***WASH in Emergencies***

***Final Exam:***

***Water Hygiene and Sanitation (WASH)***

***BY***

***ABRAHAM MAYUOM CHOL***

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**Introduction:**

As stated by former United States President (2009-2017) and Nobel Peace Prize winner

(for his extraordinary efforts to strengthen international diplomacy and cooperation

between peoples -e.g. Humanitarian Help, efforts regarding worldwide denuclearisation,

etc.) Barack Hussein Obama in his 2009 Inaugural speech: “As our world becomes smaller,

our common humanity will reveal itself” (Dallaire & Humphreys, 2010, p. 301). This quote

is yet another inspiring demonstration of a great influencer and human right activist who

used his position in order to promote what the Sphere Project guide “Humanitarian Charter

and Minimum Standards in Disaster Reponses” considers the core principles which should

guide anyone working in the Humanitarian Help and Development sector: alleviating

suffering, meeting essential human needs and restoring life with dignity for populations in

need (The Sphere project, 1998, p. 1). This final research paper constitutes the pinnacle of

this six-month introductory course regarding Water, Sanitation and Hygiene in disaster

response and will pivot between eleven central questions, namely: (1) What is Sanitation

and Hygiene? (2) Why are Water, Sanitation, and Hygiene important? (3) What is open

defecation? (4) What is Sanitation Marketing? (5) What are some of the biggest challenges

you face in teaching hygiene and sanitation? (6) What is sustainable sanitation? (7) What

are the steps for planning and implementing a successful WASH behaviour change

campaign? (8) What are the challenges faced by WASH Projects in Africa? (9) You have

visited one of the schools in your locality. What part of its surroundings can you see that

satisfy the criteria for disease prevention? List parts of the building and its surroundings,

and state why they are important.(10) You have asked the local county government to

provide a licence for your new hotel in town. The inspector asks you to assist him to

describe the basic hygiene for your business before licensing. Kindly describe. (11) You

have to make a plan of action for the promotion of WASH in your town. Briefly describe

the activities that need to be included in your plan.

1. **What is Sanitation and Hygiene?**

In order to adequately assess the question of WASH (Water, Sanitation and Hygiene),

it goes without saying that one should primarily define what the terms Sanitation and

Hygiene stand for. According to the 2018 edition of the Strategia Netherland’s manual

(module four), Sanitation refers to: “all aspects of excreta disposal (human and animal,

faeces and urine). It includes sanitary structures (e.g. latrines); material needed for the

proper operation and use of the structures (e.g. water, soap); and the human behaviour and

attitudes relating to excreta and its disposal” (Strategia Netherlands, Module 4, p. 3).

Environmental Satiation, on the other hand, refers to the disposal of unwanted water (here

defined as drainage), Solid Waste Management (SWM) (how refuse is dealt with) and

Vector Control (strategies regarding the diminution of vector presence to acceptable levels

to diminish the risks of disease spreading, etc.) (Strategia Netherlands, Module 4, p. 3).

Further defining the terms included in WASH, the definition of Hygiene is strongly related to water access (without which Hygiene improvements cannot be achieved). According to

the Oxford Dictionaries, the term Hygiene refers to: “Conditions or practices conductive

to maintaining health and preventing disease, especially through cleanliness.” (Oxford

Dictionaries, 2019). Moreover, as advanced by UNICEF, concentrating solely on improved

water access and sanitation facilities will not necessarily be sufficient to attain the objectives regarding improved health if behavioural modifications regarding hygienic behaviours are not achieved (e.g. importance of hand washing post defecation or pre-food

preparation correlates strongly with the reduction of the incidence of diarrhoea, etc.)

(UNICEF, "The importance of hygiene", 2003)

**2) Why are Water, Sanitation, and Hygiene important?**

One cannot correctly understand the importance of WASH standards in emergencies,

without primarily defining the main objective of WASH programs in disaster response,

namely: the provision of safe drinking water, the reduction of feaco-oral disease

transmission and disease-bearing vector exposure by means of establishing conditions

allowing for individuals to live with good health, dignity, comfort and security through the

promotion of adequate hygiene practices and the reduction of environmental health risks

(all of the above obtained through sanitation: excreta disposal, vector control, solid waste

disposal and drainage, etc.) (Strategia Netherlands, Module 2, p. 3). Moreover, due to the

nature of emergency settings, adequate provision of help is often complex. This reality is

particularly true in sudden onset emergencies (overwhelming needs, competing priorities,

destroyed/damaged communications/transportation infrastructure, rapid influx of

providers of humanitarian assistance, outbursts of mutual help from local citizens, highly stressed local government and non-government institutions, etc.) (UNDAC field handbook,

2006, p. 1). In such a context, it makes sense that Water, Hygiene and Sanitation are to be

considered a priority (if not one of the most important aspects of disaster response -

obviously, depending on the needs of the affected population) when intervening in

disaster/crisis settings as these three components are central aspects of disease/infection

prevention. In fact, they constitute the principal barriers to Food-borne infections

(transmitted through pathogen contaminated food), Vector-borne infections (transmitted

through biological vectors -mosquitoes, body louse, etc.-)/ Mechanical vectors (e.g.

domestic flies, cockroaches, etc.), Water-borne infections (transmitted through pathogen

infected drinking water), Water washed infections (infections -transmitted through direct/indirect routes- caused by pathogens whose transmission can be prevented through

personal hygiene) and Faecal-oral infections (infections -directly transmitted through

faecies excretion- which infects human/animal host through ingestion; can be Food borne,

Water borne, Water washed; or infects hosts with mechanical vectors – e.g. domestic flies-

/contaminated soil, etc.) (Strategia Netherlands, Module 4, p. 19)

**3) What is open defecation?**

First and foremost, in order to adequately observe/decline the potential issues which

come as a result of the open defecation practice, one should define what it means, namely:

The practice whereby people go out in fields, bushes, forests, open bodies of water,

or other open spaces rather than using the toilet to defecate.” (UNICEF, "Eliminate Open

Defecation"). Due to the strong correlation between all excreta-related infections (faecooral infections, Food-borne infections, Vector borne infections, Mechanical vectors,

Water-borne infections, Water washed infections) and open defecation, it makes perfect

sense that open defecation is to be considered one a serious health threat and therefore, one

of the top priorities when intervening in emergency settings through a WASH program

(Strategia Netherlands, Module 4, p. 19). Moreover, as advanced by Strategia Netherland’s

manual, the effectiveness of sanitary structures regarding disease prevention depends

primarily on the use of these structures by everyone, at all time. Due to the fact that any infected individual has a great potential to contribute to the spread of pathogens, anyone

(e.g. especially children, etc.) practising open defecation hinders the full effectiveness of

the sanitary structures in place (e.g. Hookworm infected individuals can easily release one

million eggs per day, even if a poor amount -400,000 infectious larva, infectious for a six week period survives, the potential for disease spreading is very high, especially in

emergency contexts) (Strategia Netherlands, Module 3, p. 75). Nevertheless, due to the

great potential of disease spreading related to poorly maintained latrines (e.g. Faeco oral

infections, hookworm, etc.), categorically condemning open defecation in areas with low

population density might not be preferable (in a particular, controlled area, until the issue

priory mentioned is dealt with) (Strategia Netherlands, Module 3, p. 76)

**4) What is Sanitation Marketing?**

Primarily, it is of the utmost importance to reinforce the statement that should not

advance the terms/planning of “Sanitation Marketing” strategies without

integrating/linking it to the terms “Community-Led Total Sanitation” (CLTS).

Community-Led Total Sanitation refers to integrated approaches which aim at achieving

and sustaining Open Defecation Free (ODF) status for communities while facilitating the

community’s analysis of their sanitation profile, their defecation practises (and its

consequences) with the final objective of promoting collective actions to attain the Open

Defecation Free status (Kar & Chambers, 2008, p. 4). As for Sanitation Marketing, it seems

like there is no broad consensus on what sanitation marketing is as some practitioners

define sanitation marketing as “strengthening supply by building capacity of the local

private sector” and others discuss it in terms of “selling sanitation” by using commercial marketing techniques to motivate households to build toilets (Devine, J. & Kullmann, C.,

2011, p.3). Nonetheless, the Water and Sanitation Program offers a great definition which

involves multiple fields (marketing mix, communications campaigns, etc. -which are

critical to the design and implementation of an effective program-), namely: “an emerging field that applies social and commercial marketing approaches to scale up the supply and

demand for improved sanitation facilities.” (Water and Sanitation Program, "What is

Sanitation Marketing?"). Furthermore, UNICEF points out three communication

objectives which should be prioritised in sanitation marketing , namely: (1) Reinforce

CATS messages to stop open defecation (OD), (2) Stimulate household desire for a durable

hygienic latrine (promoting private ownership of a hygienic durable latrine as highly

desirable by using persuasive messages; use of humour and emotion to highlight the

personal inconveniences and disadvantages of open defecation and the dislikes of

unhygienic latrines); (3) Inform consumers and support sanitation businesses to introduce,

advertise, promote, and sell their new products and services (UNICEF, “Sanitation

Marketing Learning Series”, p.2)

**5) What are some of the biggest challenges you face in teaching hygiene and**

**sanitation**?

I believe it is absolutely central to remind that although the consequences of traumatic

events which characterise emergency settings tend to expose local populations through

great deals of stress (etc.) which are susceptible to increase their vulnerability (e.g.

illnesses), the individuals touched by the emergency are neither helpless nor passive and

have their own ways of coping with (Strategia Netherlands, Module 2, p. 8). Furthermore,

and following the idea mentioned above, due to the importance of pushing communities

towards self-sufficiency and self-management, it is absolutely crucial that we, as

humanitarian helpers, accept the postulate of “cultural distance” with the community we

are trying to reach since the most effective/successful interventions are based on the experiences of the concerned community (traditional knowledge of the land, it’s people,

habits/behaviours, etc. – and how to better attain the researched changes); this necessarily

passes by recognition of their ability to assert themselves, to respond to their needs, to

improve their living conditions (taking their experience as a source of learning without

arriving with the Western bias of the "ready-made answer") through mutual exchanges

(REFIPS, 1994, p.8). Moreover, as stated in the REFIPS practical guide “intervening in

health promotion with the help of the ecological approach” (traduced from French here), a

central condition to the success/sustainability of any program, with regards to cultural

distance (etc.) is the involvement of potential stakeholders (communities,

influencers/elderly people in these communities, local health workers/nurses/sorcerers) of

the program in order to judge their level of support/opposition and predict their behaviour

in relation to the program (among other things; e.g. religious/cultural constrains,

determining the type of training necessary, etc.) (Renaud & Lafontaine, 2011, p.31).

Moreover, due to the fact that communities constitute the main target audience, it is central

to “create”/encourage/maintain their implication/engagement/motivation to ensure the

perennity and perpetuity of the program we are trying to put in place (Renaud & Lafontaine,

2011, p.33).The human behaviour issue is considered to be the one of the most important factor in reducing WASH related diseases (through hygiene improvements and behavioural

changes) but is extremely complex to address due to its influences from subjective factors

such as: culture (religion, attitudes, traditional beliefs, etc.), social position (gender, age, cast,

etc.), availability of means to make the changes (money, time, material, energy, etc.)

and politics (Strategia Netherlands, Module 4, p. 27

In our own context as Dinka tribes from Gok state where the studies was conducted there are so

many factores that hinding hand washing with soap or ash as cultures related .

They adults can’t wash their hands with wash or ash after defecation because they will been seen

that theirs hands are contaminated with faeces, however the rest of their colleagues may

misquoted them that they are muslim because muslim use to wash their hands almost 4 times a

day.Therefore women are they best in washing even though use of soap is not commonly

practice they their hands at last twice or three times a day.

**6) What is sustainable sanitation?**

Beforehand, prior to explaining what sustainable sanitation signifies, I believe it is

absolutely crucial to remind the importance for humanitarian helpers to constantly plan

ahead and focus on the sustainability of any program/project they are trying to put in place

in emergency settings. Moreover, as advanced by the 2018 Strategia Netherlands Manual,

since sanitation refers to all aspects of excreta disposal (human and animal, faeces and

urine), includes sanitary structures (e.g. latrines), material needed for the proper operation

and use of the structures (e.g. water, soap), and the human behaviour and attitudes relating

to excreta and its disposal (Strategia Netherlands, Module 4, p. 3), an appropriate definition

for sustainable sanitation would therefore be: “a sanitation system that is economically

viable, socially acceptable, technically and institutionally appropriate, and protect the

environment and natural resources” (Schroeder, 2008). More precisely, as advanced by the

“Waterlex” Organisation and the UN Environment Sector in its research document

regarding “Sustainable Sanitation Systems”, these systems should ideally be included in a

holistic approach to Integrated Water Resource Management (IWRM) in order to promote

the management/protection of local/regional water resources as well as encourage waste water

recycling, safe water reclamation and reuse, and consider human activities (e.g. water

withdrawals and pollution) and ecological services with long-term perspective optics

(Thevenon, F. , p. 53) .

**7) What are the steps for planning and implementing a successful WASH**

**behaviour change campaign?**

First of all, I believe it is absolutely crucial to put forward the “DO NO HARM”

(UKAID, 2019) humanitarian principal (in every sense of the term: respect of cultural

distance, ethical help, blocking dependency vicious cycles, etc.) which I mentioned in one

of my previous papers as I consider it a pillar of any adequate efficient, beneficiaryoriented, optimised intervention and a responsibility as engaged humanitarian helpers. In

that optic, as advanced by the Strategia Netherlands Manual, it would be senseless to try to

address the planning and implementation of a WASH behavioural change campaign

without primarily conducting a thorough assessment to identify the actual needs of the

populations touched by the crisis/emergency (which will most likely result in a range of

different issues, needs, and preferences which must be considered) and type behavioural

changes we are trying to put in place with particular regards towards marginalised/weaker

groups (elders, HIV infected individuals, women, children, etc.) in order to ensure

everyone has access to WASH structures/can profit from the strategies applied (number, construction -children/elder/women adapted-, location of: latrines, water pumps, hygienic

materials, etc.) (Strategia Netherlands, Module 4, p.88). Moreover, it increasingly

acknowledged that educating people (e.g. cost effectiveness of interventions to end

preventable feaco-oral disease spreading/child death with post defecation hand-washing,

etc.) on health risks alone won’t necessarily lead to sustained behaviour change. Following

this vision, the Sanitation and Hygiene Applied Research for Equity (SHARE) advances a

five-step process for design, behavioural modification and (ultimately) evaluation in order

to maximise the effectiveness of interventions – (1) Assess, (2) Build, (3) Create, (4) Deliver and (5) Evaluate-. The aim of the first step (Assessment) is to develop a general

understanding a specific target behaviour which we aim to change with regards to cultural

distance, the target audience, the context of intervention and its parameters (SHARE, p.1).

The second step (Building), which includes the follow-up of the knowledge gaps which

were identified in the prior step, is absolutely essential in order to develop a well design

intervention. It uses formative research (field-based data collection, etc. – engaging directly

with the target behaviour versus solely what individuals say about the behaviour) in order

to acquire a deeper understanding of the specific contextual drivers of existing and/or target

behaviours (SHARE, p.2). The third step (Creating) which is aimed at designing an

innovative campaign/its associated materials should be “surprising and disruptive” (with

regards to cultural distance, etc. -Obviously). With the support of a creative team working

in close relations with WASH researchers/programmers and specifically chosen

community members (influencers -e.g. Elders, Women, Religious leaders, etc.), this step

aims at breaking the cycle of (wrong) behaviour repetition in order to maximise the effect

of the specifically targeted (SHARE, p.4). The fourth step (Delivering) refers to the implementation of the intervention through multiple channels (face-to-face; mass media

campaign – TV, Radio, etc.) and through a number of crucial factors which are to be

examined, namely: exposure to the campaign, the length of intervention, coverage,

intensity, acceptability, fidelity, interferences, evaluability and sustainability, etc.)

(SHARE, p.4). The last step is Evaluation (which has been increasingly gaining importance

and is inspired from the private sector), a crucial step in order to examining the flaws and

successes of an implemented behavioural change program, acquire insights on whether or

not a program should be reconducted/continued/redesigned for researchers and implementers and informs policymakers on the potential replication of similar programs

elsewhere (SHARE, p.6)

**8) What are the challenges faced by WASH Projects in Africa?**

For a number of reasons which can include as much issues regarding poor respect of

cultural distance (explained in the previous paragraphs), poor choice of channels of

communication (Radio, TV, journal -individuals may not be able to access them/read, etc.)

-between the populations in need, government officials and International Organizations/NGO’s- ,

poor community implication/participation/management (equates to: lack of sense of property,

destruction of goods, absence of use, etc.), putting in place WASH projects (e.g. public health

messages, habit/behavioural modification, 3R’s, etc.) can often be a real problem in Africa.

Correct communication in disaster contexts will have to take into account multiple factors

including gender, age, language, ethnicity, education (etc.) of the desired groups we are trying to

inform/educate. The effectiveness of the messages will depend largely on the accuracy of the

targeting and on the adequacy of the chosen transmission codes which include: language,

education levels (etc.) (Caron-Bouchard & Renaud, 2001, p. 37.). Moreover, it is crucial to

adequately choose individuals/facilitators (key community leaders and influencers- e.g. teachers,

local health professionals, etc.) to ensure comprehension (population trust/implication

/participation/sharing, etc.) of the importance of putting in place the preventive

measures for WASH as their support will facilitate the establishment of these habits/projects.

These individuals will also help to identify individuals/groups who may

disagree with the program in order to understand their reasons, measure their capacity of influence in the community and demonstrate the benefits which will result from such a

program (Renaud & Zamudio, 1999, p. 116-123). Furthermore, Public health requires

collective action by society (collaborative teamwork involving physicians, nurses,

engineers, environmental scientists, health educators, social workers, nutritionists,

administrators, and other specialised professional and technical workers) and an effective

partnership with all levels of government (Last & University of Ottawa, 2015). As

advanced in the UNDAC field handbook, providing adequate help can obviously be a

problem in a sudden onset emergency (overwhelming needs; competing priorities;

destroyed/damaged communications/transportation infrastructure; rapid influx of

providers of humanitarian assistance and poor coordination; outburst of mutual help from

local citizens; highly stressed local government and non-government institutions, etc.);

(UNDAC field handbook, 2006, p. 1). Accordingly, and following the different elements

mentioned above, appropriate Public Health/WASH interventions in disaster response will

require that NGOs ethically coordinate their efforts with previously existing structures.

According to the 2019 Sphere Handbook, since the willingness of the state/non-state actors

to facilitate access to the population can have determining effects, it is central to remind

that the role of humanitarian agencies is not to substitute themselves to pre-existing government structures since the primary responsibility of taking care of the victims in a

sovereign country is the local authority’s competence (Perrin & Bory, 1995, p. 426) (unless

if these entities are unable/uninterested to provide conflict/disaster victims support

covering their essential needs). Enhanced multilateral actions (eg. WASH Clusters, etc.)

will contribute to strengthening partnerships/coordination between the government, UN

agencies, the Red Cross/Crescent movement, international organisations andlocal/extraterritorial NGOs, IOs, pre-existing government institutions (etc.) ("The Sphere

Project", 2018, p. 16); will allow a clear division of labor/responsibility to take place

(avoiding gaps in services to affected populations; duplication of efforts; inappropriate

assistance; frustration of relief providers, officials and survivors, etc.) (UNDAC field

handbook, 2006, p. 2.); and will facilitate the identification of gaps in coverage and quality

in order to maximise impact and achieve synergy (UNDAC field handbook, 2006, p. 1).

Lastly, due to the necessity for occasional repairs and maintenance of water supply systems

and latrines (etc.), appropriate selection of specialised materials (e.g. pump selection, type

of latrines -hand dug/machine dug, etc.) will be a central solution to overcoming potential

difficulties and problems which arise from frequent, heavy intense use (as it is the case in

communal facilities) (Strategia Netherlands, Module 3, p.106). It is therefore important to

prevent such issues by ensuring the potential standardisation as well as continual

access/availability (storage facilities/local merchants, stocks, etc.) of a small number of

models which are locally appropriate (proximity to access/manufacturers, simple to use,

minimum requirements of tools/training in order to ensure maintenance, etc.) and provide capacity training in community management, spare part availability/durability and

replacement/repair for community members/caretakers/mechanics (Strategia Netherlands,

Module 3, p.109

**9) You have visited one of the schools in your locality. What part of its**

surroundings can you see that satisfy the criteria for disease prevention? List

parts of the building and its surroundings, and state why they are important.

The chosen institution to answer this question is the “Cegep de la Gaspésie et des Îles

de la Madeleine”, a pre-university institution particular to the Province of Quebec (the area

in Canada where I am from). First and foremost, Canada is a developed country

(economically, technologically, etc.) where the government is very “active” (everything is

regulated -especially sanitation, hygiene, etc.-). Due to its very high access in financial

resources, strong economic ties with the United States, Europe (etc.), it goes without saying

that we do not suffer from the same issues as countries in development or in emergency/

crisis settings. The Cegep has four changing rooms its sports area alone, equipped with

toilets, showers, and every commodity needed for basic hygiene (Water has chlorine in it,

access to soap, toilet paper, etc.). The entire Cegep is three floors high (which each possess

two toilets) and is entirely cleaned every day with strong disinfecting chemicals to ensure

the illness transmission risks related to poor sanitation/hygiene are lowered to the minimum. It is also important to mention that most of Canada possesses an almost

omnipresent “Household connection” Water technology (piped-based water delivery

system) which grants us access to what seems like “almost unlimited” amounts of

clean/palatable water (equipped with filters which are changed every three months, etc.) in

every household/Cegeps (shower and toilet water as well unfortunately) and interior stand

pipe designed systems (which suppress the risks of illness related to poor quality/infected

water and cut the hand-mouth contact when drinking). Moreover, about a dozen garbage

bins (separated in three sections: Recycle, Not-Recyclable, compostable) are placed at strategical areas (high student “traffic”) in order to make sure that the “3R” principal (e.g.

Reduce, Recycle and Reuse) is respected, ensuring that environmental pollution is kept to

low/acceptable levels (the standards applied are a lot stricter than in emergency settings -

attaining minimum WASH standards- although insufficient from a strictly personal point

of view) and that the appropriate facilities (several kilometres from town) deal/reuse the

collected waste (human, medical, chemical, etc.). These same treatment facilities also make

use of fecal matters (etc.) collected through pipe/sewer systems are treated adequately and

reused/converted to energy, which ensures that the risks of contamination (feacal, etc.) is

reduced entirely.

**10) You have asked the local county government to provide a licence for your new**

**hotel in town. The inspector asks you to assist him to describe the basic hygiene**

**for your business before licensing. Kindly describe.**

Due to the fact that this question is quite “open-handed” and due to the long list of

potential basic hygiene standards for hotels depending of the area of the world one lives;

my question will concentrate on Canada’s minimum requirements “1 STAR” criteria (1-5

Stars) for hotel rooms. First and foremost, I believe it is important to state that Canada has

a functional waste management system due to the importance of environmental hygiene

(sewers -to deal with urine, excreta, etc.-, garbage trucks -to deal with waste -following the

3R principal for environmental hygiene although there are gaps in service regarding

recycling-, and access to clean, chlorinated, palatable water at all time -absence of risks of

illnesses related to water consumption/use-). Hygiene is a top priority in every sector in

Canada, due to this reality, rooms should be kept clean at all time before granting access to customers. In order to attain such a standard, hotels should ensure that daily

housekeeping services are in place. This involves cleaning/disinfecting the entire hotel -

entrance, communal toilets, elevators, breastfeeding rooms, etc.-, ensuring interior walls,

floor coverings and carpets (etc.) are free from stains, burn marks or grease (AHLA, p.3).

Furthermore, housekeeping services should clean each room individually with appropriate

chemicals (effectiveness proven), sanitise each personal bathroom (showers, bathroom

sink, toilets, etc.-), provide basic hygiene materials for personal cleanliness (fresh towels,

soap, shower gels/shampoos, toothbrushes/toothpaste, mouthwash, tampons/sanitary

napkins, etc.) and empty bins/garbages in every room at frequent intervals. Bedding must

be changed for each new occupant (laundered/dry-cleaned). Also, the hotel should avoid

crowding units with too many beds and / or poor arrangement of furniture and provide

effective powered ventilation to introduce fresh air into the units and control potential

respiratory problems (-e.g. dust-, allergies, etc.) (AHLA, p.3). Moreover, due to Canada’s

strict laws regarding smoking in public establishments, the hotel should ensure that each

unit is provided with the strictly controlled (approved and functional) smoke detector (which ensure smokeless rooms -free of breathing hazards for guests- and also serve a

security purpose: fire/Carbon Monoxide detectors, etc.). Also, following the necessity to

ensure the costumer’s health, Bathroom floors/walls should be constructed of impervious

material & well sealed along the bathtub / shower / toilet & walls in order to make sure

mold does not build up in these humid areas (due to the health risks they represent) (AHLA,

p.4)

**11) You have to make a plan of action for the promotion of WASH in your town.**

**Briefly describe the activities that need to be included in your plan.**

According to the REFIPS “Guide for Planification and Better Action” (Traduced here),

three crucial and detailed steps which should be covered for adequate planification namely:

(1) Identifying the target group and thinking about what should be the program (assessment

of issues advanced by affected populations, and association with influential individuals of

the community -elders, local health professionals who know the context-; Gathering

information about the issue with regards to the organisational context and the associated

factors leading to the behaviour), (2) designing the program (make a rough draft with

regards to the prior analysis; involving influential individuals of the community -elders,

local health professionals, women, etc.- who will facilitate habit changing habits

implementation; Reviewing accessible resources -human, monetary, technologically- with

regards to the feasibility, realism and sustainability, etc.), (3) Developing a plan of action

(plan the organisation of tasks; creation of a realistic schedule; developing a communication

strategy that is adapted to the population we are trying to reach -language, educational levels,

etc.-) (REFIPS, p.116-128). Moreover, since WASH promotion will be principally assessed

through communication strategies -which, as previously mentioned are to be adapted to the

population we are trying to reach- my plan of action would have to be linguistically adapted if

there are multiple dialects and adapted to the touched population’s educational level (capacity or

not to read/if not, drawing, etc.).

The image presented downwards is a great example of an effective communication tool

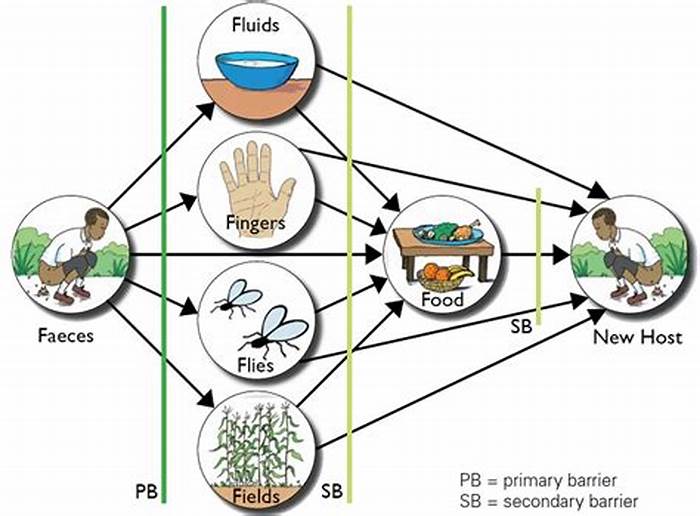
adapted to multiple educational levels of individuals living in a population (since my area

is principally English, it is written in English but it could be traduced to the adequate

language depending on the country/region in order to attain the largest population

possible):

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More importantly, since technology has now reached every part of the world, it is

important for WASH promoters make good use of technologies accessible in their areas

(do individuals have access to phones, radios, TV; respecting cultural distance:

culturally appropriate, etc.). According to the Water Engineering and development

center (WEDC), making good use of traditional and existing channels of

communication will be easier than setting up new ones (their effectiveness will largely

depend on the nature of the messages, the capacity the chosen media has to reach people

and the message’s capacity to be understood by the users) (WEDC, p.5). An example

of effective communication channels which could be used are community radio stations

which, as mentioned in the article “Community Radio: A voice for the poor” in the

website African Renewal, are the dominant mass media in Africa (inexpensive -can run

on batteries or solar power-, cheap to create/consume, accessible -one does not need to

be literate due to the oral nature of the radio-, lingually appropriate, are used in

communications, and often already owned -one radio receiver for every five people in

2005 compared with one telephone for every 100 people) (Madamombe, I., & Githaiga,

G., 2005).

**Conclusion**

In conclusion, as stated by Former UN High Commissioner for Human Rights Zeid

Ra’ad Al Hussein: “When the fundamental principles of human rights are not protected,

the center of our institution no longer holds. It is they that promote development that is

sustainable; peace that is secure; and lives of dignity” (Ra’ad Al Hussein, Z., 2015).I feel

very strongly about this quote as it is concise, well said, and refers to what should be our

core principles/what we should all be aiming for as humanitarian helpers (alleviating

suffering, meeting essential human needs and restoring life with dignity for populations in

need) (The Sphere project, 1998, p. 1). This final examination paper focuses on the Water,

Hygiene and Sanitation (WASH) aspects of disaster response (and issues one might

encounter when intervening in such fields -particular focus: African Continent), puts an

accent on the necessity for adequate planification/implementation, extensively covers

aspects of sustainability in projects and also reminds the reader about so often forgotten

central aspects of WASH response (e.g. Community Participation/management and

empowerment strategies, MSWM, disease prevention, etc.). This entire course and exam also serve the purpose of reminding the reader/WASH technicians/Wash Project and

Program Managers about one of the most fundamental aspects of intervention; the “DO

NO HARM” humanitarian principal (UKAID, 2019). This principal ensures that we, as

humanitarian helpers, adapt our responses to the beneficiary's needs (rather than they adapt

to our decisions), re-centring touched communities in their rightful place as they are not

helpless nor passive and should not be considered as so

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