# Initial clearing of debris and solid waste

Debris from collapsed buildings can obstruct relief operations, pollute groundwater, and threaten relief workers with hidden dangers and further collapse. Proper clearing is essential for the short- and long-term success of recovery efforts.

Allow for appropriate removal and burial of bodies before you begin clearing debris.

DO

Store re-usable materials which may be useful for rebuilding or recovery efforts separately, such as wood planks, bricks, cement blocks and containers.
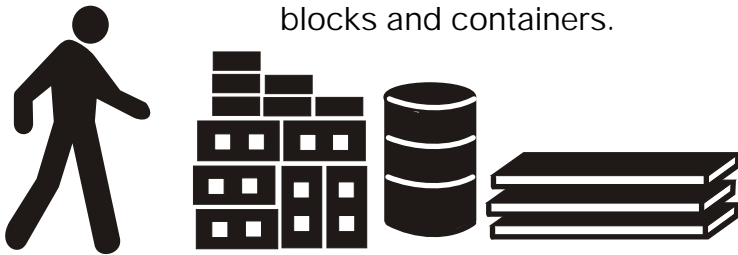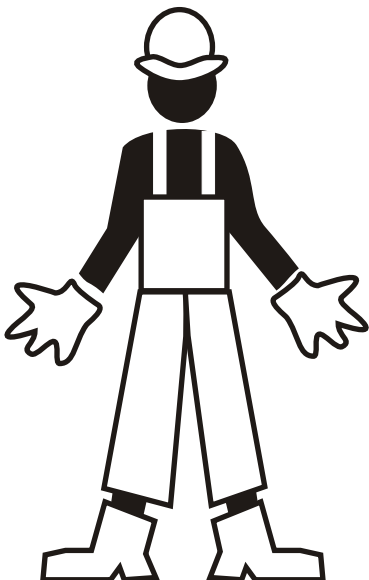
DON'T

Don't burn waste openly, but in a properly-operated incinerator.

DO

Protect yourself. Wear boots, gloves, dustmasks, overalls and helmets, if available.

DO

If you suspect waste to be dangerous, warn other workers and notify authorities. Make sure nobody can access the waste by fencing off the area or securing waste in containers.

DON'T

Don't mix wastes from hospitals and clinics with other wastes. If possible, store them in sealed containers and label them.

DO

Wash and if possible disinfect your hands regularly.

WHO PANDEMIC INFLUENZA PLANNING ACTIVITIES IN RELATION TO
WATER, SANITATION AND HYGIENE ISSUES

Activities Completed by the Water, Sanitation and Health (WSH) Programme

With evidence indicating the longer-term viability of the avian influenza virus in water, the WHO Water, Sanitation, and Health unit in Geneva received an increasing number of requests to assess the risks associated with potential transmissibility of H5N1 virus in water and sewage to humans, and to provide guidance on control measures. In response, the unit commissioned a background document in relation to assessment of risks to human health through potential transmission of avian influenza (H5N1) through water and wastes, including wastewater.

Based on the background document, WSH produced a review document summarizing the available data and information on virus sources, transmission, infection routes, environmental persistence, and other major issues vital to risk assessment and risk management. The initial version of the document was posted on 3 April 2006 and is available for viewing and download at:
http://www.who.int/water_sanitation_health/emerging/avianflu/en/index.html. A public mailbox was set up at WSHavianflu@who.int to receive feedback on the paper and any questions or new information.

An internal listserv was established to coordinate WSH activities with related pandemic influenza planning efforts by other WHO departments and regional offices. The listserv is an open forum that WSH uses to relay its work with both internal and external groups to the WHO-wide pandemic planning community.

Ongoing and Planned Activities by the Water, Sanitation and Health (WSH) Programme

The review document described above is a work in progress that will be periodically updated as new information is received. Revisions are underway. Drawing on the review document, WSH is developing a series of topical reviews in a question and answer format intended for public health authorities, water and sewer authorities, and the general public. Current topics being addressed include avian influenza issues in (1) drinking water, (2) sanitation, (3) hygiene in health care settings and (4) personal hygiene.

Related Activities by Other WHO Units

Several other units within WHO are providing pandemic planning support that intersects with water, sanitation and hygiene issues. For example, Food Safety, Zoonoses and Foodborne Diseases (FOS) provides technical expertise on food hygiene and management of animal waste. Occupational and Environmental Health (OEH) addresses issues of occupational exposure risks (e.g., farm workers, sewage treatment plant workers). Communicable Diseases (CDS) has developed infection control guidelines that include hygiene practices.

WASH Cluster Meeting Agenda Item
13 June 2006

**Formation of Expert Working Group for Pandemic Influenza
Preparedness and Response**

The world is preparing for the possibility of pandemic influenza triggered by adaptation to humans of the current stains of highly pathogenic avian influenza. These efforts have raised several questions pertaining to water, sanitation and hygiene issues that reflect knowledge gaps that hinder the development of appropriate guidelines for preparation and response. A working group of technical experts from Cluster agencies and other organizations servicing this sector could help fill these gaps, as well as strengthen coordination by producing consensus findings and recommendations.

The WHO Water, Sanitation and Health (WSH) Programme is interested in forming such a group and proposes to lead a discussion at the upcoming WASH Cluster meeting to determine the Cluster's level of interest and how the group might interact with the Cluster. WSH has prepared a brief description of our approach to pandemic influenza preparedness (attached) and will share this at the meeting. To aid the discussion, other Cluster members are invited to prepare a similar summary of their ongoing and/or planned efforts, with particular reference to work that might overlap or complement WHO work in the WASH area. Additionally, Cluster members with an interest in joining the working group are encouraged to bring to the meeting the contact information for potential participants from their organization.

UN Post Asian Tsunami Waste Management Plan
Briefing Note (24 May 2006)

Objective

The tsunami of 26 December 2004 generated large volumes of debris in the impacted countries. This waste included vegetation, soil, sediment, municipal waste from dumpsites, healthcare waste, hazardous substances (oils, asbestos, batteries, etc.), demolition waste (concrete, brick, timber, etc.) from destroyed buildings and wastes generated by relief operation (food, food packaging, internally displaced people [IDP] camps, relief workers accommodation). This waste represents a risk to human health from biological sources (disease vectors such as flies, rodents, rotting carcasses), chemical sources (asbestos, oils, solvents) and physical sources (cuts, abrasions, collapse). The waste also impedes marine, vehicle and pedestrian access and blocks services (drains, sewers).

The waste comprises valuable resource materials including scrap metals (copper, steel, aluminium), timber (for reconstruction and heating/cooking), demolition waste from buildings/structures (for re-use, re-working as an aggregate or infilling/protection material) and uncontaminated soil/sediment (for restoration or in-filling).

The United Nations (UN) recognises that the Tsunami waste issues in the impacted countries requires a coordinated assessment, planning, technical response and the development of long-term sustainable waste management solutions. In February 2005, UNEP, in consultation with UNICEF, WHO and UNDP prepared the United Nation's Post-Asian Tsunami Waste Management Plan (UNPATWM). Tsunami waste workshops were subsequently held in Male (May 2005), Banda Aceh (June 2005) and, though slightly amended, in Pakistan (Muzaffarabad and Mansehra in April 2006) in response to the South Asia Earthquake.

The UNPATWM Plan has the following main aims:

✓ Use as a framework document by the tsunami-impacted governments, UN and other multilateral and bilateral agencies, NGO's, consultants and contractors to ensure that appropriate and coordinated tsunami waste clean-up and disposal projects are implemented, which take into account all potential waste streams (be they an asset or a liability).

✓ To disseminate good practice in appropriate waste management including small scale recycling and reuse projects in the tsunami-impacted governments.

UNEP is currently amending the Plan with an aim of broadening the scope to include all disaster-related wastes and guidance on integrating and improving municipal solid waste (MSW) management systems.

1. Introduction

The cluster leadership approach has been welcomed by the Inter-Agency Standing Committee (IASC) as a mechanism that can help to address identified gaps in response and enhance the quality of humanitarian action by strengthening partnerships between NGOs, international organizations, the Red Cross and Red Crescent Movement. It is part of a wider reform process aimed at improving the effectiveness of humanitarian response by ensuring greater accountability, predictability and partnership.

More detailed information about the IASC and the humanitarian reform process can be found on the IASC web site (**http://www.humanitarianinfo.org/iasc**).

The purpose of this document is to provide humanitarian personnel in the field with preliminary guidance on how to implement the cluster leadership approach at the country level. This is a 'living document' which will be revised on the basis of comments received from practitioners between June and August 2006. A revised Guidance Note will be submitted to the IASC Principles for their endorsement in December 2006.

2. Aim and scope of the cluster leadership approach

At the global level, the cluster approach seeks to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by designating global Cluster Leads who are accountable for ensuring predictable and effective inter-agency responses within sectors or areas of activity. At the global level, Cluster Leads will seek to establish a broader partnership base that engages in
 ➢ Enhanced standard setting, monitoring and advocacy
 ➢ Establishing and strengthening surge capacity and standby rosters
 ➢ Securing consistent access to appropriately trained technical expertise
 ➢ Establishing or improving material stockpiles
 ➢ Improved response capacity through pooling and complementarity of effort and resources

At the country level, the aim is to ensure a more effective response capacity by mobilizing clusters of international, national non-governmental and governmental organizations and agencies to respond in particular sectors or areas of activity; each cluster having a clearly designated lead, as agreed by the Humanitarian Coordinator and the IASC Country Team. More specifically, the intention when establishing the cluster approach at country level should be to:
 ➢ Ensure identified and predictable leadership in key gap sectors/areas of response

| | Deleted: NGOs, |

➢ Create stronger partnerships between NGOs, international organizations, the Red Cross and Red Crescent Movement and UN agencies in critical gap areas of humanitarian operations.
➢ Strengthen the accountability of cluster leads to the Humanitarian Coordinator for different aspects of the humanitarian response where this is lacking
➢ Improve strategic field-level coordination and prioritisation

The cluster leadership approach can be used in both conflict-related humanitarian emergencies and in natural disaster situations. Although not limited to situations of internal displacement, it will make a significant improvement in the quality, level and predictability of the response and represents a substantial strengthening of the 'collaborative response'. The success of the cluster leadership approach should be judged by the impact it has on improvements to the services afforded to those affected by crises and their improved outcomes in terms of health and well being.

Comment [JLB1]: I really do not understand that this sentence is here. It is more confusing than clarifying. The CLA has nothing to do with the collaborative approach.

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Comment [JLB2]: Why "health and well being"?? that does not make any sense. What about rights here? Protection?

3. Cluster leadership at the global level

At the global level, cluster leads have been established in nine areas of humanitarian activity where the IASC Principals agreed that there was a need to reinforce the response capacity, as follows:

Area of Activity	Cluster Lead
Service provision:	
• Logistics:	WFP
• Emergency Telecommunications:	OCHA (Process Owner), UNICEF (Common Data Services) WFP (Common Security Telecommunications Services)
Relief and assistance to beneficiaries:	
• Emergency Shelter*:	UNHCR (for conflict-generated IDPs)
• Health:	WHO
• Nutrition:	UNICEF
• Water, Hygiene and Sanitation	UNICEF
Cross cutting concerns:	
• Early Recovery:	UNDP
• Protection:**	UNHCR (for IDPs and affected populations in complex emergencies) UNHCR, UNICEF or OHCHR (for all populations in natural disasters and for populations in

	complex emergencies facing acute protection needs even if no displacement has occurred)
• Camp Coordination and Camp Management	UNHCR (for conflict-generated IDPs), IOM (for natural disasters)

*In the case of Emergency Shelter in natural disasters, IFRC has offered to provide leadership to the broader humanitarian community in order to consolidate best practice, map capacity and gaps, and lead coordinated response. IFRC has made it clear that its commitment is to be a 'convener' rather than a 'cluster lead'. It has not committed to being the provider of last resort.

** UNHCR is the global lead for the Protection Cluster. However, at the country level, under the overall leadership of the HC/RC, the three core protection-mandated agencies (UNHCR, UNICEF and OHCHR)   would consult closely and agree which of the three would assume the role of Cluster Lead for protection either on the basis of existing arrangements or after conducting a common assessment to determine the required operational capacity. This option would enable the HC/RC to rely on one protection agency to lead the response for the cluster. For more information on these arrangements refer to Annex III, Outline of Clusters at the Global Level.

Sectors and areas of activity where no significant gaps had been noted are not included among the nine clusters at global level. These are: food, led by WFP; refugees, led by UNHCR; education, led by UNICEF; and agriculture, led by FAO.

At the global level, Cluster Leads are responsible for ensuring: (a) assessments of the overall needs for human, financial, and institutional capacity; (b) reviews of currently available capacities and means for their utilization; (c) links with other clusters, including preparedness measures and long-term planning, standards, best practice, advocacy, and resource mobilization; (d) taking action to ensure that required capacities and mechanisms exist, including rosters for surge capacity; and (e) training and system development at the local, national, regional, and international levels. (Appendix 1 provides a detailed outline of the scope and priorities for each of the clusters)

4. Cluster leadership at the country level

At the country level, the cluster leadership approach should help to strengthen coordination by clarifying the division of labour among organizations, better defining their roles and responsibilities, and providing the Humanitarian Coordinator with a first point of call.

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To enhance predictability, where possible cluster lead arrangements at the country level should be in line with those established at the global level. However, the cluster leadership approach should be applied flexibly, based on the existing capacities and strengths of humanitarian partners in the country. This may mean that in some cases

cluster lead arrangements at the country level do not replicate those at the global level. There may also be cases where particular clusters do not need to be put in place if there are already functioning sectoral groups at the country level. The principle should be to ensure that there are no major gaps in the humanitarian response.

In all cases, it is the responsibility of the Humanitarian Coordinator, in full consultation with the IASC Country Team, to ensure that Cluster Leads are designated for all areas of humanitarian activity where there are identified gaps in response, respecting the fact that for Food, Refugees, Education and Agriculture, there are already clearly mandated lead UN agencies.

As spelt out in the *Terms of Reference for Cluster Leads at the Country Level*, Cluster Leads at the country level are responsible for ensuring: a) needs assessment and analysis in their respective sectors, fully inclusive of partners and with the participation of affected populations; b) identification of cluster participants based on their capacity and other relevant actors; c) development of response plans to address priority needs; d) ensuring appropriate delegation and following-up on commitments from cluster participants to act in particular areas; e) acting as the provider of last resort in remaining gap areas; and f) sustaining mechanisms through which the cluster monitors and assesses its performance. Cluster leads have mutual obligations to interact with each other and to address cross-cutting issues.

At the end of the emergency phase, some clusters may be able to cease or decrease their activities. Others covering activities which need to continue beyond the emergency phase will need to make the necessary shift in programming. The Early Recovery cluster will need to play a key role in supporting the Humanitarian Coordinator and other clusters in planning, preparing, and managing a phased transition of coordination arrangements from emergency to longer-term recovery and development. Strategies and procedures for phasing out or handing over activities should be included in the work of all clusters.

In principle, cluster lead agencies should seek the involvement of government partners and seek to strengthen their role to provide leadership wherever possible and appropriate. Cluster lead agencies should therefore ensure that the clusters promote a sustained strategy that will support the government and other local partners from the outset of the response and enable stronger linkages between humanitarian and development actions, where appropriate

5. Activating clusters at the country level

The IASC Principals have agreed that the cluster leadership approach shall be used in all major new emergencies as from 1 January 2006. For existing emergencies, it shall be introduced in a phased manner.

Any Resident and/or Humanitarian Coordinator may activate clusters, in consultation with the IASC Country Team, where there are major gaps in the humanitarian response which need to be filled. During the initial roll-out phase in 2006, it is important that

Resident and/or Humanitarian Coordinators keep the Emergency Relief Coordinator informed of any decision to implement the cluster leadership approach, so that he can inform the IASC and ensure that appropriate support and guidance is provided.

6. Relationships between clusters at the global and country levels

Cluster Leads at the country level are accountable to the Humanitarian Coordinator. They do not report directly to Cluster Leads at the global level. However, Humanitarian Coordinators, members of the IASC Country Team and Cluster Leads should treat the global level clusters as a resource that can be called upon for advice on establishing cluster arrangements in the field, for building capacity, and for guidance in assessment and strategy development.

7. Using clusters to fill gaps and strengthen sectoral coordination

While some sectors have in the past benefited from having clearly designated lead agencies, others sectors or areas of humanitarian activity have not. The cluster leadership approach aims to rectify this by ensuring that there is a clear system of leadership and accountability for all areas of humanitarian activity.

The cluster leadership approach is intended, therefore, to strengthen rather than to replace sectoral coordination. It does this by 1) emphasizing the **accountability** of Cluster Leads for ensuring appropriate levels and standards of response, and 2) affirming the commitment of Cluster Leads to acting as **'provider of last resort'**.

Some clusters will address thematic or cross cutting issues (Protection, Camp Coordination/Management, and Early Recovery); others are geared towards support functions (Logistics and Telecommunications); while others focus on a more effective technical response (Emergency Shelter, Water and Sanitation, Health, and Nutrition).

The cluster approach seeks to strengthen and broaden the basis of partnership and engagement by bringing together all relevant IASC and national expertise in a particular area under a common planning and implementation plan, irrespective of funding sources. The establishment of clusters at the global level in areas where there are clearly identified gaps in capacity is an important addition that will enhance technical capacity and better ensure the immediate availability of critical material.

8. Strengthening partnerships and complementarity amongst humanitarian actors

A central component of the cluster leadership approach is the need to strengthen strategic partnerships between NGOs, international organizations, the Red Cross and Red Crescent Movement, UN agencies and other humanitarian actors. The successful implementation of the cluster leadership approach will depend on all humanitarian actors (non-UN as well as UN) working as equal partners in all aspects of the humanitarian response: from assessment, analysis and planning to implementation, resource mobilization and evaluation.

5

To be successful, the cluster leadership approach must also function in a manner that respects the different roles, responsibilities and mandates of those participating in the cluster. There must be recognition of the diversity of approaches and methodologies that exist between humanitarian actors. It is essential that clusters find non-bureaucratic ways of involving all humanitarian actors (non-UN as well as UN) in a collaborative and inclusive process focused on areas of common interest.

Some non-UN humanitarian actors may not be prepared or able to formally commit themselves to structures which involve reporting to UN cluster leads. By ensuring, however, that all humanitarian actors (non-UN as well as UN) are given the opportunity to fully and equally participate in setting the direction, strategies, and activities of the cluster, they may feel a greater sense of responsibility for the work of the cluster. Cluster Leads are responsible for ensuring – to the extent possible – appropriate complementarity amongst different humanitarian actors operating in their sectors or areas of activity.

The establishment of IASC Country Teams in all countries with Humanitarian Coordinators should help to strengthen partnerships and complementarity amongst humanitarian actors, in line with the overall aims of the Cluster Leadership Approach.

8. Accountability of Cluster Leads

The intention of the cluster approach is to strengthen overall levels of accountability for humanitarian response and to ensure that gaps in response do not remain unaddressed because there are no clearly assigned responsibilities. At the global level, in recognition of IASC agreement on the allocation of responsibilities, Cluster Leads are accountable to the Emergency Relief Coordinator for ensuring adequate preparedness and effective responses in the sectors or areas of activity concerned.

At the country level, the Humanitarian Coordinator – with the support of OCHA – retains overall responsibility for ensuring the effectiveness of the humanitarian response and is accountable to the Emergency Relief Coordinator. Cluster Leads at the country level are accountable to the Humanitarian Coordinator for ensuring adequate preparedness and effective responses in the sectors or areas of activity concerned. This must be done in ways that ensure the complementarity of the various stakeholders' actions, strengthen the involvement of national and local institutions, and make the best use of available resources.

While Cluster Leads at the country level cannot be held accountable for the performance of all cluster participants, they are accountable for ensuring, to the extent possible, the establishment of adequate coordination mechanisms for the sector or area of activity concerned, as well as adequate strategic planning and operational response.

In cases where stakeholders consider that Cluster Leads are not adequately carrying out their responsibilities, it is the responsibility of the Humanitarian Coordinator (at the

country level) and the Emergency Relief Coordinator (at the global level) to consult the relevant Cluster Leads and, where necessary, to propose alternative arrangements.

The accountability of individual cluster participants will depend on the specific commitments that they have made. In all cases, cluster participants are encouraged to be proactive partners in the elaboration and implementation of the cluster's priorities.

9. What is meant by 'provider of last resort'?

The 'provider of last resort' concept is critical to the cluster leadership approach, and without it, the elements of predictability and accountability for an effective humanitarian response are lost. It represents the commitment of cluster leads to do their utmost to ensure an adequate and appropriate response. It is necessarily circumscribed by some basic limitations that affect any framework for humanitarian action, namely unimpeded access and security . It will also need to be applied in somewhat different ways, depending on the type of cluster. The determination of when last resort applies will usually depend on the Humanitarian Coordinator's advice that critical needs are not being met by existing responses.

The Cluster Lead ensures the joint assessment of needs and the capacities of different actors within the cluster, in developing a strategy and response plan. Where there are critical gaps in the response plan, the Cluster Lead, will do its utmost to ensure that these are addressed, calling on whatever partners it can. If this fails, then depending on the urgency and priority that the cluster gives to addressing this gap, the Cluster Lead may need to commit itself to filling the gap. This commitment means ensuring adequate needs assessment, project design, budgeting and fund-raising. In these efforts, the Humanitarian Coordinator should be fully supporting the Cluster Lead. If, finally, funds are not forthcoming for these activities, the Cluster Lead can no longer be expected to act as the provider of last resort, but should continue to work with the Humanitarian Coordinator and donors to mobilise the necessary resources.

Humanitarian action under any framework or approach can be limited by two additional factors: access and security. Where the efforts of the Cluster Lead, Country Team as a whole, and Humanitarian Coordinator as the leader of that team are unsuccessful in gaining access to a particular location, or where security constraints limit the action of all participants in the cluster, then the provider of last resort will not be expected to respond, but will be expected to continue advocacy efforts and to explain the constraints to stakeholders.

For cross-cutting issues such as Protection, Early Recovery and Camp Coordination, the concept of 'provider of last resort' will need to be applied in an appropriate and realistic manner. Clearly one agency as Cluster Lead cannot be held accountable for all aspects of the response in these areas. In the case of the Protection Cluster at the global level, different agencies have been designated as focal points for particular areas of responsibility and they have each agreed to be the 'provider of last resort' in their respective areas of expertise. Similar arrangements could be made at the country level. In

the case of Early Recovery, each Cluster Lead in the sectors relevant to early recovery planning is responsible for ensuring agreed key actions are undertaken. The Cluster Lead for Early Recovery is, however, the 'provider of last resort' for the overall planning, advocacy and support in all relevant areas. Likewise, in the case of Camp Coordination, the Cluster Lead is responsible not for providing all services in camps, but for ensuring that such services are provided by the relevant clusters. The Cluster Lead for Camp Coordination is, however, the 'provider of last resort' for the overall planning, advocacy and support in all relevant areas.

10. Key issues to consider when establishing and implementing the cluster approach

Early experience in developing the cluster approach has highlighted a number of issues that will assist in its successful implementation at country level;

> **Establishment of an IASC Country Team:** Strengthened partnerships are the critical element of the cluster approach. The success of the approach is dependent on the level of inclusiveness and common ownership of all those engaged in the area of activity covered by the cluster. A broadly based IASC Country Team will better ensure that there is a common understanding of gap areas and provide the basis for more effective planning and prioritisation.

> **Rationalizing meetings:** The cluster approach necessarily involves organisations with differing levels of capacity and support staff. Effective engagement of all that need to be involved will require that the structure of each cluster does not make excessive demands on scarce agency technical staff resources. Planning the cluster approach should take into account practical issues such as the frequency of meetings and avoid over design through the creation of subsidiary structures that cannot be sustained.

> **Ensuring flexibility at the district level:** Priorities and needs will vary by district, just as much as they do between countries. Establishing the cluster approach at district level should be determined by need rather than by a concern for creating a uniform structure.

> **Ensuring that clusters provide added value:** The effective operation of clusters will require that they sustain the meaningful engagement of the cluster participants. Sustaining effective clusters at all levels will require that clusters act as the basis for the division of labour, responses and responsibilities amongst its participants, provide a useful exchange of information and analysis and establish shared strategic priorities and plans

> **Remaining engaged with cross cutting issues:** Clusters have a critical responsibility to remain actively engaged in addressing cross cutting concerns such as gender, human rights, HIV/AIDS older persons, and environmental concerns. Experience of recent crises suggests that these important dimensions to ensuring an effective and appropriate response have too frequently been ignored. Cluster Leads will need to actively determine how to address these concerns within each cluster.

11. The role of the Humanitarian Coordinator and OCHA at the country level

At the country level, the Humanitarian Coordinator – with OCHA support – is responsible for ensuring the effectiveness of the humanitarian response. This includes ensuring that:

- Cluster Leads are consulted closely in developing the overall strategic direction of the humanitarian operation;
- Cluster Leads work closely together to identify major gaps in the humanitarian response, to agree on priority activities, and to ensure that the work of the different clusters is integrated into a coherent overall response;
- Appropriate forums are established for Cluster Leads to discuss strategic and operational issues of mutual concern, bearing in mind the need to ensure that these strengthen, rather than undermine, existing inter-agency coordination mechanisms;
- Unnecessary duplication and overlap among clusters is avoided;
- Cross-cutting issues such as gender, human rights, HIV/AIDS, age and environmental impact are effectively addressed in all sectors/clusters;
- Strategic planning is coherent throughout the country, i.e. at the national (capital) level, between capital and the regions, and among the regions;
- Cluster Leads are provided with the necessary common services and tools, particularly in the areas of information management, inter-agency needs assessments, development of the Common Humanitarian Action Plan (CHAP), preparation of the Consolidated Appeal, Flash Appeal and contingency planning;
- Cluster/sectoral coordination meetings supplement rather than replace general inter-agency coordination meetings, to prevent a fragmentation of the humanitarian response;
- Cluster/sectoral coordination meetings at both the capital level and in the regions are streamlined to the extent possible; applying the principle that what is needed is not more meetings, but better meetings.
- Support is provided to Cluster Leads in advocacy and resource-mobilisation efforts to ensure a balanced, comprehensive and well-prioritised humanitarian response;
- Financial and human resources are prioritised in support of critical cluster needs and assist Cluster Leads in funding actions under "last resort" in those circumstances where the Humanitarian Coordinator can draw on pooled funds.

Implementation of the cluster approach along with the other elements of the humanitarian reform process will require more sophisticated coordination among a wider range of partners. The demands for common systems and services, such as information management tools, advocacy and resource mobilisation will be greater. At the country level, OCHA will need to continue to provide support to the Humanitarian Coordinator in four main areas: coordination; information management; advocacy and resource mobilisation; and policy development.

The Humanitarian Coordinator, in consultation with the Cluster Leads, is responsible for adapting coordination structures over time to reflect the capacities of government structures and the engagement of development partners.

12. Financing of clusters

In an effort to immediately enhance preparedness and build up emergency response capacity at the global level, financial requirements for 2006 were exceptionally included in a "Cluster Appeal" which was launched on 6 March 2006. While the issue is still under discussion, it is expected that in subsequent years recurring requirements will be integrated into the budgetary processes for individual participating agencies.

For ongoing emergencies, any costs associated with the application of the Cluster Leadership approach at the country level should be included in the Consolidated Appeals for those countries or in their mid year revisions. The Emergency Relief Coordinator will advocate with donors for support for the implementation of the cluster approach. Cluster Leads and participating agencies are also expected to actively engage in fundraising efforts.

For new emergencies, cluster/sector plans and financial requirements will be included in Flash Appeal documents. The prompt response element of the Central Emergency Response Fund (CERF) is one possible source of funding for the Flash Appeal, to help address urgent unmet needs. This element of the CERF may also be used to assist cases of 'last resort' where they occur in rapidly deteriorating crises.

INTER-AGENCY STANDING COMMITTEE

AD HOC WORKING GROUP MEETING ON
HUMANITARIAN RESPONSE REVIEW FOLLOW-UP

- DRAFT -
Generic Terms of Reference for
Cluster Leads at the Country Level

24 January 2006
Palais des Nations, Room H.3
Geneva

Circulated 16 January 2006

The IASC-endorsed "cluster approach" operates at two levels. At the global level, the aim is to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by designating Global Cluster Leads who are accountable for ensuring predictable and effective inter-agency responses within the particular sectors or areas of activity concerned. At the country level, the aim is to strengthen the coordination framework and response capacity by mobilizing clusters of agencies/organizations/NGOs to respond in particular sectors or areas of activity, each cluster having a clearly designated lead, as agreed by the HC and the Country Team. To enhance predictability, where possible this should be in line with the cluster lead arrangements at the global level.

The Humanitarian Coordinator – with the support of OCHA – retains overall responsibility for ensuring the effectiveness of the humanitarian response and is accountable to the Emergency Relief Coordinator.

Cluster leads at the country level – in addition to their normal agency responsibilities – are accountable to the Humanitarian Coordinator for ensuring the following:

Identification of key partners

➢ Identify key humanitarian partners for the cluster, respecting their respective mandates and programme priorities;

➢ Identify other key partners, including national authorities, peacekeeping forces etc.

Coordination of programme implementation

➢ Ensure appropriate coordination with all humanitarian partners (including national and international NGOs, the Red Cross/Red Crescent Movement, IOM and other international organizations), as well as with national authorities and local structures;

➢ Ensure the establishment/maintenance of appropriate sectoral coordination mechanisms, including working groups at the national and, if necessary, local level;

➢ Ensure timely, effective and coordinated responses based on participatory and community based approaches which integrate cross-cutting issues such as human rights and HIV/AIDS, with due attention to age and gender mainstreaming;

➢ Secure commitments from cluster members in responding to needs and filling gaps, ensuring an appropriate distribution of responsibilities within the cluster, with clearly defined focal points for specific issues where necessary;

➢ Ensure that participants within each cluster work collectively, ensuring the complementarity of the various stakeholders' actions;

➢ Promote emergency response actions while at the same time considering the need for early recovery planning;

➢ Ensure effective links with other clusters (with OCHA support);

➢ Represent the interests of the cluster in discussions with the Humanitarian Coordinator on prioritization, resource mobilization and advocacy;

➢ Act as focal point for inquiries on the cluster's response plans and operations.

Planning and strategy development

➢ Ensure predictable action within the cluster for the following:

1. needs assessment and analysis;

2. identification of gaps;

3. developing/updating agreed response strategies and action plans for the cluster and ensuring that these are adequately reflected in overall country strategies, such as the Common Humanitarian Action Plan (CHAP);

4. drawing lessons learned from past activities and revising strategies and action plans accordingly.

Application of standards

➢ Ensure that cluster members are aware of relevant policy guidelines and technical standards;

➢ Ensure that responses are in line with existing policy guidance and technical standards;

Monitoring and reporting

➢ Ensure adequate monitoring mechanisms are in place to review impact of the cluster and progress against implementation plans;

➢ Ensure adequate reporting and effective information sharing (with OCHA support)

Advocacy and resource mobilization

➢ Identify core advocacy concerns, including resource requirements, and contribute key messages to broader advocacy initiatives of the Humanitarian Coordinator and other actors;

➢ Advocate for donors to fund cluster members to carry out priority activities in the sector concerned, while at the same time encouraging cluster members to mobilize resources for their activities through their usual channels.

Training and capacity building of national authorities and civil society

> ➢ Promote and support training of humanitarian personnel and capacity building of humanitarian partners;

> ➢ Support efforts to strengthen the capacity of the national authorities and civil society.

Provider of last resort

> ➢ As agreed by the IASC Principals, cluster leads are responsible for acting as the provider of last resort to meet agreed priority needs and will be supported by the HC and the ERC in their resource mobilization efforts in this regard.

Cluster Members at the country level are expected to be proactive partners in the elaboration and implementation of the cluster's priorities

Prepared by OCHA – December 2005

DRAFT RBM Framework for WASH Cluster Working Group

Impact	Outcomes	Outputs	Activities	Responsibility	Assumptions
Improve predictability, timeliness and effectiveness of a comprehensive response to humanitarian crises	**Outcome 1** Adequate co-ordination capacity and mechanisms developed	1.1 25 senior co-ordinators identified and trained	1.1.1 mapping of existing Unicef WES staff; identification of potential co-ordinators 1.1.2 identification of potential co-ordinators from WASH implementing agencies and consultants 1.1.3 development of training module and guidelines for senior co-ordinators; review existing training in co-ordination 1.1.4 Carry out training 1.1.5 CWG participants to agree ToR for Senior and Field Co-ordinators	• Unicef • CWG • CWG Training Task Force • To be identified • CWG	• Organisations are willing to participate in co-ordination • Funding is found for training development
		1.2 50 field co-ordinators identified and trained	1.2.1 mapping of existing Unicef WES staff; identification of potential co-ordinators 1.2.2 identification of potential co-ordinators from WASH implementing agencies and consultants 1.2.3 development of training module and guidelines for field co-ordinators; review existing training in co-ordination 1.2.4 Carry out training	• Unicef • CWG • CWG Training Task Force • To be identified	• Organisations are willing to participate in co-ordination • Funding is found for training development
		1.3 Emergency WASH co-ordinators roster set up, running and kept up to date	1.3.1 Review existing emergency rosters (with view to possible amalgamation) 1.3.2 Decide strategy for roster for co-ordinators 1.3.3 Develop funding strategy for roster maintenance	• CWG • CWG • CWG	• It is possible to develop 1 roster or agree several
		1.4 Stand-by agreements in place with organisations for co-ordinator deployments	1.4.1 MoU's developed, agreed and signed with organisations for secondments to lead agency as senior (and field) co-ordinators	• Unicef with identified organisations	• organisations are willing to make staff available for co-ordination
		1.5 Agreements in place with implementing organisations for field co-ordination	1.5.1 MoUs developed, agreed and signed with organisations to take on field co-ordination responsibilities	• Unicef with identified organisations	• Organisations are willing to participate in field co-ordination

		responsibilities			
		1.6 Standardised assessment format developed (based on existing standards/indicators)	1.6.1 *Assessment Task Force* agreed from CWG 1.6.2 CWG agrees key indicators for assessment 1.6.3 Task Force to present alternative formats (*perhaps to consider assessments for different phases?*) 1.6.4 Task Force to analyse field data management needs	• CWG • CWG • CWG Assessment Task Force	• Sufficient Task Force members found • Work can be done within the Task force
		1.7 Standardised monitoring systems developed (based on existing standards/indicators)	1.7.1 *Monitoring Task Force* agreed from CWG 1.7.2 Identification and engagement of consultant 1.7.3 CWG agrees key indicators for monitoring 1.7.4 Task Force to present alternative formats (*perhaps to consider minimum monitoring for different phases?*) 1.7.5 Task Force to analyse monitoring data management needs	• CWG • CWG Monitoring Task Force	• Sufficient Task Force members found • Work can be done within the Task force
		1.8 Agreements in place for data storage (OCHA/HIC?)	1.8.1 MoU with OCHA/HIC or others for data processing, storage and production of country-level WASH capacity data and WASH monitoring database	• CWG Lead	• OCHA or other willing/able to support databases
		1.9 Sign off for implementation by County-level Cluster WG (to promote coverage and reduce duplication)	1.9.1 Discuss with CWG, pilot countries, donors etc the idea that agency implementing plans (to be funded by donors) would be signed off by the CWG	• CWG, CWG Lead	• Appropriate, independent and rapid process for sign-off can be identified
		1.10 Agreed responsibilities for Global/Regional Cluster working group *Support Team*	1.10.1 discussions with CWG, pilot countries and those in emergencies to understand support needed for co-ordination in emergencies 1.10.2 review ToR of CWG Support Team (*currently Paul Sherlock, Jean McCluskey*)	• CWG, CWG lead, CWG Support Team	• CWG Support Team ToR can be flexible
	Outcome 2 Development of	Ideas for possible Outputs; TO BE	• Interagency HP Group to present outputs, activities and budget for outcome on HP capacity	• CWG Support Team to have initial discussion	• Interagency HP Group agrees to

	Hygiene/Health Promotion (HP) capacity for emergency response	DEVELOPED BY HP GROUP • Human resource capacity developed (increased numbers/ quality; Number of implementing agencies with HP capacity) • Country-level standardisation of understanding of HP (common approach) • CWG (Global & Country-level advocating need for HP coverage wherever there are water or sanitation activities implemented; advocating to responding agencies; donors (justifying when no HP response) • HP specialists part of the CWG • Agreed list of emergency HP materials to be stocked • Agreed quantity of emergency HP materials stocked for rapid dispatch	development	with Oxfam	develop plan for capacity building within the sector
	Outcome 3 WASH	3.1 Global sector capacity gaps	3.1.1 format developed to map global sector capacity	• CWG & CWG Support Team	

	Emergency preparedness and learning developed	identified (humanitarian agencies)	3.1.2 CWG and others complete capacity assessment form 3.1.3 CWG analyse key gaps in sector capacity	(with consultant?)	• organisations are willing and able to complete assessment
		3.2 Country-level (hotspots) capacity gaps identified (humanitarian agencies, national institutions, government, private sector, national market	3.2.1 format developed to map WASH capacity at country-level 3.2.2 CWG with others identify hotspot countries 3.2.3 Identify organisations in hotspot countries to map capacity 3.2.4 Liaise with OCHA for processing of data collection and storage	• CWG & CWG Support Team (with consultant?)	• Agencies are willing to carry out mapping
		3.3 CWG agreed list of emergency WASH materials to be stocked	3.3.1 CWG to discuss and agree minimum emergency WASH materials list	• CWG	
		3.4 Agreed quantity of emergency WASH materials stocked for rapid dispatch	3.4.1 CWG to examine and propose quantities of emergency WASH materials for stocking 3.4.2 CWG agreement on who will stock which materials where 3.4.3 Budget developed for minimum emergency stock	• CWG	• Organisations are willing/able to stock materials
		3.5 Standby agreements developed and in place for identified sector capacity gaps	3.5.1 CWG to identify potential service providers for identified gaps in WASH sector capacity 3.5.2 CWG *Capacity Task Force* to develop ToR for identified services and participate in discussions with possible providers (humanitarian actors, institutions, private sector)	• CWG, CWG Capacity Task Force	• Agreement can be found in the CWG for service providers
		3.6 Training developed according to sector capacity gaps and rolled out to WASH agencies for implementation	3.6.1 key training topics developed by *CWG Training Task Force* 3.6.2 Training Task Force to work with consultant to review existing training and develop further training material 3.6.3 Pilot training, evaluation and review for final training modules	• CWG Training Task Force, CWG	• Funding is found for training development and execution

		3.7 Joint emergency WASH evaluations carried out and fed back to CWG (active agencies and information agencies; IASC)	3.7.1 key emergency response arenas identified (including pilot countries) to provide greatest learning 3.7.2 CWG agree ToR, team composition and cost coverage 3.7.3 Carry out evaluations according to CWG decisions	• CWG participant organisations	• Organisations are willing to carry out joint evaluations • Each organisation can fund its participation
	Outcome 4 Adequate resources for WASH sector preparedness and response	4.1 Resource needs identified according to gap analysis for emergency response	4.1.1 mapping by Country-level CWG of needs and required budget requirements for presentation to IASC and donors	• CWG, CWG Lead	• Needs are able to be assessed
		4.2 Proposal/budget developed for (Global/pilots etc) activities	4.2.1 Proposal/budget developed; submission to CWG for presentation to donors 4.2.2 proposal/budget developed for emergency stocks	• CWG Support Team	
		4.3 CWG and CWG Support Team actively advocating & searching for funds	4.3.1 proposal presented at different levels for funding 4.3.2 agreement within CWG who will approach which donors for aspects of the proposal	• CWG Support Team • Individual CWG participants	• Organisations are willing to look for funding
		4.4 CWG Lead at field level active in presenting resource needs gaps to IASC country team and donors for funding	4.4.1 Needs assessment and budget collated by CWG lead and presented to IASC donors	• CWG Lead	• Organisations are willing to share needs assessment budgets to get overall view of needs
	Outcome 5 WASH needs assessment and planning for implementation	NEEDS FURTHER DEVELOPMENT, BUT MAY INCLUDE:- • Guidelines/			

	during stability/early recovery phase agreed jointly	standards development for recovery • Strengthening community development • Strengthening government for co-ordination •			
	NEED TO ENSURE CROSS CUTTING ISSUES ARE INTEGRATED ACROSS RESPONSE:- gender, HIV/AIDS, participation				

Where best to deposit waste?

If properly managed, a (temporary) storage site for disaster wastes will facilitate relief operations and subsequent recovery and rebuilding. If badly managed, it can hamper the relief operations for a very long time.

Allow for appropriate removal and burial of bodies before you begin clearing operations.

DON'T

Don't store wastes at the base of steep hillsides or near human habitation.

DO

Use existing waste handling facilities in the area before you set up a temporary site.

CITY DUMP

DON'T

Never dump wastes near open water, ground water, or the seashore.

DO

Estimate the amount of waste expected, the space required for its disposal, and the types of waste to be dealt with. Instruct workers in the safe handling of hazardous materials such as asbestos, chemicals, healthcare wastes and biological materials.

DO

Separate wastes according to their reusability – bricks, concrete, timber, metal, solid containers, etc.

DO

Put temporary landfills where they can be easily accessed by large trucks.

DON'T

Never burn waste openly – always use properly operated incinerators.

DO

If possible, store wastes in areas with a clay or hard solid (rock) surface away from wells.