

## Focus on 5th Emergency Environmental Health Forum

The 5th EEHF was held between 17th and 18th December 2012 at the London School of Hygiene and this year focused on hygiene promotion. The 5th Emergency Environmental Health Forum was co-sponsored by Oxfam, International Federation of Red Cross and Red Crescent Societies (IFRC), International Rescue Committee (IRC), Action Contre La Faim (ACF), Médecins Sans Frontières (MSF), CARE International, the United Nations Refugee Agency (UNHCR) and the United Nations Children's Fund (UNICEF) and supported by the SHARE Research Consortium. The full report and presentations from the forum are available to download at [www.shareresearch.org](http://www.shareresearch.org)



### The Use of Technology in Hygiene Promotion

Three presentations at the forum focused on the use of new technology for WASH and hygiene promotion.

Jesse Kinyanjui of Oxfam reported on mWASH - a project that uses mobile phones to access populations in Somalia. In Somalia even older people are familiar with the use of text for receiving information, and SMS is widely used for money transactions. The mWASH project managed to reach 55% of people in Mogadishu - not only providing them with key information on health and hygiene but also allowing people to ask questions to clarify misunderstandings.

Initially it was hoped that the project could work with existing mobile phone operators but they were wary about setting up mass communication systems due to possible interference by Al Shabab. Messages were therefore sent from Nairobi using a simple system, that could be set up anywhere in the world, to send and receive SMS. For this trial, 10,000 people were registered and used the system. Tailored messages were sent that were specific to the water treatment or sanitation systems in use.

In future Oxfam is looking to use the system to help with the distribution of 'non-food items' using a pre-pay system.

Sharon Reader from IFRC/British Red Cross described how SMS, radio, sound trucks and mobile cinema were used in Haiti in response to the cholera outbreak. The Red Cross used SMS as both an assessment tool and to provide information to the affected population. SMS was a particularly useful

communication channel as it was cost-effective and messages (e.g. the instructions for making a sugar-salt solution), could be kept by recipients for future reference. A local radio show with phone-in segments was also used to bridge the gap between knowledge and understanding. Each week, the show picked one key topic, such as cholera or food hygiene, and discussed this in detail. Audience were able to call in and ask questions directly to experts invited as guests on the show.

Other technological innovations such as interactive voice response technology that could deal with calls and carry out surveys were also used. This handled over 130,000 calls a day and collected data from 16,000 people in total.

Both presentations acknowledged the importance of understanding different target populations and both found that younger people preferred SMS as a means of communication and were more confident in using it to ask questions. Women preferred using face-to-face communication and older people were the least likely to fully engage with the newer technology.



IFRC / Sharon Reader



IFRC / Sharon Reader



When is a Pee Poo bag suitable? See page 6!!

# HYGIENE PROMOTION



## The use of GPS in cholera response

The third presentation on the use of technology was by Fabienne Nackers and described how MSF supported the Harare health department to record the GPS coordinates of patients with cholera. These were then mapped against control areas and analysed to detect clustering of cases. The study found that the majority of cases centred on two main areas that corresponded to two boreholes and although it could not be said for certain that the boreholes were the cause of the outbreak, both tested high for faecal coliforms. In future, such mapping could be used to show hot spots for targeting interventions. Learning to use the GPS and software is relatively straightforward and training can be done in as little as half a day.

## The links between WASH and Nutrition

Two presentations focused on the links between nutrition and WASH and served to underline how importance it is that the health, food security and WASH sectors work together.

Peter Maes of MSF Belgium presented research on the link between recovery from malnutrition in children under five (using an outpatient model of care) and access to an adequate quantity and quality of water at home. The outpatient or ambulatory programme operated from five nutritional centers, covering a total of 70 villages. Moderately acutely malnourished children received ready to use therapeutic foods (RUTF) such as plumpy nut and were only discharged from the programme if they fulfilled certain discharge criteria.

Despite certain methodological constraints, the findings strongly suggested that inadequate supply of water leads to a longer recovery time. In this retrospective study, 40% of children with inadequate access to water at home required 12 weeks or more care - which is double the average recovery time. The study recommended that therapeutic feed-

ing programs using an outpatient model should routinely evaluate the water supply in their target children's villages if they are to provide optimal care.

The full report is available here: [CLICK](#)

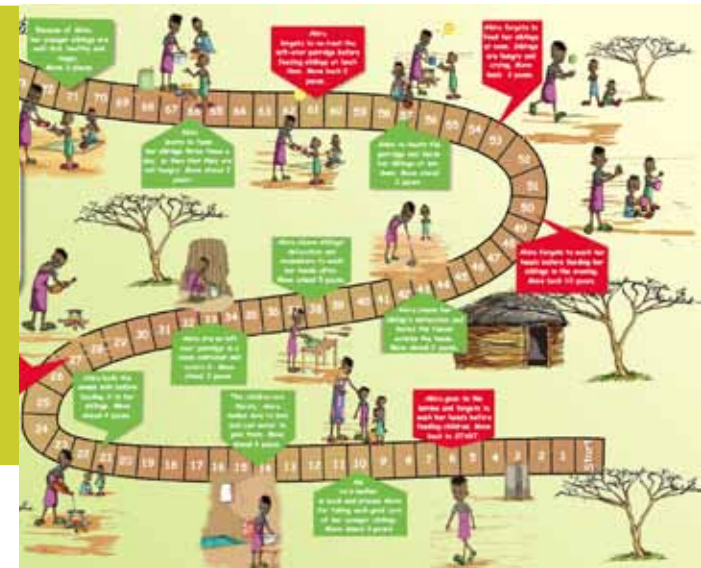
Jesse Kinyanjui of Oxfam presented the findings of qualitative research on the links between malnutrition and WASH during the drought crisis in Turkana, Kenya. Oxfam developed integrated assessment tools for a nutrition and WASH intervention that sought to understand not only the environmental health factors that influenced malnutrition but also the social and caring practices at home. A variety of new IEC materials were then developed to focus on the specific issues that were identified such as the way food was allocated in the household. Work was undertaken with women who performed traditional teeth extractions as a treatment for diarrhoea and other influential change agents in the Turkana community.



Examples of the visual material used by Oxfam on their integrated WASH and Nutrition response in Turkana

The next newsletter will focus on **WASH for Children.**

Please send contributions including photos, suggestions and field examples to: [Mkan61101@aol.com](mailto:Mkan61101@aol.com) or [suzanne.ferron@gmail.com](mailto:suzanne.ferron@gmail.com)



## Accelerated Basic Education in Somalia

107      15,192      1,200

Number of NRC supported schools in Somalia

Number of pupils who are part of the accelerated basic education programme

Number of teachers trained in the programme

9 -14 years

Target group for AABE children who have been unable to join formal education previously because of displacement or insecurity

Melchizedek Malile from the Norwegian Refugee Committee gave an interesting presentation on 'accelerated basic education' in Somalia. Hygiene Promotion is an integral part of the curriculum in these schools and includes the provision of child friendly WASH facilities. Lounges are provided for girl pupils with facilities for menstrual hygiene management and items requested by the pupils such as mirrors.



NRC/ Melchizedek Malile



## The importance of understanding people's views

Yasmine Al Kourdi from MSF (Brussels) presented the results of an anthropological survey conducted in Haiti during 2009 to 2010 during the first outbreak of cholera in Haiti for 100 years. The study aimed to identify popular knowledge about cholera and how this might affect MSF's medical intervention.

It was discovered that people understood that there were two types of cholera: "good" or "bad" cholera. 'Good cholera' was caused by air-transmitted microbes and treated preferably by IV fluids and antibiotics and 'bad cholera' was caused by a mystical powder or spirits that emerge from dead bodies and could only be treated by traditional medicine. People often delayed getting treatment at the CTC because:

- They wanted to try alternative remedies,
- They feared that the open space of the CTC did not afford mystical protection
- There was a social stigma associated with attending the CTC.

Yasmine recommended closer collaboration with communities by holding community meetings before the setting up of the CTC and inviting community leaders to visit the CTC. She also recommended the recognition of and collaboration with traditional medicine practitioners rather than denying their influence.



See Page 6: To Pee Poo or not to Pee Poo?

# HYGIENE PROMOTION



## Women's WASH Platforms in Bangladesh

Golam Morshed from Oxfam gave a presentation on the Women's Wash Platforms (WWP) in Bangladesh. The project aimed to empower women living in the flood-prone Jamalpur and Noakhali districts to address their needs in relation to WASH by providing financial assistance and training.

Committees were formed, which then discussed community issues and the prioritization of problems. There was some initial resistance from some people in the community, mostly men, who felt that funds should be redirected to the Imam. However, through discussion, women were able to explain and demonstrate the value of the WWPs. These groups were then provided with project management training, which enabled them to plan, budget, procure and implement WASH projects within their communities. This resulted in improvements in privacy and dignity with regard to sanitation and bathing, improved hygiene and menstrual hygiene management and the provision of facilities for people with disabilities.

Some WWPs have started their own savings schemes to ensure sustainability and improvement of services. It is hoped that with government assistance this pilot project can be scaled up.

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We identified our problems and initiated schemes. We purchased the required materials by ourselves for our projects after verifying prices at several shops in three local markets to ensure lower price and best quality. We ourselves hired masons and carpenters to construct the bathing cubicles according to our agreed design. We did close monitoring during construction to ensure the quality and appropriateness.

Mohima Begum, Cashier, WWP, Noakhali

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Golem Morshed / Oxfam



Golem Morshed / Oxfam





Member of a girl's group selling locally produced sanitary towels in Bangladesh

## MHM in emergencies

Download your copy of Menstrual Hygiene Matters here:  
[CLICK](#)

There were two presentations on menstrual hygiene management (MHM) at the forum. One by UNICEF, and the other by Sarah House, author of the recent publication on MHM (available here).

Louise Maule from UNICEF presented a study undertaken by Tim Haydon that drew on data from Haiti, Kenya, Somalia and the Philippines. The study aimed to examine three questions:

How do emergencies affect normal MHM?

What are the needs of menstruating girls and women during emergencies, and

How can UNICEF support them?

The findings showed that there was a lack of consultation and sectoral coordination and that the problem of menstrual hygiene management was seen only in terms of a lack of materials rather than the need to provide WASH facilities and privacy as well as an opportunity to provide information about menstruation.

The study underlined the need for:

- **Increased beneficiary consultation and feedback**
- **The recognition that MHM is more than the distribution of sanitary towels**
- **Increased sectoral coordination (for preparedness and response).**

Sarah House's presentation focused on the lack of training on menstrual hygiene management. She recommended integrating menstrual hygiene management into more training courses, and gave examples of how this had already been done in several WASH and HP training courses. She recommended that both men and women should be present on assessment teams and team members should be confident and able to facilitate discussion on this important issue.

**See page 6 for information on training on Menstrual Hygiene Management**



# HYGIENE PROMOTION



## Hygiene Promotion Training

### RedR India

RedR India's Hygiene Promotion in Emergencies module offers participants the opportunity to broaden their knowledge and skills in different aspects of public health and hygiene awareness to enable communities to take appropriate action through effective participation. Theory, practice and hands-on experience are all built into this intensive four-day module that also utilises WASH Cluster resources. This course, therefore systematically covers all the major components of Hygiene Promotion in Emergencies.

**Date: 10th to 13th March**

**Length: 4 days**

**Location: Kathmandu, Nepal**

**Residential: Yes if required**

### MHM Training

One day training of trainers (ToT) for WASH trainers on menstrual hygiene management (MHM) in emergencies. The training aims to provide trainers with an opportunity to update their knowledge on MHM, build confidence to integrate it into WASH training and share ideas.

**Date: 5th April**

**Length: 1 day**

**Location: RedR London**

**Residential: No**



### 36th WEDC International Conference

**Delivering water, sanitation and hygiene services in an uncertain environment**

The conference sessions will run over the first three days, followed by optional sessions which include a careers compass event, for early career WASH professionals, and capacity development workshops on a range of hot topics, including field-based learning opportunities in and around Nakuru.

**Date: 1st to 5th July**

**Length: 5 days**

**Location: Nakuru, Kenya**

**Residential: Yes if required**

RedR UK can organise tailor made hygiene promotion courses on request. Please contact Michelle Farrington [michelle.farrington@redr.org.uk](mailto:michelle.farrington@redr.org.uk). Their WASH in emergencies courses include half a day on hygiene promotion. The next courses are: 6-10th May, Nairobi, Kenya and 20-24th May, London. UK

## Links

Page 1: [www.shareresearch.org](http://www.shareresearch.org)

Page 2: <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0050982>

Page 5: [www.wateraid.org/mhm](http://www.wateraid.org/mhm)

Page 6: <http://www.redr.org.in/training-services-training-courses/technical-sector-courses/20>

Page 6: <http://policy-practice.oxfam.org.uk/publications/the-use-of-poo-bags-for-safe-excreta-disposal-in-emergency-settings-136535>

Page 6: <http://www.wedconference.co.uk/>

## Pee Poo Bags

Pee Poo bags are a great invention but they are not suitable for every occasion and as with any excreta disposal option, careful thought must be given to where they might be appropriate and users must be involved as much as possible in the decision making.

Below are the situations where they might be useful:

- In the initial first phase response before emergency or semi-permanent latrines can be constructed
- Where latrines/toilets cannot be constructed
- To fill the gaps in toilet access in consultation with specific individuals (i.e. women, children, elderly, people with limited mobility)

Urban settlements or camps with:

- High population density and limited open space
- Inability to excavate
- Low soil infiltration rate/high water table
- Land ownership issues
- Insecurity concerns (i.e. at night time for women and children)
- No access for latrine emptying services

**CLICK** here for more information.