

Water and Sanitation Standards in Humanitarian Action

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SUMMARY

The right to water and sanitation is an inextricable human right. Water and sanitation are critical determinants for survival in the initial stages of a disaster. An adequate amount of safe water is necessary to prevent death from dehydration, to reduce the risk of water-related disease and to provide for consumption, cooking and personal and domestic hygienic requirements. The main objective of WASH - (Water supply, Sanitation and Hygiene promotion) programmes in disasters is to reduce the transmission of faeco-oral diseases and exposure to disease-bearing vectors through the promotion of: good hygiene practices, the provision of safe drinking water, the reduction of environmental health risks, the conditions that allow people to a healthy life with dignity, comfort and security.

Keywords: Water; sanitation; disasters; humanitarian response; hygiene promotion; drainage; vector control; waste disposition.

Comprehensive research on water, sanitation and hygiene promotion issues among refugee populations is challenging. Hurdles related to these studies include security restrictions, complex operational conditions, scarce resources, understaffing or high staff turn-over, the difficulty of undertaking thorough measurements during emergency situations and the fact that refugee camps are often forcibly located in isolated locations.^[1] There are many examples in recent history which highlight the importance of water and sanitation standards in humanitarian actions, such as the humanitarian crises following the Sudanese Civil war in 1998^[2] or Haiti earthquake in 2010.^[3]

The right to water and sanitation is an inextricable human right.^[4] This right is recognised in international legal instruments and provides for sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses and accessible sanitation facilities. An adequate amount of safe water is necessary to prevent death from

dehydration, to reduce the risk of water-related disease and to provide for consumption, cooking and personal and domestic hygienic requirements.^[5]

During the past decade the humanitarian response community has initiated a number of interagency initiatives to improve accountability, quality and performance in humanitarian action. Four of the most widely known initiatives are the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP), Humanitarian Accountability Partnership (HAP), and People In Aid and the Sphere Project. Representatives of the agencies promulgating these initiatives started meeting on a regular basis in 2003 in order to collaborate on common issues and harmonise activities where possible.^[6]

Water and sanitation are critical determinants for survival in the initial stages of a disaster. People affected by disasters are generally more susceptible to illness and death from disease, which to a large extent are related to inadequate sa-

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nitiation, inadequate water supplies and inability to maintain adequate hygiene.^[5]

The main objective of WASH - (Water supply, Sanitation and Hygiene promotion) programmes in disasters is to reduce the transmission of faeco-oral diseases and exposure to disease-bearing vectors through the promotion of:

- good hygiene practices
- the provision of safe drinking water
- the reduction of environmental health risks
- the conditions that allow people to a healthy life with dignity, comfort and security.^[6]

Simply providing sufficient water and sanitation facilities will not alone, ensure optimal use and achieve the desired impact on public health. In order to reach the maximum benefit from a response, it is imperative that disaster-affected people have the necessary information, knowledge and understanding to prevent water and sanitation-related diseases and to include them in the design and maintenance of facilities.

Provision of sufficient clean water (for which minimum agreed standards exist),^[5] adequate sanitation for excreta disposal, and management of medical and other solid waste can reduce diarrhoeal disease, typhoid fever, vector-borne disease, and scabies.^[7] Despite efforts for maintaining water and sanitation standards, failures occur due to cultural habits (not boiling the river water) or toilet behaviors (not using soap after latrine use). Therefore in order to achieve the goal of sufficient water and sanitation standards, health providers also should monitor sanitation and water use activities of the population and focus on bridging the gap between what people know about water, sanitation and hygiene and their actual practices.^[8]

The Minimum Standards for Water supply, sanitation and hygiene promotion (WASH)

The WASH (Water supply, sanitation and hygiene promotion) program aims to promote better personal and environmental hygiene in order to protect health, with protecting the environment, promoting health and facilitate access to resources. An effective WASH programme relies on an exchange of information between the agency and the disaster-affected population in order to identify key hygiene problems and culturally appropriate solutions. Hygiene promotion is vital to a successful WASH intervention. The focus on hygiene promotion is both general and specific. In general terms, hygiene promotion is integral to all of the sections and is reflected in the indicators for water supply, excreta disposal,

vector control, solid waste management and drainage.^[9]

2. Hygiene Promotion

Hygiene promotion is a necessary component of WASH programs in disasters. Hygiene promotion allows people to learn how to prevent and/or mitigate related diseases. Hygiene promotion enables a planned and systematic paradigm to let people learn how to prevent and/or mitigate water, sanitation and hygiene-related diseases. The major element in this program is the promulgation of knowledge, participation and utilization of resources among the affected population.

Men and women of all ages should be made aware of key public health risks. Hygiene promotions ensure that people make the best use of the water, sanitation and hygiene-enabling facilities. There are three key factors to promote these messages:

1. a mutual sharing of information and knowledge,
2. the mobilisation of affected communities,
3. the provision of essential materials and facilities.

Information is disseminated via previously identified specific social, cultural or religious groups and using appropriate channels of mass communication. Also, interactive hygiene communication methods are utilized wherever feasible in order to ensure ongoing dialogue and discussions among those affected.^[10]

There are several main tenants of hygiene promotion

Teaching the community to wash their hands after defecation, after cleaning a child's bottom, and before eating and preparing food. Caretakers of children should be taught using demonstrative techniques the safe disposal of children's faeces and about key behaviours and misconceptions about hygiene promotion activities. Representatives from all user groups should be involved in planning, training, implementation, monitoring and evaluation of hygiene promotion. That involvement of all groups may facilitate information flow between humanitarian actors and the affected population so that misconceptions where identified, are addressed. In the early stages of a disaster the use of mass media for hygiene promotion may increase its impact on the targeted population. Information should be disseminated using different channels and by targeting different at-risk groups especially those who are illiterate, have communication difficulties and those who do not have access to traditional devices to access media such as radio or television or internet.^[10]

The planning of hygiene promotion must be culturally app-

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