Chapter 1

Introduction

1.1 About this book

This book has been written to help all those involved in planning and implementing emergency sanitation programmes. Users may include field technicians, engineers and hygiene promoters, as well as technical and non-technical staff at agency headquarters.

The authors have attempted to provide a balance between the hardware (technical) and software (socio-cultural, institutional) aspects of sanitation programmes. It is hoped that this may help technical staff to understand better the software aspects, and hygiene and community health specialists to understand better the more technical aspects.

The main focus of the book is a systematic and structured approach to assessment and programme design. There is a strong emphasis on socio-cultural issues and community participation throughout.

1.1.1 Structure of this book

This book is divided into three main sections:

- Manual
- Guidelines
- Case study

The Manual is designed to act as a textbook which can be referred to for information regarding minimum objectives, technical options, planning and implementation. Sectoral chapters do not aim to cover each topic fully but to provide key relevant information for quick reference. There is a list of further reading material given at the end of each chapter and a full Bibliography at the end of the book.

The Guidelines are intended for use in the field to conduct rapid assessments, prioritise needs and design effective relief programmes. Reference is made to the Manual where supporting information may be required.

In addition, there is a Case Study at the end of the book which demonstrates how the Guidelines can be applied in the field.

The book is accompanied by an Aide Memoire to Assessment and Design, which is a summary of the Guidelines process, outlining the key issues and procedures. An electronic version of the book is available on CD.

1.1.2 How and when to use this book

This book is not designed to be read from beginning to end. The Manual may be used as a reference text and hence can be 'dipped into' at any point. The Guidelines, however, have been developed as a complete process and each Chapter represents a specific activity in assessment and design.

The material in the book has been designed so as to be applicable to sanitation programmes responding to a wide range of emergency situations including conflict-induced disasters, famine, floods, earthquakes and cyclones/hurricanes. It should also be suitable for closed settings, such as large refugee camps, as well as open settings, such as where displaced people live within a local community and situations where the affected population remains in a disaster-affected area.

The Manual and Guidelines may be applied to emergency sanitation programmes that last a few months or several years (see emergency phases below).

1.2 What is emergency sanitation?

Perceptions of what constitutes an 'emergency' vary between personnel and between organisations. Generally, an emergency may be considered to be the result of a man-made and/or natural disaster, whereby there is a serious, often sudden, threat to the health of the affected community which has great difficulty in coping without external assistance.

1.2.1 Stages of an emergency

An emergency may last a few weeks, several months or years. There are several ways in which emergencies may be divided into distinct phases (Davis and Lambert, 1996; UNHCR, 2000, etc.). For the purposes of this book an emergency sanitation programme is considered to consist of three distinct stages:

- Immediate
- Short term
- Long term

The immediate (emergency) phase is the initial stage of a sanitation programme and occurs immediately after the impact phase of a disaster; this is typified by great instability and often high mortality. The programme aim is generally to contain and localise sources of sanitation-related disease in order to create a safer environment and minimise the spread of disease. This phase typically lasts one or two months.

The short-term phase is the period of stabilisation following the immediate phase when the programme aim is to reduce morbidity and mortality rates (where appropriate) and prevent any further spread of disease. This phase typically lasts up to six months.

The long-term phase encompasses recovery (or a return to 'normality') and settlement where members of the affected population return to their homes or settle in a new area. During this phase the primary aim of a sanitation programme is likely to be to sustain the health and well-being of the affected population, and promote self-sufficiency. This phase may last up to several years.

1.2.2 What is sanitation?

The term 'sanitation' is often used and understood by people to refer only to excreta and wastewater disposal. A WHO Study Group in 1986 defined sanitation as 'the means of collecting and disposing of excreta and community liquid wastes in a hygienic way so as not to endanger the health of individuals and the community as a whole' (WHO, 1987).

In recent years, however, there has been a growing tendency amongst aid agencies to use the term 'sanitation' to refer to environmental conditions that affect the health of the affected community. This is often encompassed in the term 'environmental sanitation'.

For the purposes of this book, 'emergency sanitation' is considered to include the following areas of intervention:

- Excreta disposal
- Solid waste management
- Waste management at medical centres
- Disposal of dead bodies
- Wastewater management
- Hygiene promotion

These sectors are described in detail in Chapters 6-11 of the Manual.

The following definition can be used for emergency sanitation intervention:

Emergency sanitation intervention is the means of controlling and managing excreta, solid waste, medical waste, dead bodies, and wastewater, and of promoting best hygiene practice in order to create a safer environment and minimise the spread of disease in a disaster-affected area.

1.3 Approach to sanitation programmes

The approach to emergency sanitation programmes that this book promotes is illustrated in Figure 1.1.

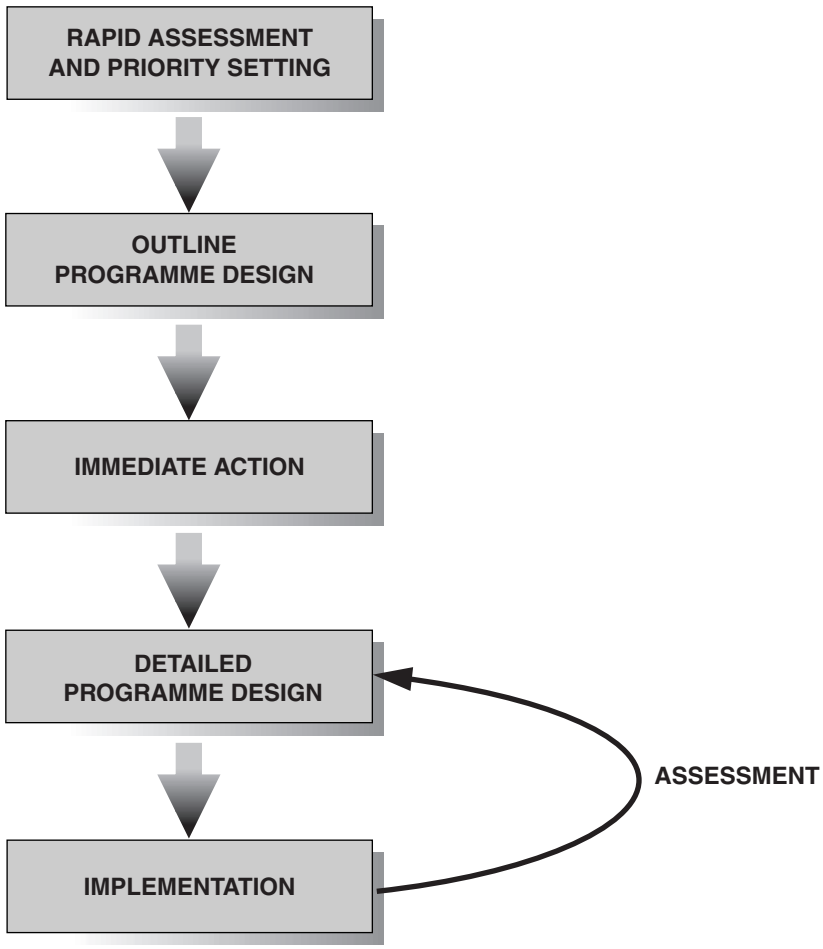

Figure 1.1. Approach to emergency sanitation programmes

The implementation stage includes monitoring and evaluation (M&E). In the long term this process can evolve into the traditional development Project Cycle of assessment, planning (programme design), implementation and M&E.

The Guidelines are designed to guide the reader through this process to facilitate effective disaster response programmes. The Manual contains supporting information to assist the Guidelines process as well as chapters on specific sanitation sectors.

1.4 People

All humanitarian relief programmes should be designed to meet the needs of people who require assistance and who find themselves in an extraordinary situation in which their lives have been severely disrupted. For the purposes of this book these people are collectively referred to as the 'affected' community or population. This may include displaced people, settled people and people living in areas to which displaced people have moved.

1.4.1 Community participation

Community participation refers to members of the affected population being actively involved in analysing their own problems and needs and those of their community, making decisions affecting their lives, and implementing appropriate intervention programmes. Chapter 12 looks at community participation in more detail but it should be considered in all sections of this book.

1.4.2 Gender and vulnerability

It is essential that any emergency humanitarian programme aims to reach people of both genders and the most vulnerable people within the affected population. In many emergency situations in which people have been displaced unaccompanied women make up the vast majority of the adult population; in other situations there may be large numbers of children or disabled people. Specific attention is given to the differing needs of men, women and children throughout this book, as well as to the needs of the sick, disabled and elderly.

References and further reading

Adams, John (1999) *Managing Water Supply and Sanitation in Emergencies*. Oxfam: Oxford.

Davis, Jan and Lambert, Robert (1996) *Engineering in Emergencies: A practical guide for relief workers.* RedR / IT Publications: London.

Médecins Sans Frontières (1994) *Public Health Engineering in Emergency Situation.* Médecins Sans Frontières: Paris.

WHO (1987) *Technology for Water Supply and Sanitation in Developing Countries: A report of a WHO Study Group.* (WHO Technical Report Series, No.749) WHO, Geneva.