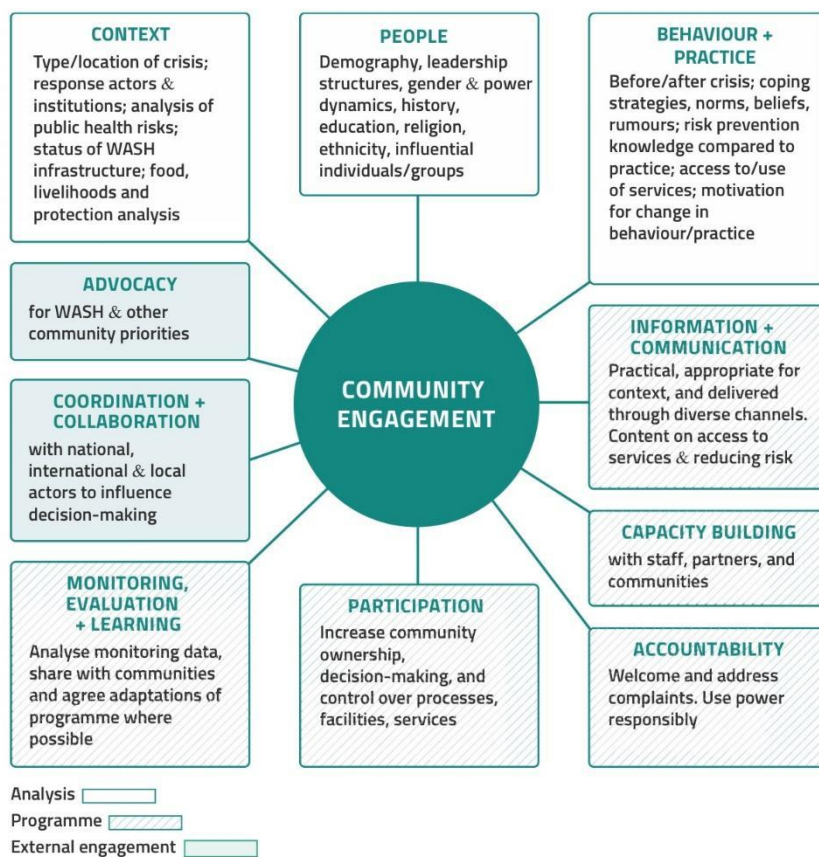


Emergency WASH Response Minimum Standard

Revised on 4 April 2020

Essential concepts



WASH Community Engagement (Figure 4)

perspective of personal protection and safety, recognizing particular vulnerability during water collection, defecation or menstrual hygiene management. Such personal protection elements are essential, but wider protection concerns are fundamental, too. Simple measures, such as locks on toilet doors, adequate lighting and facilities segregation can reduce the risk of abuse or violence.

Community engagement

Engaging with the community creates essential understanding of perceptions, needs, coping mechanisms, capacities, existing norms, leadership structure and priorities, as well as the appropriate actions to take. Monitoring and evaluation, including feedback mechanisms, demonstrate whether WASH responses are appropriate or need to be adjusted.

A combination of approaches and coordination

Market-based assistance can efficiently and effectively meet WASH needs, such as by ensuring access to hygiene items. Cash-based programming should be complemented by other WASH activities.

Close coordination and collaboration with other sectors as well as coordination with local authorities and other responding agencies helps ensure that needs are met, that efforts are not duplicated, and that the quality of WASH responses is optimized. For example, when nutritional standards are not met, the urgency to meet the water and sanitation standards is higher because people's vulnerability to disease has increased.

Protection

Protection in WASH responses is often considered from the

Water supply

Standard	Sphere Standard	Ethiopia country standard (2020)
Access and water quantity: People have equitable and affordable access to a sufficient quantity of safe water to meet their drinking and domestic needs	Even if sufficient quantity of water is available to meet minimum needs, additional measures are needed to ensure equitable access for all groups regardless to gender, age, physical and mental status, ethnicity, etc.	
	7.5 litres (2.5 litres for survival needs, 2 litres for hygiene practices and 3 litres for basic cooking needs)	7.5 litres/person/day
	15 litres (3 litres for survival needs, 6 litres for hygiene practices and 6 litres for basic cooking needs)	
	<500 meters	< 500 meters from any household to the nearest water point or < 30 mins for roundtrip
	<30 mins	< 30 minutes queuing
Maximum number of people per water source	250 people per tap	250 people per tap
	500 people per hand dug well	500 people per hand dug well
Quality: Water is palatable and of sufficient quality for drinking and cooking, and for personal and domestic hygiene, without causing a risk to health	<10 CFU/100ml at point of delivery (unchlorinated water)	0 CFU/100 ml at point of delivery. Implementers must strive to provide safe and clean water for human consumption
	Turbidity less than 5 NTU	Turbidity less than 5NTU
	≥0.2-0.5mg/litre FRC at point of delivery of delivery (chlorinated water)	≥0.2-0.5mg/litre FRC at point of delivery of delivery (chlorinated water)
Water collection and storage	1 water container for collection/household (10-20 litres) 1 water container/household (10-20litres)	2 jerrycan (20 litres) for collection and storage 1 bucket (20L) for storage

Sanitation

	Sphere Standard	Ethiopia country standard (2020)
Environment free from human excreta		

<p>Access to and use of toilets:</p> <p>People have adequate, appropriate and acceptable toilets to allow rapid, safe and secure access at all times</p>	<p>Ratio of shared toilets: 1 stance per 20 persons (shared family) 1 toilet per 50 persons (communal short term)</p>	<p>Onset acute emergency (upto 6 months) emergency trench latrine 1 stance per 100 persons as a minimum standard</p> <p>Protracted emergency beyond 6 months 1 stance per 50 persons with appropriate types of latrines in its context. (eg. Semi-permanent latrines)</p> <p>Depending on the needs of the affected population, latrine blocks should be separated by sex as long as it is physically feasible.</p>
	<p>Barrier free for old and people with disability – gender neutral toilets with ramps or level entries with enhanced accessibility: minimum 1 stance per 250 people</p>	<p>Allocated one dedicated cubicle for elderly people/people with disability per block (7 stances per block – 3 each for male and female and 1 for barrier free). Equipped with ramps and level entries (Access paths should be clear and leveled) to allow access even with wheelchairs as per needs</p>
	<p>Distance between dwelling and shared toilet: Maximum 50 meters</p>	<p>Not less than 6 meters and Not more than 50 meters from dwellings</p>
	<p>1 toilet for 30 girls 1 toilet for 60 boys</p>	<p>Latrines for a schools or temporary learning centers for upto 6 months 1 stance for 60 girls 1 stance for 75 boys</p>
	<p>Internal locks and adequate lighting</p>	<p>Install and maintain internal locks.</p> <p>It is ideal to provide lighting to access latrines, however due to the context in Ethiopia flashlight or Solar lanterns will be provided as a part of the Dignity Kit. Considering one flashlight per HH</p>
<p>Management and maintenance of excreta collection, transport, disposal and treatment:</p> <p>Excreta management facilities, infrastructure and systems are safely managed and maintained to ensure service provision and minimum impact on the</p>	<p>All human excreta is disposed of in a manner safe to public health and the environment</p>	<p>All human excreta is disposed of in a manner safe to public health and the environment</p>

surrounding environment		
Cleaning material		For a semi-permanent latrine, at least 1 bucket (20 litre), powder soap (250g), 1 broom

Hygiene promotion

	Sphere Standard	Ethiopia country standard (2020)
<p>Hygiene promotion:</p> <p>People are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them</p>	% of affected households who correctly describe measures to prevent WASH-related disease	<p>TWG advise WASH cluster partners to further discuss on this area</p> <ul style="list-style-type: none"> • Need for KAP survey to have a baseline of awareness/knowledge before intervention • Messaging and approaches then to be guided by KAP survey results • Measuring % to be done at “impact/outcome” level • For example, “a minimum 30% above the baseline to be proposed as means to gauge whether the intervention is making any meaningful changes” or “75% of person correctly describes at least 3 major critical times of proper handwashing with soap or substitutes” might be considered
<p>Identification, access to and use of hygiene item:</p> <p>Appropriate items to support hygiene, health, dignity and well-being are available and used by the affected people</p>	<p>1 water container for collection/household (10-20 litres)</p> <p>1 water container/household (10-20litres)</p> <p>Body soap (250g)/person/month</p> <p>Laundry soap (250g)/person/month</p> <p>Soap and water at handwashing station</p>	<p>2 jerrycans/ (20 litres)</p> <p>1 bucket/household</p> <p>Body soap (250g)/person/month</p> <p>Laundry soap (250g)/person/month</p> <p>1 washing basin / household</p> <p>1 flashlight/household</p>
Menstrual hygiene management and incontinence:	% of women and girls of menstruating age provided with access to appropriate materials for menstrual	Critical to include Dignity Kit as an essential WASH NFIs rather than leaving this to Protection Cluster

<p>Women and girls of menstruating age, and males and females with incontinence, have access to hygiene products and WASH facilities that support their dignity and well-being</p>	<p>hygiene management</p>	<p>The dignity kit includes, 1 pack of reusable or disposable sanitary pads (3-4 pads each depending on needs by beneficiaries and in consultation with the community), 2 under wears, 1 laundry soap and 1 body soap</p> <p>Diaper case critical sick family members.</p> <p>Incorporate targeted MHM messaging during hygiene promotion campaigns</p>
<p>Hygiene promoters for community mobilization</p>	<p>Allocating two outreach workers per 1,000 people is common.</p>	<p>Allocating two outreach workers per 1,000 targeted people based on specific dates like 3 days per week with incentive?</p>

Solid waste management

	Sphere Standard	Ethiopia country standard (2020)
<p>Environment free from solid waste: Solid waste is safely contained to avoid pollution of the natural, living, learning, working and communal environments</p>		<p>TWG advise WASH cluster partners to further discuss on this area</p> <ul style="list-style-type: none"> • 1 solid waste final disposal site per camp which can serve to 6 months • Solid waste management system per camp • Stanislaus will shar the detail
<p>Household and personal actions to safely manage solid waste: People can safely collect and potentially treat solid waste in their households</p>		<p>Essential steps and key messages to be delivered based on the KAP survey.</p>
<p>Solid waste management systems at community level: Designated public collection points do not overflow with waste, and final treatment of disposal of waste is safe and secure</p>		<p>TWG to deliberate further and recommend necessary minimum standards/ In the refugee setting we use volunteer refugees which receive incentive to collect from the household and dispose it on the disposal sites.</p>

WASH in disease outbreaks and healthcare settings

	Sphere Standard	Ethiopia country standard (2020)
Water supply	<p>Health centers 5 litres/outpatient/day 40 – 60 litres/inpatient/day</p> <p>CTC 60 litres/patient/day 15 litres/carers/day</p>	<p>Health centers 7.5 litres/outpatient/day 40 – 60 litres/inpatient/day</p> <p>CTC 60 litres/patient/day 7.5 litres/carers/day</p>
Sanitation	<p>Short-term 1 toilet for 20 beds or 50 outpatients</p> <p>Long-term 1 toilet for 10 beds or 20 outpatients</p>	<p>1 latrine stance for 50 patients</p>
Cleaning material		No indication in the Guideline of FMOH. Further discussion needed.



WASH principles for action in the community during outbreaks (Figure 5)