

Acronyms

ARRA Administration for Refugee and Returnee Affairs AWD Acute Watery diarrhea BCC Behavior Change Communication **CoP** Country Operation Plan **CP** Contingency Planning **CTC** Child to Child **EPRP** Emergency Preparedness and Response Plan **GSP** Global Strategic Priorities **HEV** Hepatitis E Virus **IEC** Information, Education and Communication IP Implementing Partner **KAP** Knowledge Attitude and Practise Household **KPC** Knowledge Practice and Coverage **OP** Operational Partner **PHAST** Participatory Hygiene and Sanitation Transformation **PoC** People of Concern **PPL** Persons Per Litre **SoP** Standard Operating Procedure **UDDT** Urine Diversion Dry Toilet **UNHCR** United Nations High Commissioner for Refugees **UNICEF** United Nations Children's Fund WASH Water Sanitation and Hygiene WHO World Health Organization **WMS** WASH Monitoring System

one. WASH Global Strategy Overview

The water, sanitation and hygiene sector aims to ensure that refugees have safe access to water of sufficient quality and quantity and to improved sanitation and hygiene and improved WASH services in institutions, including schools and health facilities.

All refugees are assured the basic right to water and sanitation facilities and hygiene promotion and practices to reduce morbidity and mortality, as well as enhance their protection, dignity and quality of life.

The WASH sector promotes a demand-led approach that puts people rather than engineering at the heart of the interventions. In addition, the WASH sector addresses specific cultural and social needs to ensure that minimum standards are met, and that both the quality and quantity of water and sanitation are enhanced to reduce the likelihood of a negative impact on protection and health status. UNHCR is also committed to WASH solutions, which are efficient in reducing long-term operational costs.

In refugee camps, as in most parts of the world, women and children primarily bear the burden of collecting water. Children sent to fetch water are often diverted from their school activities, which affects their academic performance. Long walking distances and excessive queuing time at water points can have high social costs in the form of lost opportunities for productive work, adversely impacting health and exposing refugee women and children to potential harassment.

Provision of accessible and adequate WASH interventions has positive effects across numerous important areas of intervention:

• **Protection:** Long distances to water points can put young girls and women at risk of sexual violence.

• Nutrition: A woman drawing 80 litres of water for her family from a well and carrying it to their home 200 metres away (often uphill from the well) uses approximately 17% of the standard ration of 2,100 Kcal/day just to accomplish this task.

• Education: 42% of children attending school in one Ugandan refugee camp had their schooling interrupted due to water collection.

• Food security and livelihoods: Women who spend their time collecting water are missing opportunities to participate in more productive activities.

• Environment: Non-sustainable usage of water resources can potentially overexploit groundwater resources



two. Background & Context



Ethiopia is Africa's oldest independent country. It is the tenth largest country in Africa, covering 1,104,300 square kilometres (with 1 million sq. km land area and 104,300 sq. km water) and is the major constituent of the landmass known as the Horn of Africa. It is bordered on the north and northeast by Eritrea, on the east by Djibouti and Somalia, on the south by Kenya, and on the west and southwest by Sudan. Ethiopia is a country with great geographical diversity and its topography shows a variety of contrasts ranging from high peaks of 4,550m above sea level to a low depression of 110m below sea level1. More than half of the country lies above 1,500 meters. The predominant climate type is tropical monsoon, with temperate climate on the plateau and hot in the lowlands. There are topographic-induced climatic variations broadly categorized into three: the "Kolla", or hot lowlands, below approximately 1,500 meters, the "Wayna Degas" at 1,500-2,400 meters and the "Dega" or cool temperate highlands above 2,400 meters.

Ethiopia has a tiered government system consisting of a federal government overseeing ethnically based regional states, zones, districts (woredas) and neighbourhoods (kebele). At present Ethiopia is administratively structured into nine regional states—Tigray, Afar, Amhara, Oromiya, Somali, Beneshangul-Gumuz, Southern Nations Nationalities and Peoples (SNNP), Gambella, and Harari—and two city administrations, that is, Addis Ababa and Dire Dawa Administration Councils.

The country has a history of receiving people displaced by cross-border movements due to droughts, conflicts, political events and civil wars in neighbouring countries, including South Sudan, Somalia, Sudan, Eritrea, and most recently Yemen.

With 730,358 refugees as of 30 November 2015, the majority (269,721) South Sudanese, Ethiopia is the largest refugee-hosting country in Africa and the fifth largest in the world. Somali refugees are the second biggest refugee population in the country, with 249,350 refugees. The number of Eritrean refugees continues to increase since October 2014, with more than 3,000 new arrivals registered in July 2015; since Dec 2013 a total of 219,515 refugees arrived to Gambella from South Sudan, and at the beginning of September about 101 persons arrived per day.

The Government of Ethiopia generally maintains open borders for refugees seeking protection in the country. A party to both the 1951 Convention relating to the Status of Refugees and its 1967 Protocol and the 1969 OAU Convention, the Government provides protection to refugees from 19 countries; most asylum-seekers from neighbouring countries are granted refugee status on a prima facie basis. Refugees and asylum-seekers are generally expected by the Government to reside in one of the currently 24 camps, although some are permitted to reside in urban areas for medical, security, or humanitarian reasons.

ETHIOPIA

Refugees and Asylum-seekers

as of 30 September 2016





Somalis

Creation date: 10 Oct 2016 Sources: UNHCR, Registration Unit Author: UNHCR_ETHIOP ODM Feedback: ethadodm@unhcr.org



254,812

three. Overview of the WASH situation

Refugee WASH response capacity is robust with 14 partners and UNICEF collaborating closely with UNHCR. There exists 12 international Non-Governmental organization and 2 national NGO's that have varied technical and organization capacity. The partners work in 24 camps, 2 settlements and 4 reception/transit centers. There exists a refugee WASH coordination mechanism at national and field operation level with representation from partner and government counterpart ARRA. Interaction with cluster is minimal though close collaboration with UNICEF (WASH cluster lead) ensures sharing of information on issues of concern. Furthermore, partners implementing in refugee setting are same to those in host populations covered by the cluster system.

Achievement of minimum UNHCR WASH indicators in water, sanitation and hygiene varies from one camp to another primarily as a result of status of camp (emergency, transition or protracted) and level of investment. Overall, 6 camps are above minimum UNHCR standard of 20 litres per person per day (lppd), 15 others are above SPHERE minimum of 15lppd[1]. Two of the 3 registering below SPHERE minimum were established within the last 5 months. The indicators are as presented in the figure below.



On sanitation coverage, measured using crude access of 1 stance for 20 persons only 6 camps fall below the threshold. However, viewed against UNHCR standard of a latrine for each family, none of the camps comes close. Overall, the average family latrine coverage is 29% for all camps with 5 camps registering above 50% coverage.

^[1] Results from KAP surveys reports higher per capita access to water with a relative variation (deviation) of between 15-30% in camps where resident population differs from registered population

three. Overview of the WASH situation

This can be attributed to a number of factors such as high unit cost of latrines as a result of contextual challenges (rocky formation, high water table, absence of locally available materials etc) and level of investments made over the years. The figure below shows the number of latrines (communal and family) in each camp.



However, from Knowledge, Attitude and Practice (KAP) surveys conducted annually, results normally indicate a higher levels (above 80% on average) in access to latrine for defecation with 2-3 families reporting sharing available latrines.



three. Overview of the WASH situation

Funding situation peaked in 2014 primarily due to South Sudan refugee emergency response though per capita investment has remained relatively unchanged between 2010 and 2014 at country level with respective field operations recording decline over the years. However, 2015 recorded a sharp decline in per capita investment.





four.Vision

Based on the pillars at global level developed as part of the WASH strategy in HQ, key strategic objectives within 3 years for the Ethiopia operation are outlined as follows:-

1. Complete installation of appropriate water infrastructure and review service delivery approaches geared towards reduction in unit cost of water supplied to refugees. This will include finalization of ongoing construction of permanent water schemes (Gambella & Asossa), phase out water trucking, optimization of existing distribution networks and adoption of innovative approaches to reduce operation and maintenance cost of the permanent water schemes;

2. Deepen refugee involvement in WASH service delivery to increase community ownership and improve cost effectiveness. Scale community management model successfully piloted in Dollo Ado to other camps. Expand community engagement in construction of family latrines, solid wastes management and outreach activities will be enhanced using existing refugee structures;

3. Explore collaborations that will build on synergies with local governments particularly in water provision. Shift paradigm from relief to development for water infrastructure which has potential to attract funds from development donors through UNICEF and eventual handover to local governments and possible linkages with One WASH project;

4. Widen scope on piloting & scaling innovative approaches in both water and sanitation service delivery using a holistic and integrated approach to solutions linking energy, environment, livelihoods, food& nutrition, health, education as well as protection. Biogas latrines in Assosa and expanding UDDT's in hard ground conditions (Melkadida, Shire and Gambella) incorporating domestic energy, SGBV, livelihoods. Scale up use of solar energy and grid power for water pumping to replace diesel fuel;

5. Strengthen integration with other sectors on areas of common interests such as community outreach and community based management model. In addition, reinforce mainstreaming of key sectors into WASH service delivery;

6. Broaden capacity building initiatives for partners aimed at improving quality of service delivery and retention of both UNHCR and partner staff;

7. Sustain a robust coordination mechanism providing leadership in formulation and operationalizing implementation of specific guidance documents, SoPs, monitoring and evaluation. In addition, institutionalize emergency preparedness and contingency planning in all field offices;

8. Expand collaborations with research institutions and private enterprises aimed at providing contextualized and evidence based solutions to WASH challenges.





Objective 1: Refugees have safe access to water of sufficient quality and quantity

The primary target is to cost effectively supply at least 20 litres per person per day (lppd) of potable water, within walking distance of 200m and maximum queuing time of 15 minutes at point of water collection. Top in priority will be completion of permanent water schemes for recently established camps, optimization of existing water schemes and development of appropriate management models.

This will be achieved through applying following strategies:

i. Robust technical design, that utilizes data (hydrologic, geophysical, operation & maintenance data sets, annualized investment per unit output), compares alternatives (water sources, power sources, management models) through a cost benefit analysis (socio-economic, political and environmental adaptability) and embraces scalability to accommodate future growth in host population or refugee influxes;

ii. Integrated implementation modalities that incorporates roles of different stakeholders: government agencies, refugees, host community and UNHCR partners (including UN Agencies);

iii. Sustainable operation & maintenance by institutionalizing monitoring & data collection (electro-mechanical performance, flow, fuel consumption, repair frequency, drawdown measurements & modelling borehole performance, GIS mapping, water safety plans, randomizing transects in the camps, ...), enhancing refugee & host community participation and integrating where feasible with regional water bureau structures;

iv. Embracing innovation and creativity, elevating the value of marginal gains through sustained improvements resulting from data analysis from (iii) above and exploring partnerships with Research Institutes/Universities and Private companies for adopting best practices in the market place/ communities of practice;

	Emergency (e.g. first 6 months of a newly installed camp,	Post-emergency, transitional phases (protracted crisis and
Output objective	major influx of refugees, outbreaks)	long term situation)
Improved water quantity	>15l/person/day	>20l/person/day
	>=70% of HHs collecting drinking water from protected	>=95% of HHs collecting drinking water from protected
Improved water quality	water sources only	water sources only
Improved water quality at non	- Andrewski Charte war hat arrest sources	and the first many second second
chiorinated water sources	>=95% of tests with 0 faecal coliforms/100ml of water	>=95% of tests with 0 faecal coliforms/100ml of water
Improved water quality at		
chiorinated water collection	>=95% of tests showing Free Residual Chlorine >=	>=95% of tests showing Free Residual Chlorine >= 0.1mg/
locations	0.1mg/(1)and NTU<5	and NTU-5
increased access to water	e<250 persons per tap	= 80 persons per tap
increased access to water	>=80% of HHs collecting >=15 liters/persons/day	>=80% of HHs collecting >=15 liters/persons/day
Increased access to water	< 500m to tap	= 200m to tap
	>=80% of HHs with sufficient daily water storage capacity	>=80% of HHs with sufficient daily water storage capacity
Increased water storage	(50 liters for a 5 members average)	(50 liters for a 5 members average)

Objective 2: Refugees have safe access to quality sanitation

Pre-dominantly housed in camp setting, mimicking urban planning, sanitation encompasses safe containment, collection and disposal of human, animal, and any other wastes generated at households or communal level. In addition, management of drainage (storm & effluents), vector control initiatives and general environmental cleanliness. Improving safe access to quality sanitation will involve complementary hardware and software actions. The "hardware" components include:

i. Adequate and sustainable sanitation infrastructures implemented (use of local materials, family sanitation facilities in post-emergencies contexts, etc)

ii. Apply a more standardized design of sanitation facilities across the operations which will meet the standard in term of privacy, safety and cost effectiveness

iii. Equal spatial distribution of sanitation infrastructures for equal access opportunities for all refugees through GIS tools

iv. Wastewater, solid waste management and drainage being systematically part of the sanitation programs in all refugee camps, whereby wastewater evacuation system are handled by WASH actors/partners and the overall drainage component (runoff at cross roads) is developed in coordination with site planning

v. Where appropriate work with livelihood on building business around solid waste (recycling & compost) and wastewater (biogas, gardening, water for livestock).

The "software" components for improved access to quality sanitation include:

i. Involvement of refugees in all phases of sanitation infrastructures (i.e. planning, design, piloting, maintenance, etc)

ii. Roll out of CLTS (contextualized) in protracted situations;

iii. Strengthen our sanitation response in urban settings by developing specific guidelines based on field experience

iv. Partnerships with Research Institutes/Universities and Private companies for enhanced sanitation designs.

Sector objective	Herugees nave sare access to quality sanitation	
	Emergency (e.g. first 6 months of a newly installed camp,	Post-emergency, transitional phases (protracted crisis and
Output objective	major influx of refugees, outbreaks)	long term situation)
Increased safe disposal of		=< 20 persons per communal latrine aiming to 1 latrines /
human waste	=< 50 persons per communal latrine[1]	households
Increased access to sanitation	>=60% of HHs report defecating in a toilet	>=85% of HHs report defecating in a toilet
Increased access to sanitation	>80% of HHs have access to latrine	>80% of HHs have access to latrine
	>80% of communal latrines compliant with UNHCR	>80% of communal latrines compliant with UNHCR
Increased access to sanitation	standards (cleanable slabs, privacy & structural safety)	standards (cleanable slabs, privacy & structural safety)

Sector objective	Herugees nave improved Hygiene	
	Emergency (e.g. first 6 months of a newly installed camp,	Post-emergency, transitional phases (protracted crisis and
Output objective	major influx of refugees, outbreaks)	long term situation)
	>=90% of HHs with (any type of) soap present in the	>=90% of HHs with (any type of) soap present in the house
Improved hygiene	house (presented within 1 minute)	(presented within 1 minute)
	>=80% of HHs with knowledge of at least 3 of the 5 critical	>=80% of HHs with knowledge of at least 3 of the 5 critical
	handwashing times	handwashing times



Community mobilization is key to address the determinants of poor hygiene. Therefore, particular emphasis will be put to strengthen community mobilization for enhancing monitoring and use of water and sanitation facilities, strengthen sense of ownership of water and sanitation infrastructures and for key messages dissemination.

Hygiene promotion in schools will also play a crucial role to promote safe hygiene practices as part of an educational process.

Coordination between Health, Education and WASH will be strengthened to enhance effectiveness in hygiene/public health promotion, and to enhance information sharing and optimization of resources. Embrace comprehensive outreach solutions by implementing of integrated community outreach approach. Capacity building for enhanced expertise in hygiene promotion and increase the number of hygiene promotion officers will also be pursued to optimize improved hygiene among refugees.

Leverage with community services will be explored to ensure enhanced water storage capacity at households level through distribution of water containers and advocacy for POC to have adequate quantity of soap and basic hygiene items (including hand-washing devices) to maintain hygienic condition and ensure dignity will also constitute a key action to improve hygiene and reach the HP objective for the sector.

In order to provide a baseline and monitoring tool for defining and adjusting the hygiene promotion strategy in each of the UNHCR's operational area, an annual KAP survey will be conducted and requisite formative assessments to better understand barriers to behavioral change. This will lead to development of a Behavior Change and Communication (BCC) Framework and operationalize it through sensitization, community mobilization, IEC materials, and community ownership. In addition, develop community mobilization structures, approach and systems that would better utilize refugees as a resource and developing a remedy will ensure that the higher hygiene knowledge levels will translate into practice and contribute to reduced disease burden.

Objective 4: Coordination, Partnerships and Capacity building of WASH partners and officers

There exist 14 WASH partners implementing various activities in refugee camps and settlements. Strategic leadership, harmonization of approaches and objectivity in allocation of available resources requires strong coordination at camp, field and country operation levels. ARRA, UNHCR and respective partners will conduct regular coordination forums at each level to exchange ideas, communicate progress of implementation, and learn from each other and chart way forward towards harmonized service delivery. Joint monitoring missions shall be conducted quarterly by Addis Ababa based technical experts to respective field operations.

Partnerships will be reinforced through stronger collaboration in planning, implementation, monitoring and evaluation. Guidelines developed using participatory approaches shall be adopted by all partners and accountability shall guide implementation of interventions at every level. Both operational and implementing partners shall be bound by developed guidelines and strategies to ensure a harmonized approach, efficiency and cost effectiveness. The role of UNICEF will be expanded to provide linkages with host community (Woreda) structures, which have potential to institute sustainable management models and possible cost recovery.

With changing dynamics of implementation and funding environment, there is a strong need to have a strategic shift from emergency to protracted perspective on program design, a metaphor that seems elusive with current crop of staff. Community mobilization and development requires different skill sets to engage refugee communities towards deeper participation and self-reliance. Recruitment of community development staff as well as training of all front line staff on community mobilization



six. Contingency planning

Ethiopia Country operation maintains a contingency plan at operational level based on context and operating realities predominantly from the refugee source areas. WASH normally inputs into the overall plan, as per outlined scenarios and requisite level of assistance required. In addition, a business continuity plan exists and is updated as and when needed. Piggy backing on structured contingency plans, WASH will develop issue specific plans responding to:-

- i. Massive influx of new refugees;
- ii. Social tensions, Insecurity and Access restrictions Emphasis on remote management;
- iii. Natural disasters: Flooding and drought;

In addition, emergency preparedness and response plans (EPRP's) will be updated in collaboration with Public Health as outlined below:-

- 1. Acute watery diarrhea;
- 2. Hepatitis E;



eight. Coordination

Information management and Information Sharing

At global technical level WASH utilizes WASH Monitoring System (WMS) hosted in twine, where WASH indicator data from the 25 camps is updated monthly. In addition, a dedicated WASH website (WASH.unhcr.org) contains all relevant WASH information and documentation for reference. At global program level, FOCUS provide project specific information on key activities planned at operational level and detailed comprehensive needs not covered by UNHCR budget though prioritized for additional funding available from bilateral donors.

At country level, a monthly WASH indicator table provides detailed outlook on key parameters not captured in WMS though relevant to the country operating environment. Additional information collected and analyzed include:-

- Operation and maintenance data (flow meter reading, fuel consumption, pumping hours etc.);
- WASH inventory inclusive of Institutions (Education, health, Nutrition e.t.c);
- GIS Coverage maps;
- Ground water monitoring information;

Information is collected by partners at respective field operations, collated at country level and accessible through coordination nodes established at each level.

Partnerships (sub-agreements & partnerships with research institutes/Universities

Tripartite arrangements are entered into between UNHCR, ARRA and partners for Project partnership agreements (PPA's) and Memorandum of Understanding (MoU's) for implementing and operational partners respectively. The documents provides a framework of engagement for specific project components in specific camps, detailing activities, work plans and budgets. Improvement in quality of work-plans and targets to better utilize the document for monitoring and evaluation shall be enhanced.

Currently, there are ongoing partnerships with Center for Disease Control (CDC) and University of Arbaminch on UDDT study. Veolia foundation provides technical support on key infrastructural projects at country level. Further collaboration and partnerships will be explored to tap into what is available in the marketplace to improve on service delivery quality and capacity of our partners.

Standardization of designs, assessment forms, etc

Building on an initial exercise conducted in 2013, the WASH sector will continue to undertake standardization of designs and optimization based on new information gained from daily interaction with various parameters during project implementation. Standard assessment forms and templates developed over the years will be revised to better collect data and information which responds to the needs of the targeted populations. Re-modelling of water schemes based on new information and re-framing questionnaires and templates to provide friendlier and easier user interfaces will continue.



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nine. Budget/ Resources/ Staffing

- Broad costs of Strategy
- Resources needed
- Organigram of staff

ten. Annexes

- Annex A: Detailed WASH Operational Plans if available for each Camp.
- Annex B: Additional References
- Annex B: Maps of the camp