivating practice) and WASH infrastructure activities (improving access) in humanitarian settings. WASH will work across a range of settings, outlined further below.

4.1.1 WASH and Infection Prevention and Control in Health Facilities

During humanitarian crises, functional HFs are of key importance in delivering effective primary and secondary care, including in maternal, neonatal and child health, and thus reducing mortality and morbidities across children and other affected populations. WASH services underlie the correct functioning of HFs and are essential for quality medical care and preventing transmission of deadly nosocomial infections.

The following are the key WASH interventions in HFs:

- Provide **water supply** in enough quantity and quality for different uses, such as drinking, personal hygiene, bathing, cooking, laundry, medical activities, cleaning and disinfection.

- Provide **safe excreta disposal** and management. Latrines should be adequate, safe, accessible and enough in number for patients, visitors and medical staffs, of different gender and ages.

- Ensure that enough **handwashing facilities** (for both patients, visitors and clinical handwashing) which are strategically located are operational and continuously equipped with water, soap and drainage.

- Perform **cleaning and disinfection**. As part of the IPC measures, HFs and their staffs must have enough consumables and tools (buckets, chlorine, detergent, mops, etc.) to periodically disinfect surfaces.

- Ensure that, where necessary, **personal protective equipment** (PPE) is provided in enough quantity and is correctly used by staff.

- Solid and medical **waste are disposed of** and managed safely. These include triage and special attention to different medical waste (including unwanted pharmaceuticals) and having relevant infrastructure functional and maintained.

- **Disease vector control** is ensured within the facilities: breeding places are removed and window and door screens installed to prevent movement of insects and animals.

- **Wastewater** and **stormwater** are properly drained and managed.

- **Hygiene promotion** (and food safety) are properly followed. Ensure that adequate and relevant messaging is delivered to patients and their carers.

In term of standards, operating procedures and approaches, SC aligns with WHO, UNICEF and MSF guidance for WASH in HFs (JMP/WHO,2018, 2019; MSF, 2012). Additionally, the "Clean Clinic Approach" of SC[4] will be increasingly piloted by Humanitarian WASH teams.

In case of an Emergency Health Unit (EHU) deployment for secondary care, a **WASH in-patient module** will be dispatched, installed and made functional. The SC WASH in-patient module has been conceived and designed to provide emergency WASH services to a self-sufficient secondary care facility[5]. We will also ensure WASH services where case management in hard to reach and remote communities is delivered with mobiles clinics.

4.1.2 WASH in Nutrition: the 3 pillars approach

Undernutrition is a major contributor to child mortality, morbidity and impaired growth as well as cognitive and emotional development. Undernutrition is not only related to limited availability and access to food but also due to poor access to WASH which increases diseases with an impact on nutrition- as shown in the SC programs in Somalia through The Smart Nutrition Surveys, conducted in 2017[6]. The causal pathways in relation to WASH are complex, as described in the Figure 6.
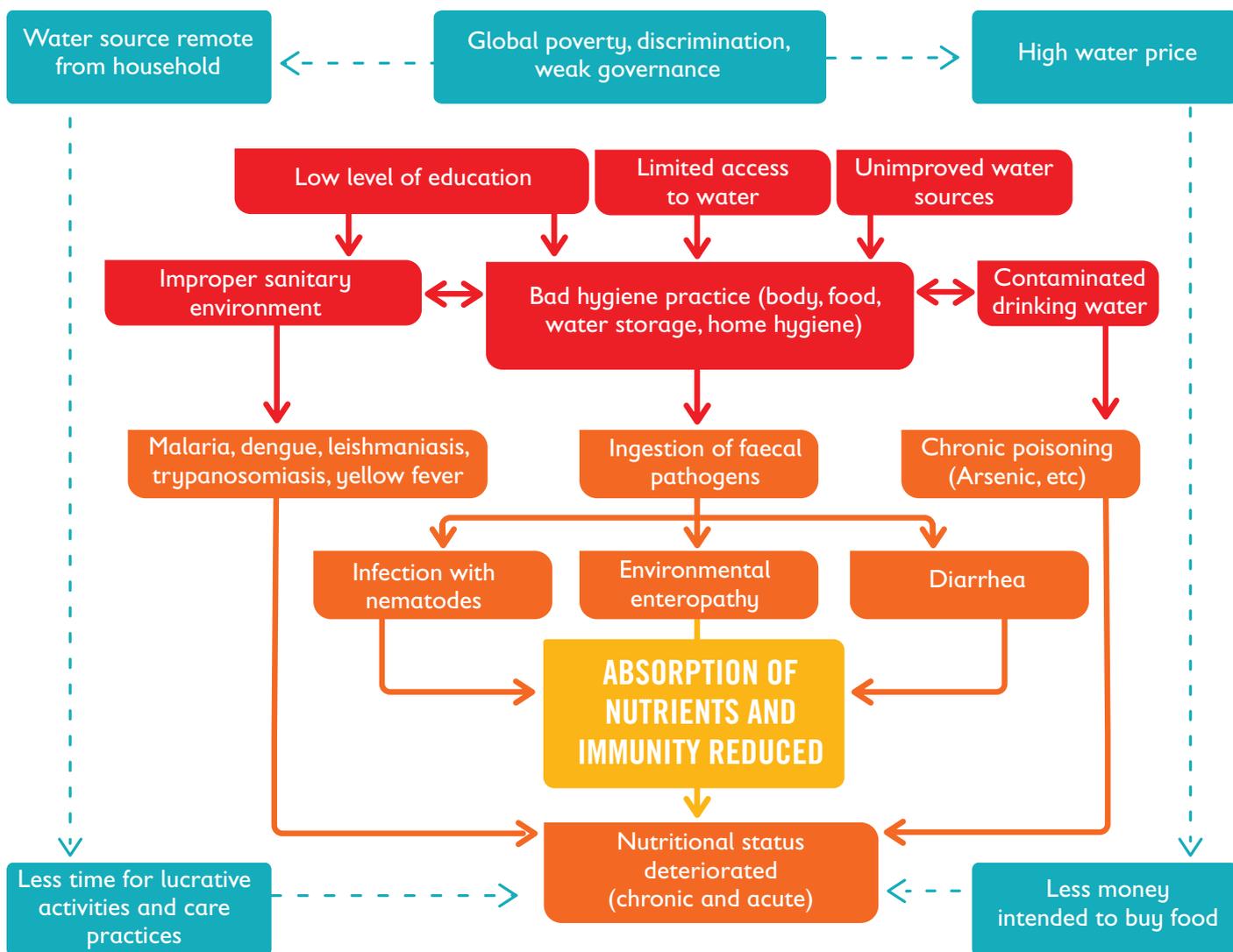

Figure 6: *Causal chain between inadequate sanitary environment, disease and malnutrition (adapted from Dangour et al. 2013).*

In the last decade, the global nutrition and WASH communities have repeatedly called for greater attention to and investment in WASH at three levels:

1. Reducing WASH-related risks at **household levels**, particularly in families with malnourished and sick children;

2. Improving access to protected water points, appropriate sanitation services and capacities for management, operation and maintenance in **communities** with high prevalence of WASH-related diseases, stunting and wasting, and;

3. Improving the quality of care in Health and Nutrition programs **at the institutional level.**

This is known as the WASH in Nutrition 3 pillars approach and was developed in 2012 by the SC Nutrition and WASH community during the nutrition and food crisis in the Sahel, and implemented in many countries since then (Refer to Annex 3: WASH in Nutrition 3 pillars approach).
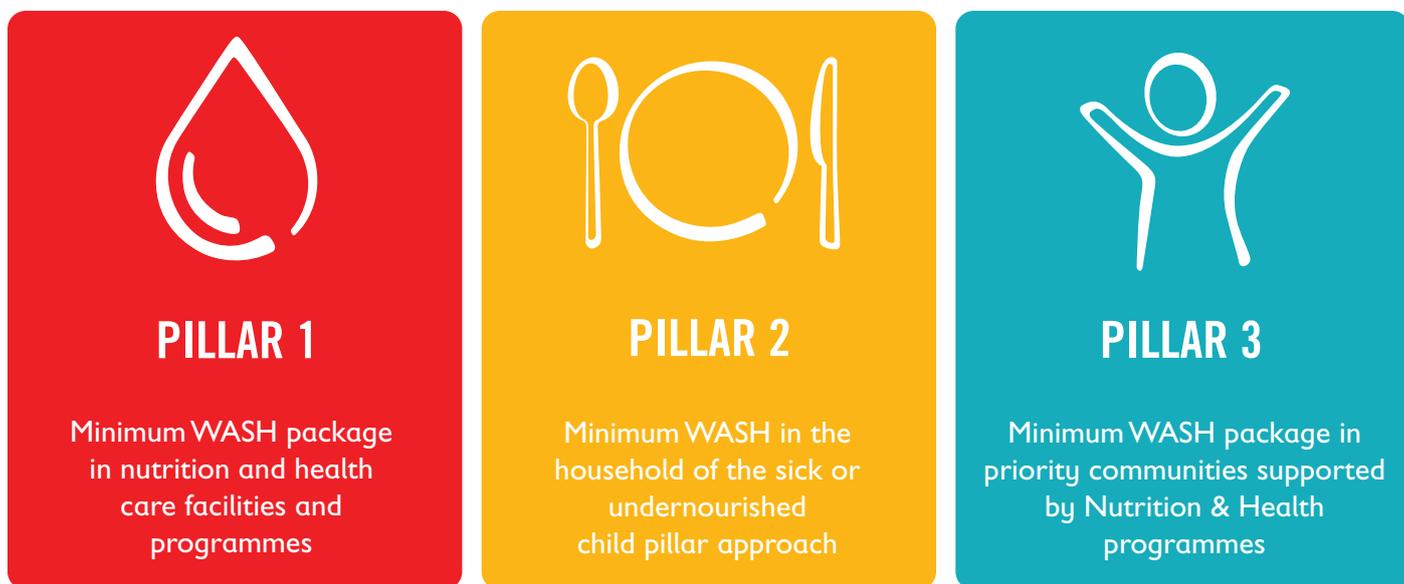
PILLAR 1	PILLAR 2	PILLAR 3
Minimum WASH package in nutrition and health care facilities and programmes	Minimum WASH in the household of the sick or undernourished child pillar approach	Minimum WASH package in priority communities supported by Nutrition & Health programmes

Figure 7: *WASH Three pillar approach*

4.1.3 WASH in disease outbreaks, epidemics and pandemics

SC is the lead agency of the OFDA funded READY consortium program[7], partnered with John Hopkins University, UK-Med and Mercy Corps Malaysia. The program strives to improve global technical coordination; strengthen operational capacity; and develop effective technical preparedness and readiness for a more effective response to infectious disease outbreaks and pandemics[8,9].

The following paragraphs provide an overview of our SC approaches to some of the most relevant WASH-related disease outbreaks, epidemics and pandemics.

Cholera

Children in cholera outbreaks and cholera endemic zones suffer a triple burden:

1. Children under five **are 8 times more likely to die** from cholera than children and adults above 15 years old (Ali et al. 2012):

2. Children **are less immunised against cholera** than adults and adolescents;

3. Even when vaccinated young children **are still less protected** than adults. Although there is evidence for efficacy and effectiveness of killed whole cell oral cholera vaccines (OCV), the efficacy among children is much lower. About two thirds of vaccinated children under five years could not be protected against cholera, while above 5 years only one third are not protected (Bi et al 2017).

Cholera prevention and control is part of the SC WASH mandate. Through collaboration and coordination with health and WASH partners, SC will adopt the 6-tiered

WASH cholera response strategy developed by MSF and promoted by the WASH WG of the Global Cholera Task Force for Cholera Control. The comprehensive approach consists of WASH interventions in six settings[10]:

1. WASH for cholera IPC in HFs and cholera treatment centres;

2. WASH at domestic settings in the household of infected patient(s);

3. WASH using ring strategy around the infected household;

4. WASH for high risk groups and high-risk places;

5. WASH in hotspots, with recurrent outbreaks in endemic settings;

6. WASH in OCV campaigns.

Ebola

Ebola virus disease (EVD) is a viral haemorrhagic fever caused by the Ebola virus. It is a severe, often fatal illness in humans. Ebola can be prevented by avoiding contact with animals (in particular fruit bats and non-human primates), contaminated humans and exposure to blood and other bodily fluids (excreta, vomit, urine). WASH and IPC interventions are critical in EVD outbreak control programs. SC adheres to the 4-tiered strategy developed by the WASH cluster in Liberia in 2015[11]:

1. WASH package in Ebola Treatment Centers (Ebola Treatment Units [ETU] and Community Care Centers [CCC]) ensuring that infectious waste (liquid and solid) and dead bodies are handled safely and disposed without risks of Ebola transmission. It will also ensure that the essential WASH packages have been provided to the Ebola Treatment Centers established by the health partners;

2. WASH package in public facilities, school and health centers established by the other sectors partners for the population living in Ebola affected areas;

3. At-risk populations, including populations in affected districts, are reached with Ebola preventive messages through structured social mobilization strategies;

4. Finally, the above interventions are supported by a robust coordination mechanism.

Other WASH interventions in public health campaigns

By integrating with SC Health programs, SC Humanitarian WASH will contribute to the prevention of vector borne and parasitic diseases affecting children such as: mosquito-borne infectious diseases (malaria, zika, dengue, chikungunya, yellow fever); flea-borne (plague); and other WASH-preventable and neglected tropical diseases. The SC Humanitarian WASH team believes that **disease vector control and environmental health** interventions are fundamental to a thorough humanitarian public health response. As with most of the interventions described in this strategy, disease vector control interventions will be implemented and monitored following Sphere standards.

SC will focus on the following steps:

1. Recognise vectors and factors that determine transmission of disease;

2. Identify the breeding places and "habits" of vectors, as well as potential reservoirs (human or animals), and adult resting habits;

3. Decide which interventions are needed and whether chemicals should be used (when, where and how often);

4. Consider safety for storage in case of chemical use.

## 4.1.4 Community WASH for disaster affected populations

The main objective of water, sanitation and hygiene programs in emergencies and humanitarian contexts is to reduce faecal-oral transmission of diseases and reduce the populations' exposure to disease-bearing vectors. In communities affected by disasters, conflicts, malnutrition and WASH deprivations, the SC objectives are to:

- Ensure that basic water and sanitation community services are existing and functional with appropriate management and coverage. Based on the context, the phase, and on the specificity of a humanitarian crisis, water supply and sanitation can be secured in temporary mode (i.e. with water trucking, and

emergency latrines) or in a more sustained way (i.e. with repair, rehabilitation, or new semi-permanent and permanent infrastructures);

- Reduce the risk of excreta-related risks – especially child faeces – through culturally appropriate, child-friendly, gender-sensitive and functional sanitation facilities and related services. The final target is at household level, but often in first phase emergency responses and displacements camps and communal facilities can be considered. As a last resort (when open defecation is the norm) access to safe and controlled open defecation fields, using the "cat" method[12] . is promoted in rural settings.

- Promote positive Nutrition and WASH behaviors through community-led actions for hygiene improvements such as handwashing with soap (HWWS), household water treatment and safe storage (HWTS) and promotion of Water Safety Chain, and the use and maintenance of latrines.

- Facilitate Community Capacity Strengthening for water system management, including environmental health and hygiene related actions (e.g. solid waste management, cleaning campaigns).
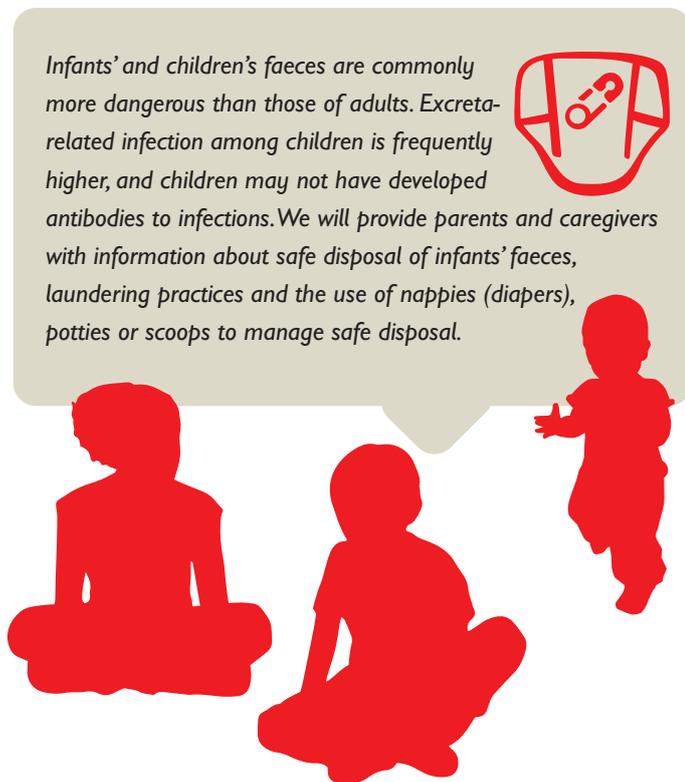
Figure 8: *Containment of children's faeces*

4.1.5 WASH for Food Security and Livelihood

The Humanitarian WASH team will coordinate and integrate with SC Emergency Food Security and Livelihood (E-FSL). For SC, WASH and FSL collaborations are excellent opportunities to consider cross-cutting themes and modalities such as gender, vulnerability, climate resilience, the development humanitarian nexus, capacity building, and market and cash. Additionally, for SC WASH and FSL, integrated programming is fundamental in contributing to malnutrition outcomes in fragile countries.

SC Humanitarian WASH programs will address the three main aspects of **food security**[13] as follows:

- **Access** to food: limited access to WASH services can have a negative impact on the capacities of purchasing food and/or the time allocated to food related activities. Particularly amid the most vulnerable and the poorest in chronic emergencies, people may choose to spend their money on medicines and/or water to the detriment of food intake. Closer and more easily accessible WASH facilities can free up money and time to be allocated to food.

- **Availability** of food: water quality and quantity are also keys factors for food production. Wastewaters charged in nutrients can increase food production, but if microbiologically polluted they can also contaminate crops and infect farmers. When it comes to food availability, sustainable management of water sources for human, animal and water for irrigation purposes will receive special attention from our teams.

- **Use** of food: the full package of WASH services plays a key role in preventing those diseases (such as diarrhea infections, environmental enteropathy dysfunctions, and intestinal parasite infections) which are barriers to food metabolism. With regards to food utilization, the WASH team will focus on behavior change programing on hygiene practices, handwashing with soap and food hygiene.

The SC Humanitarian WASH teams will integrate with the **livelihood**[14] projects, aiming at rebuilding and/or strengthening the access to these assets, with the following interventions and modalities:

- Supporting pastoralist communities with water provision in preventing livestock losses;

- Supporting agricultural communities with vegetable gardens through availability of water for irrigation;

- Providing an income through WASH activities that benefit the community either via cash for work or by training and enabling water committees to operate and manage water infrastructures;

- Strengthening community resilience to disasters, conflicts, climate change and environmental degradation.

- Enabling and strengthening markets with increased demand and supplies of WASH NFIs.

4.1.6 WASH and Pneumonia (Centenary Commitment)

SC's Centenary Commitment on Pneumonia aims to set the world on course to eradicate preventable child pneumonia deaths by 2030, an aim which cannot be achieved without WASH. Undernutrition, insufficient handwashing and environmental risks are the main underlying causes of pneumonia globally and particularly in humanitarian contexts. Poor WASH conditions and practices increase the risk of childhood diarrhea, environmental enteric dysfunction, soil-transmitted helminth infections, and undernutrition, which in turn are well known to contribute to the spread of pneumonia across disaster affected populations.

The humanitarian WASH team will contribute to tackling **pneumonia** by striving to:

- Strengthen the coordination and focus on the humanitarian nutrition and WASH integrated interventions;

- Contribute to, and advocate, for increased links between nutrition and WASH with health basic services programming;

- Advocate for the importance of handwashing with soap as the most important and cost-effective intervention.

The Humanitarian WASH team will also support Beacon Countries in developing their strategies, building their capacities, and facilitating their programming for the Pneumonia Centenary Commitment.

For specific interventions and activities, other than securing at the domestic-level suitable access to drinking water and adequate sanitation facilities, the absolute priority for the WASH team in fighting pneumonia is through **handwashing with soap (HWWS)**, both at institution and domestic levels[15].

4.2 LEARN – WASH for Education in Emergencies

SC lead the Education Cluster and Education in Emergencies (EiE) is an area of focus for the SC Humanitarian Strategy Group (HSG), as well as a Centenary Commitment. Several studies indicate the correlations between students' absence and WASH services at schools, as well as impaired performance at school and WASH related illness[16]. There is no quality basic education without a child-friendly school environment, including WASH in school. WASH in school focuses on improving children's health, well-being, and dignity, boosting attendance and performance and enhancing gender equality. As such Humanitarian WASH programs strongly contribute to increased access to a quality earning environment and therefore to our second Breakthrough.

From a public health perspective schools play an important role in triggering positive behavioural change and promoting better health and hygiene practices; the latter being essential if transmission routes of WASH-related diseases are to be cut. Diseases such as diarrhoea, parasitic worm infections, skin and eye diseases are also tackled by making improvements to water and sanitation facilities and hygiene behaviours at schools.

4.2.1 WASH in schools in emergencies

Our cumulative experience at SC has shown that WASH in schools and temporary learning centres (TLCs) in emergencies, require, to the extent possible, a balance of technical (hardware) and human development (software) components to be successful[17]. The hardware aspects include drinking water and handwashing and toilet facilities in and around temporary learning centres within an IDP and/or refugee camp. This is necessary to produce a healthy environment and to support appropriate health and hygiene behaviours. The software aspects are the activities that promote conditions within the TLC and the practices of children that help to prevent water and sanitation related diseases and worm infestation. Sanitation and hygiene promotion depend on a process of capacity enhancement of a variety of stakeholders including students, teachers, and community members.

TLC's are vital during the humanitarian response to start or continue children's education and general socio-economic recovery. There are, however, many differences from regular educational facilities in non IDP settings and there can be challenges integrating WASH unless included in initial plans. For example, if TLCs are established too far from WASH facilities such as toilets and handwashing, this can be a barrier to student attendance. Plans for TLCs may not include either resources for sanitation and hygiene (such as clean water and soap) or education for teachers or students. Even if TLC's are placed near WASH facilities, this may not be a benefit if the facilities are shared with many others. Additionally, if the IDP camp is crowded, it may be difficult to construct additional WASH facilities after the learning centre has been constructed. Queues for the latrines and water are often reported to be long in many IDP settings. To the extent possible, one should focus on currently existing permanent school structures that were there before the emergency.

To support Schools in Emergencies SC Humanitarian WASH will focus on:

In existing permanent school structures:

- Building, repairing and upgrading or providing temporary and/or semi-permanent water supply with safe drinking water; sanitation including girl-friendly toilets; handwashing with soap facilities (HWWS) with innovation to secure soap and enhance usage;

- Hygiene promotion with a focus on good use of facilities ("I like my WASH" approach to reduce vandalism and enhance usage); supervised HWWS at key moments; menstrual hygiene management; and clean school environment through meaningful and participative methods using child-to-child methods and existing students led groups (e.g. school health clubs) and Parent-Teachers Associations;

- Implement early recovery and transitional interventions that complement permanent, long-term development.

In temporary learning centres:

- Emergency preparedness for WASH in TLCs before a crisis;

- Building emergency and/or semi-permanent sanitation and water supplies with both safe drinking and domestic water system; sanitation including girl-friendly toilets; and handwashing with soap facilities (HWWS) with innovation to secure soap and enhance usage; supported by hygiene promotion with focus on good use of facilities and Parent-Teachers Associations;

- Adapting based on previous experience, using information to help design new facilities;

- Developing a minimum package for WASH in TLCs.

4.3 BE PROTECTED – WASH safety for children and women

In emergencies, children's risks and exposure to violence, abuse, neglect, exploitation and physical dangers linked to SC operations are heightened. For example, violations can take place in health clinics; during food distribution; or while accessing and using WASH facilities. Many threats to the safety and wellbeing of children can be avoided or reduced through timely and child-sensitive provision of humanitarian aid across all sectors, including WASH. Therefore, mainstreaming child protection in WASH is an essential part of compliance with the 'do no harm' principle that applies to all humanitarian action.

The Minimum Standards for Child Protection in Humanitarian Action (CPMS)[18] provides a solid foundation for integration of WASH with Child Protection (CP). SC WASH teams will align with the CPMS, and the 5 Minimum commitments for safety and dignity of affected people.

This will be addressed by ensuring **the protection concerns of children are considered at each phase of the project management cycle from assessment, through design and implementation and up to evaluation of a response**[19].

Integration of child protection with WASH

- **WASH Sector Plans and contributions to response strategies**

  WASH approaches should promote and respect the rights and dignity of women, boys and girls, especially those who are vulnerable, including towards violence and exploitation. WASH strategic documents must be developed in compliance with the "do-not harm" principle, in a way that does not lead to or perpetuate discrimination, abuse, exploitation or violence.

- **Effectiveness**

  The effectiveness of WASH responses should be strengthened through the integration of CP considerations. These include: ensuring health and nutrition programs include referral mechanisms for individuals requiring psychosocial support, such as victims of abuse and exploitation; supporting training of health workers on clinical management of sexual violence; facilitating delivery of key prevention messages, as well messages on location and access to services for survivors of GBV through different sectorial community workers; ensuring consultation with women, youth and children on delivery of assistance and/or design of WASH services.

- **Design process**

  Child protection concerns need to be reflected in the assessment, design, monitoring and evaluation of WASH programs. All children should have access to appropriate WASH services that minimize the risk of physical and sexual violence. Measures must be taken to ensure that WASH activities and facilities – including relevant hygiene information – are available, accessible and adapted to children (including children with physical impairments or disabilities); that they are non-discriminatory; culture and gender-sensitive; and safe, and that prevention measures are included to any activities related to providing WASH. SC WASH teams will adopt **user-centred approaches** to engage with communities and beneficiaries from the designs to the evaluations of WASH interventions. We will, for example, further consolidate our user-centred engagement approach to be used in rapid-onset emergencies for the design of child-friendly sanitation facilities.

SC WASH programs will focus on:

- Including the safety of the affected population as a sub-objective of each WASH intervention;

- Ensuring that hygiene promoters know where and how to refer child survivors, separated children and children at risk of violence, exploitation, abuse and neglect to appropriate services;

- Making sure that those working in WASH have signed up for and been trained in the Code of Conduct and Child Safeguarding Policy;

- Ensuring emergency WASH infrastructures are in safe, accessible places (i.e. within sight or alarm call distance of shelters or people);

- Providing lighting, monitors and privacy (screens, internal locks) in sanitation infrastructures;

- Providing safe, hygienic bathing areas for women and girls, to reduce their need to visit unsafe places;

- Providing safe and accessible women's latrines, recognizing that they will serve both women and children.

4.3.1. Safe WASH facilities

Improperly built, poorly maintained WASH facilities and unsupervised construction sites have contributed to child fatalities and serious injuries in the past, as have fatal injuries caused by water trucks, especially in crowded refugee camps. SC Humanitarian WASH teams will strive at all times to protect children from dangerous situations.

SC WASH will follow Child Safe Programming principles provided in the "Safeguarding Children in WASH" guidance[20]. The guidance, published at the beginning of 2019, outlines the risks of WASH programs linked to people, process and physical spaces and provides mitigation guidance.

For SC an unsafe WASH program is any activity that either creates conditions that may increase the likelihood of harm occurring to children, and/or creates conditions that might decrease the likelihood of harm being discovered.

Key points from the guidance include:

- Staff, volunteers, and partners should never be alone with a child with whom they are working;

- Building sites are always dangerous for children – make sure that children are prevented from entering building sites; that all excavations are well secured 24/7 so children cannot fall in; and all machinery and equipment is secured safely 24/7;

- Any drivers, suppliers or volunteers with direct access to beneficiaries (e.g. water truck drivers) must be trained on, and adhere to, the Child Safeguarding Policy;

- Regular training on child safeguarding, especially Safer Programming, helps staff, volunteers and contractors to think through a 'child-lens' and thus reduce relevant risks.

- Power dynamics have impact on programs and therefore gender inequalities and power dynamics between NGO workers and community members must be considered and addressed;

- Risk management is an active, on-going process that never stops!

4.3.2. WASH in Child Friendly Spaces

Child Friendly Spaces (CFS), one of SC's emergency interventions, provide children with protective environments in which they participate in organized activities to play, socialize, learn, and express themselves as they rebuild their lives. WASH is of fundamental importance to ensure that CFSs are suitable and healthy spaces for children, where the water, sanitation and hygiene are delivered respecting minimum standards in emergencies.

WASH interventions for a CFS starts with the site selection as locations need to be close to existing potable water sources. Toilets (separate for boys, girls and adults) need to exist or to be installed. WASH experts need to be able to look at the area and make suitable recommendations for making it safe. The site selection must also consider the communicable disease environment, such as the prevalence of malaria. SC WASH will design and implement CFSs according to "Child Friendly Spaces in Emergency: A Handbook for Save the Children Staff"[21].

5. Cross-cutting Models and Approaches

The following section explores cross-cutting areas relevant to Humanitarian WASH are divided into sections with first a focusing on external thematic factors, children in urban settings in relation to WASH, climate resilience and the humanitarian development nexus. The second part focusing on cross-cutting topics in programs name: gender and age sensitive WASH, disabilities. The third and final part focusing on programmatic aspects which include emergency preparedness, capacity building, market-based programming, partnerships, evidence base planning and finally SC common approaches.

5.1 External thematic factors

5.1.1 WASH for children in urban areas

On average, children in urban areas are more likely to survive infancy and early childhood, enjoy better health and have more educational opportunity than their counterparts in rural areas[22] (UN Dept. of Economic and Social Affairs, 2018). This effect is often referred to as the 'urban advantage'. Nevertheless, the scale of inequality within urban areas is a matter of great concern. Gaps between rich and poor in towns and cities can sometimes equal or exceed those found in rural areas. When national averages are disaggregated, it becomes clear that many children living in urban poverty are clearly disadvantaged and excluded from higher education, health services and other benefits enjoyed by their more affluent peers (UNICEF, 2017).

The realization of children's rights requires comprehensive responses to health issues of the poor which can be connected to health services, but also to a broad range of environmental, social and economic factors that affect health. While urban areas offer some advantages for the health of their residents, urban biological pathogens also present a risk to children who can sustain significant damage to health from exposure to various chemical substances, which may be harmful to them at levels not considered damaging for adults.

In urban humanitarian responses SC WASH will focus on:

- Continuing to address WASH services such as poor drainage and solid waste management in urban humanitarian crises, which contribute to the risk of cholera and environmental health related disease outbreaks;

- Further documentation and sharing of quality urban humanitarian WASH interventions, innovations, new technology, research, and best practices;

- Advocating for more financial and political commitments from governments for strengthening national urban humanitarian WASH coordination, preparedness and response to narrow the gap between development and humanitarian WASH;

- Further stressing the importance of urban inter-sectoral coordination and assessment and integrated programming at the onset of a humanitarian crisis;

- Demonstrating the urban humanitarian WASH linkages between community level 'cohesion' and its relationship to peacebuilding at a national level;

- Continuing to improve inter-sectoral programming and coordination, and program/supply integration in humanitarian situations to achieve better and timelier results.

5.1.2 WASH Climate Resilience

Today, the world is characterized by excessive pollution and global warming due to earth energy imbalances caused by human activity. The concentration of greenhouse gases in the atmosphere is the highest in 400,000 years, and the rate of emissions has increased dramatically in the past 3 decades resulting in a very high likelihood that the average earth temperature in 2050 will be 2 degrees higher than in the 1850 baseline. In 2100 it will most likely be 3 to 5 degrees higher than the baseline, resulting in uninhabitable conditions on earth (WHO/UNEP. 2018). The adaptation to climate change, particularly for the most vulnerable communities is critical. An increasing scarcity of water resources[23] together with poor water management mean that water scarcity is becoming an increasingly pressing issue for our world today.

In terms of a rebooting of existing and creating new resilience mechanisms among most-at-risk communities, SC will:

- Adopt more systematically the WASH climate resilience approach (UNICEF and GWP, 2013):

  - Particularly in areas where there is documented evidence of impacts of climate related disasters with higher frequency on most-at-risk population: cyclonic winds and rains, floods, drought, and heat waves. This risk mitigation approach consists of understanding the problem and associated risks, appraising and selecting solutions to mitigate the risks, delivering solutions and monitoring the outcome. It can be used and adapted in both development and humanitarian settings, in prevention or response phases;

- Ensure robust and evidence-based resilience building and water security and safety elements that are systematically embedded in SC programs;

- Promote the concept of climate resilient children's institutions and embed this approach in SC programs:

  - With growing risks of water insecurity and poor water supply and management in schools and health/nutrition centers achieving self-sufficient in water during a normal drought requires multiple solutions for water supply including: safely managed local well or borehole; rainwater harvesting and safe storage systems with as close as 100% of roof harvested rainfall stored; water management and rationing measures in case of scarcity; and provision of funds and arrangements of local means of water transport as a last resort for survival allocation in schools and minimum quality of care in health and nutrition centers.

- Ensure that humanitarian funds will have a long-lasting impact in addition to emergency assistance:

a proportion of the funds should be implicitly dedicated to improving the resilience of the served population. This is an imperative from the Core Humanitarian Standards (standard #3 on resilience building) for which all major humanitarian organisations including SC have adhered to.

- Strive to systematically operationalize the "Environmental Sustainability and Climate Change" ESCC SCI policy recently endorsed.

5.1.3 Humanitarian Development Nexus

Up until recently there has been a clear distinction between those working in the area of WASH from a humanitarian perspective—namely focusing on short term, emergency issues—and those focusing on the longer-term development needs. Globally, however, there is now a shift towards development of a more explicit range of WASH services from humanitarian (0-6 month), transitional (6 month to 2 years) and longer-term WASH (2 years and beyond). There is a need to further reflect on how to link these phases in a more effective and efficient manner. The scale, duration and complexity of humanitarian crises is increasing as a result of rapid population growth (Latimer, 2017). Responding to these crises requires stronger evidence on what works to guide more effective and efficient investment and to achieve better health and social outcomes. Addressing the humanitarian WASH gap is, and will be, a joint concern for the response agencies, research institutions and donor organizations.

Over the last decade, there have been a number of scoping and systematic reviews that have concluded that WASH interventions in humanitarian crises yield important health and social benefits for vulnerable affected populations (Parkinson, 2009). A key literature review on humanitarian WASH, however, found that:

i) The current evidence base supporting humanitarian WASH interventions remains limited and does not address ongoing external trends such as climate change and increased urbanization;

ii) Policy and practice are often based on operational experience rather than independent evaluation, meaning that developments in the WASH sector are not always considered;

iii) Research has been dominated by studies focusing on specific interventions such as household or point-of-use (POU) water treatment with little research on the health or social impacts of WASH interventions, or relative benefits of combined WASH interventions; and

iv) Evidence generation in humanitarian crises remains challenging and ad-hoc (Latimer, et al, 2017). A more systematic approach is needed to understand how to bridge the humanitarian and development divide from both the health and social outcome perspective.

The three phases of programming can be placed into a sustainable WASH model (Figure 9) which focuses on placing an emphasis on not only the technical but also on institutional, socio-cultural, financial and environmental aspects of the WASH programs[24].

Figure 9: *Sustainable WASH model*   Snel et. al. 2018

In line with this SC WASH will focus on:

- Acknowledging that in order to focus on a holistic WASH approach emphasis needs to be placed on all aspects of the sustainable WASH model;

- Working with key partners from INGOs to donors to promote the sustainable WASH model in the humanitarian context.

5.2 Cross cutting topics in programming

5.2.1 Disabilities and WASH

There are strong correlations between disability and poverty (Werner, 1999; WaterAid, 2013). Poor nutrition and living conditions; limited access to health care; poor hygiene; bad sanitation; inadequate information about causes of impairment; conflict and natural disasters all create disabilities, of which as many as 50% are preventable (Jones, 2013, WHO and World Bank, 2011). Disability, particularly that of the head of household, exacerbates poverty of the whole family due to increased expenses, diminished income and reduced opportunities due to social exclusion[25].

Currently Persons with Disabilities (PWD) represent the largest socially excluded group and many live without access to basic sanitation services. The UN estimates there are over 750 million PWD in the world, and 75% live in low-income countries. The number of PWD is increasing, due to violent conflicts, accidents, HIV/AIDS, environmental pollution and increased overall life expectancy. The numbers of PWD are higher amongst the poorest of the poor in low-income countries where as many as 1 in 5 are likely to be disabled.

SC will focus on[26]*:*

- Developing a clear understanding of the disabilities within target populations;

- Inclusion of specific needs of PWDs in access to and use of WASH facilities and services;

- Advocating for and supporting policy development and capacity building of WASH professionals in recognizing and responding to the specific needs of PWDs;

- Paying specific attention to disability in WASH in schools programs to remove barriers by promoting inclusive design;

- Providing appropriate consultation with PWDs in designing WASH interventions in all settings;

- Addressing issues of self-reliance and dignity of PWDs in access to suitable WASH facilities and services;

- Monitoring, evaluating and reporting of WASH programs with a specific attention to PWDs so that appropriate steps can be taken to fulfil their rights in WASH programs.

5.3 Programmatic aspects

5.3.1 Emergency Preparedness

Effective emergency preparedness (EP) ensures SC is better able to save lives, alleviate suffering and preserve human dignity at the onset of emergencies. WASH teams contribute to EP through organisational processes including periodical updates of SC emergency preparedness plans (EPPs). We also provide context-based technical preparation of teams and programs through WASH in Emergencies capacity development of staff and partners at all levels; analysis of lessons learned from past emergencies; and engagement in the WASH Cluster humanitarian preparedness planning processes.

SC will focus on:

- Engaging with the EPP process including: risk analysis and monitoring (hazard identification and risk ranking); advanced preparedness actions for priority risks; risk monitoring in routine work; being vigilant to early warning signs; and work on minimum preparedness actions;

- Participation in capacity development events (for example: EPP workshops, simulations, technical WASH in emergencies training, post-action reviews, and evaluations);

- Ensuring all WASH staff are aware of the early action processes in case of a sudden emergency and ready to deliver an immediate response. This will be done through: SC technical tools and guidance; context-based and ready-to-use tools for integrated early analysis; response design and interventions; inter-sectoral assessments (the "5 key questions); technical needs assessments; WASH cluster SOPs; SPHERE standards; and CHS imperatives;

- Making sure that all WASH staff can set up and quickly implement life-saving WASH interventions for most at risk children and families in settlements and institutions (health centers, schools, and all settings presence of children). WASH non-food items (NFIs) are lifesaving: it is essential we work with operation teams on WASH-specific and cluster-compliant contingency stockpiling either in warehouse or ready-to-use agreements with reliable suppliers.

5.2.2 Gender and Age Sensitive WASH

Gender is a vital issue in WASH programs. It is not just a question of giving women a voice, though that is important. Nor is it right to make women more influential by increasing their workload- that is counterproductive. Ensuring the decision-making role of women will have greatest impact on the sustainability of WASH programs and this needs to be affected at all levels, not just community level.

SC will focus on:

- Implementing the standards of the Inter-agency Standing Committee to meet collective commitments on gender equality in humanitarian action;

- Work towards being a catalyst with other actors engaged in the advancement of gender equality in humanitarian action.

In terms of age sensitivity, as already cited earlier, children of different ages play different roles and have different needs when it comes to water, sanitation and hygiene issues. A key and central component of Humanitarian WASH programming for SC is, therefore, to deliver and implement child-friendly and age appropriate WASH in order to avoid harm caused by children not using certain facilities because they are not adapted to them, such as accessing a source of contaminated water or practicing open defecation. As stated earlier we will therefore ensure that programming considers and is adapted to each age group of children as well as elderly people.

5.3.2 Capacity Building Initiatives

The primary focus of WASH capacity building initiatives are to increase and improve staff capacity at the country and field response office level, supported through coaching and mentoring from regional and global WASH advisors. SC WASH teams have also been building capacity of non-WASH staff so that they are able to plan, develop and respond to WASH needs in the absence of a dedicated WASH staff in-country.

SC will focus on:

- Tailor made training programs are under development for staff and partners that will help in addressing specific capacity needs in a country or region;

- Exploring opportunities to incorporate WASH training modules and components of capacity building into other sectoral initiatives (Eg: Health and Nutrition capacity building plan);

- Trainings for entry-level WASH and non-WASH staff in programs and projects;

- Collaborating with other WASH agencies to identify specific WASH capacity building needs and deliver training at the country and regional level through relevant local and international partnerships.

Over the years, the capacity building initiative has not been systematic, and in the past years the focus has been largely on face to face trainings[27]. The different forms of learning approaches[28] will include internal tailored training programme to staff and partners with modules of progressive complexity adapted to the 4 levels: field officers, supervisors/coordinators, project managers and technical advisors. Other forms of learning method include: on-the-job training and coaching; staff exchange; staff exposure to other contexts; surge deployments; web-based training; and external training.

5.3.3 Market Based Programming and cash transfer

SC endorses the Grand Bargain[29] commitment to increasing the use and coordination of cash-based programming. Market Based Programming (MBP) in general and Cash and Voucher Assistance (CVA) are increasingly being considered in the emergency and humanitarian WASH through a variety of approaches, modalities and program designs. Nonetheless a limited literature on the impact of the use of CVA in water supply, sanitation and hygiene programming is making WASH practitioners cautious about adopting widely

related initiatives. Recognising this, the Humanitarian WASH team will start to progressively explore the MBP and CVA approaches in the design of integrated humanitarian response.

SC will focus on:

- Maintaining collaboration and coordination between the CASH and Market Technical Working Group and Global WASH Cluster; and continuing to gather collective evidence of MBP and CVA with a focus on the impact on children and their families;

- Ensuring that response analyses will be systematically informed by market assessments on critical goods and services provided by the private sectors, touching on different elements of market dynamics and populations based on needs, risk and vulnerabilities;

- MBP approaches will be used not only to decide the feasibility and appropriateness of CVA but also to identify interventions supporting markets and their recovery. This will to enable demand of WASH goods and services and create income opportunities for the affected population;

- Humanitarian WASH, in collaboration with the Emergency Cash and Economic Programming Team, will invest in building the capacity of WASH national teams to analyse markets and to, plan, design and implement MBP and CVA approaches in humanitarian settings.

5.3.4 Partnership (More effective collaboration with others)

Strong partnerships with internal and external stakeholders- including donors, private sector partners and other NGOS- are critical to ensuring adequate WASH funding; improved quality; and continued innovation and scale up. Strengthening and expanding linkages with national and local government is also critical to allow SC to work more effectively in-country.

Internal partnering with departments such as MEAL and PDQ will became even more critical as SC continues to move towards more integrated WASH programming. This will be achieved through advocating for WASH work both internally and externally through key (inter-agency) WASH platforms.

5.3.5 Evidence-driven programs with innovation, research, and learning

Operational research and piloting of innovative approaches is critical to building evidence based best-practice. As noted in *Public Health on the Frontline*, the WASH approach will prioritize the most deprived and marginalized children through robust analysis of children's WASH deprivations for our programs and within WASH Cluster working groups. We will strengthen our child-focused and peer-to-peer hygiene promotion in communities, schools and health/nutrition centres; ensuring to systematically capture the voice of children during the project cycle and promoting children as agents of change.

Any research carried out, or supported, by the WASH team should not be exclusively an academic exercise; researches should be reactive and designed to meet the needs of the WASH programs on the ground. Additionally, research is labour-intensive and time consuming, also given the risk it presents to beneficiaries and to the organization, it is therefore advised that the WASH team should undertake research under proper considerations.

The Humanitarian WASH Research and Evidence[31] Strategy serves as a guiding document, defining and identifying the following process and priorities:

- Handwashing for children in emergencies;
- Emergency sanitation for infants and children under five;
- Child focused hygiene promotion and child engagement;
- Cash programming implications for children;
- Impact of WASH integration in achieving other sectors' outcomes.

Additionally, SC will consider building evidence for best practices around:

- Building children and their families' resilience for climate change related emergencies;
- Understanding the humanitarian-development nexus linked to longer term WASH programming
- Non-household settings such as health care facilities, schools, etc in alignment with WASH efforts in the humanitarian context

The Humanitarian WASH Research and Evidence strategy are aligned to two strategic initiatives of the HSG:

1) *Quality and Innovation:*

- Supporting COs in collection, storage and analysis of data;
- Support COs to make better use of existing WASH evidence;
- Support COs to ensure research priorities are aligned with WASH initiatives.

2) *Influencing the aid system, amplifying the voice of children.*

- By sharing internal learning with the wide WASH sector.

5.3.6 WASH and the Common Approaches
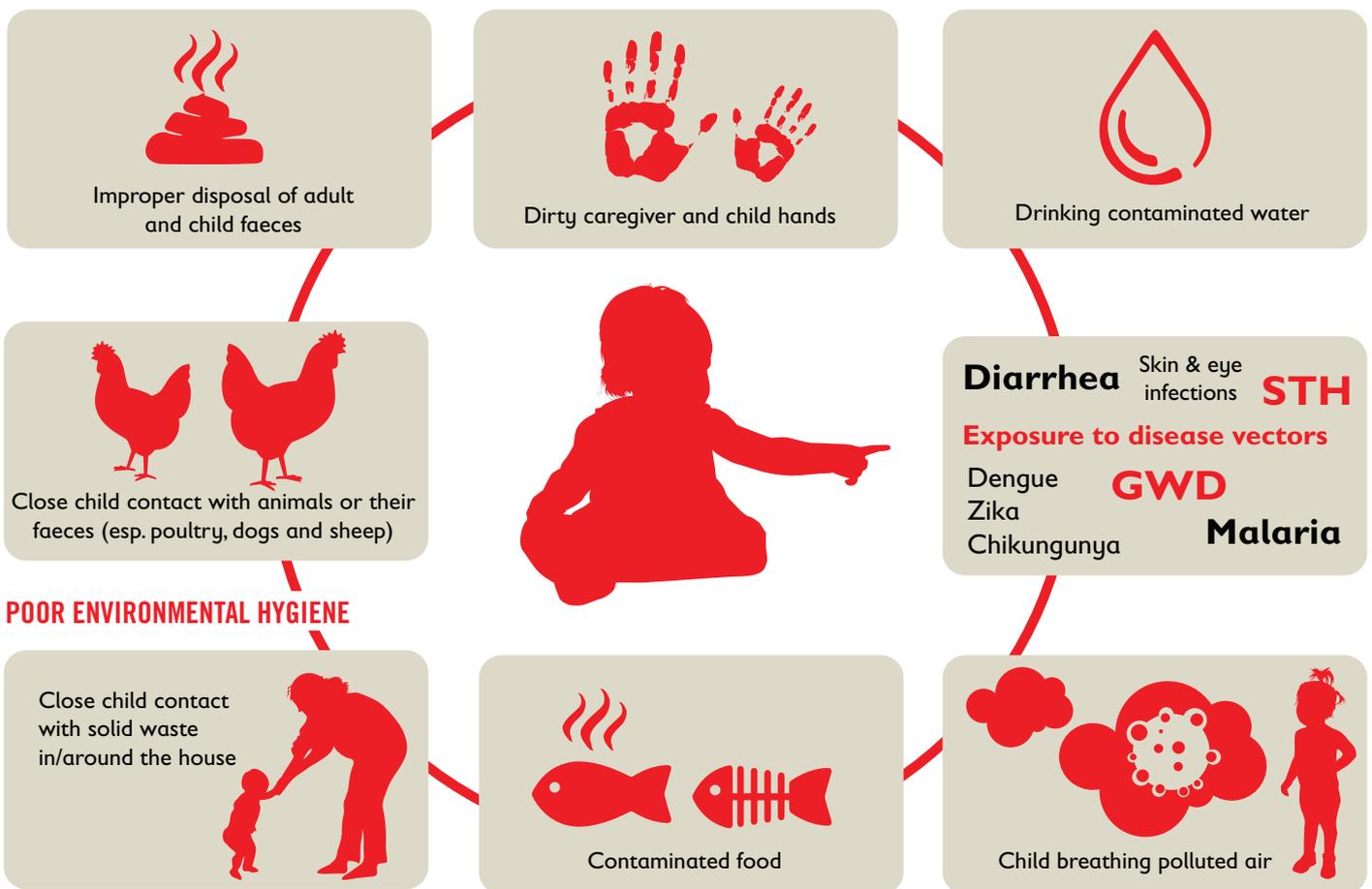
SC has defined Common Approaches (CA) as a means of best understanding how to address a particular problem facing children (Figure 10). It is based on evidence and it can be adapted to work in multiple contexts and be replicated in different countries (CA core team)[32].

SC will focus on Coordinating with the:

- "Saving Newborn Lives" for the inclusion of the Clean Clinic Approach
- "Treating Children Close to Home" for the inclusion of the Clean Household Approach+
- "Safe Schools" for the inclusion of the concept of climate resilient schools and female-friendly WASH blocks;
- CA core team in opportunities to improve our existing and future CAs.

Improper disposal of adult and child faeces

Dirty caregiver and child hands

Drinking contaminated water

Close child contact with animals or their faeces (esp. poultry, dogs and sheep)

Diarrhea Skin & eye infections **STH**

Exposure to disease vectors

Dengue
Zika
Chikungunya

GWD

Malaria

POOR ENVIRONMENTAL HYGIENE

Close child contact with solid waste in/around the house

Contaminated food

Child breathing polluted air

Adapted from SCUS HH WASH risk factors

Figure.10: *Clean Household Approach+*

6. The Way Forward

The goal of this operational guidance has been to give a better understanding of the current situation, trends and direction of SC's work in Humanitarian WASH, what challenges and opportunities are in our current humanitarian multi-sector programming, how we can strengthen quality programming and rethink SC's WASH interventions, strategy and priorities for the next three years.

Essential recommendations and conclusions from the development of this document[33] include the following:

Increasing an emphasis on integrated WASH programming

- **SC has a unique mandate as a multi-sectoral, child focused organization:**
  - SC can be a global leader in integrated WASH and child protection programming focusing for example on emergency WASH for children and child-safe WASH programming;
  - With a maintained focus on the Humanitarian Public Health and "survive" related outcomes, including WASH in epidemics and in Health Care facilities;
  - With a sustained support to Education in Emergencies programming, namely with more resilient schools and in TLCs;
  - With a role in further understanding the linkages between the humanitarian and development WASH sector in terms of programming and evidence base building.

Demand driven and building a further evidence base

- **SC will evolve our WASH programming to be adaptive and flexible to meet the demands of various SC workstreams as well as new global challenges, including protracted crises; gender inequality and the humanitarian-development nexus:**
  - Increasing emphasis on external trends such as climate change and addressing environmental risks; alternative or renewable energy options; and sustainability in humanitarian WASH programs/responses

Capacity building

- **SC has an important role to play in key global platforms to build the next generation of WASH experts:**
  - Increasing understanding of both the humanitarian and longer-term WASH perspective placed into important educational programs such as a Master for Humanitarian WASH for the Middle East[34] as well as specific WASH modules;
  - Providing tailor-made trainings, and training of trainers to national SC WASH teams to allow them to work more effectively and efficiently in the field (for example in the Cash and Market as well and Emergency WASH for children).
  - Leading with Oxfam to bring forward the Capacity Building recommendation of the Global WASH Cluster.

Quality programming

- **SC will focus on further improving quality of WASH reporting. This entails developing a better knowledge management, better program data collection and data sharing between all WASH staff and with other programs within SC. This in turn will allow for more potential funding opportunities and more impactful programming.**

- **Further efforts in improving, increasing and centralizing WASH documentation and resources with a focus on:**
  - Diverse tools, approaches, resources and guidelines, adapted to various contexts, as well as standardized and analysed for replicability and scalability (see IMPACT and COMPASS);
  - Monitoring, documentation, dissemination and transference of successes and best practices across our programs;
  - Improving evaluation and monitoring tools such as Humanitarian WASH in Public Health crises;
  - Thorough and approved SC WASH knowledge products made more visible to the international humanitarian community.

- **The focus on increasing quality and accountability of SC WASH programs will entail:**
  - Increasing emphasis on 'quality care' instead of focusing on WASH facilities only;
  - Child nutrition and WASH needs will receive more attention and integrated in programming.

Advocacy and though leadership

- **Further emphasis on increasing advocacy of WASH both within SC and externally:**
  - SC is in a strategic position to influence WASH for children and must be much more vocal in related advocacy;
  - Systematically linked to SC Health and Nutrition, Education and Child Protection programs and with the further emphasizes on articulating these linkages better;
  - Articulating the work in WASH as supporting to different extent the three Breakthroughs.

Based on the recommendations that emerged in each of the sub-sections, a yearly work plan has been developed. This provides a basis of key activities, outputs and possible resources required.

In summary, it is hoped that this guidance will help to clarify the position and alignment of the WASH humanitarian strategy internally and with the different SC humanitarian work streams and strategies. It is also the ambition that through this paper we can further help to align our efforts to reach more children affected by an emergency whose human right it is to have access to safe water supply, adequate sanitation facilities and be able to perform basic hygiene.

References

Ahrari, S., and Van Galen. E. 2017. Gender and empowerment through WASH based on cases from Bangladesh 40th WEDC International Conference, Loughborough, UK, 2017 Local action with international cooperation to improve and sustain water, sanitation and hygiene services.

Ali et al. 2012. Global burden of cholera, https://www.scielosp.org/article/bwho/2012.v90n3/209-218/

Arnold, B., Null,C., Luby, S., and Colford, J. 2018. Implications of WASH Benefits trials for water and sanitation. Global Health-The Lancet. Vol 6, Issue 6. June. https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30229-8/fulltext

Bi et al 2017, https://www.sciencedirect.com/science/article/pii/S1473309917303596

Dangour, A., Watson, L., Cumming, O., Boisson, S., Che Y., Velleman, Y., Cavill,S., Allen, E., and Uauy, R. 2013. Interventions to improve water quality and supply, sanitation and hygiene practices, and their effects on the nutritional status of children. Pub Med. August. Vol. 1, Issue 8.

D'Mello-Guyett, L, Yates, T., Bastable, A., Dahab, M., Deola, C., Dorea, C., Dreibelbis, R., Grieve, T., Handzel, T., Harmer, A., Lantagne, D., Maes, P., Opryszko, M., Palmer-Felgate, S., Reed, B., van den Bergh, R., Porteaud, D., and Cumming, O. 2018. Setting priorities for humanitarian water, sanitation and hygiene research: a meeting report. BMC. Conflict and Health. Vol 12, Issue 22.

Jasper C, Le TT, Bartram J. Water and sanitation in schools: a systematic review of the health and educational outcomes. International journal of environmental research and public health, 2012; 9(8):2772-2787

Joshi, Jyoti., and Agarwal, Sunita. 2016. Susceptibility of school students to health related hazards due to lack of hygiene. Pneumonia and Diarrhea progress Report. Vol V, Issue 10.

Kostelny, K. 2008. Starting Up Child Centered Spaces in Emergencies: A Field Manual. Christian Children's Fund MAY 2008 https://www.unicef.org/protection/starting_up_child_centered_spaces.pdf

Latimer C., and Swithern S. 2017. Global humanitarian assistance report. Bristol: Development Initiatives.

Luby, SP., Aboatwalla, M., Feikin, DR, Paitern, J., Billhimer, W., Altaf, A., Hoekstra, RM. 2005. Effect of handwashing on child health: a randomised controlled trial. Pub Med. The Lancet. Vol. 366. Issue 9481.

MSF. 2012. Summary of the E-Discussion on WASH in Health Facilities 21. November – 15. December 2012 https://www.shareweb.ch/site/Health/Documents/E-Discussion_WASH_Summary_2012.pdf

Parkinson J. 2009. A review of the evidence base for WASH interventions in emergency responses/ relief operations: discussion document. ATKINS. https://sswm.info/sites/default/files/reference_attachments/PARKINSON%20J%202013%20A%20Review%20of%20Evidence%20Based%20for%20WASH%20Interventions.pdf

UNDP, 2006. Beyond Scarcity: Power, Poverty and the global water crisis. https://www.undp.org/content/dam/undp/library/corporate/HDR/2006%20Global%20HDR/HDR-2006-Beyond%20scarcity-Power-poverty-and-the-global-water-crisis.pdf

UNICEF/JMP. 2018. Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals. https://www.who.int/water_sanitation_health/publications/core-questions-and-indicators-for-monitoring-wash/en/

UNICEF, 2019. Humanitarian action for children 2019. https://www.unicef.org/sites/default/files/2019-01/Humanitarian-action-for-children-2019-eng.pdf

UNICEF/JMP. 2019. WASH in health care facilities. Global baseline report. http://www.unwater.org/publications/wash-in-health-care-facilities-global-baseline-report-2019/

UNICEF, 2013. Water, Sanitation and Hygiene in Humanitarian Action. https://www.unicef.org/wash/files/Humanitarian_WASH_Annual_Report_Draft_9_9.pdf

UNICEF and GWP. 2013. WASH Climate Resilient Development. https://www.unicef.org/wash/files/Strategic_Framework_WEB.PDF

UNICEF, 2012. Children in an urban world- A state of the worlds children. https://www.unicef.org/sowc2012/pdfs/SOWC-2012-Chapter-1-Children-in-an-increasingly-urban-world.pdf

WaterAid, 2013. What the Global Disability Report on Disability Means for the WASH Sector, briefing note, WaterAid: London, www.wateraid. org/~/media/Publications/What-the-Global-Report-on-Disability¬means-for-the-WASH-sector-briefing-note.pdf

WaterAid, 2013. What the Global Disability Report on Disability Means for the WASH Sector, briefing note. WaterAid: London, www.wateraid. org/~/media/Publications/What-the-Global-Report-on-Disability¬means-for-the-WASH-sector-briefing-note.pdf

Werner, d. 1999. Disabled Village Children. Disabled Village Children. Hesperian Foundation. Palo Alto, CA: ISBN: 0-942364-06-6.

WHO/UNEP. 2018. Global warming of 1.5°C. Inter government panel on climate change. IPPC. https://report.ipcc.ch/sr15/pdf/sr15_spm_final.pdf

WHO and World Bank. 2011. World Report on Disability, http://whqlibdoc. who.int/publications/201 1/978924068521 5_eng .pdf?ua=1

Internal documents used as references:

Emergency WASH for Children. Save the Children UK. 2014.

WASH in Emergency – Problem Exploration Report – Handwashing. SCUK – LSHTM – HIF. January 2016.

Emergency Sanitation for Infant and Young Children Under 5. Save the CHildren UK. September 2016.

Endnotes

1 A disorder of chronic intestinal inflammation common amongst children living in low-resource settings;

2 Emergency WASH for Children – Scoping Study. 2014. Save the Children. S. Ferron and A. Lloyd

3 http://www.eclipse-experience.com/user-centred-community-engagement

4 https://www.mcsprogram.org/resource/clean-clinic-approach-brief/

5 This entails 20 beds, with a module that covers the needs of up to 86 persons/day (a peak scenario which include patients, related visitors, and medical and maintenance staffs).

6 More detail in Annex 2: WASH impact on children's Health and Nutrition and learning program outcomes.

7 https://www.savethechildren.org/us/about-us/media-and-news/2018-press-releases/save-the-children-receives-global-award

8 With geographical focus on 5 priority countries: Uganda, Nigeria, Vietnam, Bangladesh, and Indonesia.

9 With focus on the following transmission routes: airborne, body fluids, waterborne and faecal-oral transmission diseases

10 A video by Solidarite in Haiti illustrates the 6-tiered approach: https://www.youtube.com/watch?v=8nVoCS21I_U

11 The approach can be remembered as STEP Action: Stop Transmission and Enable People to take Action. Key technical publications on Ebola are available here: https://www.who.int/ebola/publications/en/

12 The 'cat method' of excreta disposal is given this name due to the fact that it emulates the method practised cats. This method is practised by excavating a small hole in the ground. Excreta are deposited in the hole and then covered with the excavated material thus burying the contents. It is most suited to less densely populated rural areas.

13 A community or a larger population can be defined as Food Secure when people have access to safe and nutrition food all of the time in a sufficient quantity to conduct a healthy and productive life.

14 A Livelihood is a means of securing the necessities of life, referring to the sustainable livelihood's framework, it is made by human (capacities/skills), financial, natural, social, and physical capitals or assets.

15 Children who regularly practice handwashing with soaps are 50% less likely to contract pneumonia.

16 A study from 2006 estimated that 443 million school days were lost due to water-related illness (UNDP, 2006; Luby, et al.2016; Jasper, et al. 2012).

17 Note that this is contextual as sometimes the school structure is already there and is permanent but sometimes it needs to be built and turned into a TLC, which is more often the case with displacements and IDP camps.

18 Minimum Standards for Child Protection in humanitarian action. Child Protection Working Group (CPWG) (2012). This guidance already aligns with the upcoming new edition of the CPMS due in October 2019.

19 WASH Minimum Commitment for the Safety and Dignity of affected people – Global WASH Cluster (http://washcluster.net/resources)

20 Guidance Safeguarding Children in WASH – February 2019 – Save the Children.

21 https://resourcecentre.savethechildren.net/library/child-friendly-spaces-emergencies-handbook-save-children-staff

22 By 2050, 7 in 10 people will live in urban areas. Every year, the world's urban population increases by approximately 60 million people. Most of this growth is taking place in low- and middle-income countries. Asia is home to half of the world's urban population and 66 out of the 100 fastest-growing urban areas.

23 Today more than 5% of the world's population live in a region where the demand for water exceeds its supply. The imbalance between supply and demand, along with persisting issues such as climate change and exponential population growth, the increase in water pollution has increased the relevance of water reuse methods as a means to conserve water.

24 Definitions of the five components of the sustainable WASH model are presented, together with WebEx recordings on this website: https://www.wvi.org/clean-water-sanitation-and-hygiene-wash/article/five-principles-sustainable-wash (Accessed 19.08.2019).

25 It has been estimated from 10 to up to 20% of the poor in developing countries are disabled. Disabled access to WASH has been raised as an issue but little is published on the nature and scale of the problem.

26 This is in line with UNICEF WASH and disability pledge https://www.unicef.org/disabilities/index_65839.html

27 For example, initially 23 WASH training modules were developed, two additional ones were added subsequently.

28 Training programmes are developed based on learning needs assessments.

29 https://www.agendaforhumanity.org/initiatives/3861

30 SDG 6: "Ensure availability and sustainable management of water and sanitation for all."

31 *Save the Children UK Humanitarian WASH Research and Evidence Strategy. May 2018*

32 Overall, WASH has been neglected in the design process of the CA, and SC believes that without WASH the outcome expected by 9 out of 15 Common Approaches (CA) with be lesser or even compromised (Refer to Annex 4: WASH in Common Approaches).

33 These are based on the recommendations that were developed at the annual WASH workshop held in Nairobi in January, 2019.

34 The Masters for Humanitarian WASH is lead by Action Against Hunger (ACF) regional ME office and Bioforce with content support provided by SC MEEE and engagement from the WASH cluster and UNICEF. This program will be linked with the German Jordanian University based in Amman, Jordan.

GLOBAL HUMANITARIAN
WASH GUIDANCE 2019-2021

Save the Children