

# WASH GUIDANCE NOTE FOR THE HORN OF AFRICA CRISIS

## **KENYA, SOMALIA, ETHIOPIA, SOUTH SUDAN, UGANDA REGIONAL WASH GROUP FEBRUARY 2017**

### CONTEXT

The number of people in crisis and emergency food insecurity levels (IPC 3 or above) have reached 21.4 million in sub-region, which represents a 30 per cent increase compared to January 2016. The food security indicators now mirror or surpass those observed during the 2011/12 Horn of Africa drought in some countries. Two countries, Somalia and South Sudan, are at risk of famine (IPC5). Global Acute Malnutrition rates are above 20 per cent in several locations, and over 890,000 children are in need of treatment for severe acute malnutrition in the affected countries. The nutrition status of children has deteriorated and their access to safe water has decreased, while the risk of waterborne - diseases has increased. An estimated 9.2 million people in Ethiopia and 3.2 million in Somalia are in need of water assistance, and cholera outbreaks continue to affect Somalia, Ethiopia, and South Sudan. There is exceptional migration and displacement in the region resulting in high numbers of vulnerable IDPs and refugees gathering around camps and urban centres in Northern Uganda, Somalia and Ethiopia. There is urgent need to provide communities with life-saving water supply interventions and hygiene/ sanitation promotion. This will reduce mortality/morbidity associated with water stress, diarrhoea, malnutrition and other drought-related illnesses.

In the extreme drought conditions in the region seasonal water sources have dried up and there is pressure on the functioning groundwater systems, with corresponding rises in the price of water. For households relying on temporary water sources such as shallow wells in seasonal rivers the effort and risks in collecting water are increasing. Conflict over grazing and water sources for livestock have escalated in Kenya. Even sources which are typically reliable throughout the year have dried up (Shebelle in Somalia and Ewaso Nyiro in Kenya), removing the dry season options for irrigated agriculture and livestock watering and causing extreme stress for riverine communities.

### KEY LESSONS LEARNT FROM PREVIOUS HORN OF AFRICA EMERGENCIES

- Support to communities in high risk areas should focus on building resilience rather than providing short term relief. Build on capacities developed through resilience programming and support existing Community Based Disaster Risk Reduction (CBDRR) plans rather than creating a new emergency response plan
- Food security based needs assessment (eg Short Rains Assessment, FSNAU) does not identify specific WASH needs. It is recommended to focus on actual needs of communities, based on their own assessment rather than assuming what intervention is needed
- The response should support rather than undermine existing decision making mechanisms at community and country/district level. Work through water users associations (WUAs).

- Water trucking is a 'last resort' intervention and should only be used when all options for provision/restoration of permanent water supplies have been exhausted. Permanent, reliable water supplies build resilience.
- In areas with limited access, flooding the market with hygiene and Household Water Treatment and Storage (HHWTS) items can be effective in preventing widespread AWD/Cholera outbreaks
- In Arid and Semi Arid Land (ASAL) areas monitoring of groundwater resources and use is critical to avoid over exploitation of aquifers and provide early warning of potential water shortage and conflict over water resources. Remote monitoring using mobile phone technology can be effective.
- Provision of water supplies should be conflict sensitive. Negotiated access to water can be a peace building intervention but poorly planned/sited water supplies can cause conflict.

## OBJECTIVES

The WASH response aims at reducing mortality/morbidity associated with **water shortage, malnutrition, food insecurity and cholera/AWD outbreaks** in the context of the Horn of Africa crisis. A multi-pronged approach is therefore required in many areas which can address these different stresses together. The specific stresses and needs of particular communities should be determined through a multi-sectoral community based needs assessment (not relying on generic numbers of people in need of water from Early Warning Systems-EWS)

## Water Shortage

### Rationale

The WASH sector aims to reduce the stress of searching for water for both women, collecting water for household use, and for livestock. In some areas water is available but the price charged by private vendors forces poor households to look for alternative sources further away. The most urgent intervention is to expand coverage of affordable water supplies to reach all households with minimum quantities of water.

### Needs Assessment

Needs are context specific for each community so should be assessed through field visits, consultation, water point mapping/monitoring information management systems (ex: AKVO FLOW) and/or reference to existing CBDRR plans where possible. Remote sensing can also be used to determine location of functioning water supplies and corresponding livestock movement in pastoralist areas. A market assessment (using Oxfam EMMA approach or similar) is recommended before starting any intervention involving commercial water providers.

### Suggested Activities

- Rehabilitate non-function water supplies. Up to 35% of existing water supplies in the affected areas are non-functional so the quickest and most effective way to increase availability of water is to repair/rehabilitate existing water supplies.
- Construction of new water points/systems, protection and equipping of shallow wells or extension of pipelines from high yielding boreholes may also be necessary but these should be based on existing community drought risk reduction plans (if available). The use of solar pumping systems should be considered especially when stand-alone solar schemes can fully

spare parts etc), provision of standby generators, making rapid response repair services available and providing cash/vouchers for households to buy water

- Ensuring affordability through regulating cost of water (capping tariffs), and equity in providing water vouchers
- Provide household water storage (plastic tanks) and provide cash/vouchers to enable households to pay for vehicles to fetch water
- Contract tankers to deliver water **as a last resort** and only under the best practice guidelines (see Annex A). It should be used only when all other possibilities have been explored and proved impossible as the use of water trucking is expensive and unsustainable. Ideally, water trucking will be triggered as a “bridging measure” as construction and rehabilitation is being undertaken. When feasible, the use of water vouchers should be privileged for water trucking operations. In this modality, selected beneficiary households are issued with cash vouchers through which they can redeem specified quantity of water in a given period from their usual water suppliers

## Food Insecurity

### Rationale

Acute food insecurity is caused by a combination of factors including high food prices. Research has shown that family's respond to high food prices by cutting down on other expenses to be able to divert a higher proportion of their available resources to purchasing food. Water is an economic good in many ASAL and urban areas and poor households (both urban and rural) typically spend a significant amount of their income to purchase water for domestic and livestock use. Provision of cash or vouchers would be applicable during the current food/nutrition emergency as it allows families to save money they would have spent on water and use it to purchase more food.

### Needs Assessment

Monitor water prices and assess the market for water services. Collect information on productive water supplies (irrigation systems and livestock water points) as well as domestic water supply in collaboration with the Food Security/Livelihoods sector.

### Suggested Activities

#### Support to improving food access

1. Take the water access by voucher to scale to support the poorest families in southern Somalia (particularly Sool, Sanaag, Bari, Nugal Gedo, Bay, Bakool, Hiran and Middle Shebelle) and in other countries as applicable;
2. Identify cash for work (CFW) projects that can increase water assets at the same time as providing additional income to affected families

#### Support to improving food availability

3. Expand WASH services to camps and peri-urban areas where families are gathering to try to access food aid distributions
4. Provide in collaboration with Food security partners, water to milking herds to support milk production
5. Rehabilitate (and/or deepen intakes) for irrigation systems to maintain production in riverine areas

# Malnutrition

## Rationale

The WASH sector aims at improving WASH conditions in the geographical areas most affected by malnutrition to reduce incidence of diarrhea which could exacerbate the malnutrition. Although areas with SAM (severe acute malnutrition) and MAM (moderate acute malnutrition) should be ideally targeted, the WASH sector will prioritize the health regions or districts with higher rates of SAM. Where households rely on milk as the main source of nutrition for < 5 children WASH interventions should focus on supporting milking herds to maintain milk production close to the homestead.

In addition the WASH sector will aim at improving WASH conditions in nutritional centers in an effort to improve the quality of care that is given to SAM children and provide basic hygiene promotion to their caretakers, as well as reducing risk of transmission of AWD/cholera in nutrition and feeding centers. It is recommended that each country defines a minimum WASH package that could be delivered to the nutritional centers of that country. A matrix of possible WASH activities for nutrition centers in emergencies is available in Annex B.

## Needs assessment

Cases of SAM are identified through screening at health centres, outreach clinics and through periodic nutrition surveys (SMART surveys). WASH teams can identify communities and households to be targeted for synergised WASH-Nutrition programming by tracing cases of malnutrition back to their home areas and identifying any specific WASH related problems. This requires close collaboration with nutrition teams and joint analysis of information.

## Suggested Activities (See attached matrix in Annex B)

- Provide a minimum WASH package in key nutrition and health institutions through the construction/rehabilitation of infrastructure, hygiene education and reinforcement of sustained operation and maintenance systems;
- Speed up integrated programming with Nutrition sector to ensure WASH services are provided through OTPs and good hygiene practice is adopted to avoid diarrheal disease and re-admission of malnourished children, notably through the distribution of hygiene kits (aquatabs, soaps, bucket and Jcans) to the caretaker of discharged children;
- Distribute WASH items (jerry cans or buckets with lids, soap, HHWT) through nutrition programmes (OTPs) and health centres. The WHO provides a list of HWT products that were found to meet performance targets: LifeStraw Family 1.0, LifeStraw Community, LifeStraw Family 2.0, P&G Purifier of Water, Waterlogic Hybrid / Edge Purifier, H2gO Purifier, Aquatabs and WADI ([http://www.who.int/water\\_sanitation\\_health/publications/household-water-treatment-report-round-1/en/](http://www.who.int/water_sanitation_health/publications/household-water-treatment-report-round-1/en/));
- In malnutrition 'hotspots', reduce women's workload on fetching water through provision of water closer to household and reduce disease transmission through sanitation interventions (especially in crowded camp and peri-urban) settings.

building are conducted in pre-identified high-risk areas, taking into account risks of cross-border contamination.

**Response** consists of the delivery of a timely, epidemiology-driven, multi-sectoral (Health, WASH, Communication for Development) and targeted response as soon as the first suspected cases of cholera are detected. The response also aims to anticipate and prevent cholera transmission to unaffected populations at immediate risk, which are identified via the analysis of previous outbreak patterns and cross-border collaboration.

### Needs Assessment

Outbreaks are detected through surveillance systems (usually WHO) but high risk areas ('hotspots') can be identified and mapped in advance (through clusters and/or MoH). Within a country, cholera often burdens a small number of specific zones and populations which are termed "cholera hotspots". These cholera hotspots are geographically limited areas with alternating seasonal outbreaks and lull periods. As such, a mapping of 'hot spots' should be conducted in collaboration with the health sector to guide preparedness and response efforts. Independent monitoring of diarrhoea cases at health centres and tracing back to home areas can provide an early warning of a potential outbreak as well as a more targeted and efficient intervention framework.

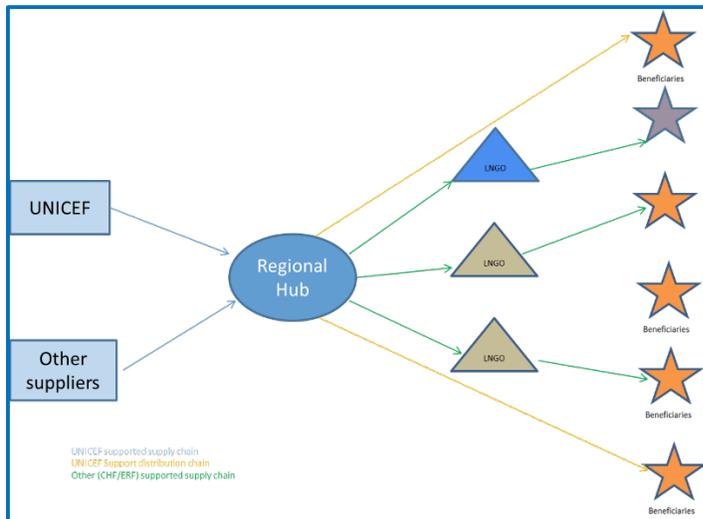
### Suggested Activities

Minimum activities are as follows (UNICEF Cholera toolkit available at [https://www.unicef.org/cholera\\_toolkit](https://www.unicef.org/cholera_toolkit)):

1. Assessment of unprotected water sources to chlorinate
2. Safe Water
  - a. Chlorination of unprotected wells (through bucket chlorination in the user's recipients as shock chlorination of wells has limited impact)
  - b. Chlorination of water points (small scale water vendors)
  - c. Chlorination of piped water systems
3. Safe excreta disposal
  - a. Construction of Household and communal latrines in high risk areas
4. Hygiene Promotion
  - a. Production of IEC materials
  - b. Distribution of WASH items, including soap, jerry can/buckets with lids and household water treatment (through supply hubs, nutrition outreach etc)
  - c. Prepositioning WASH items, including chlorine
  - d. Household hygiene promotion, using IEC materials
  - e. Hygiene and Sanitation promotion, including in Nutrition Centres
  - f. Mass hygiene promotion campaign (eg radio, mosques etc)
5. Solid waste disposal
  - a. Clean up campaigns in high risk areas
6. Provision of WASH services to Cholera/AWD Treatment Centres (CTCs)

In areas with limited humanitarian access the 'supply hub' approach may be useful for ensuring rapid and high coverage distribution of hygiene items to affected villages (see Somalia example below)

## SOMALIA REGIONAL SUPPLY HUBS



Regional Supply Hub is a program of prepositioning of supplies that allows an easy and quick access (24 to 72 hours) to supplies for wash Cluster partners. The program is jointly managed by UNICEF Wash section and wash cluster secretariat. The supplies (jerry cans, water purification tablets (aquatabs, water maker), soap and chlorine will be given to the Partner mainly to support the timely response to any emergency situation that may occur in the operational area of the partner. These include AWD/cholera, floods, drought and conflict affected populations. The supplies will be used exclusively for implementation of the WASH emergency

response programme. The supplies will be distributed to affected households irrespective of origin or clan by the requesting partners who will have to report at their turn to the Cluster secretariat regarding the distribution of the supplies.

## Specific Considerations for IDPs and Refugee populations

Approach to refugee populations should be **context specific** due to the variations in host country context and their policy toward refugees.

### Refugees 'out of camp'/in urban or rural host community:

'Out of camp' solutions and integration are increasingly being sought in order to assist and protect refugees residing in host countries. In this context, the approach to refugees should be aligned to that of the host population. Specific vulnerabilities should be taken into account as with the entire affected population.

### Refugees in camp settings:

#### Develop emergency water supply contingency plan:

As in host population, water trucking to be considered as last resort. However, water trucking should be planned in order to minimize impact on affected host community: Prior market mapping should inform constraints/challenges/opportunities of the local water truck commercial sector. An emergency water trucking plan must aim to avoid negative consequences to the surrounding population (price increases/over-extraction/creation of monopolies/depletion of services etc.)

#### Drought Early Warning Systems (EWS):

Ensure that appropriate EWSs are in place -and above all, that there is a structure and capacity to act on the warnings. Even without an EWS, recurrent drought must be prepared for, and a realistic contingency plan/capacity in place

#### Water resources:

Ensure rigorous and systematic monitoring, analysis and management of groundwater resources. Increased frequency of borehole monitoring of static/dynamic levels/salinity etc. Ensure an integrated water resources management approach with practical measures. Water conservation at

### Risk of social tensions/conflict between host population and refugees:

Ensure social dynamics are understood and tensions are monitored through increased interaction with community leaders/representatives. Increase public awareness/exchange with host community to communicate measures taken and reduce misunderstandings. Increase community outreach projects for duration of emergency period eg. borehole repair/water storage/harvesting structures etc.

## SUGGESTED INDICATORS

- Number of people that gain **temporary** access to 7.5-15 l/p/d of safe water for drinking, cooking and personal hygiene;
- Number of people that gain **permanent** access to 7.5-15 l/p/d of safe water for drinking, cooking and personal hygiene;
- Number of people supported to adopt appropriate hygiene practices;
- Number of people benefitting for an NFI WASH distribution
- Number of school children in affected areas have access to safe water and sanitation facilities including handwashing facilities
- Number of health/nutrition centers that receive the minimum WASH package
- Number of people in affected areas that gain access to latrines.

## COORDINATION

The Regional WASH group is not a coordination entity and as such will limit its role to an advisory/support function to the country offices of the various implementing organizations. In-country coordination is to be handled by the existing WASH humanitarian coordination systems in the affected countries:

**Ethiopia:** WASH Cluster for drought/AWD response (WASH cluster coordinator, Vikas Prahlad Goyal [vpgoyal@unicef.org](mailto:vpgoyal@unicef.org)) and UNHCR for coordination in refugee settings;

**Kenya:** WESCOORD (WESCOORD Coordinator, Eunice Mugeru, [eunicemugeru@yahoo.co.uk](mailto:eunicemugeru@yahoo.co.uk))

**Somalia:** WASH Cluster (WASH Cluster Coordinator, Patrick Laurent, [pl Laurent@unicef.org](mailto:pl Laurent@unicef.org));

**Uganda:** UNHCR for coordination in refugee settings

**South Sudan:** WASH Cluster (WASH Cluster Coordinator, Donald Burgess, [dburgess@unicef.org](mailto:dburgess@unicef.org))

## ANNEXES

Annex A: Oxfam Water Trucking Guidelines

Annex B: Activity Matrix for WASH in Nut