**Module 1**

**Assignment 1:**

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

**BY**

**Larbi Aït Si Selmi**

**SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF A DIPLOMA IN WATER SANITATION AND HYGIENE TO STRATEGIA NETHERLANDS**

**31 January 2019**

As stated by former UN Secretary General Ban Ki-moon: “We declare that human rights are for all of us, all the time: whoever we are and wherever we are from; no matter our class, our opinions, our sexual orientation.” (Branch & Ki-moon, 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 course focuses on the Water, Hygiene and Sanitation (WASH) aspects of disaster response. In the first part of this assignment, I will explain how I would address water, sanitation and hygiene issues (with regards to my audience, and WASH messages) through a community radio station. In the second part of this assignment I will define what public health is and what are the key elements related to it. Finally, in the third and last part of this assignment I will demonstrate how the role of international non-profit/NGO in terms of recruitment, training, funding and monitoring for public health projects contributes to the success or failure of those projects in the developing countries.

First and foremost, in order to correctly address WASH issues when intervening in the process of a disaster response, it is crucial to identify the audience which we are trying to communicate with and the channel of communication we want to use to do so (for the sake of the assignment: A Community Radio station). As mentioned in the article “Community Radio: A voice for the poor” in the website African Renewal, Radios are the dominant mass media in Africa as they are 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, local languages are used in communications, etc.) and often already owned (one radio receiver for every five people in 2005 compared with one telephone for every 100 people). This makes community radio stations a great tool of communication in disaster responses.

Moreover, correct communication in a disaster context will have to take in account multiple factors including gender, age, language, ethnicity (etc.) of the desired group we are trying to inform/educate. The effectiveness of the message 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.) Furthermore, other essential criteria to achieve an effective WASH intervention are empowering communities, the acceptance of cultural distance, the recognition of the population’s personal survival issues as well as the belief in their capacity to organize themselves in order to meet their needs and improve their living conditions (Bastien, Langevin, LaRocque, & Renaud, 1994, p. 48). It is therefore central to involve key community leaders and influencers (ex: teachers, etc.) as they will be of great use to insure adequate comprehension of the importance of putting in place the preventive measures for WASH (and will potentially facilitate the establishment of these habits). It will also be important 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, pp. 116-123).

As for the message itself, it is of the utmost importance that it reflects the population’s needs. Priority should therefore be given to analyzing what are the most significant issues for the population (how does it affect them? What are the barriers and solutions the group may have to offer? At which point does the group consider itself able to modify its condition? Etc.) through an initial need assessment (Renaud & Zamudio, 1999, p. 117).

In addition, as stated by UNICEF:

“Along with food and shelter, safe water and sanitation are the highest priority interventions in emergency situations. Unless adequate water and sanitation services are quickly provided to emergency-affected children and their families, disease and death will follow. And unless good hygiene is consistently practiced by affected people, the danger of diarrhea, cholera and other disease outbreaks will persist. This is true in all types of emergencies, from rapid onset natural disasters to long-term crises caused by a range of complex factors.”

(UNICEF, "Water, Sanitation and Hygiene: Emergency WASH", 2014)8,

Therefore, naturally, since Water, Hygiene and Sanitation (WASH) issues are the main vectors of illnesses in disaster response situations, the Community Radio station, using the gathered information, the help of local professionals, volunteers, community leaders and partners (potentially) should educate/encourage healthy behaviours (hand-washing, water boiling/chlorination, basic sanitation in homes and when cooking, etc.) while promoting the change of negative ones (open defecation, poor hygiene, etc.). Health education aims at developing the individual skills essential to life as well as changing factors which precede certain risky behaviours (attitudes, beliefs, style of life). (Renaud & Zamudio, 1999, p. 119).

Secondarily, in order to correctly address Public Health when intervening in the process of a disaster response, it is of great importance to correctly define what it is, what are its key elements, and how it connects to community health as I believe these two entities are greatly related and not mutually exclusive. What Is Public Health? Public Health englobes several practices/habits/activities which aim to fulfil a society’s interest in protecting/promoting/assuring conditions allowing people to be/stay healthy or restoring their health (when necessary) through collective or social actions. It is a science meaning a set of knowledge and a research object; more precisely it is an “applied science” as its results can “easily” be transposed to practice (Baumann, Péchevis, Tursz, & Deschamps, 1999, p. 17). Furthermore, it encompasses several objectives to attain in order to insure the safety and improve the health of communities (education/training, policy making, subventions, research, prevention, etc.); (Careers in Public Health, 2019). As stated by The Milbank Memorial Fund Commission: “Public health is thus a social institution, a discipline, and a practice."(Milbank Memorial Fund Commission, 1976). Moreover, and as previously stated, Public Health is closely related to Community Health as one studies, puts in place and evaluates actions/projects allowing for greater health in populations while the other involves community participation in assessing its needs and carrying out its actions (Baumann, Péchevis, Tursz, & Deschamps, 1999, p. 17).

Thirdly, as stated in the previous paragraph, Public Health and Community Health cohabit in order to facilitate measures allowing for greater health in populations through community participation in assessing its needs and carrying out its actions (Baumann, Péchevis, Tursz, & Deschamps, 1999, p. 17). Purposeful responses in disaster response therefore involves the participation of the community itself with the support of pre-existing governmental institutions (if possible/potentially) and the assistance of NGOs/IOs/Partners (local and extraterritorial).

As stated by John Last in the Dictionary of Public Health (2006):

« Public health requires collective action by society; collaborative teamwork involving physicians, nurses, engineers, environmental scientists, health educators, social workers, nutritionists, administrators, and other specialized 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; 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 interventions in disaster response require that NGOs ethically coordinate their efforts with previously existing structures. According to the 2019 Sphere Handbook, as the willingness of the state/non-state actors to facilitate access to the population can have determining effects, it is central to recognize the primary role and responsibility of the host state in leading or coordinating responses on the field ("The Sphere Project", 2018, p. 16). In that context, the role of humanitarian agencies is not to substitute themselves to pre-existing government structures (unless if these entities are unable/uninterested to provide conflict/disaster victims support covering their essential needs). It is rather to contribute, through coordination mechanisms (between local/extraterritorial NGOs, IOs, and pre-existing government institutions) to alleviating the suffering of the populations in need 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).

Nevertheless, the coordination of local and international NGOs/OIs in response to disaster/conflict is a potentially great strategy for an enhanced multilateral action and humanitarian assistance as it strengthens partnerships and coordination between the government, UN agencies, the Red Cross/Crescent movement, international organizations and local/extraterritorial NGOs/professionals. In addition, as advanced by the Sphere Handbook (2019) the use of coordination mechanisms such as the cluster system allows a clear division of labor/responsibility while facilitating the identification of gaps in coverage and quality ("The Sphere Project", 2018, p. 16). A great definition for coordination would therefore be: “International actions to harmonize individual responses in order to maximize impact and achieve synergy” (UNDAC field handbook, 2006, p. 1). This definition fits perfectly with the “DO NO HARM” (UKAID, 2019) humanitarian principal since absence in coordination may lead to unsatisfactory responses to the emergency and can potentially have a detrimental effect on the “so often forgotten” beneficiaries of the help (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.)

Besides, increased cooperation creates optimal settings for a response that meets the needs of the beneficiaries as the increase in effectiveness and the shared vision will allow individuals/government/organizations to adapt/adjust their efforts (based on changing needs and each other’s strengths and weaknesses) and therefore, hopefully, offer the best possible outcome (UNDAC field handbook, 2006, p. 1). In this context, international non-profit/NGOs and International Organizations (OIs) can be real assets to government institutions and local NGOs as they are specialized in certain fields, are experienced in intervening in different contexts of emergency around the world, share knowledge in order to improve assistance (Cluster, standards as Sphere, etc.) and have access to international funds for that specific purpose (Disaster Relief Emergency Fund DREF – RED CROSS, Hilton Foundation, etc.).

Also, often, due to the generally high costs of such interventions/assistance programs, international assistance relieves a great burden on the highly stressed local government and institutions. Moreover, these partnerships participate in creating optimal medical support for the communities as they put an accent on equity in the distribution/access to healthcare (gender, sexual preferences, ethnicity, etc.) (Perrin & Bory, 1995, p. 330), include programs involving volunteers/medical staff (with salaries) and Western medical teams (experts) in order to reinforce the capacities (if necessary) of existing institutions/individuals (healthcare practitioners, volunteers/recruits) and stress the importance of monitoring/evaluating programs (developing more effective, cost-effective, beneficiary-oriented, optimized interventions through performance indicators, etc.); (Perrin & Bory, 1995, p. 330).

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). Once again, this quote stresses the protection of human rights, the promotion of sustainable development, secured peace, and life with dignity as the cornerstones of any intervention; guidelines by which we should be living when intervening in disaster contexts as they represent the optimal outcomes which could come as a result of adequate support. As this course focuses on Water, Hygiene and Sanitation (WASH) in such high-stressed contexts, it makes sense that one needs to use Public and Community Health strategies in order to correctly address the issues the disaster affected population may have to deal with. It is therefore of the utmost importance that local/extraterritorial NGOs, IOs (etc.) coordinate their efforts with the government and its pre-existing structures. Doing so not only facilitates access to the territory but also to the population in need with respect to the sovereign state where the action is carried out. Furthermore, coordination emphasizes the need rapid share of information between all involved parties (partners, government, local institutions -medical and others-, local professionals, voluntaries, the beneficiaries, etc.) leading to greater precision in assessment of needs, focused, result-oriented actions for the population in need. Moreover, community participation also provides the entities in place with great numbers of local professionals, volunteers and facilitators which speak local languages, are respected and may have great insights/understanding of underling problems which could have been neglected. This allows greater cost-effective interventions as it combines the use of reduced to the minimum teams of outside experts (high cost due to transportation and salaries) and local personnel (trained and supervised by experts). In that context, a Community Radio Station would be a great tool to carry out Water, Hygiene and Sanitation (WASH) messages to the affected populations, through community leaders and influencers (empowers communities to participate in relieving themselves). Lastly, one should not put aside the humanitarian principle “do no harm” (in every sense of the term: respect of cultural distance, ethical help, blocking dependency vicious cycles, etc.) as it is a pillar of an adequate efficient, beneficiary-oriented, optimized intervention and it is our responsibility as engaged humanitarian helpers.

**Bibliography:**

Branch, M. & Ki-moon, B. (2015, December 10). 11 Top Quotes on Human Rights. Retrieved January 24, 2019, from <https://unfoundation.org/blog/post/11-top-quotes-on-human-rights/>

Walker, P. (1998). Humanitarian Charter and Minimum Standards in Disaster Response (1st ed.). Geneva, Switzerland, The Sphere Project.

Madamombe, I., & Githaiga, G., Ms (2005, July). Community radio: A voice for the poor |Africa Renewal Online. Retrieved January 24, 2019, from <https://www.un.org/africarenewal/magazine/july-2005/community-radio-voice-poor>

Caron-Bouchard, M. & Renaud, L. (2001). Guide pratique pour mieux réussir vos communications médiatiques en promotion de la santé (2de éd., Institut National de la santé publique du Québec). Montréal, Québec: Régie régionale de la santé et des services sociaux de Montréal-Centre.

Renaud, L., & Zamudio, M. G. (1999). Planifier pour mieux agir (2nd ed., ). Montréal, Québec: RÉFIPS.

Bastien, R., Langevin, L., LaRocque, G., & Renaud, L. (1994). Promouvoir la santé́: Réflexions sur les théories et les pratiques. Montréal, Québec: RÉFIPS.

U. (Ed.). (2014, January 02). Water, Sanitation and Hygiene: Emergency WASH. Retrieved January 25, 2019, from <https://www.unicef.org/wash/index_emergency.html>

Baumann, M., Péchevis, M., Tursz, A., & Deschamps, J. (1999). Projets de recherche et mémoires en santé́ publique et communautaire: Guide pratique(2nd ed.). Nancy, Québec: Département de santé publique faculté de médecine de Nancy.

A., & U. (Eds.). (n.d.). Careers in Public Health. Retrieved January 26, 2019, from <https://www.publichealth.pitt.edu/careers/what-is-public-health>

Milbank Memorial Fund Commission (1976). (2015, May 20). Society, Individual and Medicine: Definitions of Public Health (University of Ottawa, Ed.). Retrieved January 26, 2019, from <https://www.med.uottawa.ca/sim/data/Public_Health_Definitions_e.htm>

Last, J., & University of Ottawa. (2015, May 20). Retrieved January 26, 2019, from <https://www.med.uottawa.ca/sim/data/Public_Health_Definitions_e.htm>

O. (2006). UNDAC field handbook (5th ed.). Geneva: United Nations and Ministry of Foreign Affairs, Government of Norway.

Sphere Association (2018). The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (4th ed.). Geneva, Switzerland, 2018.

Perrin, P., & Bory, F. (1995). Guerre et Santé publique: Manuel pour l’aide aux prises de décisions. Genève: Comité international de la Croix-Rouge.

Sphere Association (2018). The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (4th ed.). Geneva, Switzerland, 2018.

UKAID: Collaborative for Development Action. (n.d.). Do No Harm. Retrieved January 28, 2019, from <http://www.conflictsensitivity.org/do-no-harm-local-capacities-for-peace-project/>

Perrin, P., & Bory, F. (1995). Guerre et Santé publique: Manuel pour l’aide aux prises de décisions. Genève: Comité international de la Croix-Rouge.

Ra’ad Al Hussein, Z. (2015, December 10). 11 Top Quotes on Human Rights. Retrieved January 30, 2019, from <https://unfoundation.org/blog/post/11-top-quotes-on-human-rights/>