



**ACF-INTERNATIONAL
MANUAL**

1 + 1 = 3

How to integrate WASH and MHCP activities for better humanitarian projects



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How to integrate WASH and MHCP activities
for better humanitarian projects

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PREFACE

Integration in humanitarian projects is about combining the work of different sectors in ways that produce synergies, which means greater impact, effects and results than when they work separately. The integrated approach has been successfully applied in ACF programmes in many different contexts and has demonstrated benefits to affected populations and programme staff. In integrated programmes there is a stronger focus on fighting undernutrition;¹ interventions are more coherent, more comprehensive and more sensitive to the needs and priorities of people at risk of undernutrition and disasters. Programme staff have more meaningful and satisfying jobs and ACF country missions have a stronger sense of direction and purpose. This book is about how to integrate the work of two of ACF's technical sectors of intervention - WASH² and MHCP.³ These two sectors have evident links in two broad areas: support for care practices through improved access to water, sanitation and hygiene at household and community levels; and psychosocial aspects of WASH interventions, including aspects such as culturally sensitive design of interventions, protection and security of care givers, and channels for feedback from affected populations.

This document does not provide a standard approach or strict recommendations. Integrating WASH and MHCP interventions will always require imagination and creativity to adapt the approach to specific conditions, opportunities and constraints in each context. The book is designed to stimulate reflection and encourage initiatives to seek opportunities for closer integration of these two sectors. It provides examples and tools for integration, highlights possible obstacles and proposes strategies for overcoming them. It provides ideas, examples and resources that can be used at all stages of the project cycle. It is intended for readers at strategic and operational levels, in ACF country missions and at headquarters.

The contents of the book are organised as follows:

- 1. Integration - what's it all about?** - integration is defined and different modes of integration are presented. ACF's commitment to the integrated approach, plus its benefits, are explained.
 - 2. How to integrate in practice** - contains advice for integration, with examples, that can be used at different stages of the project cycle, with links to tools and other resources.
 - 3. Where to next?** - future possibilities are considered, including recommendations from a WASH-MHCP integration workshop and questions for monitoring integration at country level.
- Annexes** - a collection of examples, tools and short guides to help with integration of WASH and MHCP and integration of cross-cutting issues.

1 - "Undernutrition" is used throughout the book. Where "malnutrition" appears in references and diagrams, it means the same.

2 - Water, Sanitation and Hygiene

3 - Mental Health and Care Practices



Integration between the technical sectors in ACF is still in its early stages. Much has already been achieved, but there is still a lot more that could be done, and making the integrated approach a reality in the field remains a challenge. Integration means going outside of the conventional boundaries of the technical sectors and responding to each situation in a holistic and comprehensive manner. It does not necessarily mean developing multi-sector programmes, as this may not be feasible or necessary in many situations. But it does mean always seeking ways to take account of the broader context in relation to undernutrition and to the well-being of populations in general. We hope this small book will help you do this. The book contains a number of boxes, colour-coded as follows:

Policy guidance

Examples from the field

Tools and resources

Key definitions & suggestions

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ACRONYMS

ACF	Action contre la Faim (Réseau international)
AFD	Agence Française de Développement
APR	Activity and Progress Report
CLTS	Community-Led Total Sanitation
DFID	UK Department for International Development
FSL	Food Security and Livelihoods
MHM	Menstrual Hygiene Management
IASC	Inter-Agency Standing Committee
IMC	International Medical Corps
MHCP	Mental Health and Care Practices
MHPSS	Mental Health and Psychosocial Support
MIRA	Multi-Cluster/Sector Initial Rapid Assessment
MSF	Médecins Sans Frontières
NORAD	Norwegian Agency for Development Cooperation
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

KEY REFERENCES

ACF strategy, policy and technical documents

- ACF International Strategy 2010-2015, ACF-IN, 2010
- Policy on Mental Health and Child Care Practices, ACF-IN, 2009
- Policy on Water, Sanitation and Hygiene, ACF-IN, 2011
- Holistic Approach for Pregnant Lactating Women and their very young children in Emergency (Baby Friendly Spaces), ACF-IN, 2013
- Water, Sanitation and Hygiene for Populations at Risk, Hermann, ACF, 2005
- ABC - Assisting Behaviour Change: Part I. To better understand behaviour change and the process of change, ACF-IN, 2013
- ABC - Assisting Behaviour Change: Part II. Designing and implementing programmes in ACF using an ABC approach, ACF-IN, 2013

Manuals and Scientific Publications

- Maternal and child undernutrition: global and regional exposures and health consequences. The Lancet, 371 (9608), pp. 243-60. Black R, et al., 2008
- Gender, conflict, transformation & the psychosocial approach, Swiss Agency for Development Cooperation, 2006
- Tools for development: a handbook for those engaged in development activity, Version 15.1, DFID, 2003
- Menstrual Hygiene Matters: a resource for improving menstrual hygiene around the world, House S, Mahon T, Cavill S, WaterAid, 2012
- Multi-Cluster/Sector Initial Rapid Assessment (MIRA), Provisional Version, IASC, 2012
- Guidelines on mental health and psychosocial support in emergency settings, IASC, 2007
- Inter-cluster matrices of roles and accountabilities, Global WASH Cluster, 2009
- Minimum Standards for Child Protection in Humanitarian Action Handbook, Global Protection Cluster, Child Protection Working Group, 2012
- WASH for Children in Emergencies: discussion document, Save the Children, 2013

Websites

- Global WASH Cluster www.washcluster.info
- IASC www.humanitarianinfo.org/iasc
- UNICEF www.unicef.org
- WHO www.who.int





1. DEFINITIONS

The word "integration" has a Latin root, integer, meaning "intact" or "whole". This root gives us a number of words, such as integrity, integral and integration, which all, in different ways, refer to the relationship between whole things and their constituent parts. To integrate can variously mean to repair, make whole, unite, connect and bring things together to make something that is greater than the sum of its parts.

This aspect of integration is closely connected to another word, "synergy", which has a Greek root, sunergia, meaning "acting together", and which refers to the results of coordinated actions being greater than the sum of the individual actions. Successful integration produces synergies.

A final word that is very relevant to understanding integration is the concept of "emergence", which is about the way that when relatively simple things or events are combined, this leads to the development of new situations that are not always predictable from the outset. Emergence suggests that integration, with its synergistic effects, can be a creative force, producing change, but sometimes in unexpected ways. Not only is the whole changed, but so are its constituent parts.

Integration is defined in this document as a way of working in which each sector takes into account the priorities of the other sectors, and of the overall goal of ACF's humanitarian action, in a synergistic way.⁴ The aim of integration is to maximize the impact, sustainability, appropriateness and effectiveness of interventions, creating greater benefits for the people whom ACF assists.

2. DIFFERENT FORMS OF INTEGRATION

Integration can be interpreted in several different ways in practice. The common element in all these different forms is synergy, which means that these ways of working produce something that is better than working with a vertical approach where each sector pursues its own specific objectives without reference to the broader picture.

2.1 MULTI-SECTOR INTEGRATION

This is when two or more technical sectors are mobilised in a joint programme that:

- addresses a range of causes and consequences of undernutrition or a humanitarian crisis for a given population;
- is based on joint analysis and planning;
- has a unified management and reporting structure;
- and in which there is a strong interdependence between the different sectors of intervention.

⁴ - In nutrition programmes, the word "integration" is also used with a different meaning, which is to integrate nutrition into the standard package of health-care services, and to integrate ACF's activities with those of the Ministry of Health

In the Betioky Atsimo district of Madagascar, WASH, MHCP and FSL⁵ will collaborate on a joint project to address the causes of undernutrition in 2013-2016. Each sector conducted a detailed assessment, and the results were used to design a programme targeting the same communes of the district and aiming to produce results that are mutually beneficial across sectors.⁶

Multi-sector integration creates synergies in programmes to address undernutrition and humanitarian. It also encourages each sector to adapt and improve its ways of working by learning from the others

Important synergies can also be produced when just two sectors such as WASH and MHCP work together in an integrated way. This the main focus of this document.⁷

In the WASH-MHCP project in Balbala, Djibouti (2012-2013), each sector was responsible for specific activities and results, but both sectors worked together in the same management and reporting structure, with the same specific objective, the same local partner and the same population.⁷

Another example of bilateral integration is the WASH in Nutrition strategy which aims to integrate WASH systematically into nutrition programmes at the level of the therapeutic activities and at the level of the community. See Annex 2 for more information on WASH in Nutrition.

• Different levels of multi-sectoral integration

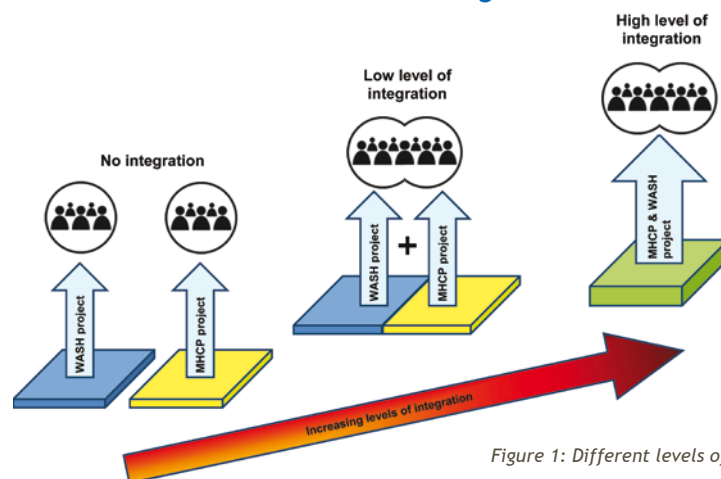


Figure 1: Different levels of multi-sector integration

5 - Food Security and Livelihoods

6 - Appel à Propositions EuropAid : Programme thématique de sécurité alimentaire à Madagascar, 2013-2016, ACF, 2013

7 - Fiche projet : Amélioration des pratiques de soins et d'hygiène, de l'assainissement et des conditions de stockage de l'eau à domicile pour les ménages vulnérables et des espaces communautaires pour enfants vulnérables de moins de 5 ans à Balbala, ACF-IN, 2012



Integration means more than having several sectors operate in the same area at the same time. There is a range of levels of integration possible (see Figure 1). Each may be appropriate in different circumstances, and the level of integration should be decided on the basis of local conditions. Even when full integration is not possible (for example when funding constraints or activity timetables don't allow the different sectors to operate as a single programme), there can still be synergies produced as long as there is strong coordination, communication and collaboration between the sectors.

2.2 MAINSTREAMING

Integration can also mean including an additional element in sector-specific programmes and, by so doing, improving their quality. This is often referred to as mainstreaming, or a cross-cutting approach. For example, including attention to protection issues improves the quality of WASH and MHCP programmes, but without necessarily altering their overall goals or expected results.

Mainstreaming can be a way to put the integrated approach into practice, even when different sectors are not operational in the same area at the same time. By mainstreaming the concerns of other sectors into their actions, and by designing their interventions around the overall goal of fighting hunger and undernutrition, each sector in ACF can work in an integrated way.

In Freetown, the WASH and FSL coordinators identified a number of WASH interventions that would have benefits in the area of FSL, including apprenticeships for training masons for latrine construction and facilitating start-up of local chlorine-production businesses. These activities would fall entirely within the WASH programme, but would benefit from advice from the FSL coordinator, to maximise the impact on livelihoods.⁸

2.3 INTEGRATING WITH OTHER ACTORS

In many situations, particularly in urban contexts, ACF is just one of a large number of governmental and non-governmental organisations working in technical sectors related to undernutrition. The integrated approach can be implemented in these situations by close collaboration with other actors. Integration through partnerships requires careful and constant negotiation to ensure that priorities and working methods are harmonised across institutions, but also provides many opportunities for learning and increased sustainability.

In Haiti during the cholera epidemic in 2010-2011, ACF's MHCP programme to provide psychosocial support in the cholera treatment centres and at community level was integrated with the medical services provided by MSF⁹ and IMC¹⁰ in a similar way as if they had been working on an integrated ACF cholera-response programme.

8 - ACF - Operational Strategy 2013-2015 Sierra Leone

9 - Médecins Sans Frontières

10 - International Medical Corps

As a standard approach, ACF's programmes are generally integrated with national programmes and work with national protocols and policies in the areas of WASH, nutrition and health.

INTEGRATING WITH THE LOCAL CONTEXT

Whatever the form and extent of integration within programmes, their ultimate success depends on their ability to integrate into the local social and cultural context. This may involve actions such as identifying and strengthening local capacities for community action and social support in the areas of WASH and MHCP, understanding local political dynamics when developing management arrangements for WASH infrastructure, or analysing gender roles related to hygiene and care practices in order to tailor activities appropriately.

Whatever form it takes, in an integrated response there is a strong interaction between the different sectors such that they form a coherent whole that is stronger than the sum of its parts. This means more than simply coordinating activities to avoid gaps and overlaps. It means crossing the boundaries between the sectors, creating opportunities for mutually-supporting activities and adapting the priorities of each sector to respond to the overall priorities of the programme.

3. WHY INTEGRATION IS SO IMPORTANT

Undernutrition and humanitarian crises are complex problems that require comprehensive and coherent responses. This is recognised in the ACF International Strategy 2010 - 2015,¹¹ which states:

“We adopt an integrated approach incorporating nutrition, care practices, food security, water, sanitation and hygiene in order to treat malnutrition and tackle the underlying causes of hunger.”

3.1 TO PREVENT UNDERNUTRITION

A child becomes undernourished as a result of a complex of factors that operate over time. The immediate causes of undernutrition are inadequate food, poor health and lack of appropriate care. Each of these factors is influenced by underlying causes such as food security, access to clean water and adequate sanitation, and child's care practices of caregivers. These underlying causes in turn are influenced by basic causes such as the sociocultural, political and economic context, access to land and employment opportunities.

The guiding framework for ACF's programmes to fight hunger and undernutrition is the conceptual framework of the causes of child undernutrition. See Figure 2, page 19. The framework highlights a dynamic of interactions between the causes of child undernutrition. Here are some examples of interactions related to WASH and MHCP:

11 - ACF International Strategy 2010-2015, ACF-IN, 2010



- access to sufficient clean water enables strengthened hygiene practices;
- resources (material, training and cash) for caregivers enable them to provide adequate care for children;
- access to clean water affects the child's health through protection from water-borne disease;
- a positive environment for care-givers enables them to participate effectively in managing WASH infrastructure;
- access to sufficient clean water protects the health of care-givers and so supports their ability to provide appropriate care;
- resources (material, training and cash) for caregivers enable them to protect water from contamination in the home.

The aim of ACF's interventions to prevent undernutrition is to help populations achieve nutrition security, which is achieved when food security is coupled with a sanitary environment, adequate health services, and proper care and feeding practices to ensure a healthy life for all household members.¹² The work done on nutrition security is an important part of taking the integrated approach forward in ACF, as explained below.¹³

Replacing 'silo-approaches' by effective and efficient linkages between sectors, overcoming the humanitarian and development divide and better linking short-term and long-term responses... ACF promotes an integrated approach incorporating nutrition-specific interventions, a broader multi-sectoral approach and an enabling institutional environment in tackling undernutrition. An integrated approach to tackle undernutrition requires an effective coordination and partnerships at multiple [levels] and between levels.

3.2 TO RESPOND BETTER TO HUMANITARIAN CRISES

People affected by humanitarian crises face a great variety of interrelated difficulties that have an impact on their well-being and survival, as the following example shows.

An assessment carried out in the Syrian refugee camps in Jordan in 2013 found the refugees there faced a complex of risks associated with poor access to water, an unsanitary environment, overcrowding, disrupted livelihoods, weakened family and social support networks, psychological distress and conflict. Interactions between these risk factors lead to stress and conflict, which in turn weaken social and family support, with consequences for livelihoods resilience.¹⁴

Similar complexes of risk occur in many different types of humanitarian crisis, and each time they require a comprehensive and coherent response that takes account of the interrelations between the different sources of risk.

12 - Technical sheet: Nutrition Multi-sectoral seasonal calendar. V.0 March 2012, ACF-IN

13 - Policy: Enhancing climate resilience and food & nutrition security, ACF-IN, 2012

14 - ACF positioning in Jordan, September 2013, ACF-IN

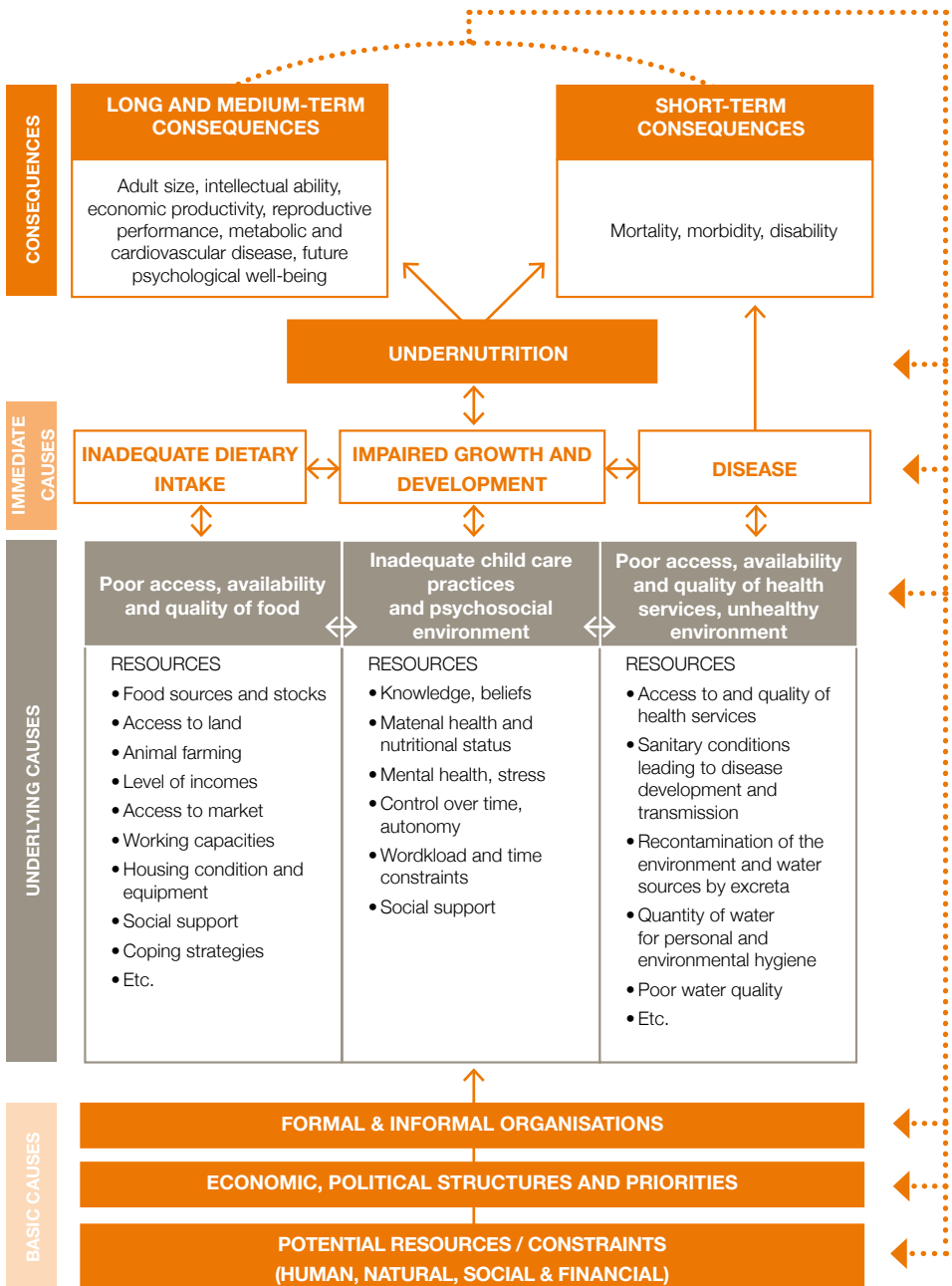


Figure 2: Conceptual framework of nutritional status and child development¹⁵

15 - Adapted from Black R, et al., 2008. Maternal and child undernutrition: global and regional exposures and health consequences. The Lancet, 371 (9608), pp. 243-60.



SOME OF THE LINKS BETWEEN WASH AND MHCP IN CONFLICT¹⁶

- Mourning and trauma may affect the course of infrastructure projects in the WASH sector, e.g. when people oppose or destroy technically appropriate solutions.
- The standard of hygiene in emergency settlements influences not only people's health, but also their psychosocial well-being. At the same time, it is often difficult for people suffering from the effects of trauma to devote adequate attention to personal hygiene and to the cleanliness of their environment.
- Even though women bear the main responsibility for supplying their families with water all over the world, they are still not sufficiently involved in the planning and implementation of infrastructure projects. In conflict situations, their participation is frequently hindered by the additional workload they have to cope with due to changes in roles within the family.



© Reuters/Muhammad Hamed

Photo 1: Syrian refugees children walk after heavy rain at Al-Zaatari camp (Jordan)

16 - Adapted from Gender, conflict, transformation & the psychosocial approach, Swiss Agency for Development Cooperation, 2006

4. A BRIEF REMINDER OF THE WASH AND MHCP SECTORS

This document includes a lot of information that is relevant to the integrated approach for all of ACF's work. However, the specific focus is integration between WASH and MHCP sectors. The scope of these two sectors is outlined below. More detailed lists of their activities are presented in Annexes 3 and 4.

4.1 MAIN OPERATIONAL OBJECTIVES OF MHCP¹⁷

- To improve prevention of acute undernutrition by reinforcing positive child care practices (care for pregnant and breastfeeding women, breastfeeding and feeding, psychosocial and coordinative stimulation, hygiene practices, health behavior, food preparation and storage) and assisting in changing practices
- To prevent the deterioration of child care practices during disruptions
- To improve treatment and limit the negative impacts of undernutrition on children's health
- To provide psychological support for populations in the event of natural disasters or conflicts
- To reinforce the quality of ACF programmes, including HIV as a cross-cutting element
- To improve our understanding of the context by incorporating the social and psychological impact into our analysis and adapting our programmes in consequence, so as to reinforce adaptation mechanisms and avoid further disruption of the social and family environment

4.2 MAIN OPERATIONAL OBJECTIVES OF WASH¹⁸

- To increase impact on acute undernutrition, curatively and preventively, especially in young children:
 - Curative - WASH in nutrition and health centres, and support to CMAM programmes;
 - Preventive - construction and rehabilitation of WASH infrastructure and services, hygiene promotion and community-level support to CMAM programmes.
- To respond to and prevent humanitarian crises, address vulnerability and reinforce longer term resilience to food, water and nutritional crises:
 - Disaster risk management - prevention, mitigation and preparedness;
 - Emergency response - construction and rehabilitation of emergency WASH infrastructure, hygiene promotion, coordination mechanisms and rapid deployment of WASH staff;
 - Community resilience - integrated water-resource management, construction, rehabilitation, operation and maintenance of infrastructure including for agriculture and livestock, disease-vector control, hygiene promotion and education in communities and schools (WASH in Schools).

Both sectors work through project cycle management to define the intervention strategy, assess, plan, implement, monitor and evaluate their programmes. In Chapter 2, the programme cycle is used to show how WASH and MHCP programmes can be integrated in practice.

17 - Policy on mental health and child care practices, ACF-IN, 2009

18 - Policy on water, sanitation and hygiene, ACF-IN, 2011



5. AREAS OF COMMON INTEREST

There are many areas of common interest for the WASH and MHCP sectors, where there are opportunities for working in synergy, for collaborative learning and exchange of skills and experience. Here are some examples. These and many more are developed further in Chapter 2.

MHCP staff are trained to assess the psychosocial conditions at individual, household and community levels, which is important for both WASH and MHCP to consider. This means that not only are the programmes more likely to succeed, because of stronger support from the population, but that they can better support psychosocial well-being.

In the assessment of needs of Syrian refugees in Jordan, 2013, MHCP staff identified difficulties faced by the refugee population in the areas of psychological distress, reduced resilience and increased conflicts. Inadequate hygiene conditions were identified as a contributing factor. Promoting social resilience and support networks was proposed as a way to address psychological distress as well as a means to facilitate improvements in WASH conditions.¹⁹

For menstrual hygiene management, MCHP staff can help address issues of stigma and facilitate appropriate responses through activities such as focus-group discussions with men and with women and girls, supporting women's groups, and advising on behaviour-change communications.

In cholera epidemics, MHCP staff are uniquely placed to work on issues such as stigma, stress and bereavement as well as understanding psychosocial factors influencing prevention activities and treatment-seeking behaviours.

In Haiti during the cholera epidemic, 2010-2011, ACF's MHCP staff worked to strengthen the capacities of individuals and communities to deal with the cholera epidemic and to provide support to families experiencing psychological distress. They were able to address problems such as stigma connected with cholera that was discouraging early referral and treatment.²⁰

WASH for children is another area where close collaboration can produce synergies, through joint work on WASH in schools programmes and the use of specific methods for facilitating children's participation, such as Child-to-Child.

In the WASH in Schools project in Sierra Leone, 2012-2013, groups of schoolchildren participated to design new school toilets and changing facilities for girls, in group discussions facilitated by social workers, and with technical input from the WASH officer. Through school sanitation clubs and child-to-child activities, the children and teachers set up systems for managing the new facilities.²⁰

19 - ACF positioning in Jordan, September 2013, ACF-IN

20 - Projet Psy Choléra, Haïti Soutien psychosocial et psychologique Phase 1 (novembre 2010-mars 2011), 2011, ACF-IN

One of the approaches taken by MHCP to facilitate adequate child care practices in emergencies is to create baby-friendly spaces.²¹ The objective is to protect infants and young children within their families through optimization of care practices with a holistic approach for pregnant and lactating women and their children. Adequate WASH facilities are an important part of such spaces, both to ensure that they are safe and hygienic places for mothers and their children, and also for the positive example they set.

In Haiti following the earthquake in 2010, ACF created baby-friendly spaces in tents, providing children and caregivers access to health, nutrition and sanitation services, opportunities for play, discussion and learning about nutrition and infant stimulation. The tents were equipped with handwashing facilities and located near toilets.

Much of the success of WASH projects is measured in terms of how they have been able to encourage positive changes in hygiene-related behaviours. Both sectors have long and complementary experience in this field, and can create appropriate behaviour-change approaches in specific contexts from the range of methods they have used in the past.

A more detailed list of areas of common interest for the WASH and MHCP sectors is presented in Annex 5.

6. THE BENEFITS OF INTEGRATION

6.1 BETTER-QUALITY PROGRAMMES

There are a number of benefits that can be produced when WASH and MHCP sectors work in a more integrated way, with stronger coordination, closer collaboration and greater awareness of the technical and programme issues important to the other sector. Some of these benefits are listed in Table 1.

6.2 MORE SATISFYING WORK

Integrated programmes can be more satisfying than single-sector vertical programmes. Staff can feel more confident about the benefits to populations, have more fulfilling relationships with colleagues and have a greater sense of purpose through working together for a common cause. They can feel a stronger sense of responsibility, expand their range of knowledge and skills, and develop a greater understanding of ACF's mission and culture.

21 - See Holistic Approach for Pregnant lactating women and their children in Emergency- ACF-IN, 2013

EXAMPLES OF HOW INTEGRATION CAN MAKE BETTER PROGRAMMES

- joint assessment and analysis can provide a fuller understanding of the local social, cultural and institutional context, in order to **maximise positive effects** of programmes
- increased information-sharing between sectors can help **minimise negative impacts** on specific groups in the population
- **better coordination** is ensured between sectors
- a **more coherent approach** can help to promote ACF's work with donors and public authorities (e.g. Ministry of Health)
- joint assessment and analysis allows a more **comprehensive and holistic understanding** of local needs and priorities, for the population as a whole and for specific groups
- a broader range of programme activities and ways of working enables programmes to be **more adaptable to local priorities** and coping strategies
- stronger collaboration between WASH and MHCP sectors on behaviour change can produce **more permanent improvements** in hygiene and care practices
- joint assessments lead faster to a **comprehensive understanding of results required** and risks to manage in order to project objectives
- integrated activities and monitoring help ensure that the **links between related objectives are managed**
- joint trainings for team engaged in hygiene promotion and promotion of care practice **increase staff skills**
- objectives, results and activities can be pursued in ways that are mutually supportive and that **avoid counter-productive activities** or communications - this is a real benefit for people at the receiving end of ACF's programmes
- field staff working on shared activities enable **cost-sharing** and a more efficient use of time and logistics for the population concerned and for other stakeholders
- MHCP can help WASH **reach most vulnerable groups** appropriately
- WASH can provide **entry points for MHCP**, for examples through WASH in schools
- **cross-cutting issues** such as protection, gender and HIV/AIDS affecting the lives of people in the population concerned can be **better taken into account** through a more joined-up approach to analysis, planning and implementation

Table 1: How integration can help make better programmes



2 - HOW TO INTEGRATE WASH AND MHCP?



1. INTRODUCTION

The information in this chapter is presented around the project cycle and is generally aimed at mission level. It includes both strategic issues for coordination teams and operational issues for project teams. Some of the subjects covered have implications for ACF at institutional level, and this is highlighted where relevant. Readers are encouraged to consider all of the information presented, and not just to focus on what seems most relevant to their particular area of responsibility. It is important to have an understanding of integration at all levels to make it happen in practice.

2. PROGRAMMING

Integrated programmes are built on integrated strategies. The key process for this at mission level is the development of the 3-year Operational Strategy, which is a great opportunity for joint analysis and strategic thinking. The process of developing the strategy is as important as the document itself: if the strategy is developed in an integrated way, it is far more likely that integrated programmes will result. Here are some suggestions for achieving this.

SUGGESTIONS FOR PROMOTING INTEGRATION IN THE OPERATIONAL STRATEGY

- make sure that ACF's strategic objectives appear in the objectives for the strategy, in a way that is specific to the country context and that highlights the role of each sector
- carry out the process in a collaborative way, rather than giving different parts of the document to different sector specialists to complete
- use collaborative tools such as the seasonal calendar (see below) to facilitate information sharing, joint thinking and a common vision
- ensure that all of ACF's sectors are considered in the planning process - invite an advisor to provide a training on any sectors not represented in country
- assign a specific responsibility for checking each section of the strategy to see what links could be made across sectors. This could be the Country Director, but not necessarily
- include a sub-section in each sector-specific section of the strategy document where opportunities for integration can be proposed
- include a specific section in the strategy that lays out how integration will be achieved. Not in the sense of describing potential integrated programmes, but in the sense of explaining the processes and tools that will be used to facilitate integration
- in emergency contexts, refer to the IASC Transformative Agenda²² to facilitate integrated programming

22 - <http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-template-default&bd=87>

SEASONAL CALENDAR

Through brainstorming among the different technical sectors on the basis of available information, a calendar is produced that identifies the seasonality of hunger and undernutrition, and of the different factors affecting nutrition security. These factors include variations in the local context (weather patterns, food prices, employment opportunities, water availability, communicable diseases etc.), variations in the workload of carers, seasonal activities, the school calendar, religious festivals etc. By constructing and analysing the seasonal calendar jointly, the different sectors can develop a comprehensive and shared understanding of the different factors influencing nutrition security and how most effectively to respond. See Annex 6 for an example seasonal calendar.

3. IDENTIFICATION OF NEEDS

3.1 INTRODUCTION

Joint assessments and analysis help build an integrated response. The ACF WASH manual²³ identifies this as an important mode of operation for the WASH sector, as follows:

In order to reduce mortality and fight effectively against malnutrition, it is essential to take into consideration all their potential determinants. The analysis of the context and the identification phase (in particular meetings with the population concerned) must involve multidisciplinary teams.

The ACF-IN Policy on Mental Health and Child Care Practices (2009) states that:

When possible and appropriate, joint assessments with other technical and operational sectors are privileged so as to obtain a more comprehensive view of the situation and facilitate the preparation of an integrated response.

3.2 ASSESSMENT

The starting point for integrated WASH-MHCP assessments is to agree on the scope of the assessment and the research methods to be used. These should be laid out in the Terms of Reference.

Joint field assessments need careful planning and coordination:

- joint development of terms of reference for the assessment;
- agreeing on the range of assessment questions to be covered by the team;
- harmonising data-collection and recording methods;

23 - Water, sanitation and hygiene for populations at risk, ACF, 2005, Herrmann



- jointly planning itineraries, activities and informants to meet;
- meeting frequently as a team to share findings and identify connections and interactions between them;
- drawing conclusions and defining contents of an assessment report together.

Conducting joint assessments takes more time and involves more negotiation and compromise than working as separate sectors, but the analysis of the data and subsequent decision-making is easier and more effective when there is a shared experience and triangulation of different points of view. Joint assessments also can be a great way for staff to learn about each other's sector and discover areas of shared interest. Suggestions for cross-cutting and linking questions can be found in the documents listed in Annex 1.

Joint checklists are an essential tool for designing and carrying out assessments. Some assessment questions will be sector-specific and (for example, groundwater resources, or mental health needs) and will require specialist skills and approaches. There are also many major areas of common interest which are likely to be included in all MHCP and WASH assessments and for which staff from both sectors could be involved (see Table 2).

The two sectors can also support each other through sharing assessment methods and tools. For example, MHCP staff may have strong skills in participatory methods (such as mapping, storytelling, focus-group discussions) that they can share with WASH colleagues. They may also be better equipped to research some more sensitive issues of joint concern, such as MHM.

The WASH and MHCP departments carried out a joint assessment for designing a WASH programme in Ghor province, Afghanistan in 2012. The MHCP team focused on MHM while the WASH team focused on the other areas of the assessment - water supply, sanitation and hygiene.²⁴



Photo 2: Assessment team at work in Ethiopia, 2011

© Samuel Hauenstein Swan, ACF - Ethiopia

24 - Narrative report, WASH support to vulnerable communities in Chaghcharan city, Ghor province, Afghanistan, ACF-IN, 2013

ASSESSMENT DOMAINS	EXAMPLES OF HOW INTEGRATION CAN MAKE BETTER PROGRAMMES
SOCIOCULTURAL CONTEXT	<ul style="list-style-type: none"> • protection • gender relations (including distribution and control of resources at household level and vulnerabilities to violence for specific groups) • social diversity and power relations • vulnerable groups • family structures • formal and informal social structures • collective activities • family and social support networks • attitudes and beliefs concerning WASH and MHCP
PUBLIC HEALTH	<ul style="list-style-type: none"> • acute undernutrition • diarrhoeal diseases and others related to WASH • HIV/AIDS • other major communicable diseases
ENVIRONMENTAL HEALTH	<ul style="list-style-type: none"> • hygiene conditions in the home (including areas where children play) • access to water and sanitation in the community • access to water and sanitation in schools • facilities for MHM,²⁵ including availability and disposal of sanitary materials
HYGIENE PRACTICES	<ul style="list-style-type: none"> • collection, storage and use of drinking-water • handwashing • defecation practices • bathing of young children • disposal of children's faeces and washing children (and mothers) hands after defecation • storage and preparation of food • use of mosquito nets • MHM - methods, taboos and preferences
HEALTH-CARE SEEKING BEHAVIOURS	<ul style="list-style-type: none"> • home-based care • use of traditional health care • use of modern health care • treatment-seeking in case of cholera and other acute diarrhoeal diseases

Table 2: Areas of common interest for WASH and MHCP in assessments



In addition to generic assessment methods (interviews, observations, secondary data etc.), WASH and MHCP can share a number of participatory methods designed to explore opinions, attitudes and practices related to WASH and child care practices. Examples include community mapping, three-pile sorting, stories with a gap and pocket charts. See the PHAST²⁶ manual for more detail on these and other participatory assessment/analysis methods. See also the ACF manual on behaviour change²⁷ for additional methods for researching local social structures and dynamics and revealing local knowledge and perceptions on issues of joint concern to WASH and MHCP.

An anthropological study is a very useful way to help understand the social and cultural dynamics and features of a population where ACF works and helps integration by giving a comprehensive picture through open-ended research methods.



© Julien Eyrard, ACF - Bangladesh

Photo 3: Assessment team at work in Ethiopia, 2011

An anthropological study in Cameroon and Chad in 2012 in support of cholera-prevention programmes highlighted the risk that inappropriate hygiene messages could reinforce social stereotypes that stigmatized poorer women. The study also identified that men's opinion on the taste of water had a great influence on the use of chlorine in the household. These issues needed to be taken into account in communications strategies for cholera prevention.²⁸

MULTI-SECTOR ASSESSMENTS IN EMERGENCIES - MIRA

Immediately after rapid-onset emergencies, ACF staff from WASH and MHCP teams should participate in multi-sector assessments through the inter-agency MIRA²⁹. See Annex 7 for a summary presentation of the MIRA.

26 - Participatory Hygiene and Sanitation Transformation: www.who.int/water_sanitation_health/hygiene/envsan/phastep/en/

27 - ABC Assisting behaviour change, ACF-IN, 2013

28 - Anthropologie des modes de transmission du choléra aux frontières tchado camerounais, Kouokame Magne, E, 2011

29 - Multi-Cluster/Sector Initial Rapid Assessment: www.humanitarianinfo.org/iasc/downloaddoc.aspx?docID=6245&type=pdf

3.3 ANALYSIS

Each sector may have specific tools for analysing assessment data, but there are a number of generic analysis tools that are more powerful if used by staff from different sectors working together. Four of the most important of these tools are presented below.³⁰

STAKEHOLDER ANALYSIS

It involves consideration of which people (groups or individuals) are affected by the problems identified and what the roles and interests of different stakeholders might be in addressing the problems and reaching solutions. Stakeholder analysis is about asking the questions: “Whose problem” and, if a project intervention strategy is proposed: “Who will benefit?”, “Who might lose out?” and “Who might help or harm the project?” Each sector will have a different and complementary understanding of the different stakeholders.

PROBLEM ANALYSIS

It involves identifying what the main problems are and establishing the cause and effect relationships between these problems, so as to ensure that the causes of these problems are identified and addressed, not just the symptoms of the problems. The analysis should be carried out as a joint exercise, bringing together stakeholders who have different visions of the problems and specialist understanding of their causes. In this way a comprehensive picture is built up, and each sector specialist can see the problems in their full context.

ANALYSIS OF OBJECTIVES

It involves developing ideas for solutions to problems and breaking the cause and effect relationships in the problem analysis. A number of different potential objectives will be produced, each one representing a possible intervention strategy. By analysing objectives together, WASH and MHCP staff can increase their chances of avoiding applying standard solutions to what are thought to be familiar problems, and helps them to identify potential synergies between sector-specific objectives.

ANALYSIS OF STRATEGIES

It involves identifying different intervention strategies in order to address problems, based on a set of agreed criteria. When carried out jointly, this can help WASH and MHCP clarify their criteria for judging the appropriateness of an intervention and, if necessary, negotiate a set of joint criteria to aid transparent choices to be made. It also helps them focus attention on the organisation’s mission and priorities in terms of fighting hunger and undernutrition, and responding to humanitarian crises.

In addition to using these tools together, MHCP and WASH staff can jointly review data they have collected on protection and other cross-cutting issues so that information is fully integrated into analysis and programme design.

30 - For more detailed explanations of these tools, see for example Tools for development: a handbook for those engaged in development activity, Version 15.1, DFID, 2003 www.eldis.org/go/home&id=15853&type=Document#.UpRfPJMc8F



The Nutrition Causal Analysis is another analytical tool that can help teams develop an integrated and shared vision of factors relating to undernutrition and priorities for action.

NUTRITION CAUSAL ANALYSIS

ACF's Nutrition Causal Analysis (NCA) involves all of ACF's operational sectors in a comprehensive study of the causes of acute undernutrition in a population. The NCA enables the most likely causes of undernutrition to be identified, in order to design an appropriate response. It is a major research activity that can take several weeks to plan, implement and analyse. WASH and MHCP form an integral part of the NCA's areas of assessment and analysis, and the links between the two are highlighted in the process. See Annex 8 for further details of the NCA.

The seasonal calendar (see Annex 6 for an example) could also be used as an analysis tool in the “identification of needs” stage for a particular project locality, to help understand the diversity of activities, needs and priorities for different groups within the population. Again, if this is done as a joint exercise between WASH and MHCP teams, this helps to build up a shared vision as a basis for integrated project formulation.

4. FORMULATION

4.1 INTRODUCTION

The formulation stage presents many opportunities for integration, which are useful to take, whether or not an integrated project is implemented as a result. Projects formulated with an integrated approach are likely to be more relevant and more coherent than those developed solely through single-sector analysis and planning.

4.2 LOGICAL FRAMEWORK

The logical framework can be used effectively for integrating WASH and MHCP interventions. Developing a logical framework involves two stages: analysis and construction. The four key tools for logical framework analysis are presented on the previous page. This section deals with constructing the logical framework for an intervention. When the logical framework for an integrated project has just one specific objective (purpose), this can be composite in structure, and measured by indicators relating to its specific aspects, as in the following example from an integrated WASH-MHCP project in one neighbourhood of Balbala in Djibouti (2012-2013).³¹

31 - Descriptif du programme Amélioration des pratiques d'hygiène et de soins infantiles en favorisant les connaissances et les facteurs déterminants comme l'accès à l'eau et l'assainissement dans la commune de Balbala à Djibouti, ACF, 2012

SPECIFIC OBJECTIVE

The members of 950 households in Hayabley, Balbala, improve their hygiene practices and child care practices through increased knowledge and better access to WASH infrastructure, products and services.

SPECIFIC OBJECTIVE INDICATORS:

- *75% of the target population wash their hands with soap after using the latrine or changing a baby*
- *75% of the target population wash their hands with soap before preparing food and before feeding children*
- *70% of the target population demonstrate adequate child care practices*

Under a single shared purpose, integration can also be achieved by creating synergies between the results produced by different sectors, as was done in an integrated WASH-Food Security and Livelihoods-MHCP programme in Madagascar.³²

One expected result of the WASH part of the programme is that women will have to spend less time collecting water, and so will be able to spend more time caring for their children. At the same time, adopting new mother and child care practices and raised self-esteem of the mothers as a result of the MHCP part of the programme will enable them to optimise use of the resources at their disposal - social, food, health and economic.

The assumptions and risks for the proposed project should be considered jointly by WASH and MHCP teams, as they may have different and complementary perspectives, particularly regarding the psychosocial conditions in the population concerned. Joint work done previously on stakeholder analysis and problem analysis should help in this.

4.3 TARGETING

WASH and MHCP interventions commonly have very different criteria for targeting. WASH infrastructure and services usually serve entire communities without distinction, whereas MHCP activities may target specific groups within a population, such as mothers of under-five children, or families with undernourished children, or individuals / families suffering from psychological distress. This can be a challenge for integrated programming, but it can also be very positive for improving the quality of the WASH programmes as people who may not easily access standard services can be identified and their needs responded to.

32 - Appel à Propositions EuropAid: Programme thématique de sécurité alimentaire à Madagascar, 2013-2016, ACF, 2013



In the WASH-Food Security and Livelihoods-MHCP programme in Madagascar,³³ whereas the WASH part of the programme aims to improve water supplies for the whole community, its design takes account of the fact that some of the water will be used for vegetable gardens managed by women targeted by the MHCP part of the programme. In this way both the whole community and a specific group in the community are targeted in the same programme.

In the example below, WASH and MHCP are part of an integrated emergency response to assist Syrian refugees in Iraqi Kurdistan. In this case, the same population is targeted by all interventions, and psychosocial support is proposed for specific individuals and families identified within that shared target population.³⁴



© L. Jiminez, ACF - Lebanon

Photo 4: Syrian refugees, Lebanon, 2013

IN REFUGEE CAMPS

Awareness sessions on hygiene practices will be organised to adapt existing knowledge to their new living situation. These sessions will be organised in close collaboration with ACF's social worker teams in order to improve the psychological resilience of the beneficiaries. Participatory group sessions and innovative game sessions will be implemented for all beneficiaries. If urgent specific psychological support is required for some of the beneficiaries, ACF will provide psychological consultations with a psychologist who will visit the families.

IN URBAN AREAS

The 600 households targeted by the project will also receive a hygiene kit to cover their basic hygiene needs while reducing their expenses. This will help to improve their coping mechanisms. Sanitation facilities rehabilitation will aim at improving privacy and hygienic conditions. This will decrease psychosocial tension at household level, create better living conditions and improve dignity for the beneficiaries.

IN NEW TRANSIT CAMPS

Psychological First Aid integrated into ACF's emergency WASH response will be provided to the refugee households arriving during new influx by 1 psychosocial worker per WASH team. This intervention will aim at orienting the refugees in the first stage of their arrival and providing them with basic information on the next phase and conditions in which they will be living. They will also receive information on the basic support they will receive from ACF such as the winterization kits and emergency WASH assistance program of ACF.

33 - Cited above

34 - Abridged proposal for emergency assistance to Syrian refugees November 2013-June 2014, Iraqi Kurdistan, ACF-IN, 2013

4.4 ACTIVITIES, RESOURCES AND TIMEFRAMES

Once expected results have been determined, the project activities required to produce those results need to be defined. While each sector may be responsible for producing specific results, there are opportunities for integrating activities and resources. These opportunities, such as joint training for field staff, sharing of methodologies and combining transport for fieldwork are developed in the section below on implementation. Timeframes for WASH and MHCP interventions may be very different, but it is possible to work in an integrated way if the timetables for the interventions are developed together and the interrelationships between actions in the two sectors are identified.

In the integrated WASH in Schools programme in Freetown, Sierra Leone (2012-2013), the WASH construction component (urinals and girls' changing rooms for MHM) was relatively short, whereas the MHCP component, which included forming school sanitation clubs and developing ideas for the design and operation of the urinals was much longer. However, the timeframes of each component were interdependent, so one global timeframe was developed in which each component had specific activities to manage. Many of the activities, such as working on the design of the urinals, involved both sectors at the same time.

Joint planning of activities and resources required can help harmonise implementation, avoid overlaps and identify opportunities for mutual support between sectors. An activities and resources schedule is a useful tool for this.

ACTIVITIES AND RESOURCES SCHEDULE

Activities and resources schedules are simply diagrams of planned activities (derived from the logical framework) over a given time period, identifying their start dates and end dates, with the resources required for carrying out these activities (human resources, materials and equipment) identified on the same diagram. They make it easier to see how the different activities and resources fit together, and identify potential constraints such as two activities requiring the same resource at the same time, or delays to the whole project that would occur if certain activities take longer than planned.



Photo 5: WASH in Schools classroom activity, Mongolia

© Christina Liomet, ACF - Mongolia



4.5 INPUT FROM HEADQUARTERS

Integration at headquarters level is a mirror of integration at field level. It is very useful, and sends a very positive signal, for feedback on project documents from technical advisors in different sectors to be harmonised. This means more than recording comments from different specialists on the same document. It means producing harmonised feedback from a joint discussion of the field proposals.

5. FINANCING

In the financing stage, the proposed intervention is presented in the form of a proposal for internal (ACF) and/or external funding. Whereas internal funding is flexible and can be used for many different types of intervention (one sector, multi-sectoral, emergency, long-term, in various geographic areas etc.), external donor have strict criteria for allocating funds, one of which may be that the project has to operate within a specific sector such as health, psychosocial support, nutrition, WASH or food security.

There are various ways to get around this external donor constraint, in order to promote integrated projects (either multi-sectoral projects or ones in which the WASH or MHCP sectors mainstream cross-sectoral activities).

One way is to present the project to a donor with a sector-specific interest and to argue during the funding negotiations and in the funding proposal for the inclusion of other sector activities that are closely linked. The contents of Table 1 could be used to present the advantages of integrated programmes.

The integrated WASH-MHCP programme in Balbala, Djibouti (2012-2013)³⁵ was developed from an initial discussion between ACF and UNICEF to fund a WASH intervention only. This was later broadened to WASH-MHCP, including care practices, though not mental health, through a process of negotiation. There were three expected results presented in the funding proposal, and the MHCP component of the project was integrated in the third: 7,200 adults and children have the knowledge and resources to carry out appropriate hygiene and child care practices.

A second strategy for securing funds for integrated activities is to present a multi-sector project to two or possibly more donors, requesting donor funding for the sector-specific components of interest to each of them. In principle this is an attractive proposition for donors, as it can be argued that the impact of their funding will be increased by the fact that the intervention addresses related causes of problems (such as poverty and undernutrition) at the same time. Bearing in mind that the greater the number of donors involved, the more complicated the reporting requirements and the more numerous the potential administrative and institutional constraints.

35 - Descriptif du programme Amélioration des pratiques d'hygiène et de soins infantiles en favorisant les connaissances et les facteurs déterminants comme l'accès à l'eau et l'assainissement dans la commune de Balbala à Djibouti ACF, 2012

In order to fund the various parts of an integrated WASH-MHPS-FSL programme in Madagascar, the Country Operational Strategy 2013-2015 recognised the need to approach several donors: the AFD and the European Union for co-funding of the whole programme and the NORAD³⁶ for funding care practices activities and environmental aspects of the programme.

It is also possible to seek sector-specific funds from one donor and complement these for activities outside that sector with ACF internal funds.

Some donors may have funding strategies that favour integration. For example, an important part of UNICEF's strategy for the Integrated Management of Childhood Illnesses³⁷ focuses on promoting key community and family practices essential for child health and development, including breastfeeding, hygiene and malaria prevention. This is closely aligned with ACF's work in WASH and MHCP.

The AFD³⁸ has developed a strategy for funding psychosocial activities as part of other sector-specific projects, including WASH.³⁹

6. IMPLEMENTATION AND MONITORING

The implementation phase presents many opportunities for integration, particularly if these have been anticipated in the programming, needs identification and formulation stages.

6.1 IMPLEMENTATION OF INTEGRATED ACTIVITIES

ACF's activities in WASH and in MHCP are very closely related. Both sectors deal with subjects of day-to-day concern in the household, such as hygiene, access to water for domestic use, and support for care of young children. Ordinary people deal with the challenges of feeding their families, looking after personal and domestic hygiene etc. in a completely integrated way. Paying attention to the needs, capacities and priorities of people in their everyday life will help the two sectors to develop integrated activities that help them to meet these challenges.

On the other hand, there are very important differences in the technical focus of the activities, and their scale. Whereas WASH interventions tend generally to cover entire communities, MHCP interventions are generally focused on individuals and households that meet specific criteria such as vulnerability, poverty and presence of young children. Nevertheless, activities at household level can be integrated to some extent, either through joint field teams or by ensuring that all field staff have a good knowledge and awareness of the other sector. This should enable them to recognise any important issues that may require action from colleagues in the other sector. The same is true for cross-cutting issues such as child protection.

36 - Norwegian Agency for Development Cooperation

37 - See www.unicef.org/health/index_imcd.html

38 - Agence Française de Développement

39 - See for example the programme for assisting the return of internally displaced persons in Eastern Chad <http://www.afd.fr/home/pays/afrique/geo-af/r/tchad/projets-tchad/accompagner-le-retour-des-populations-deplacees-a-l-est>



The way that activities are carried out and the results they produce can be a strong force for integration. The example of hygiene kits in emergencies illustrates this well. Hygiene kits are important for people's comfort and psychological well-being as well as for preventing WASH-related diseases, and so are important for addressing several determinants of health and nutritional status. Design of the kits requires a good understanding of the needs of the affected population, related to their preferred practices and the constraints of their situation. MHM specialists can advise on the contents of the kits for people with specific needs, such as families with infants, and can identify those people requiring specific types of kit. They can also help determine how hygiene kits should be adapted to the local cultural context. Post-distribution monitoring to check the acceptability and use of the kits can be carried out by both WASH and MHCP teams.



Photo 6: Homeless people in Port au Prince, 2010

© Lucile Grosjean, ACF - Haiti

• Behaviour change

One shared aspect of the work of the WASH and MHCP sectors is that they both aim to influence peoples' behaviour in order to reinforce practices that prevent undernutrition and protect health. The most important of these practices are listed in Table 3.

WASH	MHCP
<ul style="list-style-type: none"> • Hygiene practices and food hygiene • Sanitation practices, ending open defecation • Use of new techniques like household water-treatment • Operation and maintenance of WASH infrastructure • Contribution to costs of WASH infrastructure • Participation in management of infrastructure 	<ul style="list-style-type: none"> • Care for women • Breastfeeding and feeding practices • Psychosocial care for young children • Food preparation • Hygiene practices • Home health practices

Table 3: Practices promoted in WASH and MHCP programmes

The WASH and MHCP sectors should work together to identify the most important of these areas in which to promote behaviour change, to address the main priorities in terms of hygiene and child care practices, and to avoid overburdening people at household level. There is also scope for integration in other areas of behaviour change through harmonising approaches and using common methodologies and materials.



Photo 7: Posters for promoting child care practices, Djibouti

PHAST⁴⁰

PHAST is a methodology used in some WASH programmes. It is a collection of participatory tools for building self-esteem, stimulating dialogue and facilitating action planning that are also used in MHCP programmes, in one form or another.

Child-to-child⁴¹

The child-to-child approach, used by both WASH and MHCP sectors, is a process that involves children learning from and influencing each other. It links children's learning with taking action to promote the health, well-being and development of themselves, their families and communities.

For other methodologies, CLTS⁴² for example, debate between MHCP and WASH colleagues about approaches to behaviour change may also be useful. The debate can be forum for learning between the sectors and can create ideas for adapting and improving these approaches for joint use.

WASH and MHCP teams should work together to develop a specific strategy and choose appropriate methods for promoting behaviour change depending on the context and the areas of behaviour of concern. The ACF behaviour change manual⁴³ is a good source of tools for this process.

ACF Behaviour change manual

The MHCP department has produced a handbook that explains the theory behind behaviour change and provides practical tools for assessment, implementation and evaluation of programs with a behaviour change perspective. The guidance provided can be applied across all technical sectors in ACF.

• An integrated activity: menstrual hygiene management

MHM is a very important issue of common concern to WASH and MHCP, and one on which close collaboration is very important. Both sectors have a role to play in ensuring that women and girls have a supportive environment for managing their menses hygienically, safely, in privacy and with dignity.

Menstrual Hygiene Matters (see footnote 44)

This publication provides a wealth of detailed information on the subject, with examples of good practice from around the world, tools and resources for programmes, and strong arguments for advocacy.



Photo 8: Menstrual Hygiene matters

40 - PHAST Step-by-step guide, WHO, 1998 www.who.int/water_sanitation_health/hygiene/envsan/phastep/en/

41 - See www.child-to-child.org/

42 - Community-Led Total Sanitation

43 - ABC Assisting behaviour change, ACF, 2013



Figure 3 presents an overview of MHM, showing the different conditions that need to be put in place in order to allow women and girls to manage their menses satisfactorily. This diagram can be used in an ACF programme to decide how to share responsibilities between WASH and MHCP specialists and areas in which they can work together. For example, MHCP could discuss with women and girls about their needs and priorities and reduce stigma associated with menstruation. Both sectors could work together on the design and siting of facilities for washing, drying and disposing of sanitary materials, and construction of the facilities could then be managed by WASH. This can also be a good opportunity to discuss safety when using WASH facilities and ensuring this is considered in the design. Both sectors could work on sensitisation, creating positive social norms and challenging myths, but MHCP may be more involved in providing knowledge and information to women and girls as part of a network of trusted others.



Figure 3: Overview of MHM⁴⁴

44 - Source: Menstrual Hygiene Matters: a resource for improving menstrual hygiene around the world, House S, Mahon T, Cavill S, WaterAid, 2012

• Integrated activities in emergency (IASC MHPSS guidelines)

Mental health and psychosocial support (MHPSS) is an important part of emergency response. Figure 4 below illustrates how WASH and MHCP can contribute jointly to promoting psychosocial well-being across all age groups among the populations they assist.

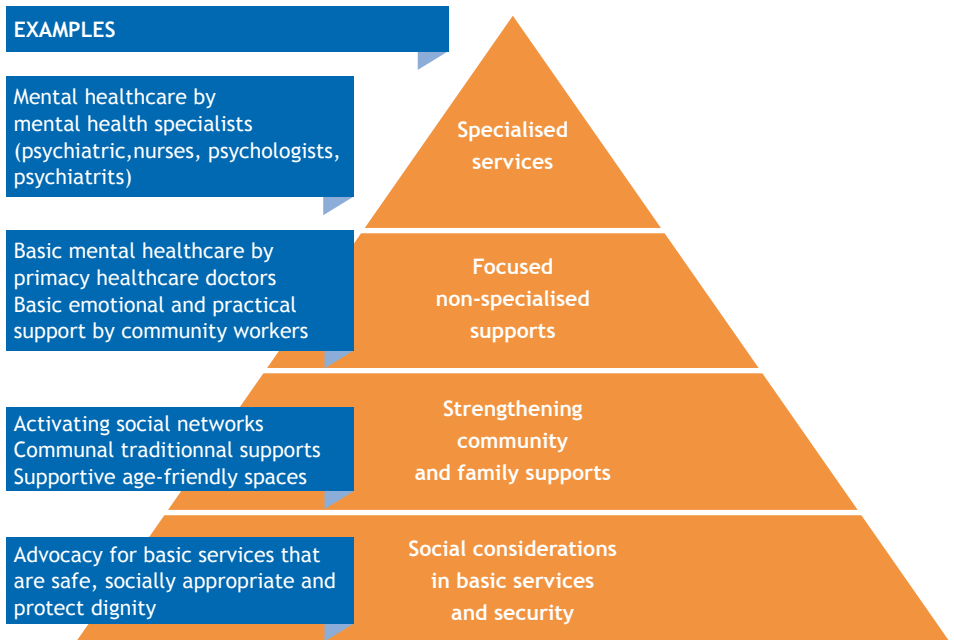


Figure 4: Intervention pyramid for mental health and psychosocial support⁴⁵

MHCP teams carry out sector-specific activities at the third level of the pyramid (focused non-specialised support), and may participate in the protection or health clusters, or other relevant coordination mechanisms. These activities include offering psychological and psychosocial support to people in distress, particularly pregnant women, care givers and young children. At the next level down, the MHCP sector may work on community and family support through identifying communal support structures and social networks or creating baby-friendly spaces. At the same level, the WASH sector can participate by providing appropriate and safe water and sanitation for these spaces, and can promote community and family support by encouraging participation in decision-making and in management of WASH services. At the bottom layer of the pyramid, the WASH sector can contribute by providing safe and equitable access to appropriate water and sanitation services.

45 - Source: Guidelines on mental health and psychosocial support in emergency settings, IASC, 2007



This in itself is a major contribution to psychosocial well-being as it reduces stress for the family and caregivers, reduces some vulnerabilities to violence, and helps people to regain a sense of control. MHCP provides advice on appropriate structures and can facilitate community participation in design and implementation.

IASC GUIDELINES ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCY SETTINGS
Extract from Action Sheet 11.1 for WASH interventions (See Annex 10)

1. Include social and cultural issues in water and sanitation and hygiene promotion assessments.
2. Enable participation in assessment, planning and implementation, especially engaging women and other people at risk.
3. Promote safety and protection in all water and sanitation activities.
4. Prevent and manage conflict in a constructive manner.
5. Promote personal and community hygiene.
6. Facilitate community monitoring of, and feedback on, water and sanitation facilities.

6.2 INTERVENTION PRINCIPLES

• Field teams

Some activities at community level may be carried out by either WASH or MHCP teams or by combined teams. In some circumstances, hygiene promotion at household level can become part of promoting child care practices, and this role could be taken on by MHCP teams or joint teams. Several aspects of MHM, such as dialogue with women and girls on their priorities and needs (including choice of sanitary protection materials and design of facilities) can be carried out in this way, as well as communicating on MHM with ACF partners and other humanitarian actors.

In this case, it is important that selection criteria for field staff are compatible with their integrated roles, and that training is harmonised so that they all develop appropriate skills and approaches. Participatory approaches based on dialogue and broadening choices for action are generally more appropriate for joint WASH-MHCP activities than top-down, message-based approaches commonly used in the WASH sector. Joint trainings provide a great opportunity for experimenting new ways of working and learning from colleagues, and promote mutual understanding and respect.

In the WASH in Schools project in Freetown, Sierra Leone (2012-2013), the WASH technicians and psychosocial workers attended a series of joint trainings on various aspects of the project. This helped provide a greater understanding for team members of the purpose of the intervention, the different components of the project, their own contribution, and the working methods of their colleagues. In this way they formed a more coherent team and were able to articulate the project more coherently with project stakeholders (teachers, school authorities, pupils and parents).

Creating teams of community-based workers who cover the full range of WASH and MHCP activities in support of individuals, families and communities may not be possible or appropriate in many circumstances, especially for short-term programmes. This is a possibility that requires further testing and development. Psychosocial workers engaged in MHCP activities need to have specific professional experience and skills that are not required for many WASH activities such as hygiene promotion.

However, even when they are not involved in joint activities, WASH and MHCP teams can benefit greatly from joint trainings, starting with an information-exchange workshop to ensure that they all have a good understanding of each other's technical sector.



© John Adams, ACF - Sierra Leone

Photo 9: Staff training, integrated WASH in schools programme, Sierra Leone, 2012

In Djibouti and Sierra Leone and at the WASH-MHCP integration workshop in 2012, MHCP specialists made presentations of the sector, which were followed by lively questions-and-answers sessions. In each case the conceptual and practical aspects of MHCP interventions were clarified, common misconceptions about the role of psychologists were dispelled and potential synergies with WASH were identified.

It is very important for integration that managers enable field staff to participate in programme development and give them a strong sense of the importance of their work. They are at the interface with the population, and can see how ACF's work is important to the various needs that people have. If these staff feel motivated and interested in people at community level, they are more likely to bring an integrated approach to their work.

• Operational management and internal coordination

Whatever the local management and coordination arrangements, regular exchange and critical enquiry between colleagues working in different sectors is essential. A key opportunity for this at operational level is the weekly base meeting. It is very helpful for integration if discussion at the base meeting goes further than each sector simply reporting on what they have done and their plans for the coming week. Integration is really promoted when participants ask substantial questions about each other's activities make reasonable suggestions and generally show interest in their colleagues' work.

Field coordinators have a strong role to play in ensuring integration at field level. If they provide strong leadership and have strong expectations of joined-up working, they can make a big difference. Their overview of all the programme components should enable them to promote operational integration internally and with external stakeholders in the programme area. For example: he should push the two sectors (WASH and MHCP) to intervening in the same communities; he should ensure that there is a unique Data Base for MHCP and WASH project; he should also push for having a joint mapping of the MHCP and WASH locations.

• External coordination

Much of the external coordination for ACF's programmes is sector-specific, with line ministries, other humanitarian actors and donors. It is important to talk about the integrated approach with these other actors, even if their responsibility is sector-specific, so that they understand what ACF is aiming to do and support this. There can also be opportunities to help bridge the gaps between sector-specific partners. This is already done to some extent, for instance during a cholera response when ACF's actions involve coordination with health and water ministries.

When WASH and MHCP staff attend sector-specific coordination meetings, it is very useful to take a little time to prepare for them together, to ensure that any relevant issues of concern to the other sector are raised in the meeting, and to feed back afterwards.

Both WASH and MHCP sectors are engaged in cluster coordination or working groups in humanitarian emergencies. Within the WASH cluster, ACF staff can advocate for mainstreaming cross-cutting issues more strongly into the sector response, and facilitate this if necessary by hosting workshops, sharing experience etc. They and MHCP colleagues can also push for stronger inter-cluster links, particularly with the health, nutrition and education clusters and MHPSS working groups.

MHCP and WASH staff can encourage use of the IASC MHPSS guidelines to mainstream mental health and psychosocial support in the WASH, health, nutrition and protection clusters.

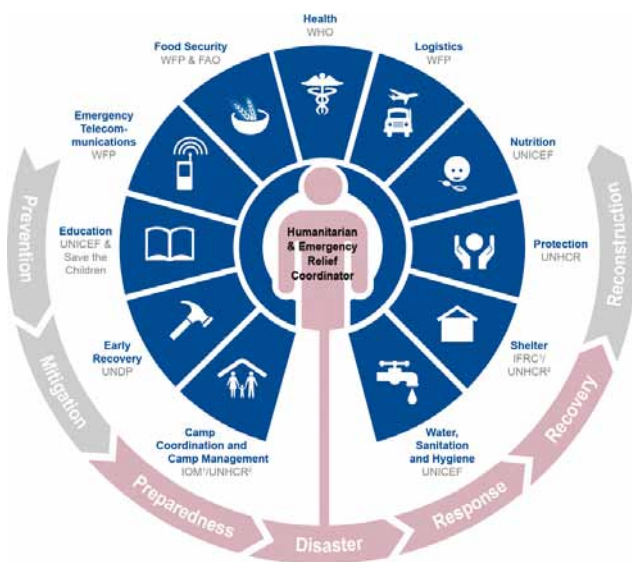


Figure 5: Humanitarian clusters and their coordination⁴⁶

WASH INTER-CLUSTER MATRICES⁴⁷

The WASH inter-cluster matrices of roles and accountabilities are intended to improve coordination between clusters by avoiding gaps and overlaps in coverage. They can also be used to identify areas of common concern and potential cross-sectoral collaboration.

46 - Source: Disaster Response in Asia and the Pacific: A Guide to International Tools and Services, OCHA, no date www.unocha.org/publications/asiadisasterresponse/index.html

47 - Inter-cluster matrices of roles and accountabilities, Global WASH Cluster, 2009 www.washcluster.info/?q=format/inter-cluster-coordination-matrix

• Advocacy

WASH and MHCP staff can participate together in ACF's global advocacy work by describing the lives of people at risk of hunger, undernutrition and humanitarian disasters, and helping others to understand the important links between WASH, psychosocial conditions, care practices and health.

They can also participate together at national and local levels in advocacy work, through their programme activities and by participating in special events on themes of shared interest. Table 4 contains a list of international days when WASH and MHCP could possibly participate in advocacy activities together.

Some International days that WASH and MHCP can participate in together

- International Women's Day, 8 March www.un.org/en/events/womensday/
- World Water Day 22 March www.un.org/en/events/waterday/
- World Health Day, 7 April www.who.int/campaigns/world-health-day/
- World Breastfeeding Week, 1-7 August <http://worldbreastfeedingweek.org/>
- Global Handwashing Day, 15 October, <http://globalhandwashing.org/ghw-day>
- World Food Day, 16 October www.fao.org/getinvolved/WorldfoodDay/
- World Mental Health Day, 20 October www.who.int/mental_health/world_mental_health_day
- World Toilet Day, 19 November, www.worldtoiletday.org/whatis.php
- Universal Children's Day, 20 November www.un.org/en/events/childrenday/

Table 4: International days that WASH and MHCP can participate in together



Photo 10: Global Handwashing day, Indonesia, 2011



6.3 MONITORING

The basis of integrated monitoring is the monitoring plan, derived from the project logical framework.

MONITORING PLAN

The monitoring plan, developed at the formulation stage, is a table that presents the following information for each objective in the logical framework:

- The monitoring information to be collected and analysed for each indicator;
- The methodologies to be used for data collection and analysis;
- The frequency of data collection and analysis;
- The responsibilities to collect, analyse and report on the data;
- The use of the data, in what format it will be distributed and by who.

Two critical questions that need to be addressed, again at the formulation stage, is what indicators to use to monitor progress and measure impact. Each sector has a particular set of indicators, and different approaches to measurement. Indicators for MHCP relating to child care practices, the mother-child relationship or levels of psychological stress in a population require relatively complex measurement processes, compared to those for WASH relating to access to safe water, or reported prevalence of certain hygiene practices for example. In addition, as MHCP interventions tend to target individuals / families and WASH interventions tend to target whole communities, it may not always be practically possible to carry out joint monitoring.

Despite these important differences, integration can be promoted through:

- discussions between the two sectors on the choice of indicators;
- exchange of practice on measurement methods;
- identifying and managing overlaps in monitoring exercises and trying to harmonise these;
- looking at monitoring results together and identifying issues of common concern;
- collaborative decision-making on how to react to monitoring information.

The different and complementary approaches to monitoring of the two sectors can be used to help the WASH teams understand how their programmes are responding to the needs of the most vulnerable, and to make sure that all sections of the population can access facilities and services equally.

Both sectors have a responsibility to build cross-cutting issues into their monitoring activities. They must be part of the monitoring plan, and should be actively monitored so that prompt action can be taken either by adjusting programme activities, or by sharing information with other actors. They should also consider cross-cutting issues in the way that monitoring activities are carried out. For example, by carefully choosing times and locations for group discussions about the programme

so that nobody is excluded from the process on account of their age, sex or mobility. The poorest or most vulnerable people in a community may not be able to participate in group discussions. Targeted household visits are a good way to ensure that all voices can be heard.

KAP⁴⁸ surveys, which are a common tool for measuring change created by WASH programmes, can be adapted to include some questions on child care practices such as baby bathing, cleaning of areas where children play and disposal of young children’s faeces.

The standard tool for internal reporting in ACF is the **APR**,⁴⁹ which is in two parts: a quantitative report (on an Excel spreadsheet) and a narrative report (on a Word template). Although the current format of the Excel spreadsheet is not designed to report on integrated results or activities, it can be done. See Annex 9 for an example. The narrative report provides flexibility to integrate reporting as appropriate and to record information which is important to both WASH and MHCP sectors, such as changes in the context (e.g. an outbreak of diarrhoeal disease) coordination activities (e.g. joint meetings with an operational partner) or project management (e.g. combined staff trainings or collaboration on a distribution of hygiene items).

7. PROJECT AND PROGRAMME EVALUATION

In project and programme evaluations, two major questions may be asked concerning integration: “to what extent was the integrated approach implemented in this project/programme?” and “what difference did the integrated approach make?” To find answers, here are some suggested questions that could be included in the evaluation terms of reference (Table 5).

EVALUATION CRITERIA	EVALUATION QUESTIONS
IMPACT	<ul style="list-style-type: none"> • did the project sufficiently take account of the broader social, cultural and institutional context? • did information-sharing between sectors promote identification of specific groups in the population and the impact of the project on them?
COHERENCE	<ul style="list-style-type: none"> • is there a MHCP dimension in the WASH ACF country strategy? • was the project designed according to ACF WASH and MHCP policies?
COVERAGE	<ul style="list-style-type: none"> • to what extent did people benefit from both components of the project (WASH and MHCP)? • how many people benefited from: a) stand-alone WASH interventions; b) stand-alone MHCP interventions; c) both?

48 - Knowledge, attitudes and practices

49 - Activity and Progress Report



SUSTAINABILITY	<ul style="list-style-type: none"> • were strategies for behaviour change based on collaborative analysis and design, using the best advice? • were local arrangements put in place for management of WASH infrastructure based on a collaborative analysis of the social context at household and community levels?
RELEVANCE AND APPROPRIATENESS	<ul style="list-style-type: none"> • were analysis, planning and implementation joined up so that the programme purpose was addressed in an integrated way? • were there any innovations in this programme in terms of the approaches used by the MHCP and WASH sectors? • to what extent did the target population take ownership of the WASH and MHCP components of the project?
EFFICIENCY	<ul style="list-style-type: none"> • were resources mobilised for building staff capacity (training and tools) used across sectors where relevant? • were field staff deployed across sectors where they had the necessary skills and experience?
EFFECTIVENESS	<ul style="list-style-type: none"> • was design of results and activities to achieve the project purpose based on an integrated assessment and analysis? • did design and management of the project sufficiently take account of the linkages between related objectives? Was progress towards achieving objectives managed in an integrated way?
COVERAGE	<ul style="list-style-type: none"> • did both sectors use their ability to reach different vulnerable or high-priority groups to ensure equitable coverage proportional to needs?
CROSS-CUTTING ISSUES	<ul style="list-style-type: none"> • were cross-cutting issues addressed in a coherent way by both sectors?

Table 5: Questions on integration for project and programme evaluations

8. INTEGRATION AND CROSS-CUTTING ISSUES

WASH and MHCP programmes share a responsibility for ensuring that they integrate important cross-cutting issues into their work. Both sectors have a role to play, separately and together, to ensure these issues are properly taken into account in ACF's programmes, through information-sharing, joint planning and complementary activities. In this way they can promote and support life with dignity, as highlighted in the Minimum Standards for Child Protection in Humanitarian Action.⁵⁰

⁵⁰ - Minimum Standards for Child Protection in Humanitarian Action Handbook, Global Protection Cluster, Child Protection Working Group, 2012. <http://www.cpwg.net>

The way in which humanitarian response is designed strongly affects the dignity and well-being of the population affected by disaster. Programme approaches that respect the value of each individual, strengthen coping mechanisms, respect religious and cultural identities, promote community self-help and encourage positive social support networks all contribute to psychosocial well-being and are an essential part of people's right to life with dignity.

CROSS-CUTTING ISSUES TO INTEGRATE IN WASH AND MHCP INTERVENTIONS

- | | |
|--|---|
| <ul style="list-style-type: none"> • Gender • Gender-based violence • Age • Disability | <ul style="list-style-type: none"> • Protection • Child protection • HIV/AIDS • Environment |
|--|---|

Table 6 : Cross-cutting issues

A list of guidance documents on cross-cutting issues is presented in the references (Annex 1). Readers are strongly encouraged to consult these documents, discuss them with their colleagues, and use them in their work.

IASC GENDER MARKER TIP SHEET FOR WASH⁵¹

The tip sheet explains why gender equality matters in emergency WASH interventions, and provides a checklist of questions to ask about gender in WASH project assessments, activities and outcomes. It suggests activities and indicators for developing and applying commitments to gender equality in the WASH response, to be applied by WASH cluster partners. The gender markers are used to assess integration of gender in projects submitted to the UN CAP funding mechanism in emergencies.

WASH FOR CHILDREN

Save the Children research on WASH for children⁵² has highlighted the following reasons to give more importance to children in WASH programmes. A list of good practice from the report is in Annex 11.

- Children under 18 make up a large percentage of the population and they are therefore major stakeholders in an emergency WASH response
- Young children are more susceptible to WASH related diseases and focussing on their needs makes for more effective programming
- Children and young people are often more flexible and willing to take on new ideas
- Children often look after their younger siblings and are in a good position to teach them about hygiene
- The management of babies' and children's excreta is not dealt with systematically and represents an unaddressed risk to health
- Working supportively with children can help to allay their distress and restore their mental health following the traumatic events of a disaster or conflict

51 - www.humanitarianresponse.info/system/files/documents/files/WASH_2012_Tip_Sheet.pdf

52 - WASH for Children in Emergencies: discussion document, Save the Children, 2013





1. INTRODUCTION

Integrating ACF's WASH and MHCP interventions is still a relatively new way of working. There are many questions that still need to be resolved, requiring energy and commitment at all levels of the organisation. Integration involves change, a departure from established practice, and this is not always comfortable. But there is a lot to be gained from trying new ways of working together through joint analysis, creative programming and collaborative activities. The results can be very stimulating, and can help each sector learn and develop. In this way, their combined efforts can be more responsive to the needs, capacities and priorities of people affected by hunger and disasters.

2. RECOMMENDATIONS FOR DEVELOPING WASH-MHCP INTEGRATION

Participants at the workshop on WASH and MHCP integration in July 2012 made many recommendations to develop integration between the two sectors. A selection is presented below (Table 7). A number of these recommendations can be implemented immediately and have been included in the previous chapter of this book. Some are more oriented to the future and need further discussion and development.

INTEGRATED ASSESSMENT AND ANALYSIS
<ul style="list-style-type: none">• Assessments should be carried out by multisectoral teams using a general vulnerability score to identify the most vulnerable sections of the population to target with WASH-MHCP interventions
INTEGRATED FIELD TEAMS
<ul style="list-style-type: none">• There should be well trained multisectoral teams at field level to facilitate the interface between ACF's projects and the people, focusing on MHCP and hygiene promotion• These teams should be trained in participatory methods, vulnerability assessment, psychological first aid and other skills of use to WASH and MHCP
INTEGRATED ACTIVITIES
<ul style="list-style-type: none">• The activities of the teams should be assessment, facilitating communication (local leaders, population, etc.), facilitating the selection process and the vulnerability criteria, implementing the participatory approaches• Teams should do home visits covering MHCP and hygiene promotion, and should work through partnering households and small groups to facilitate change• Hygiene Promotion should be integrated in MHCP activities where appropriate• Psychological support should be included in all emergency response• Baby-friendly spaces could be used as an entry point for hygiene promotion activities and other WASH/Nutrition/FSL activities
TRAINING AND ADVOCACY AT ORGANISATION LEVEL
<ul style="list-style-type: none">• Advocate to donors and other partners for the need for integration through evidence based research• Existing staff: train heads of mission, field coordinators and M2-M3 staff in integration and in MHCP• New staff: include MHCP and WASH in integrated induction training for new staff in these sectors
STRUCTURAL CHANGES FOR THE WASH AND MHCP SECTORS
<ul style="list-style-type: none">• WASH should increase its focus on software and should improve gender balance in recruitment• MHCP should be in the emergency pool and should be part of the Protection cluster• There should be a minimum package on MHCP in WASH

Table 7: Selected recommendations from workshop on in integrating WASH and MHCP

3. IMPROVEMENT AT COUNTRY LEVEL

As more of ACF's country programmes develop integrated WASH-MHCP programmes, it will be useful to monitor this development, so as to be able to measure progress, identify obstacles and find ways to overcome them. At country level, the following questions could be used as a checklist for monitoring integration throughout the programme cycle (Table 8).

STAGE OF PROJECT CYCLE	QUESTIONS FOR MONITORING INTEGRATION
PROGRAMMING	<ul style="list-style-type: none"> • Is the country Operational Strategy developed through as a collaborative process involving the different sectors? • Is a strategy for integration clearly described in the Operational Strategy? • Is there a MHCP dimension in the WASH ACF country strategy, and vice-versa?
ASSESSMENT AND ANALYSIS	<ul style="list-style-type: none"> • Are assessments carried out by multi-sectoral teams with a good gender balance? • Is assessment data analysed collectively, as a workshop process, using common tools?
PLANNING	<ul style="list-style-type: none"> • Are project plans and proposals developed through a collaborative effort, using common tools? • Are activity plans coordinated according to a joint analysis of context (seasonal calendar)?
PROJECT IMPLEMENTATION	<ul style="list-style-type: none"> • Are staff trained and sensitised on the different sectors (their importance and how they function) and on integration? • Are resources mobilised for building staff capacity (training and tools) used across sectors? • Do staff participate in joint trainings and cross-sector learning? • Are joint activities and joint targeting carried out, where appropriate? • Do field staff from the two sectors interact with the population as coherent team? • Is information shared between sectors in a timely and effective manner? • Is there an open and constructive exchange between sector-specific staff about the global ACF programme in country?
EVALUATION AND LEARNING	<ul style="list-style-type: none"> • Do the different sectors contribute to designing evaluations (writing terms of reference and choosing the evaluation team)? • Are evaluations carried out by multi-sector teams, or at least with consultation from different sector specialists?

Table 8: Questions for monitoring the extent of integration at country level





ANNEX 1.	Recommended manuals and publications	56
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ANNEX 4.	Full list of activities (Intervention Framework) for the MHCP sector	62
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ANNEX 7.	Joint Assessment - Multi-Cluster/ Sector Initial Rapid Assessment (MIRA)	65
ANNEX 8.	Joint Assessment 2 - Nutrition Causal Analysis - NCA	67
ANNEX 9.	Joint WASH-MHCP Activities Progress Report (APR) - Haiti Cholera 2012	69
ANNEX 10.	Guidelines on mental health and psychosocial support in emergency settings, IASC, 2007 - Action Sheet 11.1	70
ANNEX 11.	Good practice for WASH for children in emergencies	73



ANNEX

01 RECOMMENDED MANUALS AND PUBLICATIONS

ACF Policy and strategy

- ACF International Strategy 2010-2015, ACF-IN, 2010
- Policy on mental health and child care practices, ACF-IN, 2009
- Policy on water, sanitation and hygiene, ACF-IN, 2011

Integration and nutrition

- Maternal and child nutrition: Executive summary of The Lancet Maternal and Child Nutrition Series, Maternal and Child Nutrition Study Group, 2013
- Improving child nutrition: the achievable imperative for global progress, UNICEF, 2013

WASH and MHCP programming

- Water, sanitation and hygiene for populations at risk, ACF, 2005, Hermann
- ABC - Assisting Behaviour Change: Part I. To better understand behaviour change and the process of change, ACF-IN, 2013
- ABC - Assisting Behaviour Change: Part II. Designing and implementing programmes in ACF using an ABC approach, ACF-IN, 2013
- Holistic Approach for Pregnant Lactating Women and their very young children in Emergency (Baby Friendly Spaces), ACF-IN, 2013
- Gender, conflict, transformation & the psychosocial approach, Swiss Agency for Development Cooperation, 2006
- Guidelines on mental health and psychosocial support in emergency settings, IASC, 2007
- Tools for development: a handbook for those engaged in development activity, Version 15.1, DFID, 2003
- PHAST Step-by-step guide: a participatory approach for the control of diarrhoeal diseases, WHO, 1998
- Handbook on Community-Led Total Sanitation. Kar K, Chambers R, 2008. Plan UK / Institute of Development Studies
- Menstrual Hygiene Matters: a resource for improving menstrual hygiene around the world, House S, Mahon T, Cavill S, WaterAid, 2012
- Multi-Cluster/Sector Initial Rapid Assessment (MIRA), Provisional Version, March 2012, IASC
- Humanitarian Charter and minimum standards in humanitarian response, 3rd Edition, The Sphere Project, 2011

Cross-cutting issues

- Minimum Standards for Child Protection in Humanitarian Action Handbook, Global Protection Cluster, Child Protection Working Group, 2012
- WASH for Children in Emergencies: discussion document, Save the Children, 2013
- Brief on protection mainstreaming, Global Protection Cluster, no date
- Minimum standards for child protection in humanitarian action, IASC Child Protection Working Group, 2012
- Gender handbook in humanitarian action, IASC, 2006
- Guidelines for gender-based violence intervention in humanitarian settings, IASC, 2005
- Guidelines for addressing HIV in humanitarian settings, IASC, 2005
- Humanitarian Programmes and HIV and AIDS A Practical Approach to Mainstreaming, Walden VM, O'Reilly M, Yetter M, Oxfam, 2007
- Humanitarian Action and Older Persons - an essential brief for humanitarian actors, IASC, 2008
- WASH accountability checklist, Global WASH Cluster, no date
- Water and sanitation for disabled people and other vulnerable groups, Jones H, Reed R, WEDC, 2005



ANNEX

02 “WASH IN NUT” STRATEGY⁵³

BREAKING THE VICIOUS CIRCLE OF “DIARRHOEA-MALNUTRITION”

Malnutrition is the root cause of about 35% of all Under-5 child deaths globally. It is estimated that 50% of these cases are associated with diarrhoea or with repeated intestinal worm infections caused by unsafe drinking water and/or poor sanitation and hygiene.

Diarrhoea is an aggravating factor in malnutrition, as it reduces the body’s capacity to absorb nutrients. Malnourished children are also more likely to contract diarrhoea, as their systems are already weak, and the effect is cumulative. The likelihood of mortality from diarrhoea when a child is severely underweight is almost 10 times higher than average. The vicious circle created has a strong negative impact on child growth and development.

The provision of safe water and sanitation coupled with improvements in hygiene (WASH) can hence contribute significantly to this nutritional challenge and to health improvements. Assuring access to safe water and sanitation and to good hygiene practices (e.g. handwashing) should thus be a key integrated element in all humanitarian responses to a nutritional crisis.

In this strategy, WASH provision is made not only in nutritional centres but also in the households of the caregivers of malnourished children. Interventions such as household water treatment and safe storage monitoring for malnourished children provide an opportunity to target and assist the most vulnerable families proactively

THE “WASH IN NUT” STRATEGY: A CROSS-SECTORAL APPROACH

Strategic Objectives

- Target malnourished mothers/carers and children at the household level as a priority, with a community-based proactive approach that complements the ‘hardware’ activities in health/nutrition centres and the community at large.
- Reinforce the principle of the WASH minimum package with a choice of responses dependent on the in-country situation, with optional phasing (e.g. for household water treatment using sachets of ‘PUR’ in the first stage, phasing to the more sustainable use of the Sodis technique).
- Aim for behavior change at the household level, as experience shows us that provision of hardware alone does little to improve health status.
- Target priority regions or zones in conjunction with nutrition specialists, on the basis of nutritional status data (in general prioritise areas with acute malnutrition rates higher than 15%). If necessary, prioritisation of zones with the poorest food security can be made from agricultural information such as rainfall data, soil moisture, satellite images etc.

⁵³ - The strategy was developed in response to the Sahel nutritional and food crisis by the Regional WASH Working Group in 2012. This is a summary of the first pages of the strategy. The full version can be found at [wca.humanitarianresponse.info/en/system/files/documents/files/StrategyWASHinNutSahel_2012\[1\]_0.pdf](http://wca.humanitarianresponse.info/en/system/files/documents/files/StrategyWASHinNutSahel_2012[1]_0.pdf)

SHORT-TERM/IMMEDIATE PRIORITIES:

Deliver a functioning WASH minimum package targeting:

A. Nutrition centres:

- a) In-patient Facilities (IPF) for malnutrition with medical complications
- b) Outpatient Therapeutic Programmes (OTP), and
- c) Supplementary Feeding Centres (SFC)

B. Malnourished mothers/carers and children at home:

- a) Breastfeeding mothers and children under 2 years (via mobile nutrition teams)
- b) Mother/carer with children under 5 years

SECONDARY/MEDIUM TERM PRIORITIES:

Continue and improve WASH access, depending on context and budget, with respect to:

- a) High risk zones
- b) Vulnerable communities
- c) Collaborative management of agricultural water resources where vital.

GLOBAL AND PROXY INDICATORS

The key 'WASH in Nut' [global indicators](#) for regional and national monitoring of results are:

- The percentage of nutritional centres delivering the WASH minimum package
- The percentage of malnourished mothers/carers and children benefitting from the WASH minimum package in the home.

[Proxy indicators](#) are also needed at community level to evaluate the practices of malnourished mothers and children in the household. For example:

- What quantity of water is consumed at household level?
- How long does the journey to collect water for the household take?
- What is the level of residual chlorine in water stored in the home?
- % of households with permanent access to an improved water source.
- % of households that practice water treatment in the home
- Quantity of water used per day.
- % of households where the stored drinking water meets the WHO standards
- % of households where the time taken to collect water is less than 30 minutes
- % of households having soap available in the home
- % of mothers washing hands with soap at critical times
- % of households practicing adequate disposal of children's faeces
- % of households using improved and well maintained toilets



ANNEX

03 FULL LIST OF ACTIVITIES FOR THE WASH SECTOR

DOMAINS	ACTIVITIES
CONTEXT ANALYSIS AND STUDIES	<ul style="list-style-type: none"> • Socio-economic studies related to water and sanitation • KAP surveys, sanitary surveys • Evaluation of existing and potential water resources • Monitoring of hydro-geological parameters (piezometric levels, etc.)
HYGIENE	<ul style="list-style-type: none"> • Construction / rehabilitation of sanitary infrastructures • Showers and laundry areas • Hand-washing facilities • PHAST and other participatory approaches (social marketing, etc.) • Hygiene education (at schools) • Hygiene promotion <ul style="list-style-type: none"> - Basic hygiene habits such as hand washing - Use of water and latrines - Hygiene and food • Hygiene kits distribution
WATER SUPPLY AND MANAGEMENT	<ul style="list-style-type: none"> • Construction / rehabilitation of water points: <ul style="list-style-type: none"> - Open wells - Boreholes - Springs, River / lake catchment - Rainwater catchments - Ponds • Conservation of water sources: integrated management of the resource • Water systems for agriculture (irrigation) and livestock (cattle troughs) • Installation of water-extraction systems: <ul style="list-style-type: none"> - Manual (e.g. rope and bucket) - Gravity - Hand pumps - Motorised pumps - Solar systems • Water trucking • Water-quality analysis and monitoring • Water treatment (point of delivery, point of use) • Storage and distribution, • Public Private (& People) Partnership (PPP and PPPP)

DOMAINS	ACTIVITIES
EXCRETA MANAGEMENT	<ul style="list-style-type: none"> • Construction / rehabilitation of latrines • Composting / ecological sanitation • Community-Led Total Sanitation approach (CLTS, etc.)
LIQUID WASTE	<ul style="list-style-type: none"> • Sewerage systems and treatment • Drainage systems, grease traps and soakaway pits
SOLID WASTE	<ul style="list-style-type: none"> • Solid waste management • Medical waste management • Value chain approach, recycling
VECTOR CONTROL	<ul style="list-style-type: none"> • Risk analysis • Vector-related hygiene awareness • Mosquito-net distribution, etc. • Insecticides, rodenticides and disinfection, fly traps
SUSTAINABILITY, PARTNERSHIP, DISENGAGEMENT	<ul style="list-style-type: none"> • Operation and maintenance • Models of partnership • Disengagement and exit strategies
KNOWLEDGE TRANSFER AND LOCAL CAPACITY BUILDING	<ul style="list-style-type: none"> • Strengthening of local and national structures and training • Management models set-up, system exploitation • Data collection and transfer of information • Water policy development
DISASTER RISK MANAGEMENT AND RESPONSE	<ul style="list-style-type: none"> • Preparedness, mitigation, prevention • Emergency response • Protection of river banks, soil conservation, environment
ADVOCACY	<ul style="list-style-type: none"> • Evidence based data collection • Promotion of Legal framework, right and governance • Gender



ANNEX

04

FULL LIST OF ACTIVITIES (INTERVENTION FRAMEWORK) FOR THE MHCP SECTOR

VULNERABILITY LEADING TO DEATH IN THE CONTEXT OF MALNUTRITION

TREATMENT OF MALNUTRITION

- **Strengthen care practices in the treatment of malnutrition** so as to increase their impact
- **Strengthen national and local capacities** in order to integrate care practices in the treatment of malnutrition
- **Advocate and provide technical support** for the integration of care practices in national protocol for the treatment of malnutrition
- **Limit delays in child development** linked to consequences of malnutrition
- **Strengthen parenting skills and the caregiver-child relationship** in order to reduce the risk of relapse and abandonment

DISASTER RISK PREVENTION AND MANAGEMENT

- **Give holistic support to women who are pregnant and breast-feeding**, mothers of children under 5 and their family circles within the community
- **Promote care practices adapted** especially around the feeding of infant and young children
- **Enhance psychosocial community resources** through family support
- **Support young adolescent mothers and their children** in a holistic way
- **Give psychosocial support to pregnant women affected by HIV/AIDS** or mothers with children under 5 fighting against the stigmatization of the community
- **Strengthen the capacities of local and national structures** to support the prevention of malnutrition
- **Increase awareness of care practices in schools**
- **Forestall premature pregnancies**
- **Train professionals** in psychosocial care, child development and/or breast-feeding

VULNERABILITY LEADING TO DEATH IN EXCEPTIONAL CIRCUMSTANCES

EMERGENCY RESPONSES

- **Offer psychosocial and psychological support** to pregnant women and their children following a disaster or conflict
- **Promote exclusive and continuous maternal breast-feeding** and the principles of nourishment for young children
- **Strengthen adequate care practices** given to infants born after a catastrophe
- **Support people in distress psychosocially and psychologically**
- **Strengthen resilience skills of populations**
- **Protect and support victims of epidemics** and their families by reducing the impact of beliefs and stigmatization, and improving training for care teams
- **Train medical and psychosocial care teams** to be take care of beneficiaries from a psychosocial perspective
- **Promote the integration of psychosocial recommendations** in humanitarian intervention

RISK MANAGEMENT AND MANAGEMENT OF DISASTERS

- **Contribute to the development of contingency plans** including psychosocial and psychological aspects and care practices
- **Increase resilience skills of people** living in risk areas to deal with individual and community-level impacts
- **Give psychological first-aid training**
- **Train local emergency response teams** in the prevention and management of psychosocial risks

ANNEX

05 AREAS OF COMMON INTEREST FOR WASH AND MHCP

AREAS OF COMMON INTEREST	EXAMPLES
UNDERSTANDING AND INFLUENCING THE CULTURAL AND PSYCHOSOCIAL CONTEXT OF INTERVENTIONS	<ul style="list-style-type: none"> • local social dynamics • conflict and solidarity systems • cultural norms and practices related to health/nutrition • hygiene and child care practices • gender relations, control and use of resources, vulnerability to violence for particular groups • stress and trauma and their impact on individual and collective actions and on well-being • situation of marginalised or particularly vulnerable groups
COMMUNITY MOBILISATION	<ul style="list-style-type: none"> • identifying leaders and agents of change in the community • promoting a climate of confidence and engagement through dialogue and psychosocial support where needed • use of appropriate participatory methods for community mobilisation and engagement • identifying appropriate models for collective action (water committees, local associations, mother-and-child groups etc.)
HYGIENE PROMOTION	<ul style="list-style-type: none"> • identifying target groups and risk practices • handwashing • storage and treatment of water in the household • excreta disposal for adults and children • hygiene and safety of the young child's environment • food hygiene • identifying opportunities and constraints to behaviour change • creating strategies for dialogue • designing messages and communications • facilitating community input on design and implementation of hardware (including hygiene kits and care-practices kits) • enabling adequate menstrual hygiene management
MAINSTREAMING CROSS-CUTTING ISSUES	<ul style="list-style-type: none"> • child protection and protection more broadly • gender and gender-based violence • age • disability • HIV/AIDS
MANAGING HUMAN RESOURCES	<ul style="list-style-type: none"> • common activities and competencies for certain roles (animators, psychosocial workers) • delivering common trainings • creating opportunities for movement between sectors

ANNEX

06

INTEGRATED OPERATIONAL TOOL - MULTI-SECTORAL SEASONAL CALENDAR

Description of seasonal variations	January	February	March	April	May	June	July	August	September	October	November	December
Country: Myanmar												
Base/Area: KAYAH STATE												
Year: 2013												
Seasonal variations of hunger and under-nutrition in the community, considering:												
Hunger gap					X	x	x	x	x			
Acute malnutrition prevalence												
Hydrology:												
Rainy season					X	X	X	X	X	X		
Other relevant climatic factors	cold	cold	hot,	hot,	hot							cold
High water = no major river												
Low water												
Use of GFS	x	x	x	x	x	x	x	x	x	x	x	x
Use of Springs					x	x	x	x	x	x	x	
Use of ponds	x	x	dry	dry	x	x	x	x	x	x	x	x
Use of wells	x	x	x	x	x	x	x	x	x	x	x	x
Use of alternative surface water	x	x	x	x	x	x	x	x	x	x	x	x
Characteristics of each season:												
Road access (main roads)	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok
Feeder roads	dry	dry	dry	dry	mud	mud	mud	mud	mud	mud	ok	ok
Harvest time (Rice)											X	X
Staple food market prices	ok	ok	ok	ok	high	high	high	high	high	high	ok	ok
Casual Labour opportunities	medi	medi	medi	medi	medi							
Seasonal movements of												
Seasonal occurrence of climate-related hazards:												
Landslides; mudslides												
Drought			x	x								
Seasonal occurrence of others hazards:												
Diarrhoea			x	x	x	x	x					
Fever/Malaria												
Acute Respiratory Infections					x	x					x	x
Caretakers												
Busy times/high workload for												
Busy times for other carers												
Seasonal activities for the main livelihood strategies in the community, considering gender differentiations :												
Slash and burn (high lands)	x	x	x	x	x							
Planting (dry rice) (Paddy)					x	x						
weeding					x	x	x	x	x			
harvesting										x	x	x
thrashing												x
Farm preparation (low lands)				x	x							
Broadcasting				x								
nursery					x	x						
transplantation						x	x					
weeding							x	x	x			
harvesting										x	x	x
thrashing												x
Fire wood collection	x	x	x	x								
Casual labour in community MEN	x	x	x	x								
Casual labour in community	x	x	x	x								
Site selection for GFS + topo			x	x	x							
GFS design of catchments						x	x	x				
Delivery of building materials										x	x	
collection of local materials							x	x			x	x
Construction	x	x	x	x								
Community availability for project	x	x	x	x	x							
Miscellaneous												
Holidays and festivals				x						x		

ANNEX

07

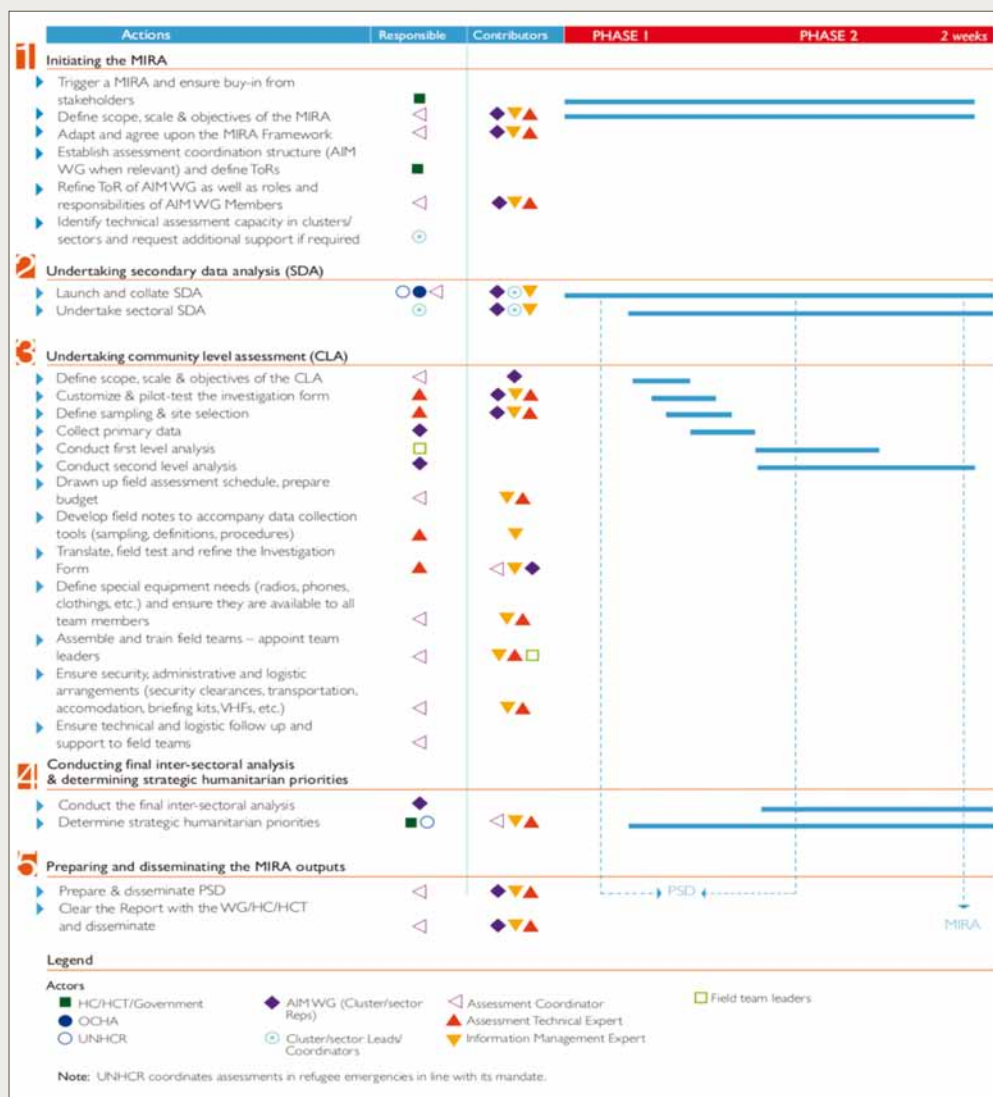
JOINT ASSESSMENT - MULTI-CLUSTER/SECTOR INITIAL RAPID ASSESSMENT (MIRA)⁵⁴

1. SUMMARY DESCRIPTION OF THE MIRA

- The Multi-Cluster/Sector Initial Rapid Assessment (MIRA) is designed to identify strategic humanitarian priorities during the first weeks following an emergency. The main benefit of the MIRA is the elaboration, from the onset of the crisis, of a concerted operational picture based on the best information available from primary and secondary sources.
- This picture is expressed through two key products: a Preliminary Scenario Definition, issued 72 hours after the disaster's onset, and a MIRA Report, released after 2 weeks.
- It is consistent with the IASC Operational Guidance for Coordinated Assessments in Humanitarian Crises, which calls for the implementation of a joint assessment during the first two phases of an emergency and, thereafter, for the coordination of in-depth agency and cluster assessments. The MIRA is the first step in the humanitarian country team's response to an emergency.
- Based on its findings, humanitarian actors can develop a joint strategic plan, mobilize resources and monitor the situation and the response. However, the MIRA should not be expected to provide detailed information for the design of localized response projects. The MIRA should be carried out by a team of emergency specialists, including assessment and sectoral specialists, drawn from the various clusters/sectors present in the country to ensure that local knowledge is included in the findings. Additional headquarters and regional support may be required, depending on the scale of the emergency. It proposes a Framework to guide the identification of information needs and the systematic collection, collation and analysis of secondary and primary data. This Framework forms the basis of the Preliminary Scenario Definition and the MIRA Report templates.
- The Preliminary Scenario Definition and the MIRA Report provide assessment findings at critical intervals of the emergency. The Preliminary Scenario Definition should be included in the initial Flash Appeal whereas key findings of the MIRA Report should be captured in the Humanitarian Dashboard and included in the revised appeal to highlight the evidence on which the appeals are based.
- OCHA coordinates the assessment, supports the compilation of secondary data from the various clusters/sectors and provides information management on behalf of the Resident/ Humanitarian Coordinator. If OCHA is absent or unable to serve this function, the Resident/ Humanitarian Coordinator may appoint another agency.
- The MIRA manual is 20-pages long and comes with an additional five annexes providing supporting information.

54 - Source: Multi-Cluster/Sector Initial Rapid Assessment (MIRA). Provisional Version, March 2012, IASC <http://www.humanitarianinfo.org/iasc/downloaddoc.aspx?docID=6245&type=pdf>

2. PROPOSED ROLES AND RESPONSIBILITIES OF THE VARIOUS PARTICIPANTS IN THE MIRA PROCESS



ANNEX

08

JOINT ASSESSMENT 2 - NUTRITION CAUSAL ANALYSIS – NCA

What is a Nutrition Causal Analysis:

A NCA is a structured, participatory, holistic study, based on the UNICEF causal framework, to build a case for nutrition causality in a local context.

- ⇒ **“Structured”**: the steps of the methodology are precisely defined and have all been tested in the field. We have a good vision of what can be realistically achieved or not.
- ⇒ **“Participatory”**: the study is giving a real opportunity to national technical experts as well as women from the community to express their opinion on under-nutrition causality, and also to discuss, review and finally validate the conclusions of the study. Technical experts are asked to give a mark of confidence on the study.
- ⇒ **“Holistic”**: Under-nutrition is here studied globally to avoid a sectorial approach and to be able to pinpoint inter-relations between risk factors. It is not possible to understand nutrition causality if you only look at food security and nutrition for example, you have to look at all the component of the system.
- ⇒ **“Based on the UNICEF causal framework”**: The NCA methodology is using the UNICEF framework to identify potential risk factors of under-nutrition. A literature review is almost finalized to summarize the existing knowledge on the causal association between the risk factors identified and the different types of under-nutrition. This review is called “pathways to under-nutrition”.
- ⇒ **“Building a case for causality”**: The core exercise of a NCA is to identify and rank causal hypothesis by order of importance. For that purpose, the NCA officer is analysing different sources of information:
 - Scientific and grey literature review
 - National experts knowledge
 - Perception of women from the community
 - Results from the household survey
 - Interpretation of the seasonal calendar.

Based on that, the NCA officer, technical experts and women from the community propose and validate an interpretation of nutrition causality.

- ⇒ **“In a local context”**: Causes of under-nutrition are often different from one location to another. The purpose of the methodology is to go beyond generic interventions by identifying really context specific causes in order to propose adequate solutions. Seasonality of under-nutrition can for example be very different from one livelihood zone to another.

What is not a NCA:

A NCA is not a statistical demonstration of nutrition causality that can be generalised at a national level.

Technical steps for conducting a NCA

1. Designing the NCA

Hold technical meeting to precise relevance, **specific objectives and feasibility of the NCA**.
Start gathering existing field studies and identifying key stakeholders and partners.
Plan budget and human resources needed.

2 days over 1 month by technical team

! It is key to get active involvement of team from the onset !

2. Identifying Causal hypothesis at stake

Scientific and grey literature review and key informants interview.
Preparing field study.
Hold **technical expert workshop** at national or regional level to review and validated hypothesis to be tested.

1 month by NCA officer and partners

! A good identification of technical experts is a strong asset !

3. Gathering evidence of causality

Qualitative Survey in 4 randomly selected villages.

For each village:

- 1 day interview with village gate-keepers.
- 3 days FGD and role playing with women on Food Security / Health-Wash / and Care Practices related hypothesis.
- 1 day FGD with women for ranking exercise of main causes of undernutrition.

N.B. : All FGD are disaggregated by socio-economic status of women.

Quantitative random survey: (similar to a SMART and CAP survey done simultaneously):

- Anthropometric measurements (Weight, Height, Age, MUAC)
 - 26 Key NCA indicators
- Typically 700-800 children and around 500 Households are sampled.

N.B. : The questionnaire is set for 45-60 minutes interview.

1,5 month by NCA officer, NCA consultant, supervisor and surveyors.

! Rigorous preparation and organization is 70% of the work !

4. Participatory ranking of hypothesis

NCA officer is proposing a **ranking of hypothesis** by order of their relative contribution to under-nutrition.
The analysis is based on: literature review; international scientific evidence; results from quantitative survey; analysis of seasonality; ranking of women from the communities and from technical experts

1,5 month by NCA officer and partners

! Gathering community and experts perspectives is a major asset for building a consensus !

5. Validation of results

Results are presented and discussed in the 4 villages of the qualitative survey.
Technical experts express their opinion on the validity of the results proposed during a **final workshop**.



ANNEX

10

GUIDELINES ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCY SETTINGS, IASC, 2007 - ACTION SHEET 11.1

INCLUDE SPECIFIC SOCIAL CONSIDERATIONS (SAFE AND CULTURALLY APPROPRIATE ACCESS FOR ALL IN DIGNITY) IN THE PROVISION OF WATER AND SANITATION

BACKGROUND

In emergencies, providing access to clean drinking water and safe, culturally appropriate hygiene and sanitation facilities are high priorities, not only for survival but also for restoring a sense of dignity. The manner in which humanitarian assistance is provided has a significant impact on the affected population. The engagement of local people in a participatory approach helps to build community cohesion and enables people to regain a sense of control.

Depending on how they are provided, water and sanitation (watsan) supports can either improve or harm mental health and psychosocial well-being. In some emergencies, poorly lit, unlocked latrines have become sites of gender-based violence, including rape, whereas in others, conflict at water sources has become a significant source of distress. Part of the stress experienced in relation to watsan provision has cultural origins. In Afghanistan, for example, girls and women have reported that the lack of separate women's latrines is a major concern, since the exposure of any part of their bodies is punishable and could shame and dishonour their families.

The Sphere Handbook outlines the overall standards for water and sanitation provision in emergencies. The key actions outlined below give guidance on social considerations relevant in working towards such standards.

KEY ACTIONS

1. INCLUDE SOCIAL AND CULTURAL ISSUES IN WATER AND SANITATION AND HYGIENE PROMOTION ASSESSMENTS.

In many countries, strict cultural norms and taboos influence the usage of latrines and the disposal of human excreta. Inattention to cultural norms can lead to the construction of latrines or water points that are never used. In some cases, water points or latrines are not used because they may have been used to dispose of dead bodies. Attention to social and cultural norms will help to minimise the distress of adjusting to unfamiliar surroundings and different ways of performing daily tasks. For these reasons, assessment teams should not only have core watsan technical expertise but should also be familiar with the psychosocial aspects of emergency response

2. ENABLE PARTICIPATION IN ASSESSMENT, PLANNING AND IMPLEMENTATION, ESPECIALLY ENGAGING WOMEN AND OTHER PEOPLE AT RISK.

- Involve members of the affected population, especially women, people with disabilities and elderly people, in decisions on the siting and design of latrines and, if possible, of water points and bathing shelters. This may not always be possible due to the speed with which facilities have to be provided, but community consultation should be the norm rather than the exception.

- Establish a body to oversee watsan work. A useful means of doing this is to facilitate the formation of gender-balanced water committees that consist of local people selected by the community and that include representatives from various sub-groups of the affected population.
- Encourage water committees to (a) work proactively to restore dignified watsan provision, (b) reduce dependency on aid agencies and (c) create a sense of ownership conducive to proper use and maintenance of the facilities. Consider incentives for water committees and user fees, remembering that both have potential advantages and disadvantages and need careful evaluation in the local context.

3. PROMOTE SAFETY AND PROTECTION IN ALL WATER AND SANITATION ACTIVITIES.

- Ensure that adequate water points are close to and accessible to all households, including those of vulnerable people such as those with restricted mobility.
- Make waiting times sufficiently short so as not to interfere with essential activities such as children's school attendance.
- Ensure that all latrines and bathing areas are secure and, if possible, well-lit. Providing male and female guards and torches or lamps are simple ways of improving security.
- Ensure that latrines and bathing shelters are private and culturally acceptable and that wells are covered and pose no risk to children.

4. PREVENT AND MANAGE CONFLICT IN A CONSTRUCTIVE MANNER.

- When there is an influx of displaced people, take steps to avoid the reduction of water supplies available to host communities and the resulting strain on resources.
- Prevent conflicts at water sites by asking water committees or other community groups to develop a system for preventing and managing conflict e.g. by rotating access times between families.
- Consider trying to reduce conflict between neighbouring displaced groups or between displaced and permanent residents by encouraging the conflicting groups to cooperate in building a common well.

5. PROMOTE PERSONAL AND COMMUNITY HYGIENE.

- Provide access for women to menstrual cloths or other materials (the lack of which creates significant stress) and to appropriate space for washing and drying them. Consult women on the need for special areas for washing menstrual cloths, and provide technical assistance with their design. Where existing water supplies cannot support washing, alternative sanitary materials should be provided (for guidance, see Action Sheet 7.4 of the IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings).
- Encourage community clean-up campaigns and communication about basic hygiene.
- Distribute soap and other hygiene articles, in accordance with advice received from women, men and children, including disabled and elderly people.



- Initiate child-to-child watsan activities that are interactive and fun, such as group hand-washing before meals. These activities can be done in schools or in childfriendly spaces if these are functioning.

6. FACILITATE COMMUNITY MONITORING OF, AND FEEDBACK ON, WATER AND SANITATION FACILITIES.

- Enable community monitoring to track safety and to identify and respond to community concerns. Ensure that a feedback mechanism exists for stakeholders to report problems or concerns to the water committee or to relevant agencies responsible for watsan activities. This same mechanism can be used to keep the affected population informed as to what facilities and services they can expect.
- Monitor that sites and facilities are clean and well maintained, as having clean facilities helps to restore stakeholders' dignity.
- Ask the affected population, including children and people at risk (See Chapter 1), about their perceptions of access to, and quality of, watsan supports and also about their concerns and suggestions.

SAMPLE PROCESS INDICATORS

- In a monthly focus group discussion, more than two-thirds of women express satisfaction with the safety and privacy of the sanitation facilities provided.
- Water committees that include women and men are in place and meet regularly.
- There is no reported conflict between host and displaced communities.

Example: Pakistan, 2005

- *During the earthquake response in the North-West Frontier Province in 2005, an international NGO built special covered areas for women where they could go to the latrine, bathe and wash children, clothes and menstrual cloths without being seen by outsiders.*
- *These spaces enabled women to meet and talk in a safe environment that took cultural norms into consideration.*
- *The women said this greatly reduced the stress and anxiety of living in a displaced persons camp.*

11 ANNEX

GOOD PRACTICE FOR WASH FOR CHILDREN IN EMERGENCIES⁵⁵

- Careful assessment of the options for children's excreta management are needed - this involves talking to mothers, carers and children of different ages
- Where potties are distributed, information on the dangers of children's faeces and using and cleaning potties will often also be necessary.
- Work closely with community members and the WASH committee to identify maintenance issues and to enable them to problem solve when facilities for handwashing break down
- Promote the construction of appropriate boy and girl friendly facilities in all communal latrine blocks in schools and communities (include MHM provision)
- Consider providing torches and sandals for children's use in latrines as part of a hygiene kit
- Involve children (users) in the design and siting of water sources and ensure that their views are incorporated into programme planning
- Adapt the WEDC accessibility audit to incorporate safety and use this with the children that use the water sources
- Consider including older children on WASH committees
- Identify the WASH needs of children of different ages in the initial assessment
- Involve older children in carrying out further assessment of needs and monitoring interventions
- Identify at least one or two indicators for monitoring project outputs and outcomes for children
- Involve children in monitoring the use and maintenance of facilities (e.g. get them to take photographs, draw the good and bad facilities, hold discussions etc.)
- Consider the involvement of older children on WASH committees
- Ensure that software and hardware are integrated so that children are enabled to have better hygiene rather than simply learning messages about hygiene
- Consider the ways that new technology can be used to reach children
- Remember that the objective is not just to have fun with children but more importantly to promote hygiene including use and maintenance of WASH facilities.

55 - Adapted from the forthcoming publication WASH for Children in Emergencies: discussion document, Save the Children, 2013



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