

UNHCR's Strategic Plan for Water and Sanitation

2008 - 2012



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List of Acronyms

APR	Annual Protection Reports
CDC	Centers for Disease Control and Prevention
DOS	Division of Operational Services
GBV	Gender Based Violence
HIS	Health Information System
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
HQ	Headquarters
HRI	Humanitarian Reform Initiative
IDP	Internally Displaced Person
IP	Implementing Partner
M&E	Monitoring and
MSRP	Management Systems Renewal Project
NFI	Non Food Item
OP	Operational Partner
PA	Participatory Assessment
PoCs	Persons of Concern
S&I	Standards and Indicators
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Program
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene
WatSan	Water and Sanitation
WHO	World Health Organisation

EXECUTIVE SUMMARY

UNHCR's Strategic Plan for Water and Sanitation (2008-2012) outlines the overall objectives and main strategies to address Water and Sanitation (WatSan) within the context of UNHCR's mandate to protect refugees, internally displaced persons (IDPs) and other persons of concern (PoCs). The Strategic Plan aims to complement the UNHCR Standards and Indicators specific to the WatSan sectors (UNHCR's Standard and Indicators[S&I] Handbook, 2006), the Millennium Development Goals, the United Nations Humanitarian Reform Initiative (HRI), the internationally recognised right to adequate water, and other global commitments and processes in the WatSan sectors.

This Strategic Plan takes into account the need for close coordination among the essential service sectors of UNHCR including protection, community services, health, nutrition, food security, shelter, HIV/AIDS, environment and education. These linkages will ensure a comprehensive and integrated approach across technical sectors covered by UNHCR's Public Health and HIV Section as well as other divisions within UNHCR. The Strategic Plan aims to guide operations in camp, urban and other non-camp settings as well as in local integration and returnee situations during the period of 2008-2012 (see 2008-12 guiding principles).

OVERALL STRATEGIC OBJECTIVE:

To support and promote WatSan policies and programmes to reduce morbidity and mortality and to enhance the quality of life among refugees, IDPs, returnees and other PoCs to UNHCR.

WATER AND SANITATION STRATEGIC OBJECTIVES FOR UNHCR:

- 1. Protection:** To ensure the human rights of UNHCR's PoCs to equitable access to safe and adequate WatSan services.
- 2. Coordination and Integration:** To effectively coordinate, advocate for and integrate WatSan policies and programmes in a multi-sectoral approach for PoCs by strengthening and expanding strategic partnerships with key stakeholders.
- 3. Prevention:** To reduce transmission of diseases associated with insufficient WatSan services through provision of appropriate, reliable, accessible and adequate WatSan policies and programmes with an emphasis on community participation.
- 4. Operations Management:** To effectively respond, maintain and operate WatSan systems in collaboration with PoCs and other stakeholders directly benefiting from the services
- 5. Durable Solutions:** To ensure that WatSan components are integrated in local integration or reintegration operations so as to guarantee sustainability of durable solutions.
- 6. Capacity Building and Training:** To build and strengthen specific WatSan-related knowledge and skills as well as to provide necessary technical tools to PoCs and those staff working with them.
- 7. Assessments, Monitoring and Evaluation and Operational Research:** To regularly monitor and report on the status of WatSan programmes to inform programmatic planning and implementation in a timely manner; to evaluate programme performance and achievements using a results-based management approach; and to develop and carry out operational research on new approaches and technologies in WatSan sectors.

INTRODUCTION

Access to clean water and improved sanitation are essential to life, health and dignity. They are, therefore, basic human rights. The Universal Declaration of Human Rights, 1948, Article 25 states that “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family”. The *General Comment No. 15, ‘The Right to Water’*, UN Committee on Economic, Social and Cultural Rights, 2002, Article 2, further elaborates on this point, draws specific attention to UNHCR’s PoCs and urges state parties to ensure that: “Refugees, asylum-seekers, internally displaced persons and returnees have access to adequate drinking water whether they stay in camps or in urban area. ... should be granted the right to water in the same conditions as nationals.”

Timely and adequate provision of clean water to PoCs is of special importance because they often face discrimination, difficulties in fully exercising their rights, and are prone to exploitation. Of equal importance is the provision of adequate sanitation including the management of human excreta disposal, solid waste, medical waste, and waste water and drainage as well as control of vectors of communicable diseases (e.g. mosquitoes, rats, mice and flies). Water and sanitation programmes must be implemented together with proper hygiene promotion and implementation activities to ensure effective prevention of diseases and death.

This UNHCR Strategic Plan for WatSan documents the vision, strategic objectives, and main strategies of UNHCR to fully integrate effective WatSan policies and programmes into UNHCR’s overall mandate to protect refugees and other PoCs. It also provides core indicators by which progress against these strategic objectives will be measured to ensure that UNHCR meets its internal standards and indicators and complies with international standards.

The foundation for the UNHCR Strategic Plan for WatSan 2008 – 2012 was laid by:

- UNHCR, *Water Manual for Refugee Situations*, 1992
- UNHCR *Handbook for Emergencies* (Section 14 and 15), Third Edition, UNHCR, 2007
- UNHCR, *Standard and Indicators in UNHCR*, 2006
- WHO, *Guidelines for Drinking-water Quality*, Third Edition, 2004
- UNHCR, *Vector and Pest Control in Refugee Situations*, 1997
- Loughborough University, UK, *Emergency Sanitation*, WEDC, 2002
- Loughborough University, UK, *Excreta Disposal in Emergencies*, WEDC, 2007
- United Nations, *ECOSOC General Comment No. 15, the Human Rights to Water*, 2002
- UNESCO World Water Assessment Programme, *Water a Shared Responsibility*, The UN World Water Development Report 2, 2006

WatSan is also explicitly highlighted in UNHCR's Global Strategic Objectives for 2008-2009 (See Box 1).¹

BOX 1: Water and Sanitation in the UNHCR Global Strategic Objectives

Global Strategic Objective 3 - Realising the social and economic well being of persons of concern, with priority given to:

- 3.1** Reducing malnutrition, and major risks to the health of populations of concern, notably malaria, HIV/AIDS and inadequate reproductive health services.
- 3.2** Reducing vulnerability and improving standards of living, especially in relation to water, shelter, and sanitation service.
- 3.5** Creating opportunities for self-reliance through a community-based approach.

Global Strategic Objective 4 - Responding to emergencies in a timely and effective manner, with priority given to:

- 4.2** Meeting the needs of women, children and groups with specific needs in emergency situations.

Performance Targets:

- 4.2.2.** Emergency protection and assistance interventions in the first three months of an emergency increasingly respond to age, gender and diversity considerations including specific interventions for women, children and groups with special needs.

An interim assessment of all indicators and targets in this plan will be undertaken after the end of 2009.

GOALS AND OBJECTIVES

OVERALL STRATEGIC OBJECTIVE:

To support and promote WatSan policies and control programmes to reduce morbidity and mortality and to enhance the quality of life among refugees, IDPs, returnees and other PoCs to UNHCR.

Water and Sanitation Strategic Objectives for UNHCR:

- 1. Protection:** To ensure the human rights of UNHCR's PoCs to equitable access to safe and adequate WatSan services.
- 2. Coordination and Integration:** To effectively coordinate, advocate for and integrate WatSan policies and programmes in a multi-sectoral approach for PoCs by strengthening and expanding strategic partnerships with key stakeholders.
- 3. Prevention:** To reduce transmission of diseases associated with insufficient WatSan services through provision of appropriate, reliable, accessible and adequate WatSan policies and programmes with an emphasis on community participation.

¹ UNHCR, "Biennial Programme Budget 2008-2009 of the Office of the United Nations High Commissioner for Refugees." A/AC.96/1040, 12 September 2007, Fifty-eighth session.

- 4. Operations Management:** To effectively respond, maintain and operate WatSan systems in collaboration with PoCs and other stakeholders directly benefiting from the services
- 5. Durable Solutions:** To ensure that WatSan components are integrated in the local integration or reintegration operations so as to guarantee sustainability of durable solutions.
- 6. Capacity Building and Training:** To build and strengthen specific WatSan-related knowledge and skills as well as to provide necessary technical tools to PoCs and those staff working with them.
- 7. Assessments, Monitoring and Evaluation and Operational Research:** To regularly monitor and report on the status of WatSan programmes to inform programmatic planning and implementation in a timely manner; to evaluate programme performance and achievements using a results-based management approach; and to develop and carry out operational research on new approaches and technologies in WatSan sectors.

STRATEGIES AND INDICATORS OF ACHIEVEMENT

UNHCR will monitor its progress against these strategic objectives over the 2008-2012 period through a rigorous monitoring and evaluation system at regional and country levels. The data will be aggregated and reported regularly at the global level. The following core of **36 indicators** will be tracked as a measure of progress against the strategic objectives. For each of these indicators, many others could be suggested, particularly programme performance monitoring indicators, which are not detailed here but many of which will be collected and used at country level. Realisation of these strategic objectives will require a certain level of accountability at various levels of management. This accountability will be most important at the country and field level through the processes of the programme planning cycle and on-going reporting.

Table 1 summarises the strategies and indicators of achievement. It provides explicit definitions for and essential information on how the indicators will be measured at the global, regional and country operational levels.

Table 2 provides summaries of how the indicators of achievement will be reported. This includes information on targets, periodicity, applicable strategic objectives, and sources of measurement.

UNHCR will obtain data on WatSan from following main sources:

1. UNHCR's Health Information System (HIS)
2. UNHCR's Standards and Indicators (S&Is)
3. UNHCR's Annual Protection (APRs)
4. UNHCR's Global Strategic Objectives
5. Joint Assessment Missions conducted with other UN agencies and non-governmental organisations and WatSan surveys.
6. UNHCR's Financial Systems using Management Systems Renewal Project (MSRP)

Table 1. Key Strategies and Indicators of Achievement

STRATEGIC OBJECTIVE 1: PROTECTION	To ensure the human rights of UNHCR's PoCs to equitable access to safe and adequate WatSan services.
Key Strategies	Indicators of Achievement
(1.1) Reduce diseases associate with poor WatSan services through effective WatSan policies and programmes.	(1.1.1) Proportional mortality due to watery diarrhoea (Crude, Under 5). (1.1.2) Proportional morbidity due to watery diarrhoea (Crude, Under 5). (1.1.3) Watery diarrhoea incidence (Crude, Under 5).
(1.2) Reduce incidence of gender-based violence (GBV) related to WatSan programmes.	(1.2.1) Use of toilets is arranged by household(s) and/or segregated by sex. (1.2.2) Number of reported cases of GBV, segregated per type, age and sex. (1.2.3) Where communal bathing facilities are necessary, there are sufficient bathing cubicles available with separate cubicles for males and females, and they are used appropriately and equitably.
(1.3) Ensure access to equitable water and sanitation services.	(1.3.1) % of camps having > 20L of water per person per day. (1.3.2) % of camps having ≤ 80 persons per useable taps, or ≤ 200 persons per hand pump or well. (1.3.3) % of camps with access to > 80% family latrines (stable phase).
Indicators 1.5.1 and 1.5.2 from HIV Strategic Plan also apply.	
STRATEGIC OBJECTIVE 2: COORDINATION AND INTEGRATION	To effectively coordinate, advocate for and integrate WatSan policies and programmes in a multi-sectoral approach for PoCs by strengthening and expanding strategic partnerships with key stakeholders.
Key Strategies	Indicators of Achievement
(2.1) Ensure WatSan policies and programmes for IDPs are coordinated and integrated within humanitarian reform process.	(2.1.1) % of HCR country offices that are consistently participating in WASH cluster meetings among those countries that have been "clusterized". ² (2.1.2) % HCR participation in WASH cluster meetings/events at global level.
(2.2) Strengthen HCR WatSan coordination capacity and supervision with relevant stakeholders (e.g. host country authorities, IPs and OPs, and PoCs representatives).	(2.2.1) Number of HCR public health coordinators and /or WatSan Officers. (2.2.2) Number of public health coordination meetings with integrated WatSan components held per year. (2.2.3) % of WatSan experts deployed by our partners compared with number of HC requests.
(2.3) Ensure sufficient resources provided to supporting HCR's WatSan activities.	(2.3.1) Amount of resources spent by HCR for WatSan (USD/person/yr).
(2.4) Ensure that PoCs are included into participatory assessments and age, gender and diversity analysis as part of HCR's operations management cycle.	(2.4.1) % of countries that have conducted participatory assessments as part of the operations management cycle.

2 A cluster is a group of agencies, organizations and/or institutions unified by their particular mandates, working towards common objectives. The purpose of the clusters is to promote effective and predictable outcomes in a timely manner, while also improving accountability and leadership. Globally, 11 clusters have been identified, each with a lead agency, covering areas such as, protection, camp coordination and camp management, education, shelter, health and water and sanitation.

Table 1. Key Strategies and Indicators of Achievement (cont.)

STRATEGIC OBJECTIVE 3: PREVENTION	To reduce transmission of diseases associated with insufficient WatSan services through provision of appropriate, reliable, accessible and adequate WatSan policies and programmes with an emphasis on community participation.
Key Strategies	Indicators of Achievement
(3.1) Provide minimal internationally accepted WatSan services to HCR's PoCs during an emergency.	(3.1.1) % of families receiving > 250 g of soap per person per month. (3.1.2) % of camps with ≤ 20 persons per latrine or drop hole. (3.1.3) % of camps reporting no faecal coliforms per 100ml at point of delivery. See also 1.3.1-1.3.3 .
(3.2) Ensure participation of and access by vulnerable groups in establishing and maintaining WatSan services.	(3.2.1) % of population living within 200 m from water points. (3.2.2) % of population living within 5 to 50 m from the latrines. Also see 1.2.1-1.2.3 .
(3.3) Create epidemic preparedness plans that include water-borne diseases.	(3.3.1) % of camps/programmes that have epidemic preparedness plans including water-borne disease.
(3.4) Improve hygiene promotion.	(3.4.1) % of HCR operations with WatSan committees in operations with equal participation of female members. (3.4.2) % of camps with one hygiene promoter per 500 persons. See also 1.1.1-1.1.3, 3.1.1, 3.1.3, 3.2.1, 3.2.2 .
(3.5) Control disease vectors through environmentally friendly measures and improved waste management practices.	(3.5.1) % coverage of suitable dwellings when IRS was utilized to control or prevent epidemics. (3.5.2) % of camps with ≤ 500 persons per communal refuse pit.
Indicators 1.2.1 and 1.2.2 from Malaria Strategic Plan also apply.	

STRATEGIC OBJECTIVE 4: OPERATIONS MANAGEMENT	To effectively respond, maintain and operate WatSan systems in collaboration with PoCs and other stakeholders directly benefiting from the services.
Key Strategies	Indicators of Achievement
(4.1) Improve and implement operation management plans for WatSan facilities in HCR operations.	(4.1.1) % of water systems with a total of ≥ 3 days of downtime in a month and/or more than one consecutive day of supply interruption. See also 1.1.1-1.1.3, 1.3.1-1.3.3, 3.1.1-3.1.3 .
(4.2) Functioning WatSan committees and support staff to oversee and improve performance of WatSan services.	(4.2.1) % of priority operations with trained and dedicated WatSan staff to ensure technical integrity in these sectors. See also 3.4.1, 3.4.2 .
(4.3) Respond effectively and timely to an emergency.	See (2.2.3) .

Table 1. Key Strategies and Indicators of Achievement (cont.)

<p>STRATEGIC OBJECTIVE 5: DURABLE SOLUTIONS</p>	<p>To ensure that WatSan components are integrated in the local integration or reintegration operations so as to guarantee sustainability of durable solutions.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(5.1) Advocate for and establish local integration and repatriation policies and programmes that include appropriate prevention and treatment interventions for WatSan.</p>	<p>(5.1.1) % of operations where WatSan plans have been designed and integrated in exit strategies (integration areas or areas of return).</p>
<p>(5.2) Coordinate and share WatSan information with governments, UN agencies and other humanitarian organisations during repatriation.</p>	<p>(5.2.1) % of major repatriation operations that collect and share WatSan information about PoCs in areas of return with government and organisations involved in programmes.</p>
<p>STRATEGIC OBJECTIVE 6: CAPACITY BUILDING AND TRAINING</p>	<p>To build and strengthen specific WatSan-related knowledge and skills as well as to provide necessary technical tools to PoCs and those staff working with them.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(6.1) Train HCR and partner health staff on essentials of improved WatSan services and provide necessary tools and guidance.</p>	<p>(6.1.1) % of training activities in which WatSan modules integrated and delivered according to number planned. See also 2.1.1, 2.1.2, 2.2.2, 2.4.1.</p>
<p>(6.2) Improve capacity of HCR's PoCs to participate in the design, implementation, monitoring and evaluation of WatSan programmes.</p>	<p>(6.2.1) % of countries reporting WatSan training for UNHCR's PoCs. See also 2.4.1, 3.3.1, 3.4.1, 3.4.2, 4.2.1.</p>

Table 1. Key Strategies and Indicators of Achievement (cont.)

<p>STRATEGIC OBJECTIVE 7: ASSESSMENTS, SURVEILLANCE, MONITORING AND EVALUATION AND OPERATIONAL RESEARCH</p>	<p>To regularly monitor and report on the status of WatSan programmes within PoCs to inform programmatic planning and implementation in a timely manner; To evaluate programme performance and achievements using a results-based management approach; and To develop and carry out operational research on new approaches and technologies in WatSan sectors.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(7.1) Conduct WatSan situational assessments using a standardised checklist.</p>	<p>(7.1.1) % of WatSan assessments undertaken during initial emergency phase.</p>
<p>(7.2) Collect and analyse essential WatSan-related data on performance and impacts on a routine basis.</p>	<p>(7.2.1) % refugee operations with functioning HIS, as defined by monthly reporting to HCR.</p>
<p>(7.3) Evaluate WatSan programmes on a routine basis.</p>	<p>(7.3.1) % of camps/programmes that have evaluated their coverage and quality of WatSan services every 2 yrs in stable settings.</p>
<p>(7.4) Conduct WatSan operational research to guide programme implementation or to address identified programmatic problems.</p>	<p>(7.4.1) Number of programmes that have conducted operational research defined as any investigation that is not routine and undertaken to inform programmatic planning or to address identified programmatic problems.</p>

Table 2: Summary of Indicators of Achievement

INDICATORS OF ACHIEVEMENT	Target ³	Periodicity	Strategic Objectives	Source of Measurement	Setting: Camp, Non-camp ⁴
(1.1.1) Proportional mortality due to watery diarrhoea (Crude, Under 5).	Variable	Monthly, Annually	1,3,4	HIS	Camp
(1.1.2) Proportional morbidity due to watery diarrhoea (Crude, Under 5).	Variable	Monthly, Annually	1,3,4	HIS	Camp Non-camp
(1.1.3) Watery diarrhoea incidence (Crude, Under 5).	Variable	Monthly, Annually	1,3,4	HIS	Camp
(1.2.1) Use of toilets is arranged by household(s) and/or segregated by sex.	100%	Annually	1,3	WatSan Survey	Camp
(1.2.2) Number of reported cases of GBV, segregated per type, age and sex.	Variable	Monthly, Annually	1,3	Country Offices HIS APR	Camp Non-camp
(1.2.3) Where communal bathing facilities are necessary, there are sufficient bathing cubicles available with separate cubicles for males and females.	100%	Annually	1,3	WatSan Survey	Camp
(1.3.1) % of camps having > 20L of water per person per day.	>80%	Annually	1,3,4	WatSan Survey S&I	Camp
(1.3.2) % of camps having ≤ 80 persons per useable taps, or ≤ 200 persons per hand pump or well.	>75%	Annually	1,3,4	WatSan Survey	Camp
(1.3.3) % of camps with access to 80% family latrines (stable phase).	>90%	Annually	1,3,4	S&I	Camp
(2.1.1) % of HCR country offices that are consistently participating in WASH cluster meetings among those countries that have been "clusterized". ⁵	>75%	Annually	2,6	Country Offices	Camp Non-camp
(2.1.2) % HCR participation in WASH cluster meetings/events at global level.	>90%	Annually	2,6	HQ Reports	Not applicable

3 Target refers to the level that UNHCR intends to achieve by the end of 2012. It is based on the current situation and what HCR believes it is feasible to attain.

4 Refers to setting where indicator will *primarily* be measured. However, this may vary according to context. All population-based surveys could be undertaken in camp or non-camp settings; however, at this point they are primarily done in camp settings. This may change over time.

5 A cluster is a group of agencies, organizations and/or institutions unified by their particular mandates, working towards common objectives. The purpose of the clusters is to promote effective and predictable outcomes in a timely manner, while also improving accountability and leadership. Globally, 11 clusters have been identified, each with a lead agency, covering areas such as, education, shelter, telecommunications, food aid, health and sanitation.

Table 2: Summary of Indicators of Achievement (cont.)

INDICATORS OF ACHIEVEMENT	Target ³	Periodicity	Strategic Objectives	Source of Measurement	Setting: Camp, Non-camp ⁴
(2.2.1) Number of HCR public health coordinators and/or WatSan Officers.	Variable	Annually	2	Country Offices Regional Offices HQ	Camp Non-camp
(2.2.2) Number of public health coordination meetings with integrated WatSan components held per year.	100%	Annually	2,6	Country Offices Regional Offices HQ	Camp Non-camp
(2.2.3) % of WatSan experts deployed by our partners compared with number of HCR requests.	>75%	Annually	2,4	HQ	Camp Non-camp
(2.3.1) Amount of resources spent by HCR for WatSan (USD/person/yr).	Variable	Annually	2	MSRP	Camp Non-camp
(2.4.1) % of countries that have conducted participatory assessments as part of the operations management cycle.	>80%	Annually	2,6	Country Offices	Camp Non-camp
(3.1.1) % of families receiving > 250 g of soap per person per month.	>90%	Annually	1,3,4	WatSan Survey	Camp
(3.1.2) % of camps with ≤ 20 persons per latrine or drop hole.	>90%	Annually	1,3,4	WatSan Survey S&I	Camp
(3.1.3) % of camps reporting no faecal coliforms per 100ml at point of delivery.	>75%	Annually	1,3,4	WatSan Survey S&I	Camp
(3.2.1) % of population living within 200 m from water points.	>80%	Annually	1, 3	WatSan Survey S&I	Camp
(3.2.2) % of population living within 5 to 50 m from the latrines.	>80%	Annually	1, 3	WatSan Survey	Camp
(3.3.1) % of camps/programmes that have epidemic preparedness plans including water-borne disease.	>80%	Annually	1,6	Country Offices	Camp
(3.4.1) % of UNHCR operations with WatSan committees in operations with equal participation of female members.	>90%	Annually	1,3,4,6	WatSan Survey	Camp
(3.4.2) % of camps with one hygiene promoter per 500 persons.	>75%	Annually	1,3,4,6	WatSan Survey	Camp
(3.5.1) % coverage of suitable dwellings when IRS was utilized to control or prevent epidemics.	>80%	Annually	3	Country Offices LLIN survey	Camp
(3.5.2) % of camps with ≤ 500 persons per communal refuse pit.	>90%	Annually	3	WatSan Survey S&I	Camp

Table 2: Summary of Indicators of Achievement (cont.)

INDICATORS OF ACHIEVEMENT	Target ³	Periodicity	Strategic Objectives	Source of Measurement	Setting: Camp, Non-camp ⁴
(4.1.1) % of water systems with a total of ≥ 3 days of downtime in a month and/or more than one consecutive day of supply interruption.	<15%	Annually	1, 3, 4	WatSan Survey	Camp
(4.2.1) % of priority operations with trained and dedicated WatSan staff to ensure technical integrity in these sectors.	100%	Annually	3, 4, 6	Country Offices HQ	Camp Non-camp
(5.1.1) % of operations where WatSan plans have been designed and integrated in exit strategies (integration areas or areas of return).	100%	Annually	5, 2	Country Offices	Camp Non-camp
(5.2.1) % of major repatriation operations that collect and share WatSan information about PoCs in areas of return with government and organisations involved in programmes.	100%	Annually	5, 2	Country Offices	Camp Non-camp
(6.1.1) % of training activities in which WatSan modules integrated and delivered according to number planned.	90 %	Annually	2,6	Country Offices HQ	Camp Non-camp
(6.2.1) % of countries reporting WatSan training for UNHCR's PoCs.	>75%	Annually	2,3,4,6	Country Offices	Camp Non-camp
(7.1.1) % of WatSan assessments undertaken during initial emergency phase.	100 %	Annually	7	Country Offices	Camp Non-camp
(7.2.1) % refugee operations with functioning HIS, as defined by monthly reporting to HCR.	100%	Monthly, Annually	7	Country Offices HQ	Primarily camp with emphasis to include non camp
(7.3.1) % of camps/programmes that have evaluated their coverage and quality of WatSan services every 2 yrs in stable settings.	100 %	Biannually	7	Country Offices	Camp
(7.4.1) Number of programmes that have conducted operational research defined as any investigation that is not routine and undertaken to inform programmatic planning or to address identified programmatic problems.	Variable	Annually	7	Country Offices Regional Offices HQ	Camp Non-camp

