



© Tdh / Mélanie Rouiller

Water, Sanitation and Hygiene.

Thematic policy.



Terre des hommes

Helping children worldwide. tdh.ch

IMPRESSUM

RESPONSIBLE FOR PUBLICATION :

Antoine Delepière

EDITORS : Ignacio Packer, Yann Colliou, Reinhard Fichtl, Geoff Cordell, John Brogan

LAYOUT : Isabel Hediger

TEMPLATE : Olivia Wermus

PRODUCTION : Laure Silacci

PICTURES : The photos published here are by professional photographers who donated their work to Terre des hommes. Thank you!

PRINTING : Mengis Druck und Verlag AG. Printed on chlorine-free paper.

VERSION : Brochure in French and English.

Second version of the thematic policy developed on the basis of the process of capitalisation of Tdh's projects, and on the basis of the workshop held in November 2007 in India, validated by the Management in February 2008. Involvement of many Tdh co-workers and partner organisations, particularly through thematic meetings.

Ratification by the Tdh management: April 2010

© 2012, Terre des hommes

– Helping children worldwide.

Summary

INTRODUCTION	7
SECTION I: THE PROBLEMS OF WATER, SANITATION AND HYGIENE	9
1. The problem globally	10
2. The main concerns for Tdh	10
3. A call to action	11
4. Context of intervention	12
• Stakeholders analysis	12
• Tdh's added value	13
SECTION II: TDH INTERVENTIONS	15
1. The guiding principles of actions for Water, Sanitation and Hygiene	16
2. The Foundation's aims, objectives and target groups	18
3. Actions	18
4. Modes of action	20
SECTION III: Tdh IN PRACTICE	25
1. Preliminary: situation analysis	26
• Intervention depends on an analysis of the situation	26
• An intervention adapted to the resources (abilities and capacities) and motivation of the communities	27
• Respect, understand and integrate local factors	27
2. Strategic Axis I: Support for improving access to water and sanitation	27
3. Strategic Axis II: Empowerment of communities and beneficiaries	30
• Community empowerment and social cohesion	28
• Transmission of know-how and its transfer (hand-over)	28
• Operational research	28
• Capitalisation of experience and analysis	28
4. Strategic Axis III: Advocacy in the field of Water, Sanitation and Hygiene	30
• Key subjects for advocacy messages	30
5. Networking and coordination	32
6. References and list of explanatory material (not exhaustive)	32
• References	32
• Annexes (electronic version available in September 2010)	32

Introduction

This document constitutes the *Terre des hommes* (Tdh) thematic policy on Water, Sanitation and Hygiene (WASH)¹. It updates the sectoral strategy of 2007.

Its aim is to provide Tdh staff, partners and donors with information on the types of activities established or supported by Tdh in the areas of Water, Sanitation and Hygiene. It also presents the main guidelines for its interventions and models of action, and refers to the analytical tools for establishing, monitoring and evaluating actions. Standards are sourced from internationally recognised publications and include partners and donors guidelines.

Section I briefly explains to the reader the main issues of Water, Sanitation and Hygiene at a global level, with special reference to children. The reasons for Tdh's involvement with regard to the problems and the context of this action are then presented.

Section II concentrates more specifically on the general aspects of Tdh's action. In the first place, it presents the main guidelines for this action. Later it describes the vision, aims and target groups for its interventions in Water, Sanitation and Hygiene. Finally, this section throws light on the main models of action in force in the Foundation's projects for Water, Sanitation and Hygiene.

Section III gives informations on the interventions established or supported by Tdh. It emphasizes the importance of the approach in terms of project cycle management.

The strategy outlined here is a reference document linked to other Tdh position papers, including the Tdh Charter and Strategic Plan, the policies of the other main themes of Tdh (in particular Mother and Child Health and Protection), orientation plans by zone, the Child Protection Policy, the policy for emergency intervention, etc.

By means of its project cycle management methodology, Tdh encourages a continuous internal process of identification and capitalisation of key successes and lessons learnt. In this way a strategy is developed which starts in the field. This Water, Sanitation and Hygiene thematic policy is the consequence of just such a process. It is built on a capitalization process in emergency contexts as well as from long-term interventions. Since 2006, this internal process has been coordinated by a full-time resource person in charge of technical support, evaluation and monitoring.

This thematic document defines Tdh's main operating framework for Water, Sanitation and Hygiene, both for its emergency and long-term interventions. It aims to help Tdh teams and their local partners to design projects for Water, Sanitation and Hygiene or to insert these types of elements into another project.



1

The problems
of water, sanitation
and hygiene

1. The problem globally

Safe drinking water, sanitation and good hygiene are fundamental to health, survival, growth and development. However, these basic necessities are still a luxury for many of the world's poor people². Without water, human beings cannot live for more than a few days. It plays a vital role in nearly every function of the body, protecting the immune system – the body's natural defences – and helping remove waste matter.

In 2000, the United Nations Committee on Economic, Social and Cultural Rights, the Covenant's supervisory body, adopted a General Comment on the right to health to interpret the right to health in Article 12 of the Covenant. This General Comment cites health as an inclusive right that extends not only to timely and appropriate health care but also to those factors that determine good health. These include, among others: access to safe drinking-water and adequate sanitation, healthy occupational and environmental conditions, and access to health-related education and information³.

In 2002, the Committee further recognized that water itself was an independent right. Drawing on a range of international treaties and declarations, it stated: *«the right to water clearly falls within the category of guarantees essential for securing an adequate standard of living, particularly since it is one of the most fundamental conditions for survival.»*⁴

The human right to water entitles everyone to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses. An adequate amount of safe water is necessary to prevent death from dehydration, to reduce the risk of water-related diseases and to provide for consumption, cooking, personal and domestic hygienic requirements⁵.

Worldwide, 900 million people lack access to safe, clean drinking water⁶. The absence of this precious resource results in a host of debilitating problems, from life-threatening diseases to missed educational and employment opportunities. Access to safe, clean water is critical for proper health care, hygiene, sanitation, food production, education, and economic activity. It is one of the foundations on which everything else in a community is built.

More than 2.6 billion people – forty per cent of the world's population – lack basic sanitation facilities, and 900 million people still use unsafe drinking water sources. As a result, thousands of children die every day from diarrhoea and other water, sanitation and hygiene-related diseases and many more suffer and are weakened by illness.

It is estimated that unsafe water and a lack of basic sanitation and hygiene every year claim the lives of more than 1.5 million children under five years old from diarrheas⁷. But those who die are by no means the only children affected. Many millions more have their development disrupted and their health undermined by diarrhea or water-related diseases.

2. The main concerns for Tdh

The Tdh Charter declares: *«As long as a child is at risk and helpless, hungry, sick, abandoned, in misery or in pain, wherever it may be, Terre des hommes movement, created for this purpose, pledges itself to the child's immediate and complete relief».*

This mission corresponds directly to the Millennium Target for Development 4 (OMD4): *Reduce infant mortality*. Improved access to clean drinking water and to adequate sanitation will help prevent diarrhoea and lay a foundation for the control of intestinal worms (potential carriers of disease), among other pathogenic elements.

An environment that is not free from pollution and infection – where the most likely pollutant is human faeces that have not been disposed of properly and have spread because of a lack of basic sanitation and hygiene—is a danger to the very essence of life. Young children are more vulnerable than any other age group to the ill effects of unsafe water, insufficient quantities of water, poor sanitation and lack of hygiene. Lack of safe water, sanitation and adequate hygiene contribute to the leading killers of children under five, including diarrhea diseases, pneumonia, neonatal disorders and undernutrition. Moreover, children – and particularly girls – are denied access to education because they must work to supply water to the household or are deterred by the lack of separate and decent sanitation facilities in schools.

A child's immune system and detoxification mechanisms are not fully developed, so she is often less able to respond to a water-related infection. Children also have less body mass than adults. This means that a water borne chemical may be dangerous for a child at a concentration that is relatively harmless for an adult. Children are rarely in a position to advocate for their rights of adequate water and sanitation in households and educational institutions and to decry the burden of water collection and/or absence of appropriate hygienic practices within their environment.

Globally, more than 125 million children under five years of age live in households without access to an improved drinking-water source, and more than 280 million children under five live in households without access to improved sanitation facilities. Infectious diseases and diarrhoea in particular, are the main determinants of wasting and stunting of growth in children in developing countries. Low child mortality and high levels of water and sanitation provision are connected⁸. Although a child's access to safe drinking water and basic sanitation is of fundamental importance, hygiene, as well, is an indispensable part of the equation. Therefore, Tdh asserts its resources in the following sector:

Water...

Those children and adults who depend on water from unprotected springs, wells, rivers, lakes or streams for drinking are at risk of infection by water-borne diseases. Many are deprived of the safety and convenience of having water that has been treated under managed conditions piped into their homes or compounds. Between the two extremes are sources of drinking water that are more likely to be safe and are referred to as «improved». Among these are public tap stand, tube wells or boreholes, protected dug wells, protected springs and rainwater harvesting.

Environmental Sanitation...

Encompassing much more than what is usually meant by *sanitation*, environmental sanitation is the effort to reduce the prevalence of disease and contamination through provision of «improved» sanitation facilities. Such facilities are those that reduce the chances of people coming into contact with domestic waste (including human excreta) and are likely to be more sanitary than unimproved facilities.

These include toilets that flush waste into a piped sewer, pit or septic tank, as well as dry pit latrines ventilated constructed with a cover. It includes as well managing a variety of possible contaminants such as solid wastes, wastewater, medical wastes, controlling disease vectors such as mosquitoes, rodents and flies as well as ensuring a proper disposal of dead bodies, to mention some health risks that may affect the well being of people of concern to Tdh.

Hygiene Promotion...

Is the ensemble of measures destined to prevent infection and the instance of infectious diseases. These include cleanliness, disinfection and conservation especially in priority areas such as residential areas, clinics, schools and markets. Hygiene promotion is the practice whereby information is shared to support a behavioral change to improve the overall sanitation of an environment and health of its inhabitants. It is a cornerstone of any water and sanitation endeavor and part of the second strategic focus area of the Tdh Mother and Child Health and Nutrition thematic policy: *Empowerment of individuals, families and communities at the community level.*

3. A call to action

Since the 1980's, Tdh has been involved in activities for improved access to water and sanitation. For over ten years, Tdh has been developing sizeable projects and has wide experience of this type of intervention at a community level. Several projects have been initiated in the past twenty years in response to emergencies such as natural disasters and civil unrest. The Foundation set up aid and support programmes for endangered populations whilst emphasising the empowerment of local human resources.

Water, Sanitation and Hygiene in emergencies

The growing number, frequency and severity of emergencies – particularly in the past two decades – underlines the compelling importance of access to water, sanitation and hygiene promotion to overall humanitarian responses. A natural disaster (earthquake, flood, storm) or a state of emergency stemming from complex geopolitical circumstances (conflict, ethnic persecution, marginalization of groups) may lead to a humanitarian crisis. Any crisis implies a serious disruption of society and can lead to widespread suffering, displacement and loss of life, whereby people are deprived of the basic essentials, which include a reliable water supply and access to sanitation infrastructures.

Emergency response consists of alleviating the suffering of human populations in short term. In combination with the theme of protection, in particular psychosocial activities (recreation areas and child-protection agents) in these contexts, the impact of activities for Water, Sanitation and Hygiene can improve.

Activities for Water, Sanitation and Hygiene are vital in these circumstances. Although the provision of water may take precedence in the early stages of an emergency, sanitation and hygiene are also factors of the first importance. After the initial response, all three elements - Water, Sanitation and Hygiene – will be developed. This strategy is built upon the global experience where Tdh has designed and implemented child protection projects to aid children and their families who are victims of crises. This protection involves not only core activities for psychosocial well-being, but also entails complementary action aimed at providing basic and related essentials such as the water supply (building tap-stands, providing water buckets), the construction of latrines, wastes pits and/or incinerators, and hygiene awareness. Operation and maintenance of the built/existing facilities are at least as important as their construction.

Water, Sanitation and Hygiene in development

Sustainable improvements to community health (physical and psychological) are core Tdh values. Since 1960, Tdh has accompanied communities in over 40 countries worldwide; encouraging community participation and cooperation with public services and local authorities. The integration of WASH within mother and child health programming strengthens the WASH trinity of Water, Sanitation and Hygiene.

4. Context of intervention

Stakeholders analysis

- **Beneficiaries.** Tdh will involve communities in all projects it supports. Traditionally, women and girls assure a central role in Water, Sanitation and Hygiene education, as the main providers of domestic water supply and sanitation and as responsible for hygiene in the home. Tdh will advocate for the full involvement of women, particularly in decision-making roles, in all Water, Sanitation and Hygiene education activities.

- **Working in-country, with governments.** Tdh favours relations with local and national health, water and sanitation authorities with the aim of negotiating its interventions within existing national health/water and sanitation policies. The objective is to be complementary rather than a substitute for another institution⁹, and to be viable in the long term. In this way, national health, water and sanitation authorities and ministries are favoured partners, alongside local and municipal authorities.

- **Working with partners to develop innovative approaches and leverage resources.** Broadening coordination and collaboration, improving knowledge management, use and sharing, and actively leveraging resources is essential. We work in partnership with all the stakeholders involved in Water, Sanitation and Hygiene education.

We work with international benchmarks and academic institutions at national and international level in order to access information and standards of current interventions and core issues.

Tdh's added value

Tdh's Water, Sanitation and Hygiene programmes are governed by principles within the framework of a child rights approach to programming. Strategies to improve the conditions of access to Water, Sanitation and Hygiene (WASH) are guided by the Convention on the Rights of the Child, notably Article 24 which requires ratified States to ensure the full realization of the right to enjoy the highest attainable standard of health and in particular to take appropriate measures to provide adequate and clean drinking water given the dangers and risks of environmental pollution.

Educating people about the problems surrounding Water, Sanitation and Hygiene will always remain a key element of Tdh's mother-child health programs. The community approach developed by Tdh for

many years is the preferred mode of operation of any intervention in Water, Sanitation and Hygiene. The participation of affected communities in all phases of the program is fundamental (identifying needs, implementation, monitoring and evaluation) because it ensures the relevance and sustainability of the actions needed. Development and management of the programs should be based on a community approach, and programs must aim for maximum involvement of affected communities. Depending on the context of intervention, the type of program, project phase and the nature / capacity of the community, the level of involvement may vary from a simple consultation to a proactive involvement in the project. Those within a displaced community usually find themselves in a precarious situation, having lost nearly all their possessions so it is sometimes difficult or inappropriate, during the implementation phase, to try to convince people to actively participate. On the other hand, a stable population is a priori more easily mobilized and involvement may even be a necessary condition for external intervention.

During the implementation phase, the participation of the community may consist of direct contributions (financial or material) to build infrastructure or, more commonly, carrying out physical labour or assisting project management staff in working out the implementation plan of the project, defining the target criteria and selecting the areas / populations / groups to cover. These contributions give the community a sense of ownership of the infrastructure and, consequently, improve its management. However, special consideration must be given to vulnerable groups for whom the contribution can be a direct economic overload. In this case, the program will instead work to increase the group's economic power and it is essential to coordinate with other actors working in the area.



2

Tdh Interventions

1. The guiding principles of actions for Water, Sanitation and Hygiene

Tdh's principles are based on the result of experience gained and of capitalisation exercises.

Tdh's policy is to integrate WASH into the work of mother and child health programmes¹¹. Tdh has built up know-how in coupling synergy between a WASH intervention and activities for child protection. The elements of water supply, improvement in sanitation and promotion of hygiene facilitate access to communities and strengthen the capacity through the Tdh community approach in projects for protection. This is particularly pertinent in emergency interventions.

Access to water and sanitation is the fundamental right of any human being (General Comment 15) and is not a marketable item (important for advocacy for the support of public services). Tdh believes in this fact and bases its interventions on the approach of «right» rather than «needs».

Water, Sanitation and Hygiene in emergency situations

During the first stage of an emergency, Tdh WASH intervention covers both rural and urban areas, but with the emphasis on meeting the basic needs, not served or badly served, in poor rural or suburban areas, shanty towns or informal settlements, small towns and displaced persons' camps. In terms of water supply, basic needs include access to a safe supply of drinking water for domestic use, i.e. «water for drinking, food preparation, personal hygiene, laundry, dishwashing and cleaning». In many cases, domestic water may also be used for watering animals and vegetable plots and gardens. The definition of the term «access» (distance to the next water-point per capita availability) and «safe» (water quality) may vary from country to country.

There are many possible definitions of sanitation. For the present purpose, it is taken to mean the safe management of human excreta. It therefore includes both the «hardware» (latrines and sewers) and the «software» (regulation, hygiene promotion) needed to reduce faecal-oral disease transmission. It also encompasses the re-use and ultimate disposal of human excreta. The term environmental sanitation is used to cover the wider concept of controlling all the factors in the physical environment which could have a deleterious impact on human health

and wellbeing. In developing countries, it normally includes drainage, solid waste management and vector control, in addition to the activities covered by the definition of sanitation.

In the immediate and long-term, Tdh's interventions in WASH aim to provide or restore people's livelihood and to reduce dependence on external aid. Such interventions focus on the rehabilitation of social structures as well as the renovation of water and sanitation infrastructures. In many cases, simply repairing material and social damage is insufficient, as conditions prior to the disaster were inadequate. The response mechanisms need to be adapted to more self-reliant models and to focus their aims on the improvement of basic living conditions (water and sanitation) and the reduction of major vulnerabilities. This is achieved by providing complete coverage of needs via self-reliant systems and thus implies the participation and empowerment of local structures and communities, as well as national institutions, in order to guarantee sustainability.

Water, Sanitation and Hygiene in the long term

Long-term interventions focus on structural problems, and the principal objective is the empowerment of existing local capacity, aiming at improving the living conditions of communities in a sustainable way, with respect for their rights. Participation of the communities concerned in the definition and implementation of programmes is central to this approach. These programmes are focussed on the reduction of vulnerability in the long term. External support is kept to a minimum, and implementation is mainly done through local partners. These responses are appropriate in the case of post-crisis, de-structuring and discrimination.

Key lessons learned and best practices from the field

- Health interventions are strengthened by WASH activities and vice versa.
- WASH Interventions in emergency have better impact and are more relevant when the project is integrated with a psychosocial axis and vice versa. The community approach in implementing psychosocial activities in emergency allows for more ownership by communities. Conversely, WASH

interventions in emergency can address the issues of protection.

- Ownership is promoted by community participation at all stages of the project.
- Community participation is an essential prerequisite throughout the processes of:
 - Needs assessment
 - Project planning
 - Activity delivery
 - Capitalisation
- Duplication of activities is avoided through participative mapping of problems and community resources.
- The needs and rights of women are paramount in project planning.
- Appropriate technologies and socially acceptable solutions are applied.
- Develop a clear exit or phasing out strategy at an early stage of any WASH intervention.
- Anthropological and sociological considerations go hand in hand with technical assessments
- LRRD Strategy (Linking Relief, Rehabilitation and Development) is to be developed in each context of intervention as per contiguum.
- Rapid response to natural disasters and conflicts with stand-by staff and emergency stock.
- Level of human resources expertise determine quality and success.

Implications of the Tdh policy

- The right based approach is preferred over the needs based approach.
- WASH activities are integrated within MCH¹² and vice versa.
- In emergencies, the integration of the WASH and protection (psychosocial) should be encouraged to view the results of previous experiments.
- The psychosocial approach, including the principles of non discrimination, dignity, community involvement, inclusion of community resources, capacity building, integrated and holistic approach should be implemented in all projects.
- Community ownership must be encouraged by participation as an integral part of Project Cycle Management. The community approach with community participation and respect of community culture (understanding of the springs) is essential in all projects.
- Our work is influenced by the specific problems of women and girls (gender issues).
- Project designs are appropriate to the community: technology is understood, culturally conscious (appropriate), durable, affordable, maintainable (operation and maintenance).
- Do No Harm principles inform project planning.
- Qualified WASH staff are essential.



A water point in a Tdh Child Friendly Space in Darfur Sudan © Tdh / Alexandre Spalaïkovitch

2. The Foundation's aims, objectives and target groups

The Foundation's final aim according to its Charter is child relief.

Our general objective in WASH will contribute to the final aim through sustainable improvements to the health of the community.

This general objective warrants achieving three specific objectives:

- Provision of safe drinking water to target communities.
- Reducing of the risk of spreading water-borne diseases through adequate sanitation and hygiene awareness campaigns.
- Integrating the improvement of water, environmental sanitation and hygiene promotion within mother and child health and the child protection.

The objectives of projects supported by Tdh vary according to the project and the context. In each case these are accompanied by a project proposal with a complementary logical framework analysis.

Population, Beneficiaries, Target Groups

The Foundation concentrates its activities in the area where the problems are largest, and where the populations are most vulnerable. Tdh makes this decision on the basis of problems identified without considerations of ethnicity or political and religious affiliation. in the following categories:

- Displaced persons or refugees and communities having lost their means of subsistence following a crisis or a natural disaster;
- Marginalised communities or groups and poor communities in urban and rural settings.

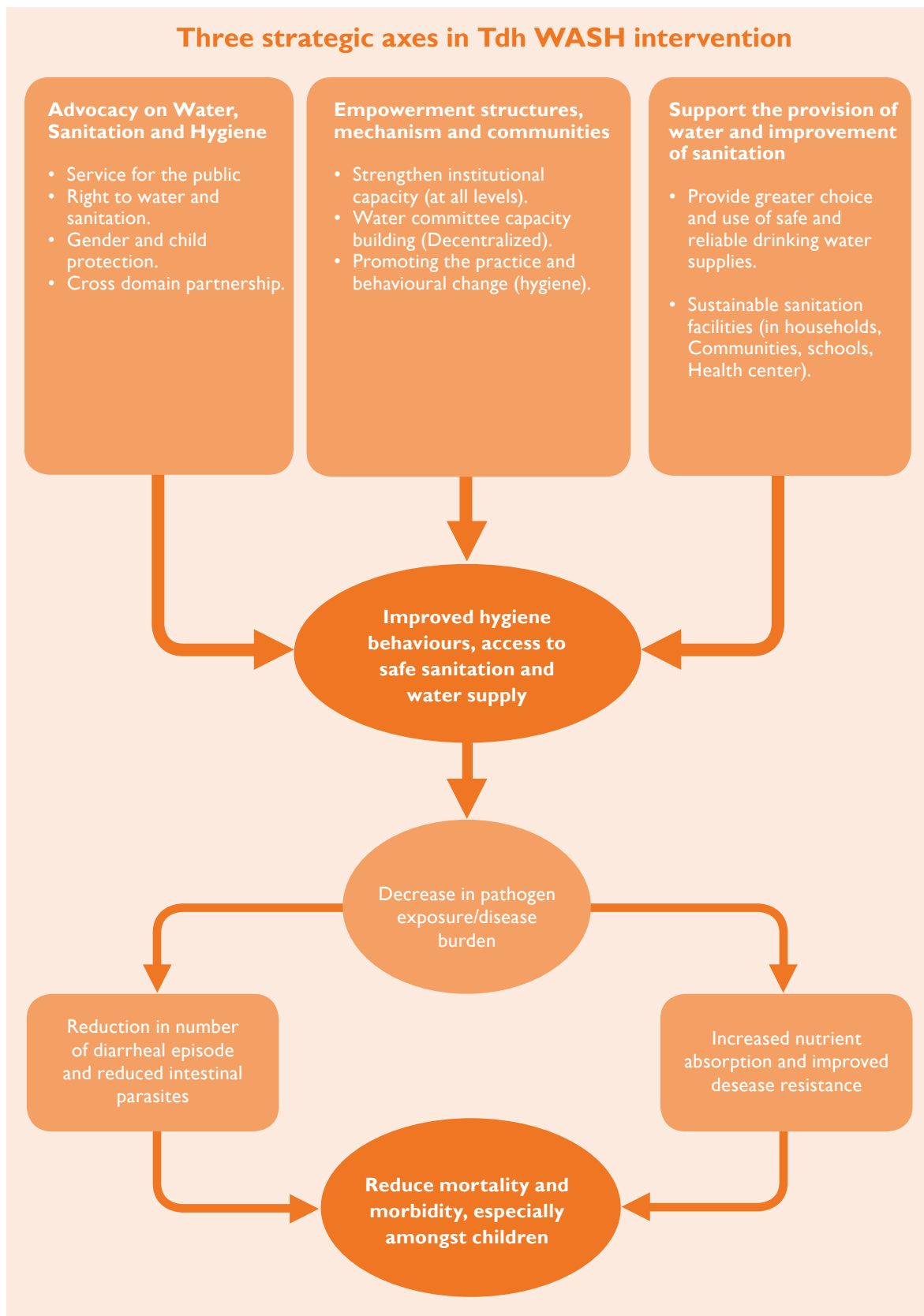
Our WASH thematic policy always promotes a balanced way of the three components Water, Sanitation and Hygiene which are based on three interdependent pillars:

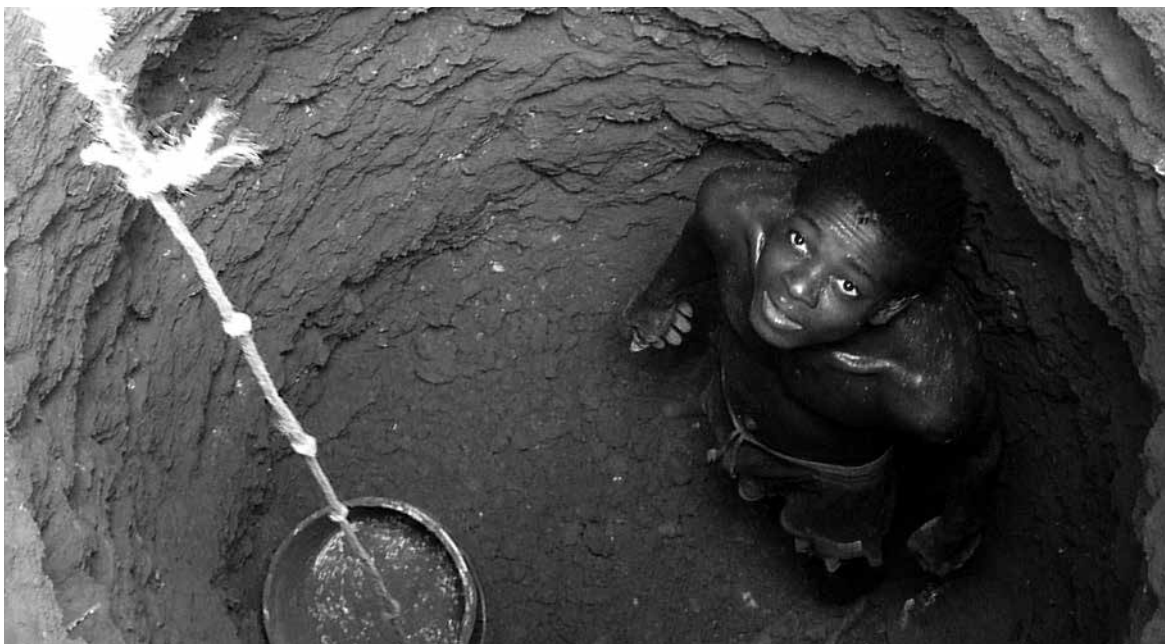
- Support for the provision of drinking water, sanitation in the country where we operate,
- A priority is given to the empowerment of the institutions, communities and beneficiaries of projects (strengthening, training, capacity building...) and promoting behavior change in relation to hygiene and management of water and sanitation.
- Advocacy on Water, Sanitation and Hygiene.

3. Actions

Activities are grouped under action headings. A non-exhaustive list of actions is shown below:

- Survey and context analysis
- Water supply
- Human excreta control
- Solid waste management
- Medical waste management
- Wastewater drainage and final disposal
- Vector control
- Hygiene promotion
- Transfer of knowledge and training
- Risk and disaster management





Excavation of a pit for a family latrine in Haiti © Tdh / Antoine Delepière

4. Modes of action

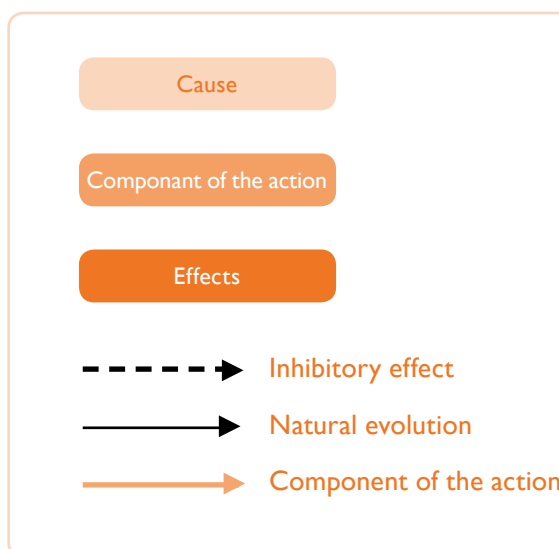
The modes of action depend on the context in which the intervention takes place and are based on the lessons learnt through the capitalisation process. The sustainability of the actions or the impact of the projects remains a key factor in the choice of the modes of action.

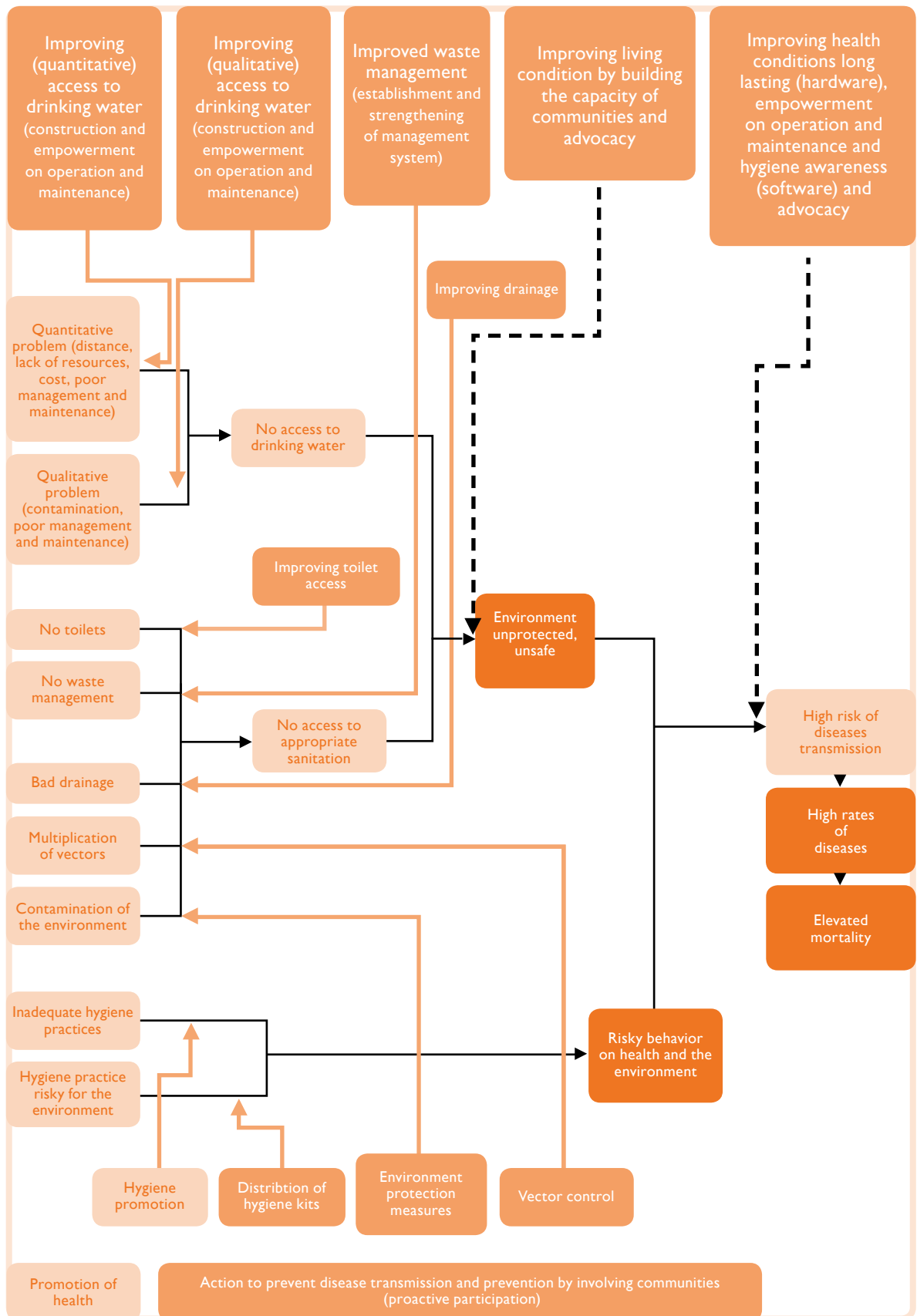
The modes of action are based on the following basic principles:

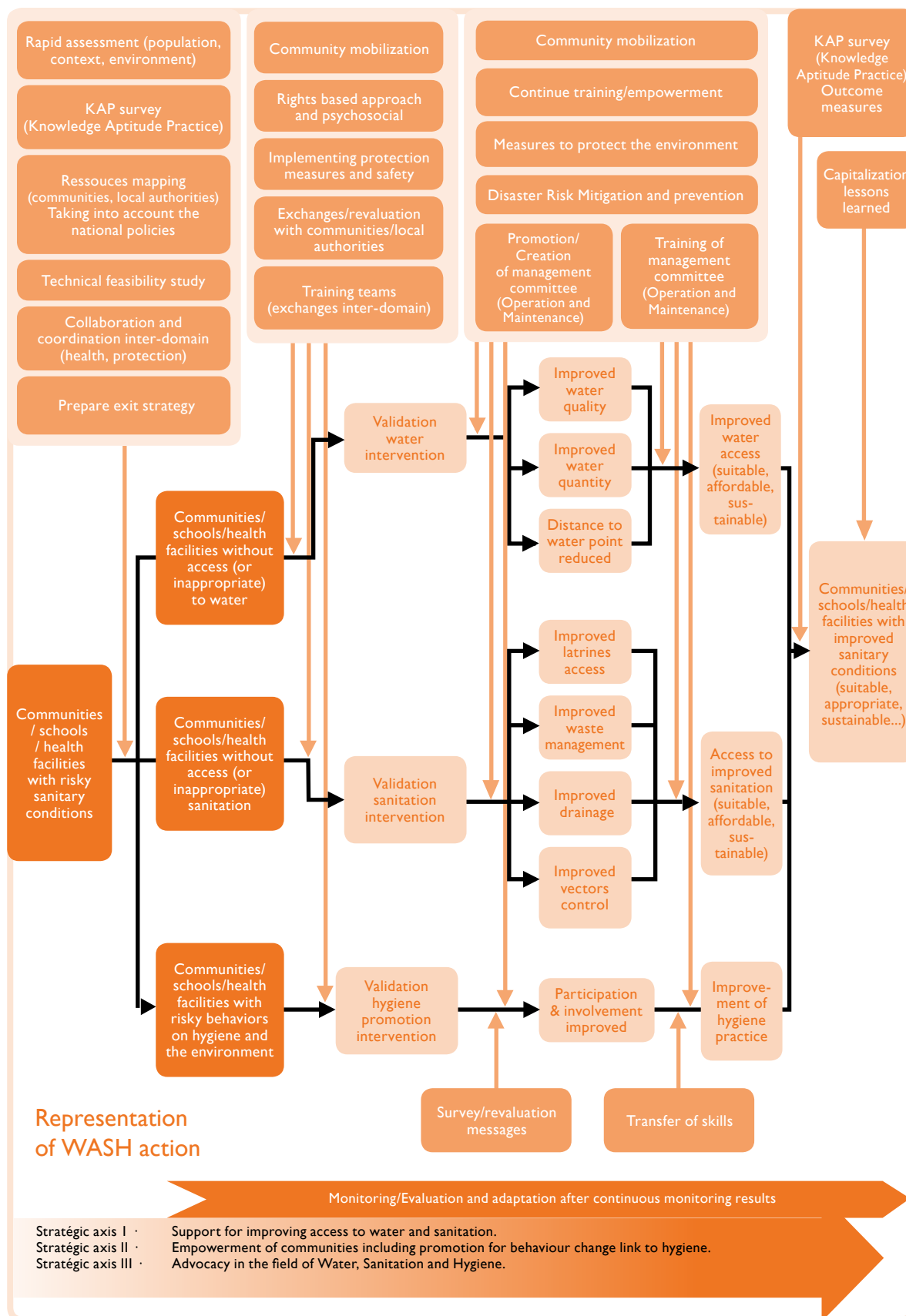
- Tdh aims at a negotiated/participative integration of its activities within national policies on water and sanitation in order to reinforce existing initiatives;
- Tdh appoints and continuously trains qualified staff, and ensures cross sectoral collaboration between WASH, mother and child health and Protection;
- Exchange of information between the WASH and health sectors at local and national levels;
- Encourage utilisation of local resources and promote local capacity building;
- A situational analysis is a precondition for all field operations;
- Participative mapping of needs and community resources;
- Innovative interventions and approaches wherever possible;

- Capitalisation in Water Sanitation and Hygiene projects with particular attention for child and community health initiatives.

On the right page: example of mode of action linked to health problems









Young girl drinking water in a hand pump in Krisnapatnam village, Andhra Pradesh, India © Tdh / Antoine Delepière

Two methods of intervention are distinguished:

Direct Implementation

Direct implementation is mainly undertaken by the Tdh Emergency Unit and in certain development contexts where no local expertise (CBOs, human resources) are available.

Support/complementarity with local partners

Tdh promotes local capacity building and ownership, favoring cooperation with local partner organisations (NGOs, CBOs, networks including WASH cluster). We apply professional criteria in our partnership selection. Relations are governed by a partnership agreement and guided by agreed codes of conduct including the Tdh Child Protection Policy and rules issued in terms of good governance (see «*Tdh Checklist of Good Governance*»).



3

Tdh in practice

1. Preliminary: situation analysis

Intervention depends on an analysis of the situation

An in-depth analysis must be made before it is possible to clearly understand and define the nature of the problems and their causes, and to establish the most suitable response to a given situation. It allows comprehension of the various determining factors. This analysis, made prior to as well as during the whole intervention, must take the following parameters into consideration:

The population:

- Local characteristics and socio-economic, cultural and religious constraints.
- The nature of the problems and the expectations of the people.

The context:

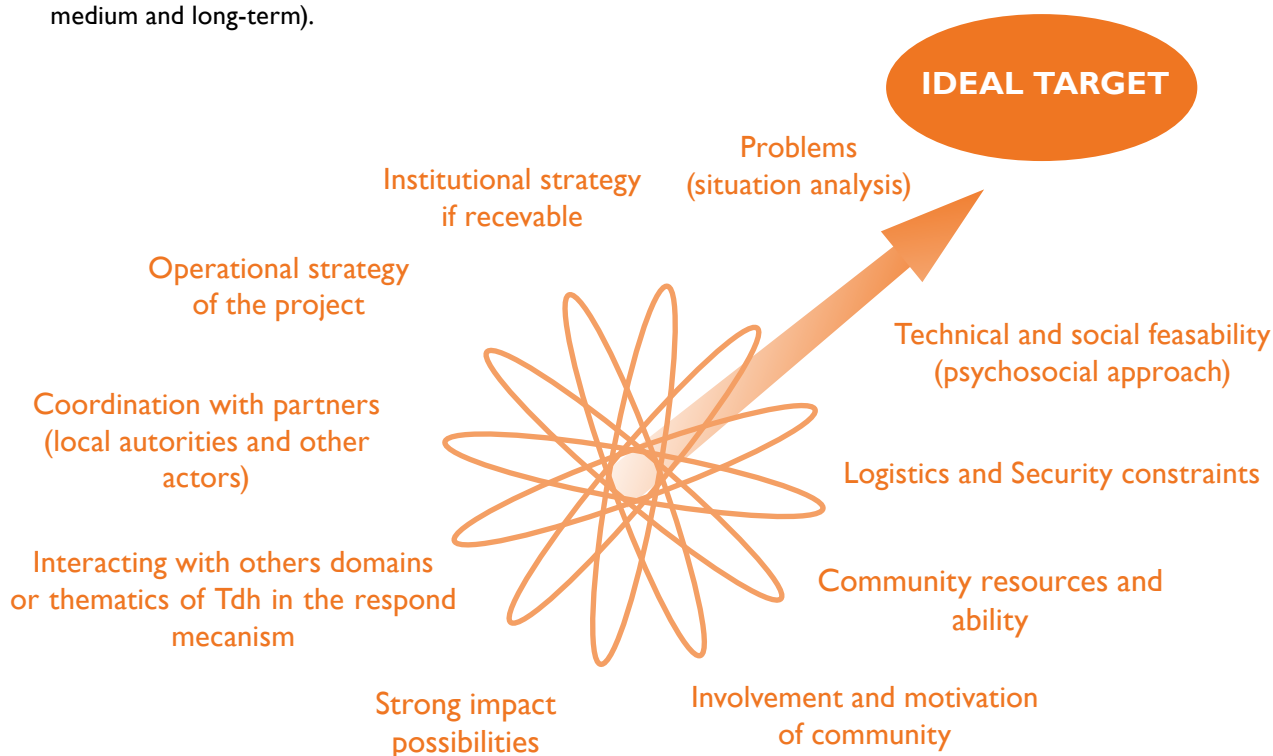
- Factors linked to the problem (political, natural, etc.);
- The previous situation (conditions, resources, vulnerability, assets, etc.) ;
- The present situation, available capacities (resources) and strategies for adaptation within the population affected;
- Possible development of the situation (short, medium and long-term).

The environment:

- The kind of resources available;
- The risk of environmental contamination linked to new infrastructures;
- Data on climate (present and forecast). It is also important to consider problems for the population (migration, adaptation, etc.) linked to the climate changes.

In emergency situations, analysis of the situation may be less in-depth but should still take the above parameters into account. Tools for analysis have been developed to facilitate this stage.

To reduce morbidity/mortality and efficiently combat malnutrition, it is essential to consider all the potential determinants. The analysis of the context and the phase of identification (particularly including meetings with the population) should have a multi-disciplinary approach (psychosocial, health, protection, WASH, etc.), giving priority to community participation.



An intervention adapted to the resources (abilities and capacities) and motivation of the communities

Taking into consideration the socio-cultural and economic characteristics of the community is an essential condition and necessary to the efficient and sustainable realisation of a project. Indeed, technical decisions are made according to criteria which are not solely technical but also social and cultural, and the responses opted for should be adapted to the way of life of the communities concerned. The definition of a project should take into account the following points:

- Assess the logistic and economic resources, human resources and technologies required and available for the operation and maintenance of the infrastructures (fuel, spare parts, etc.);
- Respect religions, beliefs and taboos (linked to water, sanitation, etc.) and adapt the intervention in consequence;
- Assess the motivation and management abilities of the local communities;
- Respect the social hierarchy (but ensure this does not interfere with the transparency of the project and help for the most vulnerable) and anticipate

potential conflicts which could arise with the realisation of infrastructures.

Respect, understand and integrate local factors

The project should take cognizance of the beliefs of the community, its knowledge and management of the environment. The essential attitude to be kept is that of respect. Rather than trying to demonstrate that a belief or a taboo is absurd because it seems to be in contrast to our own cultural system, Tdh should work to design messages which are understandable and appropriate to explain the reasons for problems and to seek efficient solutions together with the community.

When the modification of a specific custom proves to be the most appropriate solution, respectful behaviour should guide the manner in which the necessary information and encouragement are given to the community, so as to make people aware of the benefits such changes will bring. Cultural attitudes helpful to the project should be promoted and responded to.

2. Strategic Axis I: Support for improving access to water and sanitation

The analysis of the situation should be followed up systematically by a feasibility study to confirm the possibility of offering a safe and appropriate response to the problems identified. This includes principally, for WASH projects:

- Community ability to utilise, manage and maintain infrastructures for water and sanitation;
- Confirmation of the hydrologic capacity (resource potential, permanent flow, environmental risks);
- Hydro-chemical and bacteriological confirmation (water quality according to WHO and national standards).

The question of feasibility, for sanitation, is also linked to specific contexts where sanitation might create a risk for the environment and public health (latrines in a region with a high hydrostatic level).

The use of technologies adapted to any community and environmental, socio-cultural and economic constraints is a prerequisite for a project's success,

whatever they may be. The use of technologies whose efficiency is demonstrated is the best way to ensure an appropriate and sustainable response. Technologies and mechanisms of affordable maintenance should be encouraged wherever this is appropriate (especially in developing contexts). Reproducing the activities by the community should be encouraged.

Under certain circumstances, however, it may be possible that no perfectly appropriate solution is available. In this case, inventiveness comes to the fore, and it will be essential to actively research amongst the solutions initially conceived, together with local resources, to find a suitable answer. This implies:

- A precise analysis of problems and resources;
- A study of solutions already used locally (and regionally) and an in-depth study of any necessary modifications;
- Promotion at a regional level of the technologies designed by communities and other local parties (South-South exchange).

Obtaining a sustainable system is a target to be considered from the very start of the programme definition. During the first emergency phase, the initial response should be fast and efficient, sustainability is not necessarily an aim. However, once the primary problems have been looked after in the first weeks, development of the response is planned whilst taking all the long-term aspects into account. This is especially true to validate the phase of withdrawal.

Some key factors to be taken into account for any work on this axis: gender, children, protection, respect for the environment and integrated water resource management.

Children

In any crisis, children are particularly vulnerable and can represent an important part of the affected population, those most at risk. Tdh, with its focus on children, should take special measures for children to ensure them priority access to basic services. Particular attention should be paid to children under five. The main objective is to keep the sickness, mortality and malnutrition indications below the critical levels for this specific group, to bring psychosocial support to children and to assess the problems of protection with reference to Tdh's child protection policy.

Gender

The different opinions and needs of women and men should be considered at various stages of the project cycle. The role of women in the supply of water, sanitation, management and protection is central, and requires special care. The word «gender» refers to the differentiation between the responsibilities, roles, needs, interests, abilities and vulnerabilities of both men and women, as well as the aspects of a project which are influenced by social and cultural factors. In the majority of developing countries, women are responsible for managing household tasks and the use of water. Although they are responsible for domestic management, women are frequently excluded from water management at a community level.

Tdh's aim with regard to gender is to ensure that the various programmes and projects set up benefit men and women fairly, in keeping with their specific needs, with fair participation and collaboration of both sexes, attempting to rebalance the existing gender relations (fairness, solidarity, justice) where participation, redistribution of resources and responsibilities are concerned. During the phase of situation analysis, it is important to understand the role and status of women within the community (specific vulnerability)

as well as the role they could play in the project itself. It is necessary to further the involvement of women in the promotion of hygiene, sanitation and the elements of water management in a project. Women being usually responsible for children's upbringing and for running a household, their involvement in the elements of the project are indispensable. It is important to create a place for women in the organisation and implementation of a project and to encourage their participation by strengthening their abilities and know-how.

Women should be involved in community decisions on Water, Sanitation and Hygiene, and consequently the Tdh teams should make sure that women are included as members of the committees for water tap points, and that they are fairly represented in the local WASH team (particularly in the sector for hygiene promotion). Women are considered to be a priority when establishing criteria for choosing beneficiaries of interventions (e.g. widows, women running households).

Protection

Installations for water and sanitation should be constructed in as safe and accessible a way as possible. The issues taken up in Tdh's Policy for Prevention of Abuse should be regarded. Given that water plays a critical part in many conflicts in the world, it is imperative that the teams implementing projects take great care with questions linked to human rights and to protection when setting up WASH projects.

Respect for the environment and integrated water resource management

Projects always carry with them potential consequences on the natural environment. Environmental risks must be assessed prior to and during each intervention, and any possible impact should be minimised. In every case it is important to make the community affected and other local partners aware of the correct management of their water resources and of environmental risk factors. It is especially important to avoid overexploitation of underground water when setting up projects for sinking well-shafts or drilling for water; available resources are to be systematically analysed in-depth (by geophysical studies, pumping test, etc.). These assessments will help determine the number of water points and suitable dimensions of the pumping systems chosen. If there is any risk of exhaustion of water resources, alternative resources must be considered.

3. Strategic Axis II: Empowerment of communities and beneficiaries

The empowerment of communities is a fundamental way of ensuring continuity of the intervention. Sustainability refers to the probability of the continuation/maintenance of the structures or initiatives created during and beyond the project. It is one of the key factors for the project to have an extended, long-term impact. The sustainability of a WASH project is linked to the existence, dynamism, financial viability and technical know-how of the management committee (WASH). These latter should not work by themselves, but in close contact with the local authorities and the referring Ministry, and should be declared officially. The sustainability of a project should be its ability to be withdrawn in relation to the local authorities (regional water sanitation direction or Ministry for water and sanitation) or to local partners (local NGO WASH programme). That the activities should be reproducible is a component of the programme's sustainability.

Community empowerment and social cohesion

Tdh's aid should seek to strengthen the organisation and social cohesion by a community approach to water and sanitation management. Mobilisation and participation of the community in the preparations and during the project, as well as the existence of management committees (WASH) are a means of achieving these aims. Such collaboration should be carried out with a psychosocial approach.

Transmission of know-how and its transfer (hand-over)

From the beginning of its implementation, an intervention should permit a gradual withdrawal of aid, the final target being complete withdrawal. It is important to clarify, from the beginning, the various roles of the communities, traditional authorities and political actors. Particular attention should be given to questions of cleanliness, accessibility and management. The intervention should include a final, official hand-over of the activities and infrastructures to a legitimate, well-known group.

Technical and maintenance training is an essential aspect to be integrated into each intervention. There should be a distinction between the training to make the teams of operatives and maintenance workers

technically independent and the training intended for end-users. On-going training is done daily on site, but training courses are also regularly organised during the whole project. These bring together technicians and members of the users' committee (treasurers, plumbers, hygiene promoters, etc.) so as to share experiences, to publicise the successes reached at a local and regional level, and to allow all the partners to profit from them correspondingly.

The five key points for sustainability of infrastructures linked to water and sanitation built up during the intervention are: an understanding of the work, take-over by the communities, availability and access to spare parts, transparency in the management of the structures, and participation in their maintenance.

Capitalisation of experience and analysis

Every intervention assumes the collection of a large amount of general and specific data about practical experience and resources, and the methodology and technology employed. All of this information is of great value to the communities, to local partners and to various parties who want to work in the same area. The collection, analysis and sharing of such information thus represents one of the targets of each intervention.

Operational research

With the aim of improving the pertinence of these activities for Water, Sanitation and Hygiene, and finding a response adapted to a specific issue (e.g. ecological latrines in southern Bangladesh) and/or a more general problem (e.g. social factors limiting the use of dry latrines in India), Tdh can develop operational research projects and promote short-term study projects, especially by employing students. In all cases, relations with universities and research institutes, groups of experts ideally from the countries of intervention (but also in Switzerland), as well as an increase of professional relations between universities in the north and south, will be encouraged.

4. Strategic Axis III: Advocacy in the field of Water, Sanitation and Hygiene

Advocacy is one of the pillars of Tdh's actions. Advocacy complements strategic axes as it:

- Faces the underlying causes of poverty and injustice. It brings about long-term change;
- Regards people as the agents for change in their own communities;
- Can alter the structure of power and unjust systems;
- Can assist in generating wider resources for other tasks of development.

Advocacy can include a certain number of activities such as research, lobbying, campaigns, networking, awareness making, and work with the media. Advocacy can have a significant impact on issues linked to Water, Sanitation and Hygiene.

Tdh is committed to pursuing advocacy for the fundamental role of drinking water, sanitation and hygiene in human development. As much as education and health, Terre des hommes considers access to water and sanitation as public property which should under all circumstances be provided free of charge as a service (or in certain situations at an affordable price in a system which does not exclude the destitute).

Tdh is committed to influencing decision-makers at all levels so that priority is given to Water, Sanitation and Hygiene in their plans to reduce poverty, by demonstrating their vital importance for health, education and the means of existence.

The first step in planning any advocacy is the identification of the questions that Tdh wants to tackle. In the sector of Water, Sanitation and Hygiene, many questions are of interest. However, advocacy cannot hope to resolve everything at once and it is therefore important to choose the most important and pertinent questions for each country or region when drawing up our or their plan of advocacy. Tdh describes the four priority sectors it has chosen for future actions, which can form the basis for advocacy activities in WASH:

- Hygiene promotion;
- Environmental sanitation;
- Supervision and a greater sense of responsibility for the operators of the water and sanitation services (including a code of ethics and rights);

- Community approaches for the supply of water and sanitation combined with a psychosocial approach.

Initial research and analysis should help determine which are the most important and appropriate activities for WASH in the country or region of intervention. It is essential to choose only one or two themes and to concentrate on these. It is preferable to advocate a few basic questions with well-documented information than to be dispersed over several subjects.

Key subjects for advocacy messages

The thematic policy on Water, Sanitation and Hygiene defines five main subjects from which advocacy messages can be developed, as follows:

- **Water, Sanitation and Hygiene can save lives:** Millions of people die every year due to poor hygienic conditions, food and drinking water contaminated by faecal matter infested with bacteria, viruses and parasites, causing diseases such as diarrhoea, one of the most deadly illnesses for children under five in developing countries. Resolving the problem of sanitation and helping people improve their hygiene practices could save many lives and reduce the incidence of disease.
- **Water, Sanitation and Hygiene for the people:** Women and children come first. The lack of access to environmental sanitation and hygiene affects women and children to a greater extent. This can lead to many incidents of violence against women and girls and puts their reproductive health in danger. Tackling questions of gender, of the advantages of the status of girls and of education, improves private life and restores human dignity – a first step towards an improvement in the quality of life.
- **Supervision and a greater sense of responsibility for the operators of the water and sanitation services:** Tdh will work in close collaboration with the agencies for coordination in this sector to make sure that all the stakeholders are answerable to the other parties and to the communities served.

and urban areas are the most affected by problems of access to water and sanitation. Giving first priority to these basic services at a local, regional and world-wide level should head the political agenda and be recognised as essential for eradicating poverty and contributing to sustainable development.

- As much as education and health, Terre des hommes considers Water, Sanitation and Hygiene as public property which should under all circumstances be provided free of charge as a service (or in certain situations at an affordable price in a system which does not exclude the destitute). This position, elaborated and validated by Terre des hommes, is based on operational results and advocacy in Tdh's projects (e.g. in Colombia, Burkina Faso, Benin, etc.). It is disseminated in Tdh's contributions to social forums as well as in its relationship with various donors (DDC, EU, etc.). Tdh, in partnership with other organisations, promotes the concept of «free of charge» at the same level as the provision of health services.

5. Networking and coordination

Water, Sanitation and Hygiene are entry points for the fight against poverty: Vulnerable people in rural Tdh favours an integrated approach in its interventions. This integrated approach consists of both the curative and preventative measures of WASH interventions, health care (primary treatment, nutrition, etc.), protection (psychosocial) and advocacy, so as to tackle the basic causes of the situation. The integrated approach, even in the limited scope of an emergency operation, is accepted by Tdh as the best practice. Tdh integrates improvements in hygiene, sanitation and water supply to have a positive influence on public health. Water, Sanitation and Hygiene also constitute continuity between public health and socio-economic development. An integrated approach may involve various parties who can also implement these actions, but a single organ for coordination of the activities is recommended.

Any WASH intervention should coordinate its activities with the services of the State and any other parties concerned (NGOs, community organisations, WASH cluster, etc.) in order to guarantee satisfactory planning and joint implementation of interventions. Issues such as checking the quality of the water and waste elimination, as well as technical aspects such as the design of borehole and latrines, should be coordi-

The empowerment should be an important component in all work of advocacy. Given the general aims of the majority of civil society organisations involved in advocacy, it is essential that the basic communities be involved «not only as recipients of the information but also as participants in their rights»¹⁴. Advocacy which aims at increasing the ability of the basic community is sometimes called «rooted advocacy», «participative advocacy» or «stakeholder advocacy». It can be defined as «to facilitate a process by which the population, by the expression of its own needs and wishes, gains the confidence and ability to influence those decisions which affect their own future»¹⁵. The civil society organisations, who work with the basic communities and who are involved in the work of advocacy, should thus be openly committed to empower the defence of those they represent.

nated with local authorities and the communities so as to generate a feeling of ownership and to ensure a sustainable quality of utilisation and maintenance. Also important is coordination between the working group for Protection and the WASH sector. Actors for Protection and WASH specialists should work together on establishing WASH activities which include an efficient protection of the people.

The best practices in the various types of contexts will be capitalised. Credibility is necessary to coordinate the assorted stakeholders. This credibility rests on good practices in the field and recognized expertise.

6. References and list of explanatory material

(not exhaustive)

Références

- Charter of Terre des hommes Edmond Kaiser, founder of Terre des hommes, 1960.
- Child Protection Policy Tdh : Child Protection Procedures Issue: update in January 2008.
- Convention on the Rights of the Child (1989). Geneva, Office of the United Nations High Commissioner for Human Rights (available on the Internet at <http://www2.ohchr.org/french/law/crc.htm>)
- Committee on Economic, Social, and Cultural Rights (2000). General Comment No. 14, Geneva.
- Committee on Economic, Social, and Cultural Rights (2002). Substantive issues arising in the implementation of the International Covenant on Economic, Social, and Cultural Rights, General Comment No. 15, Geneva.
- Guidelines on Mental Health and Psychosocial Support in Emergency Settings - Inter-Agency Standing Committee 2007.
- Right to water. Health and human rights publication series; no. 3. World Health Organization 2003.
- Strategic plan 2005-2010 Terre des hommes Foundation (update in 2007).
- The Sphere Project, Humanitarian Charter and Minimum Standards in Disaster Response (2004 Edition).
- UN-Water Global annual assessment of sanitation and drinking water WHO/UN-water Joint Monitoring Programme (JMP). © World Health Organization, 2010.
- Water, Environment and Sanitation Technical Guidelines Series A Manual on Communication for Water Supply and Environmental Sanitation Programmes - No. 7 Unicef 1999.
- Water a shared responsibility The United Nations World Water Development Report 2 - The triennial World Water Development Report (WWDR) March 2006.
- WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 2010.
- World Health Organization Water, Sanitation and Hygiene Links to Health FACTS AND FIGURES – *updated November 2004.

• Annexes (electronic version available in Septembre 2010)

- Tdh WASH Approaches and Methodologies
- Tdh WASH Toolbox Standards and References (not exhaustive and scalable):
 - Reference documents on approaches
 - Guide for HR on Water, Sanitation and Hygiene projects
 - Reference Document on the Right to Water and Sanitation
 - Evaluation and Monitoring in Water, Sanitation and Hygiene Project
 - Models of action reference document in Water, Sanitation and Hygiene projects and Health Protection

Technical documents :

- Tools for situational analysis and rapid assessment
- Document on community approach in Water, Sanitation and Hygiene projects
- Methodological guide for implementation of Water, Sanitation and Hygiene projects
- Guidelines for the design of a water supply gravity system
- Guidelines for the construction of wells and borehole
- Guidelines for the design of catchment systems
- Guidelines for the control of water quality
- Guidelines for the different types of water treatment
- Guidelines for the Environmental sanitation
- Guidelines educational tools for hygiene promotion
- Procedure for procurement in Water, Sanitation and Hygiene projects
- Guidelines for Risk Reduction in WASH

Notes

- ¹ WASH English abbreviation of Water Sanitation and Hygiene defined by UNICEF, which has replaced WatSan (Water and Sanitation) including Hygiene which is an essential component of the Water Sanitation Project. WASH is an abbreviation easy to understand and remember in english.
- ² Source: Meeting the Millenium Development Goals (MDG's) drinking water and sanitation target: the urban and rural challenge of the decade - MDG. WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 2006.
- ³ Convention on the Rights of the Child (1989). Geneva, Office of the United Nations High Commissioner for Human Rights (available on the Internet at <http://www.unhchr.ch/html/menu3/b/k2crc.htm>).
- ⁴ Source: Right to water. Health and human rights publication series; no. 3. World Health Organization 2003 page 8.
- ⁵ Source: Committee on Economic, Social, and Cultural Rights (2002). Substantive issues arising in the implementation of the International Covenant on Economic, Social, and Cultural Rights, General Comment No. 15, Geneva. Article 2.
- ⁶ Source: UN-Water Global annual assessment of sanitation and drinking water WHO/UN-water Joint Monitoring Programme (JMP). © World Health Organization, 2010.
- ⁷ Source: Progress for children: a report card on water and sanitation number 5, September 2006 Unicef.
- ⁸ Source: Progress for children: a report card on water and sanitation number 5, September 2006 Unicef.
- ⁹ Unless warranted in an emergency context.
- ¹⁰ Tdh General Action Model from the Tdh strategic plan (version 2005-2010 and 2011-2015).
- ¹¹ See: Mother and Child Health thematic policy.
- ¹² Mother and child health.
- ¹³ To correspond to the Tdh WASH logical framework guide within Tdh WASH Toolkit of Standards and References.
- ¹⁴ Chapman and Fisher 1999.
- ¹⁵ BOND 2000.



© Tdh



Siège | Hauptsitz | Sede | Headquarters
Avenue de Montchoisi 15, CH-1006 Lausanne
T +41 58 611 06 66, F +41 58 611 06 77
www.tdh.ch, CCP: 10-11504-8