

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 (jmcluskey@unicef.org), Health: Erin Kenney (kenney@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.

INTER-CLUSTER MATRIX – WASH/Health/Nutrition

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, analyze 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. Provide support to Health and Nutrition Clusters as requested	At nutrition rehabilitation centres and 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	Agree outreach strategy with WASH Cluster	Agree outreach strategy with Health Cluster	Participate if relevant

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AREA OF POTENTIAL OVERLAP	SPECIFIC ACTIVITY	RESPONSIBILITY		
		HEALTH CLUSTER	WASH CLUSTER	NUTRITION CLUSTER
	(e.g. paid, volunteer)			
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 feeding programs
	Communication			
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