



Oxfam Minimum Requirements for WASH Programmes (MR-WASH)

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OXFAM

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ABBREVIATIONS

CBWRM	Community-Based Water Resource Management
DRR	Disaster Risk Reduction
EF SVL	Emergency Food Security and Vulnerable Livelihoods
EMN	Emergency Managers Network
IO	Intermon Oxfam
IRS	Indoor Residual Spraying
l/p/d	Litres per person per day
LLIN	Long-Lasting Insecticide Treated mosquito nets
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoU	Memorandum of Understanding
NTU	Nephelometric turbidity units
OI	Oxfam International
OSM	Operation and Maintenance
PHE	Public Health Engineering / Public Health Engineers (staff)
PHP	Public Health Promotion / Public Health Promoters (staff)
PLWHA	People Living with HIV and AIDS
SAG	Strategic Advisory Group
TWG	Technical Working Group
WASH	Water, Sanitation and Hygiene Promotion

MR-WASH ONE MINUTE INTRODUCTION

Minimum Requirements for WASH Programmes (MR-WASH) is Oxfam’s essential guide for WASH staff and partners. It describes the processes and standards that Oxfam WASH programmes should follow if they are to be carried out effectively, consistently and in a way which treats affected communities with respect.

All WASH staff members are expected to understand and follow these Minimum Requirements. However, it is recognised that in acute emergencies it is preferable to start work on the basics immediately, and build up a comprehensive, quality programme in the following days and weeks. There will therefore be some programmes in which certain individual requirements are not appropriate or relevant; in such cases staff members responsible should be able to justify why she/he did things differently, or how the minimum requirement was achieved over time.

MR-WASH aims to provide clarity and support about what Oxfam does and how to do it well; it compliments but does not replace external standards such as » SPHERE and the » Accountability ‘Good Enough’ guide.

WASH is a term used by Unicef and the water and sanitation sector to highlight the importance of integrating hygiene promotion in water and sanitation interventions. In Oxfam terms, WASH incorporates: **Water** (clean water supply for human consumption and household needs); **Sanitation** (excreta disposal, solid waste management, drainage, vector control) and **Hygiene** (community mobilisation and engagement, information, education and communication, NFI distributions and health data monitoring).¹

WASH encompasses the existing Oxfam language of ‘Public Health Engineering’ and ‘Public Health Promotion’. For completeness, **shelter** minimum requirements are also included in MR-WASH, as it will often be WASH teams that implement shelter activities.

MR-WASH comprises three parts:

A explains individual responsibilities of WASH staff, and how WASH teams should work together and with partners and communities, and co-ordinate with other programmes and agencies.

B describes minimum requirements for technical Oxfam WASH activities, from water supply and excreta disposal to hand washing and community mobilisation.

C details some of the essential crosscutting quality issues for WASH programmes, such as co-ordination, monitoring, evaluation, accountability and learning (MEAL). The document map on the next page will help you to find the section you need.

Reference materials, such as the »Oxfam Pocket Humanitarian Handbook (HUMANITARIAN HANDBOOK), Oxfam policies, and internal Technical Briefing Notes are linked (> symbol) in electronic versions of MR-WASH, and can be found on the DVD accompanying the printed version.

MR-WASH DOCUMENT MAP

A. WAYS OF WORKING	B. TECHNICAL ASPECTS	C. QUALITY PROGRAMMING
A1 Ways of Working for WASH Teams	B1 Health Data	C1 Assessment
A2 Co-ordination	B2 Water	C2 Reporting
A3 Working with Communities	B3 Excreta Disposal	C3 Vulnerability
	B4 Solid Waste Management	C4 Mainstreaming
	B5 Handwashing	C5 Disaster Risk Reduction
	B6 Hygiene Kits	C6 Accountability
	B7 Information, Education and Communications	C7 Health and Safety
	B8 Shelter	C8 Exit Strategy
	B9 Camps and Informal Settlements	C9 Monitoring, Evaluation and Learning
	B10 Construction standards	C10 Contingency Planning and Remote Management
	B11 Cholera and Diarrhoea outbreak control	C11 Remote Programming
	B12 WASH in Drought	
	B13 Malaria, Dengue and Vector Control	
	B14 Other Public Health Programming	
	B15 What we DON'T do	

MR-WASH USER NOTES

WHO IS MR-WASH FOR?

WASH Team Leaders, Co-ordinators and Humanitarian Support Personnel (HSPs) should use MR-WASH as a constant reference when implementing activities and for planning purposes to ensure sufficient resources are allocated for projects to meet Oxfam's Minimum Requirements.

WASH Field Staff (Officers and Assistants) will be trained on MR-WASH at the start of every new programme, and should follow the Requirements in their daily work.

Staff from Local Partner organisations: these minimum requirements would usually also apply to partner organisations working with Oxfam on a WASH programme, and Partners should be trained on MR-WASH. Oxfam should always seek input from partners on the local applicability of MR-WASH.

Project Managers and Country Management Teams should use MR-WASH as a quality control checklist to ensure their teams comprehensively understand and implement quality WASH programmes. MR-WASH can also be used as a reference when preparing proposals or as a lobbying tool when speaking to donors or government.

Evaluation Teams and Advisors should use relevant sections of MR-WASH as a reference for project support visits, Real Time Evaluation, training and workshops.

"Localising" MR-WASH

The Minimum Requirements described through this document are relevant globally and should be applied in any emergency where Oxfam is implementing a WASH programme. However added value can be gained by "localising" MR-WASH to specific country conditions or the emergency context of individual programmes.

During a HECA Regional WASH Forum in 2011, participants discussed how they had used MR-WASH differently in their own countries. In DRC, MR-WASH was used as a reference for staff capacity building in between emergencies, with specific sections being selected as a focus, including Cholera (B11); Working with Communities (A4); and Excreta Disposal (B3). The South Sudan programme also used MR-WASH for training/ contingency planning in preparation for the referendum in 2010. Meanwhile in the chronic drought situation of Ethiopia and Somalia, minimum requirements relating to water supply were contextualised – for example adding specific requirements on the need for itemised budgeting of water trucking over a long period.

MR-WASH AND OXFAM INTERNATIONAL²

In 2009, Oxfam formalized the commitment to WASH and Emergency Food Security and Vulnerable Livelihoods as core competencies across the Oxfam confederation. These areas will be developed to the highest standards across Oxfam affiliates, and are required to be met by all affiliates under the humanitarian mandate. Depending on the expertise of different Oxfam affiliates, emergency shelter programming may also be included in humanitarian responses.

HOW MR-WASH FITS WITH OTHER OXFAM WASH RESOURCES?

Oxfam International has a large collection of technical guidance and policies relating to WASH programmes. MR-WASH is central to these resources, and throughout this document the links to more detailed material are provided in the right hand column. The graphic below explains how the available WASH resources fit together.

LINKS

For ease of use, all the document names in this PDF are linked. Simply click on the document name you would like to know more about and this will take you to the document itself or a website.

¹ The specific focus of hygiene and public health promotion will depend on the context specific risk factors

² See also »Oxfam International Humanitarian Dossier 2011, 4.2. Oxfam WASH Minimum Standards pp. 41-44.

**OI WASH COMPETENCY
FRAMEWORKS (2012)**
**OI HUMANITARIAN
STRATEGIC PLAN**
**MINIMUM REQUIREMENTS
FOR WASH PROGRAMMES
(MR-WASH) VERSION 2 (2012)**
OXFAM WASH STRATEGIES & POLICIES

Oxfam GB WASH Strategy 2010, including Conceptual Framework of the Causes of Mortality in Emergencies
 Oxfam Intermon Framework for WASH Humanitarian Action and DRR, 2011-2013
 Oxfam Partnership Policy, 2007

OXFAM WASH BRIEFING PAPERS

TB1: Excreta Disposal for People with Physical Disabilities in Emergencies TB2 Vulnerability and Socio-cultural Considerations for PHE in Emergencies TB3 Water Quality Analysis in Emergency Situations TB4 Household water treatment and storage options TB5 Spring Protection TB6 Repairing, cleaning and disinfecting hand dug wells TB7 Urine Diversion Composting Toilets TB8 Low Cost Drainage in Emergencies TB9 Septic Tank Guidelines TB10 Plastic Sheeting- use in humanitarian relief TB12 Introduction to contracting out engineering works TB13 Water Trucking in Droughts TB14 Solar powered borehole pumps TB15 Domestic and Refugee Waste TB16 Composting and recycling	TB17 Large-Scale Environmental clean up campaigns TB18 Hazardous Wastes TB19 Use of Peepoo bags in emergencies TB20 Urban WASH: Haiti case study TB22 Pipeline Extensions TB24 Emergency Shelter Principles Oxfam Briefing Paper : Hand Washing Options, 2011 Oxfam Briefing Paper : Hygiene Promotion and HWTS Oxfam Briefing Paper: Working with children in Humanitarian Emergencies 2012 Oxfam Briefing Paper: Mainstreaming of HIV and AIDS in Humanitarian Programmes, 2008 Oxfam Briefing Paper : Hygiene Kits , 2008 Oxfam Briefing Paper : How to do NFI Distributions, 2008 Oxfam Briefing Paper: Working with Community Committees, 2009 Oxfam Briefing Paper: Menstrual Protection, 2011
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OXFAM WASH & HUMANITARIAN RESOURCES

<p>OI Toolbox, Working with Partners in Humanitarian Responses, 2008</p> <p>Oxfam Public Health Assessment Tool , Humanitarian Handbook</p> <p>Intermon Oxfam Rapid Assessment Tool (2010)</p> <p>WASH/EMMA document (based on recommendations from Ethiopia) 2011</p> <p>Oxfam Toolkit for Training Water Management Committees in Kenya</p> <p>Oxfam CBWRM Companion, 2009</p> <p>Oxfam Technical Manual on Coagulation and Disinfection Equipment</p> <p>Oxfam Guidelines on Water Treatment in Emergencies</p> <p>Oxfam Technical Manual on Hand-dug Wells</p> <p>Oxfam Guidelines on Well Design in Emergencies</p> <p>Oxfam Rainwater Harvesting Guidelines</p> <p>Oxfam Water Distribution Manual</p> <p>HECA Guidelines for Water Trucking in Drought Emergencies</p> <p>Oxfam Excreta Disposal Guidelines</p> <p>Oxfam Septic Tank Guidelines</p> <p>Oxfam Chlorinated Lime Use Guidelines, 2007</p> <p>Oxfam Equipment Catalogue</p> <p>Oxfam Good Practice Guidelines for Health and Safety for Work on Water, Sanitation and Shelter Projects</p> <p>CaLP Case study: Shop vouchers for hygiene kits in Port-au-Prince, Haiti, 2011</p>	<p>IO PHP best practices 2010</p> <p>Oxfam IEC e-learning module, 2012 (in preparation)</p> <p>Oxfam Shelter Policy, 2006</p> <p>Plastic Sheeting – A Guide to the Specification and Use of Plastic Sheeting in Humanitarian Relief, 2007</p> <p>Oxfam GB Cholera Prevention and Control Guidelines, 2012</p> <p>Oxfam Malaria Control Strategy, 2011</p> <p>Oxfam Malaria Control Manual, 2005</p> <p>Oxfam Comparison table for LLINs, 2011</p> <p>Oxfam Cash Guidelines for Emergencies</p> <p>Gender checklists and Little Gender Book of Common Sense</p> <p>Oxfam International Gender in Emergencies Minimum Standards</p> <p>Oxfam Protection Training Manual, Module 3, 2009</p> <p>Oxfam DRR Programme Policy, 2009</p> <p>Oxfam Rough Guide to Exit Strategies, 2006</p> <p>Oxfam RTE and RTE Lite Guidelines</p> <p>Counting Beneficiaries: Oxfam Guidance Note</p> <p>Guidelines for MSE in Limited Access programmes</p> <p>Monitoring, Evaluation, Accountability and Learning: Oxfam Minimum Standards for Humanitarian Programmes</p>
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A1 WAYS OF WORKING FOR WASH TEAMS

WASH programmes should be planned and implemented by Public Health Engineers (PHEs) and Public Health Promoters (PHPs) working together as a single “WASH Team”, and activities should be co-ordinated with Emergency Food Security and Vulnerable Livelihoods (EFSVL) and other technical programmes to identify opportunities for joint working. This section describes how all Oxfam WASH teams should work.

<p>A1.1</p>	<ul style="list-style-type: none"> • For PHEs and PHPs to work together effectively, there should be: <ul style="list-style-type: none"> - Joint needs assessments and analysis covering both software and hardware issa activity planning, including logistics (e.g. efficient transport planning). - Regularly scheduled (weekly or more frequently) joint meetings to encourage effective collaboration and communication. - Co-ordinated presence in the field – avoid having multiple meetings with the same communities on the same day. - Community meetings that involve both PHE and PHP inputs. - A joint monitoring plan and joint analysis of monitoring data to identify implications for both PHE and PHP. • WASH staff working in different locations (e.g. different villages or camps) within the same overall programme should avoid contradiction or duplication between locations, e.g. agree technical specifications and hygiene approaches for the whole programme, and where possible don't submit multiple material orders to logistics. • At the planning stages of new programmes the requirements for both PHE and PHP activities should always be considered: avoid programmes that are solely engineering or hygiene promotion unless clearly justified. 	<p>» Oxfam Humanitarian Handbook</p>
<p>A1.2</p>	<p>Roles and responsibilities - Joint responsibilities for PHE and PHP</p> <p>All WASH staff are expected to:</p> <ul style="list-style-type: none"> • Carry out community consultations on the design and siting of WASH facilities and other activities. • Mobilise affected communities to organise collective activities. • Ensure that cross cutting issues such as gender, protection and HIV are appropriately addressed. • Identify context specific advocacy issues and contribute to programme advocacy strategy. • Make people and communities aware that they have the right to give feedback (and complain) and we have the obligation to respond. • Ensure adequate monitoring systems are in place to monitor and inform programme implementation. • Organize and facilitate capacity building and training for project staff and partners • Monitor health data to guide timely project interventions 	<p>» Humanitarian Handbook 3.6.1</p> <p>» WASH Accountability tools</p>

<p>A1.3</p>	<p>Roles and responsibilities – PHPs</p> <p>The Oxfam International Competency Framework for PHPs describes the skills that a PHP emergency staff member is expected to have to perform to Oxfam standards in different categories of emergency programmes.</p> <p>In addition to all of the Minimum Requirements described in this document, PHPs should, in collaboration with PHEs:</p> <ul style="list-style-type: none"> • Find out what women and men, girls and boys affected by emergencies know, do and think about water, sanitation and hygiene, and involve stakeholders in planning solutions to identified public health risks. • Build awareness within affected communities of health issues around WASH, by providing appropriate information on preventive measures to reduce WASH risks, and disseminate the information by using creative and effective communication methods. • Mobilise and train women and men amongst the affected communities to work / volunteer as mobilisers and health/hygiene promoters in their own communities. • Support PHEs to design facilities that are culturally acceptable and ensure effective use and maintenance of such facilities. • Collect community based health data 	<p>» IO PHP Competency Framework, 2012</p> <p>» WASH Cluster, Job Descriptions for PHP Co-ordinator, Promoter and Community Mobiliser, 2007</p>
<p>A1.4</p>	<p>Roles and responsibilities – PHEs</p> <p>The Oxfam International Competency Framework for PHEs describes the skills that a PHE emergency staff member is expected to have to perform to Oxfam standards in different categories of emergency programmes.</p> <p>In addition to all of the Minimum Requirements described in this document, PHEs should, in collaboration with PHPs:</p> <ul style="list-style-type: none"> • Assess technical options for the provision of water, sanitation and emergency shelter³ • Create designs based on technical feasibility and community feedback. • Organise, supervise and monitor construction, with an emphasis on community engagement and participation. • Ensure that the facilities constructed are of good quality, and are maintained at that standard for the duration of the project. 	<p>» OI PHE Competency Framework, 2012</p>
<p>A1.5</p>	<p>WASH Staffing Considerations</p> <ul style="list-style-type: none"> • The size and expertise of WASH teams required for different projects depends on a number of factors, both quantitative (e.g. target population and size of budget) and qualitative (e.g. type of disaster and complexity of programme - dispersed project sites, conflict etc.) but must consider an integrated team/response wherever possible. • The OI PHE and PHP Competency Frameworks should be used throughout a WASH programme, e.g. for recruitment and capacity building. <p>WASH Co-ordinators</p> <p>Projects which have a WASH Co-ordinator who manages / advises both PHP and PHE programmes (staff & activities) should:</p> <ul style="list-style-type: none"> • Have a manageable job description that is not just a combination of PHP and PHE tasks but which focuses on the co-ordination role. • Ensure that there are strong PHE and PHP Team Leaders to provide technical support equally to both sectors. 	<p>» OI PHE and PHP Competency Frameworks, 2012</p>

³ The inclusion of emergency shelter will depend on affiliate expertise e.g. Intermon does not currently undertake shelter responses

<p>A1.6</p>	<p>WASH and Emergency Food Security and Vulnerable Livelihoods (EFSVL)</p> <p>WASH programmes should be coherent and integrated with other humanitarian work. Whilst WASH and EFSVL programmes are sometimes aimed at different groups (WASH activities generally address the wider public health needs of the entire community, whereas EFSVL work will usually be targeted to specific vulnerable livelihood groups), as much as possible WASH activities should be implemented with the same communities – especially where there is a high level of malnutrition.</p> <p>Programme Managers / Technical Team Leaders should hold regular co-ordination meetings between WASH, EFSVL and other programmes to ensure integration and efficiency of implementation.</p> <ul style="list-style-type: none"> • When working in the same area, every effort should be made to conduct joint: <ol style="list-style-type: none"> 1. Assessment and analysis 2. Community meetings to introduce activities (so that EFSVL and WASH are seen as part of the same programme) 3. Monitoring and evaluation • WASH and EFSVL teams should work together to identify opportunities for incorporating cash for work, cash transfers, voucher schemes and other EFSVL techniques into WASH activities where appropriate. • Ensure that the provision of cash does not undermine voluntary inputs from the community, particularly where this is an accepted norm. • Options for using local markets to source NFIs and WASH and shelter materials should be investigated by WASH teams with the support of EFSVL (and logistics) colleagues. • WASH teams should appraise options for income generation / revenue collection by WASH committees (for example to finance Operation and Maintenance (O&M)) with EFSVL colleagues. • Engage with EFSVL colleagues when designing shelter interventions (including beneficiary selection, modality of material provision – i.e. provide vouchers to purchase materials, skill-building programmes for local carpenters, etc). 	<p>» CaLP Case study: Shop vouchers for hygiene kits in Port-au-Prince, Haiti, 2011</p> <p>» New WASH/EMMA document (based on recommendations from Ethiopia)</p>
<p>A1.7</p>	<p>Working with WASH Partners</p> <ul style="list-style-type: none"> • WASH programmes should be flexible about modes of working with partners, as the options (partner-led, Oxfam-managed, semi-operational, etc.) may differ according to humanitarian need, country context, country partnership strategy, stage of emergency etc. • Due to the technical skills and competencies needed by humanitarian WASH partners, it is preferable to identify and build partners' capacity during non acute-emergency phases. WASH programmes should be realistic about the (limited) opportunities for capacity building during emergency response. • Whichever method is chosen depends on the capacity of the partner and the primary objective of the programme (for example, is it rapid emergency response or longer-term capacity building), what is acceptable to the local partner, and ultimately, what is the most effective way for the project to deliver for the affected communities. • When identifying partners consider whether they have a shared vision and identify and agree with them the terms of the collaboration including what capacity building is available and possible. 	<p>» Humanitarian Handbook 3.13</p> <p>» Oxfam Partnership Policy, 2007</p> <p>» OI Toolbox, Working with Partners in Humanitarian Responses, 2008</p>

<p>A1.8</p>	<p>Working with Finance, Logistics and other Programme Support Functions</p> <p>The Humanitarian Handbook details Minimum Requirements for Programme Support Functions. In addition to this, WASH staff should:</p> <ul style="list-style-type: none"> • Be briefed on the functions of Finance, Logistics, HR and other Programme Support teams, and understand how they interact with WASH programmes. • Receive a briefing on the overall programme budget, in particular the WASH activity budget, donors/sources of funds, and budget codes and how to use them. • Obtain regular updates on budget expenditure and forecasts • Seek guidance from Programme Support teams on activities such as market assessments, planning NFI distributions or delivery of construction materials (Logistics); cash payments (Finance). 	<p>» Humanitarian Handbook 4</p>
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A2 CO-ORDINATION

This section describes how Oxfam WASH programmes should be planned, implemented and monitored in co-ordination with other Oxfam affiliates, NGOs, UN agencies and national authorities.

<p>A2.1</p>	<p>Oxfam International</p> <p>Humanitarian responses carried out by any Oxfam affiliates are Oxfam International (OI) responses. WASH teams working with the Country Leadership Team should:</p> <ul style="list-style-type: none"> • Share relevant WASH information (programme plans, capacities, assessments, reports etc.) with the country level OI humanitarian Lead Agency and OI Humanitarian Country Team. • Take opportunities for sharing of learning and resources with other affiliates, for example through joint WASH needs assessments, training sessions or lessons learnt exercises. 	<p>» Humanitarian Handbook 2.5</p> <p>» OI Humanitarian Dossier, 2012</p>
<p>A2.2</p>	<p>WASH Cluster</p> <p>Oxfam is committed to supporting co-ordination mechanisms in emergencies, through the WASH Cluster (where this is established), to help minimise duplication of effort and ensure a consistent, high quality approach.</p> <p>Where we have a substantial programme, senior Oxfam WASH staff should participate in cluster meetings regularly. As a leading actor in WASH Oxfam also has a role in supporting others in the sector with technical assistance, training and resources. As a point of priority, we should share our assessments, implementation information and plans with others. Oxfam staff participating in Cluster responses should, actively promote IASC and Oxfam best practice and principles (including the use of Sphere standards), and advocate that other WASH actors adopt these.</p> <p>WASH programmes should:</p> <ul style="list-style-type: none"> • Engage with other agencies (NGOs and UN) at the earliest opportunity (i.e. Day 1 of a response to a rapid onset emergency) to promote a common approach to assessment and planning, and to avoid duplication of resources. • Identify and register key staff (email, phone etc.) to be included on distribution lists for WASH Cluster correspondence and information sharing. • Establish contacts in other relevant co-ordination structures, such as Health, Education, Protection, Logistics or Shelter Clusters (directly or through other appropriate Oxfam colleagues) to promote informal networking and sharing of information. WASH staff should not aim to attend all meetings but should maintain regular contact with these networks. • Prepare and communicate to staff a clear plan of who should attend which meetings, their expected inputs, and what and how they should feedback outcomes / actions to colleagues. • Ensure that key outcomes from every co-ordination meeting are concisely communicated to management and teams in a timely manner. 	<p>» Oxfam GB's Position on Cluster Engagement, 2011</p>

<p>A2.2</p>	<p>Oxfam role in WASH Cluster Leadership</p> <p>In humanitarian emergencies the lead for WASH co-ordination is Unicef working closely with local authorities.</p> <ul style="list-style-type: none"> • In general Oxfam does not offer to be a WASH Cluster lead in countries as this is the role of Unicef as global co-ordinating agency. Our primary role is in providing emergency preparedness and response; taking on a Cluster lead role without sufficient backstopping can lead to a loss of vital emergency preparedness and response capacity. • Much of our credibility in the WASH sector comes from our reputation for operational work (either directly or through partners). Working in this role we are able to play an active and influential role in the Cluster and other interagency processes. Where appropriate we should offer to lead PHE and PHP technical working groups that support Cluster co-ordination. • Where we have a substantial programme, and particularly in large-scale emergencies or those with many actors, Oxfam should encourage the WASH Cluster Co-ordinator to set up a Strategic Advisory Group (SAG) of key actors, including the government, where appropriate, to streamline co-ordination. How Oxfam participates in the SAG should be determined on a case-by-case basis. • In exceptional circumstances Oxfam might accept the role of cluster lead on a short-term basis, but Oxfam should not set itself up as a long-term Cluster lead and must always consider the resource implications of engaging in Cluster Leadership. 	<p>» Oxfam GB's Position on Cluster Engagement, 2011</p>
<p>A2.3</p>	<p>Co-ordination with Government</p> <p>The responsibility for humanitarian response ultimately rests with the government of the affected country. Oxfam is committed to supporting and developing state capacity for leadership, coordination and response to humanitarian crises and should not act as a substitute for government.</p> <p>The extent of co-ordination that is possible with government authorities on specific WASH issues will depend on the political and humanitarian context, however WASH staff (in collaboration with Oxfam Country Management) should:</p> <ul style="list-style-type: none"> • Encourage government and local organisations to participate in coordination. • Encourage and support domestic technical actors to take on leadership responsibilities. • Take pro-active steps to develop a working relationship with the relevant technical WASH authorities at local and national level. • Obtain copies of national legislation, policies and standards covering all relevant public health issues, ensure all WASH staff are trained in these policies and understand their application. 	<p>» Oxfam GB's Position on Cluster Engagement, 2011</p>

A3 WORKING WITH COMMUNITIES

Listening to affected communities is the backbone of Oxfam’s rights based approach to WASH programming. Community members are acknowledged as primary change agents and community-led project design, implementation and monitoring is important wherever feasible. Working with volunteers and committees also allows us to work effectively with large populations and to continue activities when it is not safe or practical for staff to be present in the field.

<p>A3.1</p>	<p>WASH staff should:</p> <ol style="list-style-type: none"> 1. Work with human resources staff to identify relevant legal issues when engaging volunteers or committees. 2. Use a clear and transparent mechanism for selecting volunteers and committee members, which has been agreed with the entire community (i.e. not just leadership). 3. Promote the equal representation of women – not only in numbers, but also in terms of decision-making powers – amongst volunteers, and also representation of vulnerable groups and different ethnic groups. 4. Maintain a database of committee members, with details including training and incentives received. 5. Ensure clarity between Oxfam and the affected community in the roles and responsibilities of volunteers, including any incentives that might be offered. This should be done before the start of activities. It is good practice to agree a MoU or Action Plan with the affected community. This should not reflect a ‘shopping list’ of desires but be the result of an open conversation about what is feasible in what timeframe and the constraints faced by both the community and Oxfam. 6. Co-ordinate volunteer issues internally with other Oxfam programmes. Do not automatically assume that WASH volunteers should be used for other programmes and visa versa. 7. Co-ordinate the recruitment of volunteers and the formation of committees within the WASH Cluster, advocating for consistency of approach to recruitment and working practices with volunteers (including any incentives offered to volunteers). 8. Link volunteers and committees with government structures as appropriate, (see A13.3). If there are already government health workers engaged in health/hygiene education assess the feasibility of working to build this groups’ capacity instead of training more community hygiene volunteers. <p>In discussion with the affected community:</p> <ol style="list-style-type: none"> 9. Make contingency plans for remote management of volunteers and other unexpected challenges (specific to the context). 10. Prepare and implement appropriate capacity building plans for volunteers. 11. Forward plan appropriate capacity building plans for volunteers and an exit strategy. 	<p>» Oxfam Briefing Paper, Working with Community Committees, 2009</p> <p>» UNICEF, FAO & Oxfam GB (2012) A Trainer’s Manual for Community Based Water Supply Management in Kenya.</p>
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B1 HEALTH DATA

WASH staff should access and interpret data on key disease trends, whether collected directly from affected communities, through co-ordination activities and/or from medical professionals. This epidemiological data should be used to guide WASH activities.

<p>B1.1</p>	<p>WASH programmes cannot be planned or monitored without a clear understanding of the health of the affected community.</p> <p>Oxfam WASH programmes should use the following sources to gather and analyse health data:</p> <ul style="list-style-type: none"> • Community-level monitoring – collection of data on health trends during regular programme monitoring is straightforward and can be done through focus group discussions, household surveys etc. • Clinics – WASH staff should establish contacts with local Ministry of Health (MoH) and/or NGO staff working in local clinics (including mobile clinics, cholera treatment centres etc.) to facilitate sharing of health data. • National health data – official health data is usually available on a weekly basis from the MoH/WHO/Health Cluster and can be useful for monitoring general trends and for citing in donor reports or proposals. Note that this data can be unreliable, or issued at too large a geographic scale for useful analysis. • Co-ordination activities – basic updates on health trends can be obtained through WASH Cluster meetings and other general humanitarian co-ordination (e.g. OCHA meetings, sitreps). 	
<p>B1.2</p>	<p>Health data should be disaggregated by sex and age, and collected at a sufficiently detailed geographic scale to allow for analysis within Oxfam WASH programmes.</p>	<p>» Sex and Age Matter: Improving Humanitarian Response in Emergencies (OCHA and Feinstein International Centre, 2011)</p>

B2 WATER

Oxfam emergency water programmes should select the most appropriate approaches to ensure access to and use of safe, sufficient water to affected communities for drinking, cooking and other uses.

<p>B2.1</p>	<p>Emergency Water Supply: First-Phase Emergency Strategy</p> <p>The following immediate actions are required:</p> <ul style="list-style-type: none"> • Design emergency water supply responses based on local practices and preferences. • Provide hygiene promotion on the importance of the safe water chain – including collection, transport, storage, household water treatment, and use. • Provide at least 15 litres per person per day (l/p/d) for the affected population, or provide clear justification where this is not possible/appropriate e.g. severe drought in arid lands. • Chlorinate all sources of drinking water for camp or displaced populations, even if the turbidity is up to 50 NTU*, to ensure a residual of 0.3–0.6mg/l is maintained. [*If turbidity is over 50 NTU then start treatment (» B2.5 Bulk Water Treatment)]. • Ensure affected communities have clean and sufficient vessels in which to collect water. • When there is more than one water source (e.g. tubewell and tankered water), it should be clearly communicated to users which source is supposed to be for which purpose (e.g. tankered water for drinking and cooking and tubewell for other uses). 	<p>» SPHERE, 2011</p>
<p>B2.2</p>	<p>Community-Based Water Resource Management (CBWRM)</p> <p>The increased scarcity of water in dryland areas, typically caused by low or variable rainfall patterns and exacerbated by climatic change, population growth, changes in land use practices, environmental degradation and poor governance of WASH services. CBWRM is a water management and Disaster Risk Reduction (DRR) tool that uses community awareness of risk and traditional coping mechanisms to support local adaptation and recovery from shocks and trends in water supply.</p> <p>WASH staff should:</p> <ul style="list-style-type: none"> • Consider the multiple uses of water – drinking, cooking, washing AND livelihoods (e.g. irrigation, livestock, brick making, water vending etc.) by different groups when undertaking WASH assessments and planning activities. Although WASH programmes might be unable to provide water for all household and livelihood uses, WASH staff should have an understanding of the overall water demand. • During assessments, work with the affected community to identify and prioritise risks to water supply. If these risks are significant, WASH staff should then design activities to address them (» CBWRM Companion). • Consider and monitor the impacts of WASH programme activities on longer-term water resources, livelihoods and protection issues. 	<p>» Oxfam CBWRM Companion, 2009</p>

B2.3	<p>Water Quantity</p> <ul style="list-style-type: none"> • When calculating l/p/d, do not just divide the water production figures by the population but back the figures up with household water usage surveys. • Oxfam staff should refer to »Sphere for details of daily water requirements for different users. • Distance from the water source is the biggest factor in determining household consumption; therefore, always ensure that water points are distributed as evenly as possible. 	» SPHERE, 2011
B2.4	<p>Water Quality Testing</p> <ul style="list-style-type: none"> • In a 1st phase emergency carry out a rapid sanitary survey of water sources and, wherever there is a suspicion of contamination, 'protect' the source and/or chlorinate the water. There is no need to undertake a bacteriological test at this stage. • All chlorinated sources should be monitored regularly. • Bacteriological tests should be carried out when handing over improved water sources to communities and in the event of diarrhoeal disease outbreaks. • All water test results should be communicated to water users. • If residual chlorine, bacterial or chemical analysis results fail, WASH staff should undertake immediate actions to address the issue. • Ensure that water is acceptable to the users by addressing taste, colour and smell issues. 	» Oxfam TB3: Water Quality Analysis in Emergency Situations
B2.41	<p>Chemical Quality</p> <ul style="list-style-type: none"> • Chemical analysis should be done once the emergency situation has stabilised or when local information indicates that there are serious-risk chemicals in the groundwater (e.g. arsenic areas, near intensive farming, mining operations or factories). • Boreholes: Chemical analysis should be carried out for every borehole. This only needs to be done on completion unless it is in a high-risk area where regular monitoring – a test every 6 months – should take place. • Water quality should conform to WHO guidelines, or local guidelines where these exist. 	» Oxfam TB3: Water Quality Analysis in Emergency Situations
B2.5	<p>Bulk Water Treatment</p> <p>If the water has an NTU of >50, chlorination alone will not be effective; the water should be treated.</p> <p>Considerations in water treatment:</p> <ul style="list-style-type: none"> • Find out if you are in an area where there are helminths or protozoa (Giardia and Cryptosporidium) that are resistant to chlorine, and ensure a fine mesh (4–6 microns) is added to the system. Some viruses may also require special treatment. • Where possible, use gravity flow in the treatment system to avoid double pumping, and avoid constructing plants on flood-prone areas. • Take great care when disposing of the highly toxic alum residual in the sedimentation tanks so as not to contaminate the ground- or surface-water. 	<p>» Oxfam Technical Manual on Coagulation and Disinfection Equipment</p> <p>» Oxfam Guidelines on Water Treatment in Emergencies</p>

<p>B2.6</p>	<p>Household Water Treatment and Storage (HHWT)</p> <ul style="list-style-type: none"> • In camp settings the focus of water treatment should be on bulk chlorination » (B2.5). • Alternative HHWT options, such as household-level chlorination (liquid chlorine or tablets), combined floc/disinfectant sachets, ceramic pots or candles, bios and filters, solar disinfection (SODIS) and boiling are generally more appropriate for non-camp settings (including slow-onset emergencies and when people are still in their homes). Factors influencing the decision as to which approach to implement include existing local practice, reliability of supplies, and local availability of spares / consumables. • Information and follow up must always be provided when introducing HHWT to ensure that products are used effectively and safely • All water treatment options are limited in their potential to protect health if the affected communities do not practice safe methods of collection, transportation and household storage of water. Such risks must be addressed in the response e.g. through NFI distributions, regular cleaning of containers and ongoing public health promotion. 	<p>»Oxfam TB4: Household Water Treatment and Storage</p> <p>»Oxfam Briefing Paper on Hygiene Promotion and HHWT</p>
<p>B2.7</p>	<p>Hand-Dug Wells</p> <ul style="list-style-type: none"> • Wells should be dug during the dry season, to ensure the availability of water during all seasons. • Always line hand-dug wells. • Liners should adhere to Oxfam standard of 1.5m external and 1.3m internal diameters and 100mm thickness e.g. stone masonry or rendered, concrete ring. • All hand-dug wells should have a minimum of 1m raised wellheads, and concrete aprons with proper drainage leading to gravel soak pits should be included (consider highest flood level). Consider protective fences or barriers around the vicinity of the well to keep animals away. • Where necessary address livestock and agriculture water needs in the design of the well. • Gravel filters should be included at the bottom and sides of wells and drainage channels. • Always incorporate a sanitary seal, preferably a 1:2:4 concrete mix 1m from ground level (water table permitting). • Ensure that an appropriate water-lifting device is installed that is acceptable to the user, easy to maintain and minimises well water contamination. • Ensure that the wells are resilient to natural disasters by provision for deepening in drought prone areas and providing necessary protection from flooding. 	<p>» Oxfam Technical Manual on Hand-dug Wells</p> <p>» OxfamTB6: Repairing, cleaning and disinfecting hand dug wells</p>
<p>B2.8</p>	<p>Borehole Design</p> <ul style="list-style-type: none"> • All boreholes should have sanitary seals, concrete aprons with proper drainage to soak pits, and low-maintenance sustainable pumping devices that consider the highest flood level when selecting the height to raise the hand-pump. • Where gravel packs are needed the borehole diameter should usually be 200mm greater than the OD of screen/casing. • Screen slot size should be 0.5mm or 1mm with an open area of 10%. Slot size should normally depend on the aquifer formation and the size of silt. • The gravel pack should be well rounded and not angular, preferably 2–4mm diameter, and of silicate rich (>70%) or quartzitic nature. 	<p>» Oxfam Guidelines on Well Design in Emergencies</p> <p>» Oxfam TB14 : Solar Pumping</p>

B2.8	<ul style="list-style-type: none"> • The gravel pack should completely enclose the screened portion to at least 5m above highest screen level. A bentonitic clay seal 0.5m should be placed above the gravel pack before backfilling. • Pump testing should be carried out for 24 hours after the development of the borehole to determine its safe yield 	
B2.9	<p>Design of Rainwater Collection</p> <ul style="list-style-type: none"> • Rainwater collection works best for schools and institutions with a large roof space and large storage tanks but is also effective for individual households or communal buildings where other sources are contaminated and it rains frequently. • There should be a mechanism to prevent first rain run-off from entering the storage tank. • In diarrhoeal outbreaks the storage tanks should be included in an emergency chlorination programme. • There should be a cover on the rainwater collection tank to prevent contamination. 	» Oxfam Rainwater Harvesting Guidelines
B2.10	<p>Design of Water Collection Points</p> <ul style="list-style-type: none"> • Water collection points should be designed to avoid standing water around them; in particular, a proper soakaway should be incorporated into the design. • The tap stand should be no more than 10cm (4") higher than the tallest locally used water container. • Ensure that provision is made for people with limited mobility to access water. • Users should be consulted on tap stand locations but try to ensure the tap stands are located strategically (near to schools, health and feeding centres etc.) 	» Oxfam Distribution Manual
B2.11	<p>Gravity-Fed Systems</p> <ul style="list-style-type: none"> • Low maintenance requirements and the formation of User Management Committees are essential for sustainability. • Technical calculations and detailed drawings are required before construction begins. • Pipe design networks should range between the following values: Flow rates to faucets 0.1 to 0.3 l/s Tap stand residual heads 4 to 12m (depends on faucet type) Velocity in all pipes 0.3 to 1.5 m/s generally. Refer to the guidelines for the exact figures. All PVC/PE pipes should have classed pressure ratings with the minimum 6kg/cm² (higher pipe pressure ratings may be required depending particular design) • PVC/PE distribution pipes should be buried a minimum of 0.8m (1.5 in sub zero temperatures). When pipes cannot be buried GI pipes should be used. • All designs that pass through landslide prone areas should have serpentine or progressive joints for quick isolation, diversion or replacement. • Gravity designs should include appropriate wash out and air purging points where necessary to ensure the correct functioning of the system. 	» A Handbook of gravity-flow water systems – Practical Action

B2.12	<p>Spring Capping / Protection</p> <ul style="list-style-type: none"> • Fence the whole spring capping area to prevent access by livestock or any other animals. • Provide the spring box with a simple silt trap, silt wash-out and an overflow pipe below the level of the eye. • Where possible, provide storage – depending on the flow rate and water demand. • In areas where epidemics occur regularly, make provision to chlorinate spring boxes. 	» Oxfam TB5: Spring Protection
B2.13	<p>Surface Water</p> <ul style="list-style-type: none"> • Ensure all surface water sources are protected from (human and animal) contamination and that water is treated before drinking. 	
B2.14	<p>Water Tankering</p> <ul style="list-style-type: none"> • Water tankering is very costly and extremely difficult to monitor effectively, so it should only be a short-term measure until more sustainable water sources are in place. • A full exit plan should be drawn up before beginning a tankering programme. • Due to high costs, tankering budget lines should be itemised to calculate the real price rather than just estimating a lumpsum. • If tankering water, always ensure there are tanks/bladders with tap stands for tankers to discharge the water: users should not collect straight from the back of the tanker. • Where possible, water should be chlorinated at discharge tanks 	»HECA Water Trucking Guidelines »WASH/EMMA document (based on recommendations from Ethiopia 2011

B3 EXCRETA DISPOSAL

Oxfam WASH programmes will usually have a sanitation component. This aims to ensure appropriate safe sanitation for affected communities, including facilities for excreta disposal and bathing, to minimise risk of WASH-related disease and environmental pollution, in a way that maintains dignity.

<p>B3.1</p>	<p>General Principles</p> <p>Safe disposal of human excreta creates the first barrier to excreta-related disease by reducing transmission through direct and indirect routes.</p> <ul style="list-style-type: none"> • WASH staff should ensure that the environment is free from human faeces by instigating ‘clean-up’ programmes. • Excreta disposal programmes should be based on an understanding of people’s cultural habits and preferences – especially women, children, older people and people with disabilities. They must be consulted on the design, type and location of any sanitation facility, even in a large-scale rapid-onset emergency. • Before the construction of any sanitation facility, agree with the users how the facilities will be allocated, maintained and cleaned – and how this is will be monitored. • In first-phase emergencies, avoid defecation areas where possible and go straight for shallow trench latrines surrounded by plastic sheeting. The next step, depending on timeliness and community acceptance, is to construct communal latrines, then shared family latrines and then individual family latrines. • Balance the potential environmental impact (such as deforestation) when selecting materials for latrine construction, with the urgency of the public health risk. • Where possible build latrines that can withstand future disasters and minimise the long term O & M costs 	<p>»WEDC, Excreta Disposal in Emergencies, 2007</p> <p>»Oxfam Excreta Disposal Guidelines</p> <p>» Oxfam TB2: Vulnerability and Socio-cultural Considerations for PHE in Emergencies</p>
<p>B3.2</p>	<p>Pit Latrines Planning and Design Criteria</p> <ul style="list-style-type: none"> • A minimum safety distance of 30 metres between latrines and water points is recommended (not applicable in fractured or karstic areas) • In the first stages of an emergency, there should be 1 toilet for 50 people and once this target has been met, move on to 1 toilet for 20 people. • Separate facilities for men and women are the norm except where consultation (especially with women) suggests otherwise. • If constructing communal sanitation facilities, ensure a ratio of 3 female facilities for every male facility. However, this should be based on disaggregated data; for example, if there are more males than females over 10 years old, the ratio will need to be adapted. • Spread communal toilet blocks around a camp or village, rather than constructing large clusters of toilets. • If the latrine is not ventilated, closable lids should be provided over the squat hole. Chlorinated lime or ash should be provided along with the lid to neutralise smell and reduce fly numbers. • There should be no visible gaps between the squat plate and the pit. Gaps can appear through erosion due to lack of proper drainage around the toilet. • There should be a privacy wall around facilities for women’s latrines. 	

B3.2	<ul style="list-style-type: none"> • Every cubicle should have a mechanism to keep the 'door' closed from the inside. Shared family latrines should also have a hook for a padlock. • Consider the need for distributions of tools for disposal of infants' and children's faeces; hygiene promotion should be linked to the means provided for handling faeces. 	
B3.3	<p>Toilets in High Water Tables (<1.5m from the surface)</p> <ul style="list-style-type: none"> • For 1st phase emergencies the priority is the containment of excreta rather than protecting the ground water. Dig shallow trenches, at least 30m from a well or spring, as deep as possible and ensure people are not drinking directly from the ground water. • As soon as basic safe sanitation is achieved construct raised latrines that do not contaminate the water table (taking into account the fluctuation of water levels and the risk of flooding). • Where possible use latrines such as urine diversion, ecosan or worm based latrines that minimise desludging frequencies. 	<p>»WEDC, Excreta Disposal in Emergencies, 2007</p> <p>»Oxfam Septic Tank Guidelines</p>
B3.4	<p>Pit Latrine de-sludging</p> <p>Any toilet designed to be de-sludged should have:</p> <ul style="list-style-type: none"> • A lined pit (if the pit is unlined, the mechanical vacuum process may collapse the pit walls); • An access hole/slab where a pump/suction hose can be inserted or people can enter (the squat hole is often not large enough for the pump foot valve); • A safe, properly organised and clearly marked final disposal site for the excreta; and • A sustainable community/household de-sludging methodology in place for long-term situations. 	
B3.5	<p>Hand Washing after defecation</p> <ul style="list-style-type: none"> • Hand washing should be promoted wherever Oxfam constructs or repairs latrines – either at the latrine or at the household level and should be supported by the provision of soap and hand-washing devices. • Handwashing facilities should be provided at all institutional and public toilets 	<p>» Oxfam Briefing Paper on Hand Washing Options, 2011</p>
B3.6	<p>Toilet Facilities for People with Physical Disabilities</p> <ul style="list-style-type: none"> • It is estimated that within an average community between 4% and 10% of the population have reduced mobility. After an earthquake or conflict there is likely to be an increased percentage of people with physical disabilities. • All Oxfam sanitation projects should be designed to meet the needs of the affected population. This will be based on community consultation to determine the numbers and types of specific local needs, and liaison with key stakeholders such as Handicap International. • A useful indicator is that at least 1 toilet out of every 20 should be constructed for people with physical disabilities (including extra space for a carer to help them). 	<p>» Oxfam TB1: Excreta Disposal for People with Physical Disabilities in Emergencies</p>
B3.7	<p>Emergency and Semi-Permanent Toilet Facilities</p> <p>The timing of the decision to move from rapid 'emergency' latrines to semi-permanent constructions is difficult to predict. However:</p> <ul style="list-style-type: none"> • If affected communities are still living in plastic sheet structures, latrine structures with a metal roof and walls (or other more permanent material) should not be constructed, as the population might dismantle the latrines to improve their shelters and thus make the latrines inoperable. 	

B3.7	<ul style="list-style-type: none"> • Toilets may need to be upgraded where they are required for longer than 3 months bearing in mind environmental, budgetary and longevity constraints. • In some contexts, there are political connotations to constructing semi-permanent latrines in temporary settlements. 	
B3.8	<p>Bathhouse / Cubicle Construction</p> <ul style="list-style-type: none"> • Female-bathing cubicles should be included in a screened courtyard design with toilets or constructed separately. • Ensure adequate space and provisions for female menstrual needs e.g. cleaning, drying or disposal of sanitary napkins. • If there is no piped water system the bathing cubicles should be close to the water points so that people do not have to transport water long distances for bathing. • There should be 1 bathing cubicle for every 50 people (this ratio could be increased to 1:100 in a first phase emergency). • At least 1 bathing cubicle out of every 20 people should be constructed for people with specific needs (including extra space for a carer to help a disabled person bathe). • Women are more likely to be bathing children whilst they bathe and so will need more time. To avoid excess queues for female bathing facilities there should be more (2:1 female: male) units for women, and they should be clearly marked. • Adequate drainage for the wastewater should be provided. Slabs and floors should be provided with grease traps and a 1% slope towards drainage to prevent stagnant water. • Every cubicle should have a door and, where possible, it should be a solid door so that door catches can be installed; this is especially important for communal bathing facilities. • Bathhouse construction should also be accompanied by hygiene promotion, for example on stopping public defecation in the communal bathing space. • Bathhouses should be segregated by sex and should be clearly marked. In communities where men bath outside/at water point, construction of bathhouses for men may not be necessary. However, in such conditions, consider additional water points. • Where people wash their clothes while bathing space for washing clothes needs to be considered while designing bathhouses. 	<p>» Oxfam TB8: Low-cost Drainage for Emergencies » Oxfam TB2: Vulnerability and Socio-cultural Considerations for PHE in Emergencies</p>
B3.9	<p>Design of School Latrines</p> <ul style="list-style-type: none"> • Camp school latrines should be semi-permanent, whereas permanent structures are built for existing schools. It is important to match the construction materials of the school building (an exception to this is when metal roofing is used to enable catchment of rainwater for handwashing etc.). • There should be a viable water source located near the latrines to enable anal cleansing, handwashing, and latrine cleaning. • School toilets should be segregated for boys and girls. • The toilets should be scaled down to suit children’s needs, especially the squat hole and foot rests. • There should be adequate light entering the toilet unit to ensure that children can see where to urinate/defecate and are not afraid to use the toilets. • According to culture, urinals should also be provided for males. • There should be a privacy screen, especially for girl’s facilities. 	<p>» Zomerplaag, J. and Mooijman, A. (2005). Child-Friendly Hygiene and Sanitation Facilities in Schools: Indispensable to effective hygiene education. Delft, The Netherlands, IRC International Water and Sanitation Centre.</p>

<p>B3.9</p>	<ul style="list-style-type: none"> • There should be hand-washing facilities for each block of toilets. • There should be at least 1 male and female toilet for disabled pupils. • Operation (cleaning arrangements) and maintenance systems should be agreed before beginning construction of school latrines. 	
<p>B3.10</p>	<p>Latrine Decommissioning</p> <p>When latrines are full or if the affected community is moving to new area, latrines should be decommissioned / backfilled in a safe and effective manner.</p> <ul style="list-style-type: none"> • Make sure that all the health and safety precautions are in place. • Supply small sealable containers of chlorinated lime to the community groups or the people who will carry out the activity. • Before removing the latrine slab sprinkle, by hand, a thin layer of chlorinated lime in the pit being closed (backfilled) or decommissioned before the fill material is added. Then fill with soil or sand (at least 50cms), making sure that the entire surface of the pit contents are fully covered. • The latrine slab should be kept over the pit for 1 week. • Remove the latrine slab and saturate the slab by pouring or spraying it with a 1% stock solution of chlorine on the latrine slab. Allow the chlorine solution to dry naturally before placing back in stock to be reused. If wooden supports are in good condition they should be cleaned and reused in the same way. • Make sure that the closed pit surface is firmly compacted and marked (by a small thorn fence or planting a tree or similar). 	<p>» Oxfam Chlorinated Lime Use Guidelines, 2007</p>

B4 SOLID WASTE MANAGEMENT

Poor waste management practices cause serious health risks by creating potential vector breeding grounds, contaminating water sources and creating feeding risks to livestock. The accumulation of solid waste often causes blockages in drainage channels and environmental health problems associated with stagnant and polluted surface water; fire risks; and air pollution if the waste is burnt.

<p>B4.1</p>	<p>General Principles</p> <ul style="list-style-type: none"> • All programmes should undertake a solid waste audit to determine whether solid waste is a risk and what activities have to be done to reduce the risks. At a minimum the following questions should be included in the audit: <ul style="list-style-type: none"> - Is solid waste a problem? - How do people dispose of their waste? - What type and quantity of solid waste is produced in households and in public places (markets, schools, transport hubs)? - Has there been specific waste generated by the disaster? [e.g. rubble following an earthquake, or animal carcasses after flooding or drought]. - Can solid waste be disposed of on site, or does it need to be collected and disposed of offsite? - Are there medical facilities and activities producing waste? How is this being disposed of? Who is responsible for this? - Which government and other agencies are involved in waste management? What are their roles and responsibilities and have these changed as a result of the emergency situation? • Personal Protective Equipment and clothing (gloves, boots, mask) should be provided for volunteers and staff working on waste management activities, as well as including soap for washing. 	<ul style="list-style-type: none"> » Oxfam Guidelines for Solid Waste Management in Emergencies » Oxfam Technical Briefs : » TB 15 Domestic and Refugee Waste » TB17 Large-Scale Environmental Clean-up Campaigns » TB 16 Composting and recycling » TB18 Hazardous Wastes » Oxfam Equipment Catalogue, for ideal content of protective gear and solid waste kits » OCHA Disaster Waste Management Guidelines, 2011
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<p>B4.2</p>	<p>Household Waste Disposal</p> <ul style="list-style-type: none"> • If disposal at a household level is promoted, the preference is for waste to be put into small pits and regularly covered with soil or ash to reduce smells, flies, rodents, etc. Pits should be: <ul style="list-style-type: none"> - >10m from dwellings. - >15m from water sources. - At least 1.5m above water table. - Approximately 1 - 1.5m deep. - Surrounded by a small fence to avoid accidents and scavenging. • When waste reaches just below the surface, the waste should be compacted and covered with soil. • WASH programmes should not promote household-level burning of waste for the following reasons: <ul style="list-style-type: none"> - Health impacts – burning of waste (in particular plastics) produces toxic fumes that are harmful to humans and animals, and in particular to young children. - Safety impacts – from uncontrolled burning near to houses. - Nuisance impacts of constant smoke. - Environmental impacts of atmospheric CO₂ emissions. 	
<p>B4.3</p>	<p>Hazardous Waste Management</p> <p>A variety of hazardous wastes may be produced in the course of WASH activities or other humanitarian operations: these require specific attention to avoid environmental and groundwater pollution and for health and safety reasons.</p> <ul style="list-style-type: none"> • If WASH staff are unsure of how to treat or dispose of hazardous waste they should always seek advice from Regional or Oxford-based WASH Advisors. • WASH staff should ensure all Oxfam WASH activities associated with hazardous waste are in compliance with national environmental legislation and international best practice. <p>Specific examples of hazardous wastes which may be encountered through WASH activities include:</p> <ul style="list-style-type: none"> • Non-sterile Delagua membranes and pads should be made safe by autoclaving or burning (dry them first). • Alum residual from water treatment operations should be buried. • Expired or surplus chemicals (e.g. chlorine, mosquito insecticide) should be contained in sealed plastic drums before landfill disposal if no specialist disposal is available. 	

B5 HANDWASHING

Proper hand washing (preferably with soap or a substitute such as ash or sand and vigorous rubbing of hands) when performed at critical times (before preparing food, eating, feeding of children, after using latrine and after cleaning of babies' bottoms) is the single most effective way of preventing diarrhoeal diseases.

B5.1	<ul style="list-style-type: none">• PHP staff should include an assessment of motivation and barriers to handwashing in all rapid WASH assessments and baseline surveys.• Handwashing should be addressed in all excreta disposal programmes, either at the latrine or in households - by the promotion of hand-washing techniques, and promotion and provision of soap or alternative.• All institutional and public latrines constructed by Oxfam should have hand-washing facilities provided with soap or an alternative.• Ensure adequate drainage around all hand washing facilities.	» Oxfam Briefing Paper on Hand Washing Options, 2011
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B6 HYGIENE KITS

Oxfam distributes non-food items in the form of ‘hygiene kits’ to support WASH activities, for example to enable safe use of water and effective handwashing. The provision of culturally appropriate material for women to use for menstrual protection is an important consideration. Other items may also be included in accordance with available resources and community priorities.

<p>B6.1</p>	<p>A hygiene kit should enable:</p> <ul style="list-style-type: none"> • Storage of safe drinking water at household level; • Good practice around drinking water use; • All family members able to practice handwashing at key times; • The washing of bodies and clothing; • Management of babies and young children’s faeces; • Anal cleansing with dedicated water containers (if used); • Management of menstruation; • Practice of good food hygiene. <p>When implementing a distribution of hygiene kits:</p> <ul style="list-style-type: none"> • Ensure the provision of basic hygiene items according to Sphere • Consult with the affected community, in particular women, on the contents of the hygiene kit and the targeting criteria. (The items that are selected will depend on what is already available at the household level, the expected length of displacement, local income opportunities, and local expressed needs). • Co-ordinate with the WASH Cluster to lobby for consistency in hygiene kit contents, to avoid duplication, and to identify opportunities for large-scale procurement and gaps in provision of NFIs. • Investigate options for sourcing hygiene items through local markets with the support of logistics colleagues. • Investigate options for distribution of vouchers or cash with EFSVL colleagues. • Ensure that all groups within affected communities understand and agree with the targeting criteria and that information sharing and feedback mechanisms are in place. • Ensure that affected communities understand the purpose and how to use each NFI, through demonstrations etc. • Consider issues of protection, gender and HIV & AIDS when designing distribution systems. • Conduct post-distribution monitoring after distribution and record lessons learned within 3 weeks of distribution. 	<p>» Oxfam Briefing Paper: Hygiene Kits , 2008</p> <p>» Oxfam Briefing Paper: How to do NFI Distributions 2008</p> <p>» Guideline for responding to women’s menstrual hygiene needs in emergencies.</p> <p>» WASH/EMMA document (based on recommendations from Ethiopia 2011</p> <p>»IO PHP best practices 2010</p>
<p>B6.2</p>	<p>Use of Vouchers and Cash</p> <p>Vouchers or cash can be used instead of NFI distributions where markets are working , enhancing dignity and choice for affected communities. Setting up accountable voucher or cash distribution mechanisms may take longer than in-kind distributions in first phase emergencies but should be considered as soon as the context allows.</p>	<p>Brady, C. & Creti, P. (2011) CaLP Case Study Shop vouchers for hygiene kits in Port-au-Prince, Haiti</p>

B7 INFORMATION, EDUCATION AND COMMUNICATION (IEC)

IEC interventions are a vital part of any health promotion programme because they help communities to take action to reduce public health risks. An effective IEC intervention seeks to understand the motivations for behaviour change amongst different target groups as well as the barriers to change.

<p>B7.1</p>	<p>IEC materials and activities are an essential component of any WASH programme. WASH staff involved in the development of IEC should:</p> <ul style="list-style-type: none"> • Undertake an assessment of IEC needs, local literacy levels and cultural and religious issues around public communication. The information gathered in the assessment provides the framework for a 'communication plan' that should describe intended audiences, IEC techniques, monitoring plans, logistics and budget. • Collaborate with the affected community in developing IEC. Activities and materials should always be culturally sensitive and appropriate. • Co-ordinate IEC plans with the WASH Cluster to ensure a collaborative approach, consistent with government policy is adopted. • Pre-test IEC materials within the affected community. • Ensure materials are logical and non-technical. • Make sure pictures are as accurate as possible and familiar to audience. • Identify local motivating factors for behaviour change and design images based on these factors. • Try to convey positive messages. • Undertake regular monitoring of IEC activities – both for feedback on the IEC and to determine the impact of the IEC on WASH practices, and to modify approaches as appropriate. 	<ul style="list-style-type: none"> » Oxfam IEC e-learning module, 2012 » WASH Cluster Visual Aids Library
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B8 SHELTER

While water and sanitation is usually Oxfam’s core response, emergency shelter will also sometimes be part of a WASH programme. If there are unmet emergency shelter needs, Oxfam should address them or lobby for the intervention of others. Oxfam also constructs transitional shelters after disasters as a more durable response to the shelter needs of affected populations, based on needs, our own capacity, and funding availability. Construction of permanent housing is not considered an appropriate Oxfam humanitarian intervention, although Oxfam may engage in lobbying and advocacy work on permanent housing policies and interventions of others.

<p>B8.1</p>	<p>General Principles</p> <ul style="list-style-type: none"> • Oxfam emergency and transitional shelter projects should be co-ordinated with the Shelter Cluster and relevant government departments. • All of Oxfam’s emergency or transitional shelter interventions should follow SPHERE minimum standards for shelter and settlement. 	<p>»Oxfam Shelter Policy, 2006 »SPHERE, 2011</p>
<p>B8.2</p>	<p>Emergency Shelter Materials and Distribution</p> <ul style="list-style-type: none"> • Emergency shelter materials commonly distributed include tents, plastic sheeting, corrugated zinc or plastic roofing sheets, mattresses or floor mats, and blankets. All shelter materials distributed by Oxfam, including those purchased in local markets, should conform to international standards for quality. • As displaced people often live in tents longer than planned, tent designs and materials should be appropriate for long-term use over several seasons. Lightweight camping-style tents are not suitable for humanitarian responses. • Sufficient lengths of plastic sheeting should be distributed to meet SPHERE standards. 2 pieces of 4m x 6m sheets are often more useful to displaced families than a single sheet. • Plastic sheeting should not be distributed without some fixing or fastening method. A sufficient length of polypropylene or natural fibre rope should be included with all plastic sheeting. • Structural supports, such as bush or bamboo poles or timber, should be included if no salvageable materials exist, or if there is a risk of deforestation. • Distributing nails and hand tools should also be included, as indicated by assessments. Toolkits to be shared among families should not exceed 1 kit for every 10 families. Practical training should accompany the distribution of tool kits. Provide simple information on assembling transitional shelters. • If blankets are to be distributed, 2 double or king-size per family member is the minimum requirement. • To prevent or reduce the risk of standing water after rainfall and to prevent water infiltration into tents, attention should be paid to proper drainage ditches around tents. • Mobilise community or other support for households that are unable to transport or use shelter materials easily (e.g. elderly or child headed households) 	<p>» OCHA Guide to the Use and Logistics of Family Tents in Humanitarian Relief, 2004 » Plastic Sheetting – A Guide to the Specification and Use of Plastic Sheetting in Humanitarian Relief, 2007 » Oxfam Technical Brief 24 Emergency Shelter Principles » Oxfam Cash Transfer Programming in Emergencies</p>

<p>B8.3</p>	<p>Shelter and NFIs for Hot and Cold Climates</p> <ul style="list-style-type: none"> • Shelter programmes in extremes of hot or cold climates need to be developed according to the context and local needs. If shelter NFIs are to be distributed in these contexts: • Always consult locally on techniques (such as insulation), which can be improvised to fit with temporary or transitional shelters, or tents. • Undertake community consultation to understand patterns of how shelters or tents will be used, and how this determines need for shelter-related NFIs such as additional shading, or fire buckets. • Shelter interventions in hot climates should make consideration for night-time temperatures which can drop considerably – blankets etc. might still be necessary. 	<p>»WEDC, Out in the Cold, 1999 » MSF & Shelter Centre, Shade Nets – Use, Deployment and Procurement of Shade Net in Humanitarian Relief Environments, 2006</p>
<p>B8.5</p>	<p>Water, Sanitation and Shelter</p> <ul style="list-style-type: none"> • WASH staff should ensure that all Oxfam’s emergency shelter interventions are accompanied by adequate access to and supply of water and sanitary facilities. 	

B9 CAMPS AND INFORMAL SETTLEMENTS

Where Oxfam is involved in the planning of camps or settlements for people affected by an emergency, a key part of this input should be on WASH services.

<p>B9.1</p>	<p>Site Planning and Assessment – Water Supply and Excreta Disposal</p> <ul style="list-style-type: none"> • To ensure relevant WASH services are provided which are sufficient for expected camp populations, staff should be involved in technical WASH assessments (water availability, options for excreta disposal etc.) before a new site is selected. • Camp populations and therefore WASH needs typically increase over time; WASH activities should remain flexible to changes in camp population. • Initial site planning should consider the immediate situation, and likely future development of a camp. For example, WASH services (latrine designs etc.) can evolve over the different phases of a camp’s lifetime. 	<p>» Davis, J., Lambert, R., (1999) Engineering in Emergencies</p>
<p>B9.2</p>	<p>Site Planning and Layout</p> <ul style="list-style-type: none"> • The location of latrines and washing facilities should facilitate safe access and provide sufficient privacy and cultural acceptance for women and girls. Consultation with women and girls regarding location and design is essential. • Solid waste disposal sites should be located away from water sources and at central areas throughout camps or at the periphery. • Laundry and dishwashing stations should be conveniently located to households and water supplies. 	
<p>B9.3</p>	<p>Firebreaks</p> <ul style="list-style-type: none"> • Firebreaks between tents, shelters, and buildings are essential to limit the possibility of fire spreading. The minimum space between structures should be 2.5 times the height of the structure (e.g. 2m-high tents should be spaced 5m apart). • When it is not possible to achieve this distance, fire safety campaigns are essential to help camp residents identify risks and take appropriate mitigation and fire response measures 	<p>» NRC Camp Management Toolkit, 2008</p>

B10 CONSTRUCTION STANDARDS

All Oxfam construction activities (site management, health and safety, excavations, masonry, concrete, and sign off) should meet or exceed national quality standards, and be based on a regularly reviewed work plan.

<p>B10.1</p>	<p>Project Management</p> <ul style="list-style-type: none"> • Management of construction projects is the responsibility of the PHE Technical Team Leader (TTL). All Oxfam construction projects should meet or exceed industry quality standards, the TTL or a senior PHE has the ultimate responsibility for ensuring quality. • All projects, no matter how small, should be based on a work plan. Each work plan should include: <ul style="list-style-type: none"> - Scope of works; - Technical drawings; - Phases and sequencing of construction work; - Types and quantity of construction materials; - Skilled and unskilled labour needed for each phase; - Projected timeframe of project; and - A clear budget. • Work plans should be reviewed on a regular basis (preferably every other day) and revised as needed. Managers should be informed of any revisions to work plans. 	<p>» Cobb, F., (2009) Structural Engineer’s Pocket Book (2nd Ed.)</p> <p>» Davis, J., Lambert, R., (1999) Engineering in Emergencies</p>
<p>B10.2</p>	<p>Site Management</p> <ul style="list-style-type: none"> • On every construction site one person should be in charge of the works. This person needs to have sufficient technical knowledge to address common problems; the professional ability to anticipate and address problems or delays before they occur; and have a disciplined personal behaviour and authority towards his workers, supervisors, and the host community. If no such person is available, it is the responsibility of the TTL or a senior PHE to directly supervise the work. • The site supervisor should be present in the field on a daily basis. • For all construction work the Oxfam PHE Health and Safety guidelines and the Technical Brief on Construction should be followed. 	
<p>B10.3</p>	<p>Sign-Off and Handover</p> <ul style="list-style-type: none"> • While ongoing supervision of construction works can make sign-off a formality, it is the responsibility of the TTL or senior PHE in the field to formally approve the commissioning or use of any construction work. • If the work does not meet acceptable standards, a revised work plan should be put in place to correct any problems or initiate changes. • Maintenance schedules should be included in handing over construction work to communities. Relevant local authorities or technical government departments should be involved in the sign off and handover. 	

B11 CHOLERA AND OTHER DIARRHOEAL OUTBREAK CONTROL

Cholera response is most effective where preparedness measures have already been put in place. It is vital to be aware of the national guidelines on the triggers for responding to cholera. General recommendations for response triggers can be found in the Oxfam cholera control guidelines.

<p>B11.1</p>	<ul style="list-style-type: none"> • All WASH staff should be aware if cholera is endemic in the country they are working and they should be familiar with the measures for preparedness, prevention and response. • All WASH staff should be familiar with the critical stages in the outbreak curve and key target activities for each stage as specified in the OGB and Oxfam Intermon Cholera Prevention and Control Guidelines. • All countries where Oxfam is operational which are classified as cholera endemic by WHO should have: <ul style="list-style-type: none"> - An active Cholera Preparedness and Implementation Plan (including pre-tested, standard IEC materials and messages). - A contingency stock of cholera response materials where feasible or at least the materials needed and agreements with suppliers. - A system for resourcing a rapid cholera response with local staff (relocated from long-term programmes, secondments etc.). • At a minimum a response to a severe diarrhoeal outbreak should entail the following: <ul style="list-style-type: none"> - Intensive campaigns on key actions for cholera and/or diarrhoea mitigation and prevention. - Access to oral re-hydration using Oral Rehydration Solution (ORS) or alternatives such as sugar salt solution where they are promoted by the MoH and are known by communities. - Chlorination of all drinking water (at appropriate stages along the water chain which may include chlorination at source, along the way or at the point of use). - Distribution of NFIs such as soap, water containers and the means to carry out disinfection of household water if necessary. - Start a clean-up campaign to ensure the environment is free from faecal matter. - Provision of support to Cholera Treatment Centres for water supply, sanitation and isolation. - Maintain linkages (formal or informal) with health NGOs or MoH in order to base project design/intervention on disease patterns/stage of the outbreak. - Ensure adequate community follow up of cases in conjunction with other agencies 	<p>» Oxfam GB Cholera Prevention and Control Guidelines, 2012</p>
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B12 WASH IN DROUGHT

Drought causes temporary water shortages whilst aridity is a state of chronic water deficit. It is important to recognise this difference and to realise that emergency responses to drought will usually occur in semi arid areas that suffer from chronic water deficit. It is therefore vital that any WASH interventions do not undermine the populations' coping strategies by a failure to understand those strategies.

<p>B12.1</p>	<p>Integrated working with EFSVL</p> <p>Close collaboration with the EFSVL team is required to ensure 'joined up' programming (see A1.6). Amongst other things this will entail:</p> <ul style="list-style-type: none"> • Joint assessments and planning • Regular coordination meetings • Leadership and supportive management • A coherent approach to communicating Oxfam's programme to communities and authorities <p>Cash for work (CFW) which can increase access to cash for targeted individuals and communities can be used to support the rehabilitation of water sources or the disposal of dead carcasses. Paid labour or the use of vouchers and cash transfers can also be considered, depending on the context analysis and programme objectives.</p>	<p>» HECA Guidelines for Water Trucking in Drought Emergencies</p>
<p>B12.2</p>	<p>Assessment</p> <p>In drought responses, an in depth assessment is critical to determine the specific PHP and PHE actions that are necessary. Use the Public Health Conceptual Model to examine the different influences on health and nutrition. The following issues should be considered:</p> <ul style="list-style-type: none"> • Drought coping mechanisms in relation to food, water and hygiene • Inter and intra family food sharing practices • Infant and young child feeding practices • Community perceptions of vulnerability to disease and the links with malnutrition • Infant and young child caring practices and health seeking behaviour • Household decision making and power relations <p>An understanding of how the target population normally accesses water during the dry season and what coping strategies could be supported or reinforced is also vital.</p>	
<p>B12.3</p>	<p>Response</p> <p>The response must:</p> <ul style="list-style-type: none"> • Be based on the specific outcome of the assessment in each context rather than drawn from a standard menu of interventions. • Have clear selection criteria to identify areas where water will be provided • Ensure that water provision does not encourage new settlements • Be tailored to specific target groups (especially communication and mobilisation) 	

B12.3	<ul style="list-style-type: none"> • Prioritise the target groups that are at greatest risk (e.g. high population density, high malnutrition rates, increased incidence of diarrhoea, nomadic populations with less than 7.5 litres pppd) 	
B12.4	<p>Water</p> <p>Appropriate interventions could include repairing of hand pumps, digging or deepening of hand dug wells, provision of fuel and cash subsidies .</p> <p>Rainwater harvesting such as constructing ponds, contour bunds, subsurface dams and rock catchments may be appropriate as part of preparedness or second phase interventions.</p> <p>Use country specific and WASH cluster guidelines for recommended water quantity.</p> <p>Emergency water trucking (EWT) should be considered as a last resort option for emergency response and the following key issues addressed:</p> <ul style="list-style-type: none"> • If EWT is to focus on settled pastoral communities, is there a risk of causing over-grazing of wet-season grazing areas (especially around EWT distribution points)? • Will EWT provide support to temporary mobile communities through the provision of water to distant grazing areas in order to reduce pressure on scarce natural resources? • Are the yields of boreholes sufficient to meet the water needs of water trucks in addition to the everyday users? • Will EWT impact migration patterns of pastoralist populations? • Will the most vulnerable populations and communities be insufficiently targeted due to road access problems? • Water for human consumption will be prioritised and EWT should not be commenced to meet the needs of adult animals <p>Water provision through vouchers is an option that can be utilized in areas where a commercial water trucking market exists. (Cash transfer payments are made to the commercial suppliers for the vouchers that have been submitted by beneficiaries.)</p>	
B12.5	<p>Excreta management</p> <p>Providing latrines in sparsely populated areas or where the majority of the population are nomadic must be avoided in the drought context and alternative strategies for the containment of faeces should be sought e.g. demarcated areas, defecation away from water sources, cat method, reducing risks due to animal faeces.</p>	
B12.6	<p>Public Health Promotion</p> <p>The promotion of hygiene must recognise the issue of water scarcity and how this can be managed and where possible should support traditional coping strategies such as the use of leaves for washing and sand for cleaning cooking vessels.</p> <p>The provision of soap and hand washing equipment may be appropriate in camps and feeding centres but it is not usually practical for regular distribution to dispersed populations such as nomadic pastoralists who move with their extended families.</p> <p>Possible alternatives are:</p> <ul style="list-style-type: none"> • The promotion of water and ash for use when no soap available, • The promotion of ash or locally acceptable alternatives for dry rubbing of hands when no water is available, • The promotion of hand cleansing at 2 critical times only (rather than all key times): before touching food and after defecation 	

B13 MALARIA, DENGUE AND VECTOR CONTROL

Oxfam’s malaria and dengue programming promotes an evidence-based approach, targeting regions where malaria or dengue carries the greatest risk of mortality and morbidity. A malaria control project can be implemented as either part of a WASH project or as a stand-alone project. However, all WASH projects should adhere to vector control minimum standards by ensuring effective drainage of water - even if a specific malaria control element is not included.

<p>B13.1</p>	<p>Malaria</p> <p>Oxfam’s malaria programming strengths include the provision of community education to ensure effective prevention of malaria (use of long-lasting insecticide treated mosquito nets (LLINs), vector control, and community participation) and distribution of LLINs (either to whole communities or targeted to pregnant women and children under 5).</p> <ul style="list-style-type: none"> • The decision to intervene with a malaria programme should be based on knowledge of the malaria profile for the area: all WASH assessments should include an appraisal of malaria risk and the capacity and intention of other agencies (including the government) to intervene. • Permission should be sought from the National Malaria Control Programme (NMCP) or Ministry of Health before an intervention is initiated. • As far as possible work in conjunction with existing longer-term malaria control programmes (e.g. Roll Back Malaria, Global Fund). • The provision of mosquito nets should not be seen as the automatic choice of intervention, as they may not always be appropriate. • Where the decision is made to distribute nets, only LLINs should be purchased. The following brands are acceptable:⁴ Permanet, Bestnet (Netprotect), Olyset, Yorkool, Interceptor, DuraNet and Dawa Plus. • The choice of nets should be based on an assessment of sleeping habits and user preference as well as discussions with the NMCP. • Minimum Requirements for the Distribution of Hygiene Kits will apply for a distribution of LLINs. • Indoor Residual Spraying (IRS) of mosquito insecticide may be undertaken if it is the most appropriate option and there are no other actors capable of implementing it. If so: <ul style="list-style-type: none"> - Staff should receive comprehensive training on safe, effective spraying techniques. - Spraying should be carried out just before the rainy season to ensure the insecticide is still effective when malaria peaks. - Spraying should be confined to camp situations or well-defined geographic areas, as wider coverage will limit effectiveness. - All insecticide purchased for use in a particular country should be licensed by that country. • DT should not be purchased using Oxfam funding. • Oxfam does not provide curative care as part of its WASH programmes, but adequate access to treatment is important if malaria control is to be successful. If access to health care or treatment is severely compromised, Oxfam should advocate for the involvement of other agencies. 	<ul style="list-style-type: none"> » Oxfam Malaria Control Strategy, 2011 » Oxfam Malaria Control Manual, 2005 » Oxfam Comparison table for LLINs, 2011
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⁴ As of November 2011. It is recommended to check latest approved brands with a Health Advisor.

B13.2	<p>Dengue</p> <ul style="list-style-type: none"> • The decision to intervene with dengue activities should be based on knowledge of the dengue profile for the area, for example aedes mosquitoes that transmit dengue and can have varying breeding preferences. • The most effective prevention of dengue is to minimise mosquito bites, especially during daylight hours. If WASH assessments reveal dengue to be a public health problem in the project area, activities should be focussed on minimising and treating breeding sites (aedes aegypti do not breed in open water but prefer enclosed containers such as water tanks, cisterns or drums, tin cans or old tyres etc.); and messaging on minimising opportunities for getting bitten and identification of dengue symptoms. • Dengue activities should be coordinated with existing government policies and other specialist NGO's. 	WHO, Dengue Guidelines for Diagnosis, Treatment, Prevention and Control, 2009
B13.3	<p>Vector Control - General Principles</p> <ul style="list-style-type: none"> • Vector control should be based on an assessment of the local impact of vectors on communicable disease such as malaria and dengue, and undertaken as an integral part of wider malaria or WASH activities. • Vector control activities should pursue all available opportunities for community participation, and be accompanied by education to explain the work. • Any chemicals used should conform to national and international (WHO) safety and environmental standards. • Disposal of expired or surplus vector control chemicals should follow national guidelines and standards (or international if not available) for hazardous waste management. See Solid Waste Management section. 	»Oxfam Malaria Control Strategy, 2011 »Oxfam Malaria Control Manual, 2005
B13.4	<p>Physical Vector Control (Source Reduction)</p> <ul style="list-style-type: none"> • Physical vector control should focus on improving drainage around water points, providing adequate rainwater drainage, and filling-in or draining ponds, swamps and other breeding sites. Affected communities should be provided with the necessary tools and safety equipment, and knowledge on vectors, for this work. • Solid waste management activities for the purpose of vector control (e.g. clean-up campaigns, facilitating local government waste collections) should be linked to vector risks identified by public health assessments. See Solid Waste Management section. • Clearing of vegetation is often undertaken in an attempt to reduce opportunities for mosquitoes to find resting places. However the impact of this is minimal compared to other control measures: resources should not be wasted on mobilising communities to embark on vegetation clearance. 	
B13.5	<p>Chemical Vector Control</p> <ul style="list-style-type: none"> • Oxfam does support Indoor Residual Spraying (IRS) with WHO-approved insecticides for the control of mosquitoes as a malarial control method (see 12.1). • Evidence shows that the provision of toilets and removal of open defecation is the most effective method for reducing the spread of WASH-related disease (including cholera and trachoma): Oxfam should not advocate for, or implement, chemical fly control methods such as spraying, outdoor fogging or dusting for the sole purpose of eradicating or controlling flies. • Insecticide-treated plastic sheeting (ITPS) is a vector control measure sometimes found as wall coverings on latrines, family shelters, and clinic buildings. The effectiveness of ITPS as a vector control method is still under debate, so Oxfam should not promote or use ITPS in latrine or shelter construction, nor distribute ITPS as an NFI. 	»WEDC, Emergency Vector Control using Chemicals, 1999

B14 OTHER PUBLIC HEALTH PROGRAMMING

If WASH staff identify a need or opportunity, or are requested to intervene in other public health areas, Programme Management and preferably Regional or HQ-based Public Health Advisors should be consulted to determine Oxfam’s capacity to intervene, what added-value Oxfam would bring, and budgetary and timing issues.

<p>B14.1</p>	<p>Oxfam’s core public health expertise in emergencies lies in the prevention of acute WASH related illness. . However there will be occasions when a need or opportunity arises for involvement in other public health programming. This might be:</p> <ul style="list-style-type: none"> • To support the activities of another NGO or the Ministry of Health during an emergency response (for example a mass vaccination campaign); • To respond to other WASH-related health threats (for example bilharzia, skin and eye infections) or other health issues amongst the affected community that would have an impact on public health or safety (e.g. fire safety). • To maintain momentum and interest levels in existing community WASH activities during chronic emergencies. <p>Factors to consider in deciding whether to engage with other public health activities include:</p> <ul style="list-style-type: none"> • Does Oxfam have the capacity and experience to intervene? Do other NGOs have more established expertise? Would Oxfam’s involvement be better focussed on advocacy within WASH and Health Clusters for scale-up by other agencies? • How does Oxfam add value to the activity? • Can the cost of the activity be covered in the existing budget? If not, what alternative sources of funding are available (e.g. in-kind support from another NGO or UN)? • Does the timing of the activity coincide with Oxfam’s core WASH or malaria activities around the rainy season? If so it is likely to detract from our core messages and will need strong justification. 	
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B15 WHAT WE DON'T DO

WASH teams and management should know the limit of Oxfam WASH activities, and know how to deal with requests for humanitarian support in activities that we do not undertake.

<p>B15.1</p>	<ul style="list-style-type: none"> • Oxfam does not carry out medical interventions, though we may advocate for others to provide clinical services if there is a significant gap in provision. • Oxfam does not provide community-based post-traumatic stress counselling but staff may need support in working with severely traumatised communities (see policy paper on psychosocial support). • Oxfam should not advocate for, or implement, chemical fly control such as spraying, outdoor fogging or dusting for the sole purpose of eradicating or controlling flies. • Oxfam does not promote or use insecticide-treated plastic sheeting in latrine or shelter construction, nor distribute ITPS as an NFI. The effectiveness of Insecticide-Treated Plastic Sheeting (ITPS) as a vector control method is still under debate. • Oxfam does not provide 'child friendly spaces' although we may provide WASH facilities for such spaces supervised by other agencies that are experienced in working with children (such as Unicef and Save the Children). 	<p>»Oxfam GB, Policy Paper on Psychosocial Assistance, 2009</p>
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C1 ASSESSMENTS

<p>C1.1</p>	<ul style="list-style-type: none"> • An assessment of WASH priority risks and needs should be undertaken before any humanitarian intervention using the Oxfam Public Health Assessment Tool or another systematic assessment process. • In an emergency, a rapid assessment will provide information as to whether to intervene and if so, the type and scale of activities and priorities for resource allocation. Balance the need for detailed assessment with the humanitarian imperative of saving lives. Often Oxfam will need to start WASH activities immediately, based on rapid assessment results that can be substantiated later. • For acute emergencies WASH staff should carry out an initial rapid assessment and develop a basic concept note within 72 hours. • The Humanitarian Handbook details specific Oxfam requirements for carrying out assessments, including carrying out context analysis, reporting results etc. 	<ul style="list-style-type: none"> » Humanitarian Handbook 3.2 » Oxfam Public Health Assessment Tool, in the Humanitarian Handbook » Collecting information from communities: see WASH Cluster Training for Hygiene Promotion in Emergencies » Intermon Oxfam Rapid Assessment Tool (2010) (in Spanish and English)
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C2 REPORTING ON PROGRAMME INTERVENTIONS

C2.1	<p>There should be a simple process for collecting and reporting information about the WASH programme, which is understood by all, co-ordinated with other NGOs and UN agencies, and is not overly onerous on staff time.</p> <p>WASH programmes (PHE and PHP) should prepare regular reports. The roles and responsibilities of staff responsible for compiling and sharing reports, reporting frequency and deadlines should be communicated to all concerned.</p>	»Humanitarian Handbook 3.12
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C3 VULNERABILITY

WASH Programmes should be based on a needs assessment that identifies the specific needs, vulnerabilities and capacities of distinct socio-economic, gender, ethnic and age groups within a community. WASH programmes should also make provision for the specific needs of children.

<p>C3.1</p>	<p>Vulnerable Groups:</p> <p>Groups at risk in emergencies include the elderly, disabled people and people living with HIV and Aids (PLWHA). In certain contexts, people may also become vulnerable by reason of ethnic/tribal origin, religious or political affiliation, or displacement. WASH programmes should take steps to ensure the participation of vulnerable groups:</p> <ul style="list-style-type: none"> • Specific vulnerabilities influence people’s ability to cope and survive in a disaster; those most at risk should be identified in each context. • Consult with different groups (elderly, disabled people) separately. • Make consideration for understanding the needs of groups who are consistently away from the household (e.g. for livelihood purposes), or not immediately visible (e.g. people with mental and physical disabilities) • Make consideration for understanding the needs of people with disabled people such as the deaf, blind and those with mental disabilities. 	<ul style="list-style-type: none"> » Oxfam TB1: Excreta Disposal for People with Physical Disabilities in Emergencies » WEDC, Water and sanitation for disabled people and other vulnerable groups, 2005 » HelpAge International, Older people in disasters and humanitarian crises, 2011
<p>C3.2</p>	<p>Working with Children</p> <p>Every member of the affected community under the age of 18 is classed as a child and protected by the UN Rights of the Child.</p> <p>Children under the age of 18 are major stakeholders in an emergency and may comprise over 50% of the population.</p> <p>Children’s lives are particularly disrupted by emergencies and young children are especially vulnerable to WASH related disease and death.</p> <p>Involving children in WASH activities can improve their physical and psychosocial health as well as that of the whole community. By giving children tools and knowledge to change their behaviour, what they learn is often shared with the rest of the family and applied for the rest of their lives – an effective way to ensure the long-term sustainability of a WASH programme’s impact.</p> <p>WASH staff should ensure that:</p> <ul style="list-style-type: none"> • The WASH needs of girls and boys of different ages are assessed through consultation with parents and children themselves. • Children are actively listened to and where possible they are given a say in how the WASH programme is delivered. • They are aware of child protection issues and what they can do to ensure the safeguarding of children • The specific NFI related needs for children are addressed. • Child labour is avoided. If children are involved in WASH activities that could be perceived as child labour e.g. a clean up campaign, this should be clearly discussed and agreed with local authorities and parents beforehand. • The design and siting of WASH facilities is appropriate for children and they are involved in this process. 	<ul style="list-style-type: none"> » Oxfam Briefing Paper : Working with Children 2012 » Child to Child Approach Manual » Unicef, The Participation of Children and Young People in Emergencies, 2007 Zomerplaag, J. and Mooijman, A. (2005). Child-Friendly Hygiene and Sanitation Facilities in Schools: Indispensable to effective hygiene education. Delft, The Netherlands, IRC International Water and Sanitation Centre.

C4 MAINSTREAMING

All WASH programmes should undertake mainstreaming of HIV & AIDS, gender and protection.

<p>C4.1</p>	<p>Mainstreaming HIV & AIDS</p> <p>Mainstreaming of HIV & AIDS ensures that:</p> <ul style="list-style-type: none"> • The specific needs of those affected by HIV/AIDS are considered in WASH response plans. • The risk of HIV transmission in affected communities is reduced through sensitively planned WASH activities. <p>WASH staff should:</p> <ul style="list-style-type: none"> • Consider the special needs (e.g. access, proximity, increased water consumption) of PLWHA in WASH activities. • Do no harm: e.g. avoid stigmatising people by labelling them as HIV positive. • Be briefed by HR or Management on the personal risks they face from HIV and the wider HIV & AIDS profile in the country and amongst the affected population. • Work with HR staff to ensure all Oxfam staff, partners and contractors are informed about HIV and the Oxfam Workplace Policy on HIV & AIDS. • Consider issues of gender and protection in conjunction with HIV & AIDS. 	<ul style="list-style-type: none"> » Oxfam Briefing Paper: Mainstreaming of HIV & AIDS in Humanitarian Programmes, 2008 » Humanitarian Programmes and HIV and AIDS – A Practical Approach to Mainstreaming » Oxfam Workplace Policy on HIV & AIDS
<p>C4.2</p>	<p>Mainstreaming Gender</p> <p>Mainstreaming of gender is about not making assumptions that a disaster will have the same impact on women and men, and that the needs of women and girls are understood and addressed through WASH activities. WASH staff should:</p> <ul style="list-style-type: none"> • Understand Oxfam’s gender policy. • Ensure there is no negative impact on women due to Oxfam’s programming. • Ensure basic gender analysis is completed and used to inform WASH programming. • Collect gender disaggregated data. • Ensure that women and men are actively involved in the design and targeting of humanitarian programme activities, in particular (but not limited to) the siting and design of sanitation facilities and water points, and the contents of hygiene kits. • Ensure that the issue of women’s and girl’s dignity is addressed throughout the programme cycle, in particular (but not limited to) the design of latrines and bathing cubicles and access to appropriate menstrual protection materials. • Promote the equal representation of women (not only in numbers, but also in decision-making) in WASH community-management structures. • Promote the opportunity for women to be the explicit beneficiaries of WASH-related income generation activities. 	<ul style="list-style-type: none"> » Humanitarian Handbook 3.9 » Gender Check Lists and Little Gender Book of Common Sense » IASC Different Needs, Equal Opportunities, 2006 » Oxfam International Gender in Emergencies Minimum Standards

C4.3	<p>Mainstreaming Protection</p> <p>Mainstreaming of protection in a WASH programme ensures that:</p> <ul style="list-style-type: none"> • WASH teams contribute to the wider humanitarian goal of safe programming, in particular by mitigating the concern that WASH goods and services provided might make affected communities more vulnerable to violence, sexual exploitation or coercion. <p>WASH staff should:</p> <ul style="list-style-type: none"> • Be briefed by a Manager on the protection threats that they might encounter during the course of their work, and how they could respond. • Ensure that protection information relevant to WASH (including land-ownership) is collected and analysed during assessments. • Ensure that people’s safety is taken into consideration in programme design e.g. siting and lighting of facilities, distance to water points, community meetings and management of NFI distributions. • Understand the relevant linkages for channelling information on protection trends. With the support of the Programme Manager or other Oxfam colleagues, information could be passed to the Protection Cluster, UNHCR or individual agencies dealing with protection issues. • Understand the boundaries between protection programming and safe WASH programming. 	<p>» Humanitarian Handbook 3.9</p> <p>» Oxfam Protection Training Manual, Module 3, 2009</p>
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C5 DISASTER RISK REDUCTION

Resilience and Disaster Risk Reduction (DRR) are recognised as increasingly important in WASH contexts that face risk of recurrent or chronic emergencies.

<p>C5.1</p>	<p>Due to the increasing frequency and impact of disasters, WASH programmes need to consider how DRR can be integrated into interventions. Examples of integration of DRR are given in the 'Learning Companion on DRR and WASH'.</p> <p>At a minimum, WASH staff should:</p> <ul style="list-style-type: none"> • Contribute to the development of preparedness plans in anticipation of disasters, including contingency plans and stocks (See section C10 Contingency Planning). • When appropriate, include key DRR questions into assessments and think beyond the present situation when undertaking WASH assessments or monitoring: <ul style="list-style-type: none"> - Identify the hazards and vulnerabilities that may impact on critical WASH services e.g. is there evidence that natural hazards are increasing? - What impact might this have on communities and are there opportunities for empowering affected communities to understand the disaster risks (including climate change patterns), identify solutions, and negotiate the means to implement these? • Reduce the potential impact of hazard events on WASH services (through preparedness and mitigation) • Where possible ensure WASH systems are better able to withstand future disasters • Ensure that emergency WASH services “do no harm” 	<ul style="list-style-type: none"> » Oxfam DRR Programme Policy, 2009 » Intermon Oxfam Mainstreaming DRR in WaSH Programmes (in Spanish and English)
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C6 ACCOUNTABILITY

Oxfam defines an accountable humanitarian programme as one in which the people affected by it are the most influential decision-makers throughout the lifetime of the project and the most important judges of its impact.

<p>C6.1</p>	<p>To ensure accountability in WASH activities in all humanitarian responses (including first-phase emergency relief), WASH staff should put in place mechanisms for:</p> <ul style="list-style-type: none"> • Community participation: Ensure that affected communities are enabled and supported to participate as much as possible. • Information sharing: Share information with the affected communities about what services can be provided by whom, how and when. If there are delays in procurement or delivery tell the community. • Feedback: Have a range of simple and appropriate feedback and complaints mechanisms in place. WASH staff should respond to feedback in a systematic manner. • Positive staff attitudes and behaviour: Encourage staff to be open and transparent and to analyse the situation from the point of view of the affected community. Treat community members as partners and not as helpless victims. <p>Accountability mechanisms should be integrated with other programme teams (i.e. EFSVL); there is no need to duplicate structures/methods, particularly when working in the same communities.</p>	<ul style="list-style-type: none"> » Humanitarian Handbook 3.4 » WASH Cluster Accountability Tools, 2009 » The Good Enough Guide, Impact Measurement and Accountability in Emergencies, 2007
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C7 HEALTH AND SAFETY

All WASH staff have responsibility for health and safety: every WASH activity should be examined from the point of view of health and safety, and support should be requested if staff are uncertain or concerned about a health and safety issue.

C7.1	<ul style="list-style-type: none">• Health and safety issues should be considered for every WASH activity including latrine digging, desludging, NFI distributions, solid waste management, hand-dug wells, children’s activities, spring development, drilling, vector control, bladder or tank construction etc.• Each work site should have a first aid kit and someone who knows how to use it• WASH field staff should be properly dressed (e.g. footwear) and equipped (e.g. sunhat, raincoat, personal protective equipment) to perform their job according to local field conditions.	» Oxfam Good Practice Guidelines for Health and Safety for Work on Water, Sanitation and Shelter Projects » Oxfam Equipment Catalogue
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C8 EXIT FROM WASH PROGRAMMES

Oxfam frequently works in situations of change and transition. We may be leaving a camp, an area or a programme when the emergency phase of the project is completed, or when there are still ongoing WASH needs and activities. General principles for Programme Exit are detailed in the HUMANITARIAN HANDBOOK, however there are some specific considerations for WASH. WASH teams should be actively involved in determining exit plans to ensure appropriate technical input is given to decisions on continuation or phase out of WASH activities.

C8.1	<p>General Principles</p> <ul style="list-style-type: none"> • WASH staff should work with logistics colleagues to ascertain the presence and functionality of local commercial suppliers of, for example, spare parts for WASH facilities or replacement hygiene items, as this will affect programme sustainability. • It is imperative when handing over facilities that a public meeting be held between Oxfam Representatives and other relevant stakeholders. This meeting should be used to ensure that there are no outstanding grievances (standard of the works, payments) and should be completed before final payment is made to contractors or partners. 	<p>» Humanitarian Handbook 3.1 » Oxfam Rough Guide to Exit Strategies, 2006</p>
C8.2	<p>Handover to other NGOs</p> <ul style="list-style-type: none"> • The handover of WASH activities to another NGO needs clear communication between the affected community and staff from both Oxfam and the other NGO. If Oxfam is using a particular approach (for example not paying incentives to committee members or collecting market waste on a daily basis) WASH staff should advocate that the other NGO continues such policies. If this isn't possible, changes should be explained clearly to the affected community. 	
C8.3	<p>Handover to government or traditional structures</p> <ul style="list-style-type: none"> • Oxfam's approach should be in line with the existing government or traditional system. Forming a water user association in country where this structure does not exist is not effective. • A community management system that is not in some way linked and accountable to local authorities is unlikely to be sustainable. All the information about who is responsible for continuing WASH activities (e.g. training and equipment provided, details of any revenue system initiated, the MoU, etc.) should be supplied to the relevant authorities. 	
C8.4	<p>Handover of facilities to communities</p> <ul style="list-style-type: none"> • WASH facilities should be completely finished before they are handed over to the community, and the community needs to agree that the facility is ready for handover. A signed MoU should confirm this. • Training of communities or other stakeholders in O&M requires time, planning and resources. It should not be left until the end of the programme. 	

C9 MONITORING, EVALUATION AND LEARNING

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

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

<p>C9.1</p>	<p>WASH teams (PHE and PHP) should work together in Monitoring and Evaluation activities. A joint MSE monitoring plan should detail:</p> <ul style="list-style-type: none"> • Who is responsible for different parts of the monitoring process, • The tools and techniques to be used (quantitative and qualitative), including monitoring forms. • How affected communities can be involved in monitoring activities. • What methods will be used for analysis of the monitoring data, • How data will be used (fed back into programme activities, shared with partners/donors/beneficiaries etc.). • A timeframe for different monitoring activities. <p>WASH programmes should plan and budget for a WASH Learning Review towards the end of the programme, involving programme and support staff, which considers what the programme did well, what could have been improved and how we could do things differently.</p>	<ul style="list-style-type: none"> » Humanitarian Handbook 3.10 » Monitoring, Evaluation, Accountability and Learning: Minimum Standards for Oxfam’s Humanitarian Programmes » Beneficiary counting in Oxfam: Guidance Note » Oxfam RTE and RTE Lite Guidelines
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C10 CONTINGENCY PLANNING

Each Oxfam country programme should have a Contingency Plan that will detail the risk and predicted impact of disease outbreaks, natural disasters, political instability/ violence and other complex emergencies. There should also be specific guidelines for the remote management of programmes to maximise our impact regardless of our direct presence.

C10.1	<p>In collaboration with Programme Management and the Humanitarian Programme Co-ordinator, WASH teams should:</p> <ul style="list-style-type: none">• Consider the main WASH-related risks in the programme (and/or in country-wide) and feed these into the country contingency planning process.• Train partners in contingency planning and emergency preparedness: frequently local partners are far better placed to respond to emergencies and continue services during remote management.• Participate in inter-agency contingency planning (e.g. through the WASH Cluster or UN OCHA) related to public health risks.• Advocate for appropriate contingency stocks to be held at country level through the UN or NGO systems.• Consider running a simulated response to the highest WASH risks as part of staff capacity building and preparedness.	
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C11 REMOTE PROGRAMMING

In insecure or 'limited access' environments, humanitarian assistance may have to be supported and monitored from a distance. Limited access programming is very dependent on trust – in partners, communities and other actors. If there is little or no trust, programming will not be possible

C11.1	<ul style="list-style-type: none">• The decision to do remote programming must be based on a principle of Do No Harm and the security of partners and the community is paramount• At the start of the project, a risk analysis must be carried out. Three types of risks are analysed: (1) How the project could affect the context and people's safety; (2) How the context could affect the project and (3) How the project or the context could pose a risk for partner staff on the ground.• Access must be negotiated and based on the humanitarian principles of neutrality and impartiality• Use a range of mechanisms to monitor and evaluate the performance of local partners based on the minimum useful information requirements.• Keep indicators simple and ensure they are understood by partners and communities	» Guidelines for MSE in Limited Access programmes
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