



Proposed Responsibilities and Accountabilities Matrix Health, Nutrition and WASH (Water Sanitation Hygiene) Clusters

This matrix defines the responsibilities and accountabilities of the Health, Nutrition and WASH Clusters during emergency response in areas of potential overlap. The matrix has been developed through a broad consultative process, but can be revised as necessary at field level, following consideration of the specific contexts and available resources.

Objectives

- Clarify responsibilities and accountabilities in areas of potential overlap between the three clusters, especially as they relate to the prevention and control of infectious diseases.
- Improve coordination and collaboration among Health, WASH and Nutrition field staff during emergency operations.

Responsibility

- Clusters at field or national level can use this matrix as a starting point to negotiate specific responsibilities. Capacity across Health, WASH and Nutrition sectors may vary according to context and therefore responsibilities for each activity may vary – what is important is that there is clarity of responsibilities for all activities.
- Clusters at global level have agreed on the “indicative” framework, but will review and possibly update the matrix, following input from clusters at field level. If you have specific input, please send it to the global level contacts: WASH: Jean McCluskey (jmcccluskey@unicef.org), Health: Erin Kenney (kenneye@who.int), Nutrition: Bruce Cogill (bcogill@unicef.org).

Please note that:

- **Responsibility means ensuring that the job gets done, not necessarily doing it.**
For example, for Health Care Waste Management the Health Cluster is responsible to ensure it happens, but the support and implementation may be requested outside of the cluster.
- WASH Standards are set at Global level (i.e. Sphere, WHO), but other standards may be incorporated or take priority according to context – for example national standards – and should be discussed by the Cluster / sector actors.
- Clusters work with / coordinate with national authorities and incorporate national standards, provided that these can ensure a level of service that protects and promotes public health.
- Comments and experiences from the field are welcome and will be included in a revision of the matrix in 2009.

| AREA OF POTENTIAL OVERLAP | SPECIFIC ACTIVITY | RESPONSIBILITY | | |
|------------------------------------|--|--|---|--|
| | | HEALTH CLUSTER | WASH CLUSTER | NUTRITION CLUSTER |
| Assessment | Conduct WASH assessments | In health facilities | Outside health facilities Support other clusters as requested | At nutrition rehabilitation centres and wet feeding programs. Support WASH assessment in communities where malnutrition is of concern. |
| Monitoring | Monitor and share WASH related information with other clusters | Disease status and trends (evidence based) in health facilities | WASH indicators (more perception based) outside health facilities. Support other clusters as requested | Trends in hygiene and water related illness at nutrition rehabilitation centres, wet feeding programs and at the community level (from nutritional surveys) where malnutrition is of concern |
| Information Management (IM) | Develop and monitor IM system | Gather, analyze and disseminate evidence based health information. Share with other clusters | Gather, analyse and disseminate WASH information. Share with other clusters | Gather, analyse and disseminate evidence based nutrition information. Share with other clusters |
| WASH Standards | Disseminate, promote and monitor application | In health facilities | Outside health facilities | At nutrition rehabilitation centres, wet feeding programs and through community based management of malnutrition |
| | Agree indicators | In health facilities | Responsible to coordinate agreement outside health facilities | At nutrition rehabilitation centres, and wet feeding programmes |
| Water Quality | Identify country testing capacity and facilities | | Fully responsible | |
| | Ensuring and testing treatment | In health facilities | Outside health facilities. Provide training, material and support to other clusters as requested | At nutrition rehabilitation centres and wet feeding programs. Support WASH as requested, where malnutrition is of concern |
| | Monitoring | In health facilities | Outside health facilities | At nutrition rehabilitation centres and wet feeding programs |
| Water quantity | Ensure quantity | In health facilities | Outside health facilities. | At nutrition rehabilitation centres and |

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|--|---|---|---|--|
| | | HEALTH CLUSTER | WASH CLUSTER | NUTRITION CLUSTER |
| | | | Provide support to Health and Nutrition Clusters as requested | wet feeding programs. Advocate for communities as necessary |
| Water facilities | Improve access | In health facilities | Outside health facilities | At nutrition rehabilitation centres and wet feeding programs. Advocate for communities as necessary |
| Hygiene | Promote and improve hygiene | In health facilities | Fully responsible to coordinate common message between clusters; and to conduct outside health facilities | At nutrition rehabilitation centres, supplementary feeding programs and through community based workers involved with management of malnutrition |
| Hygiene Promotion Outreach Workers (including Community Health Workers) | Develop Hygiene promotion strategy and message content | Provide input | Responsible to coordinate common message between clusters | Provide input, if relevant |
| | Agree outreach worker terms and conditions (e.g. paid, volunteer) | Agree outreach strategy with WASH Cluster | Agree outreach strategy with Health Cluster | Participate if relevant |
| Excreta disposal | Ensure access | In health facilities | Outside health facilities | At nutrition rehabilitation centres and wet feeding programs |
| Drainage and Waste Water | Disposal | In health facilities | Outside health facilities | At nutrition rehabilitation centres and wet feeding programs |
| Ensure Sanitary Environment | Ensure sanitary environment | In health facilities | Outside health facilities | At nutrition rehabilitation centres and wet feeding programs |
| Disease Outbreak | Assessment | Fully responsible for overall coordination (with input from other clusters) | Participate in assessment | Input into assessment tool and support as suitable |
| | Surveillance and monitoring | | Support as requested. Full involvement in response action plan for WASH related diseases | Report incidence in programmatic areas and support as requested |
| | Outbreak control | | | Support communication strategies at nutrition rehabilitation centres and wet |
| | Communication | | | |

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|--------------------------------|---|---|--|--|
| | | HEALTH CLUSTER | WASH CLUSTER | NUTRITION CLUSTER |
| | | | | feeding programs |
| Vector Control | Identify vector and coordinate control efforts | Fully responsible | Support as requested | Support as required |
| | Implement vector control - provision of materials e.g. bed-nets, spraying | In health facilities | Outside health facilities – responsible for general population | At nutrition rehabilitation centres and wet feeding programs |
| Waste Management | Maintain, construct and renovate | In health facilities | Outside health facilities. Provide support to Health and Nutrition Clusters as requested | At nutrition rehabilitation centres and wet feeding programs |
| WASH Infrastructure | Prioritise facilities for renovation and construction Implement projects | In health facilities | Outside health facilities. Provide support to Health and Nutrition Clusters as requested | At nutrition rehabilitation centres and wet feeding programs |
| WASH Related Stockpiles | Procure and share information about stockpiles between clusters. | Material used in health facilities, and Oral Rehydration Salts (ORS). Support WASH as requested, particularly for bed net need and distribution | Population based material (Bed nets, water treatment chemicals (e.g. chlorine), water testing equipment, soap) | Nutrition related products such as anthropometric equipment, specially designed food commodities, micronutrient supplements, etc used in the assessment and management of malnutrition |