Sociocultural assessment tool for water, sanitation and hygiene programmes

September 2013

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General Plan

Part 1 of this tool refers to the IFRC's request for the development of the tool and the social science interest in water, sanitation and hygiene (WASH) indicators. Part 2 introduces the document, explaining how it was created and, especially, how it can be implemented by a WASH team. Part 3 describes the sectors, and their colour code, and topics covered by this tool. This part is made up of 7 sector specific assessment sheets that present a series of questions and their contextual explanations, which allows us to analyze deeper the themes and sectors, and thus to collect relevant and accurate information about the host society. The first two sheets of this part introduce the basic data to be collected on the population concerned by the intervention of the organisation, as well as the sociocultural indices that are key in the time of emergency.

Four annexes complete this document: the first one presents data on vodou in Haiti; the second one refers to the experience of water-trucking in Haiti, the third one offers a selective bibliography, and the fourth one lists the acronyms used in this document.

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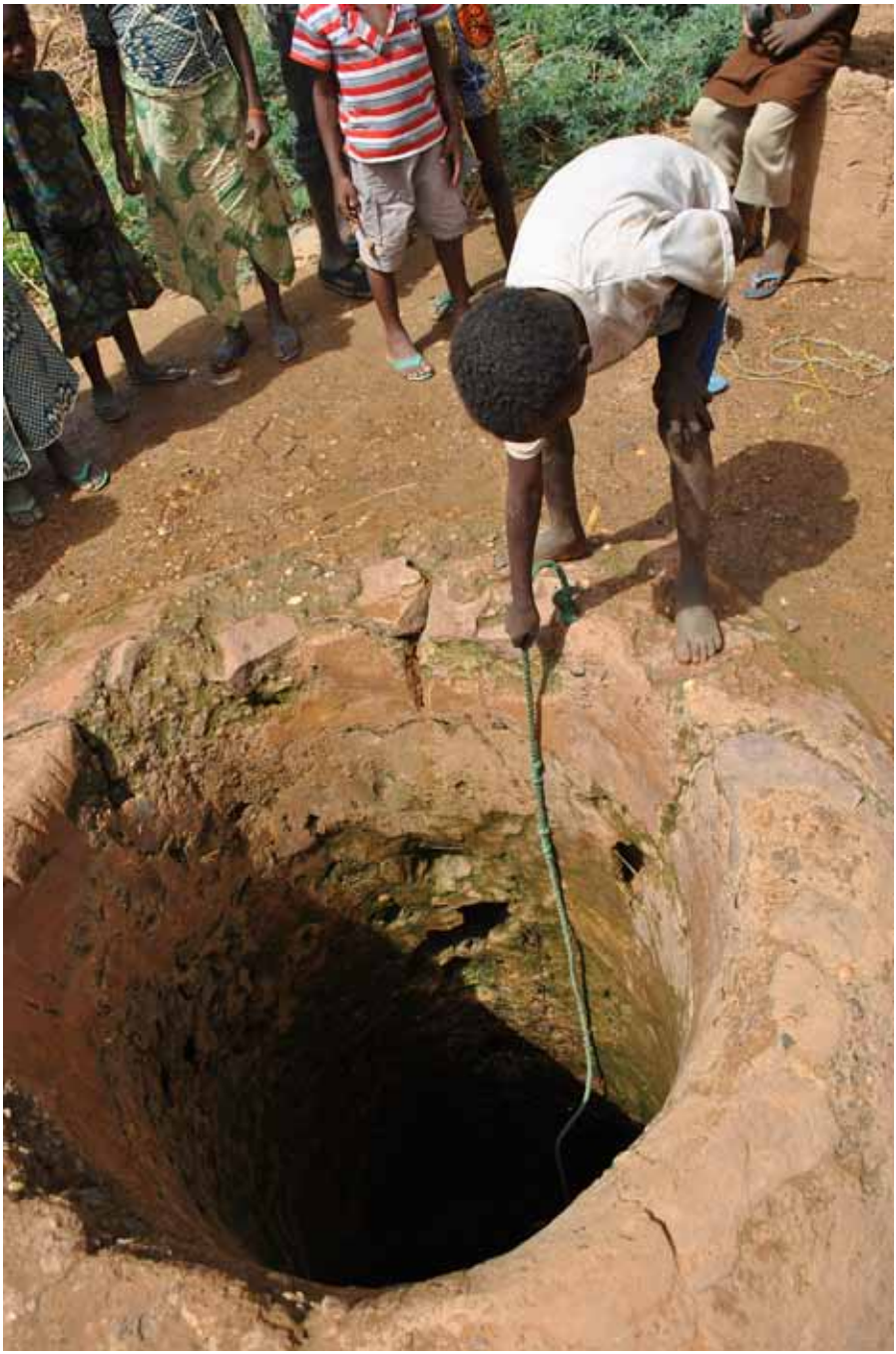
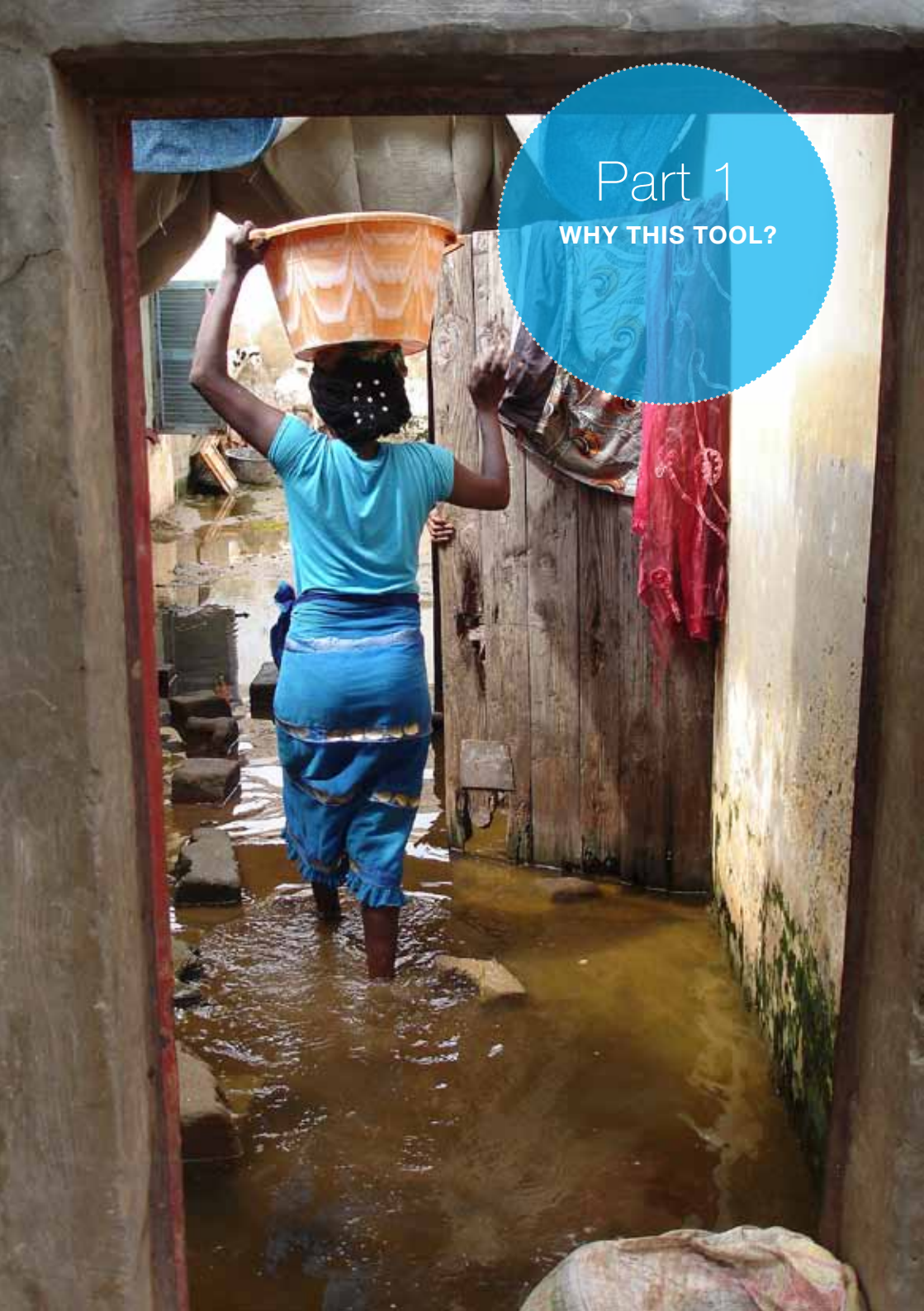




Part 1

WHY THIS TOOL?

1. Why this tool?

1.1 The request of the IFRC and the experience in Haiti

Several reflection workshops conducted in Haiti, across the whole Red Cross /Red Crescent Movement, highlighted the fact that one of the major challenges encountered in the field of water, sanitation and hygiene was the lack of knowledge of the context in which these activities were implemented. This pushed the IFRC to investigate this issue further through a study that recommended the development of a tool to identify in advance the drivers and barriers that affect the success of programmes and projects in water, sanitation and hygiene. By providing the opportunity to better understand the sociocultural context, this tool will help with the development and implementation of WASH activities, and ensure that WASH programmes which are part of future operations of the International Movement of the Red Cross and Red Crescent Societies are both relevant and appropriate to the setting.

For example, in Haiti, the World Health Organisation (WHO) and UNICEF estimated that, in 2010, only 34% of people living in urban areas, and 17% living in rural areas had access to improved sanitation facilities (http://www.wssinfo.org/data-estimates/table/). Following the earthquake of January 12, 2010, the water-trucking programmes multiplied, eventually leading to the actors involved questioning the impact of this intervention method. Many WASH programmes were conducted across the country either concerning the supply of safe drinking water, the installation of toilets, or the promotion of hygiene. But these different programmes occasionally found themselves "disrupted" by a lack of understanding of the rural or urban Haitian sociocultural environment. For example, the many beliefs linked to vodou, the different perceptions of diseases, or the diversity of markets and uses of water or sanitation were not always understood, assimilated and integrated into the programmes.

It is from these reflections on the difficulties encountered in the water, sanitation and hygiene sector, and from the Haitian experience, that this tool was developed. It, therefore, constitutes a methodological support for operational purposes dealing with the issues related to WASH from social and cultural perspectives. It was designed to complete assessments, in order to make them more efficient, and it can, therefore, be inserted into the array of methodologies for WASH assessments and evaluations.

Note: In order to help this tool to be standardised, the word "organisation" has been used to refer to the association, the NGO, the institution, or the International Movement of the Red Cross and Red Crescent Societies, which implements a WASH programme.

1.2 The insight of the social sciences

There are numerous examples of WASH programs, often carried out in an emergency situation, whose infrastructures rapidly fall out of use because of a lack of adaptation to the populations' socio-cultural practices: toilets orientated towards Mecca in Sri Lanka, a well that had to be abandoned after installation because it was located near a sacred area in Burkina Faso, conflicts in Chad following the installation of WASH infrastructure which did not respect customary law (examples extracted from AFD URD 2011). The Haitian case also brings a lot of elements to this subject. Yet, an analysis of the situation cannot be reduced to scientific and technical analysis alone: all aspects must be considered, whether political, economic, environmental, psychological or anthropological.

Moving beyond the financial and technical issues related to WASH, in order to include the social complexity allows us to better tailor interventions to the context and ensures that behaviors are not reduced to an overly simplistic analysis. Indeed, the sustainability of water, sanitation and hygiene projects can be ensured only if they are perfectly adapted to the context where they are implemented,

and if the host society takes ownership of the projects that are put in place, and takes responsibility for maintenance. For this reason, it is important to analyse each situation of intervention under different aspects: issues of power, hidden interests, patronage and corruption, discrimination based on political, religious or sexual orientation, or based on race etc. By approaching the context of intervention from multiple angles, without restricting it to a purely technical perspective, and without letting ourselves be influenced by partial informants as it is often the case in a situation of conflict, the intervention is more likely to be successful.

Social sciences are used to limit the often too technical approaches of the WASH sector, and ensure the inclusion of socio-cultural aspects which, are sometimes hidden but help improve understanding of the host environment and support adaptation to it (and ensure that the affected population is not asked to adapt to the intervention of the organisation).

This social aspect that arises before and also during the intervention is sometimes called “social engineering”, and it must be institutionalised for more efficient projects. Including socio-cultural factors in the methodology of intervention will require donors to also adopt socio-cultural criteria that will be reflected in programme budgets. The effectiveness of programmes, and thus the optimisation of investment, can be guaranteed by the consideration of socio-cultural factors.

1.3 Difficulties encountered while implementing WASH Programmes and Recommendations

It is difficult, during emergencies, to include the socio-cultural context in assessments.

- Take the time to meet with local officials, and social science professionals, in order to be able to include a socio-cultural perspective in emergency assessments (particularly through the use of this tool).

It can be difficult to identify and collaborate with the authorities.

During emergencies, local authorities are often fragile, delegitimized, or even challenged. In some cases, the organisation may face compromises on its principles of independence, impartiality and neutrality. The organisation will also have to cope with administrative delays, corruption, issues related to power and economics (which are often hidden) when working with the local authorities. However, links must be maintained with the authorities in order to collaborate with them and not neglect any important information that they typically hold. Therefore, WASH programmes must be fully in line with the national standards (what is known as "institutional insertion"). This will also ensure that the authorities will not block the intervention, and that they can be positioned to play a strong role in the intervention: it is important to be conscious of the fact that sustainable WASH projects have an influence on the credibility of the State with the population. In this context, the organisation may need to work to strengthen state public services

(capacity building if necessary). If a conflict of principles exists between the authorities and the organisation, the latter must at least keep the authorities informed of their actions and maintain contact.

It can be difficult to understand the different systems in a society and to open up a whole team to intercultural interaction.

- Train WASH managers on socio-cultural approaches. Establish a team that is both diverse and local and combines multiple profiles, in order to avoid strong influences in certain areas. Provide opportunities for training on social sciences.

It can be difficult to adapt to, and deal, with different cultures in order to carry out successful and "culturally acceptable" programmes; the organisation may struggle to maintain its principles without "appearing to be colonial" or "imperialist", all while adapting to a culture with different principles (for example on equality between men and women).

- Find the compromise. Propose, and promote solutions rather than imposing solutions or finding alternatives, in order to protect the dignity of the population of the host society. For example, even if women are not culturally valued, the organisation can take into account their important role in society by considering their specific issues, and involving them as much as possible in the development of projects, as well as negotiating with the host society for improvements to their lives in particular for health aspects (reduction of diseases for women and children, more availability). Utilise participatory approaches and involve the population in continuous reflection on the programmes.

It can be difficult to involve the population.

The host society often has a huge amount of knowledge to contribute to WASH interventions but it must be involved from the beginning of the intervention through trainings, awareness raising

initiatives, etc. This will help to demonstrate the importance of the WASH programmes. Transferring knowledge and skills in such a constructive way will also ensure the community ownership of the programme and therefore ensure its sustainability. Beyond this, establishing offices within the community, to allow community members to express themselves, and to present complaints, will ensure a better acceptance of WASH interventions and reduce the separation between the organisation and the population.

It may be difficult to find suitable skills in terms of socio-cultural factors related to WASH locally.

- Be open to people with all levels of experience. If there are no local social science professionals available, perhaps it might be possible to consider social science students, even if the curriculum does not include any training in the field. Similarly, don't hesitate to focus on the actors who are actually in contact with the population and whose level of education is high, such as doctors and teachers. External consultants can also provide support in the absence of other options.

Figure 1: A tool for better WASH programmes

Part 2

HOW TO USE THE TOOL

2. How to use the tool

2.1 Approach to developing the tool

It is difficult to create a tool that is rigorous enough for social sciences professionals, but remains accessible and easy to understand for those who are not accustomed to using a socio-cultural approach. The purpose of this tool is to provide humanitarian personnel who, will establish a WASH programme with the opportunity to understand the relevant socio-cultural factors. Through questions asked to the host society on practices, symbolism and perceptions, the main themes are progressively discussed in a more precise and exhaustive manner.

This tool was developed based on 5 weeks of field work in Haiti (in the Port-au-Prince metropolitan area and rural areas, including Grande Anse and Artibonite) during which many people working in the WASH sector were interviewed, as well as many members of the communities visited (religious leaders, camp presidents, displaced people, farmers, cholera patients, etc.). The development of the tool also includes findings from bibliographic research carried out by an anthropologist and a WASH specialist from the organisation Group URD.

2.2 Methodology for the use of the tool by WASH teams

When to use the tool

This tool can be used at any stage of an intervention, both for planning and development as well as during implementation. It is totally adaptable according to the degree of urgency, and the time available for the assessment but, ideally, each of the sectors and themes included in the tool should be addressed. The WASH team should regularly consider the socio-cultural factors related to WASH; diagrams and bold text are used in this tool to highlight the most important points. The different periods of intervention (emergency, transition, and development) are not highlighted in the

tool because the socio-cultural dimension exists before a disaster and/or very quickly returns to normality, even in temporary settings such as IDP camps. Emergency periods should not be used as a time to impose certain practices. Emergency response activities must be supported by an understanding and awareness of the socio-cultural context which will continue to develop over time. Having a solid understanding of the socio-cultural context and establishing programmes gradually, or with a clear exit strategy from the beginning, will enable the organization to implement successful and effective programmes even during emergency periods.

Choosing the team to conduct the socio-cultural assessment

This tool can be used at several different levels of the organisation. In an emergency, only the WASH manager and their team will be involved in the socio-cultural assessment in order to develop an initial understanding of the host society and develop an appropriate response. As soon as the initial emergency period is over, a more thorough assessment should take place. For example, a group of WASH animators can be selected and spread out across the affected area to assess a large, representative sample of the population. How can the organisation ensure that funding is available for the socio-cultural assessment and how can the team who will use the tool be put in place?

Involving and empowering the team will ensure more effective work and will avoid the "dilatoire", a Haitian term which means to avoid a subject and never confront it. It is important to remember that some subjects may be taboos or considered to be intrusive, either for the people who are asking questions or for those who being asked the questions. It is therefore, important to select the assessment team based on prior knowledge of their skills and capacities. The assessment team should be made up of mixed groups as people often find it easier to talk to someone of the same sex. The team must be desensitised regarding the taboos

which may arise during the assessment so that every subject is approached equally and without pretense. This will ensure that the assessment team does not display discomfort in relation to certain topics which could affect peoples' responses. The assessment team should include members of the host society, as well as people from outside of the host society who will address the questions and the answers from a different perspective. This will ensure that the inherent prejudices that everyone has are balanced. A mixed team, such as this, is more in line with the concept of a community or participatory approach, promoted by the organisation, but which is often misunderstood when it is implemented by a group from outside of the host society. The way questions from this assessment tool are asked will also be adapted to the context. Questions can be raised in a more indirect way than they are presented in the assessment sheets, or can be raised in a more explicit way. When addressing the questions to children, who are good intermediaries for sensitive topics, it is often possible to ask the questions in a more explicit way because children are often confronted with direct questions regarding WASH (such as health-related concerns) and often have less inhibitions than adults around such topics.

The presence, from the beginning, of a local social science professional and a team of researchers, experts or local consultants (even punctual) can provide several advantages. Firstly they will be able to identify the most relevant sectors and themes within the tool. Secondly, their knowledge of local practices and customs, as well as the shared vernacular language will ensure better contact with the interviewees, and therefore a more accurate set of responses and results will be obtained. The social science professional can also provide support in terms of approaching a subject which is, by nature, very private. The customs and habits related to sanitation in particular are often well entrenched and the population may be very reluctant to adjust them. Interventions related to sanitation should, therefore, not be too intrusive, and in order to be effective should work to link sensitization and

awareness with the health aspects related to sanitation. The social science professional can also support the assessment team to put into perspective their feelings on discovering approaches to sanitation to which they are not accustomed, or their disgust towards certain practices. They can also provide guidance on how to approach discussion about taboos in the most appropriate way. If questions regarding taboos are asked in an appropriate manner it will trigger discussion but if the questions are posed in a manner that is too direct, especially if the person posing the questions is an outsider and unaware of local customs, the local population are likely to become silent on the topic. Humour can also be very effective when addressing topics related to WASH. This method of using the tool, which is both internal to the host society (because it is derived from it) and external (because it is based on social science methodologies), will provide a better analysis of the results and will allow the organisation to arrive at stronger conclusions and therefore develop better projects.

Cooperation with the local authorities, as well as the "leaders of opinion" (community leaders, school teachers, religious people, mayors, etc.) is essential. Even if each of these “leaders of opinion” has a different opinion and personal understanding of the situation, all of these perspectives together will increase understanding on that particular subject from several angles, and it will provide a very in depth overview of the topic. For example, so everything flows from the beginning, the authorities have the right, and must have the opportunity to give their opinion about any proposed intervention. This will ensure that all interventions are appropriate and in line with the strategy of the authorities in case the programmes are inappropriate and that the intervention will not replace or bypass the role of the authorities. The authorities are also best placed to provide information regarding national resources and to rapidly provide information about local legislation or existing resources such as hydraulic maps, etc. In the case of natural disasters, the authorities can also support on the selection

of project participants (even though they may be biased). In situations where there are multiple actors present, the authorities may also have to play the role of coordinators which does allow for a better transition period as the authorities are best placed to consider operations beyond the emergency period. The authorities may require support from organisations to build their capacity for this, possibly in terms of financial or logistical support.

Questions and realisations on the perceptions of the assessment team

Assessment teams who use this tool must be aware that there is often a 'western' and hygienic culture in relation to WASH amongst the humanitarian sector, in addition the organisation with which the team works will have a particular culture. Furthermore, many foreigners participate in humanitarian or development programmes as a result of particular concerns that they hold, often reinforced by formal training. All this influences the way in which people work, directing the ways in which they understand the host environment or through return consistently to certain patterns of actions acquired during training and previous experiences. These modes of action are often relevant, but it is important to be aware of the need to begin to develop an understanding of the local context as soon as possible after arriving in a new environment and to work to adapt interventions to this context as early as possible. This tool ensures the WASH team to be open to the socio-cultural aspects of the sector and enables them to adjust interventions accordingly and thus operate more effectively. The tool also demands a certain level of reflection from WASH staff, who must make an effort to question themselves and analyse their actions. This also allows for knowledge and practices to advance, and be adaptable, instead of systematising them. For example, the host society may have a completely different perspective than the WASH Team on the same matter, e.g. latrines. These two perspective must be compared in order to find the most relevant, effective, and sustainable way to intervene. In addition, actors in the sector should note

that their organisation itself and the WASH teams may provide recommendations regarding the ideal situation which may make it difficult for the population to provide their opinions.

What are the preconceptions of the WASH promoters that are related to their training (their knowledge) and their socio-cultural background (their original influences, the influence of the culture of the humanitarian organisation, etc.)? For example, what is the perception and the interpretation of open defecation of people who use this tool? Self-reflection allows the WASH promoters to become more aware of their own preconceptions, beliefs and analyses. The aim then, is to set these aside as neutral elements in order to expand the scope of the assessment, and not allow it to become restricted to a single vision or perspective.

De we really have to change practices? Is it not easier and more efficient to make them evolve or adapt? This specificity of terminology is essential: it reminds us that the organisation is not there to shape the host society, but to support it, and even be informed by certain contexts. In addition, cultures evolve, as they are influenced by a multitude of different factors: the intervention must be constantly adapted as per the evolving context. For

example, internal tensions can arise between stakeholders. Focusing the approach around the operational challenge should help to keep stability in the social sphere. In this sense, the degree of participation in a project may vary depending on the way in which it is presented. When explaining a project, there is a difference between "we will do", which imposes the project, "how will we do?" which can make the project participants feel that the solution has already been decided and that they have a limited time to provide suggestions on how to implement the solution, and "how should we do?", which is more open and collaborative, more reflexive and flexible.

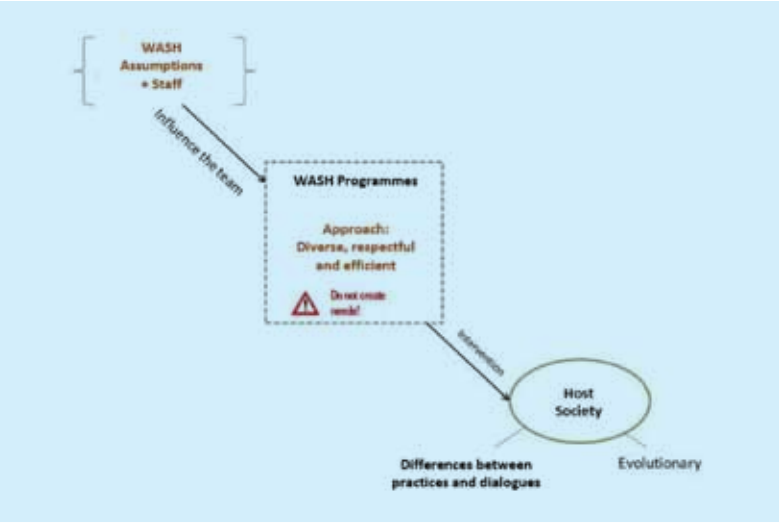
By offering certain commodities (such as by distributing toilets, which can become a prestigious product or be used for another purpose), is a demand created rather than a need responded to? In addition, is the provision of a service for free positive or negative? This is a vast debate which must be continually reviewed. Are we dealing with "beneficiaries" or customers, which implies a relationship of reciprocity, of involvement, and also of accountability? In this relationship, a service is provided therefore, it must be completely assured for the long-term; in return, the client participates in the project, they pay for the service (even partially) and are responsible for maintenance. Beyond the emergency period mutual respect and effectiveness during the intervention are the key words of cooperation and can be established in a moral "contract" between the organisation, the authorities and the host society, or in a financial contract (for example the organisation may commit to provide timely repairs to damaged infrastructure, and to be easily accessible, while the population may take responsibility for general maintenance or protecting the water source)? In Haiti, after the earthquake, some free services (such as water) were, in fact, resold by individuals. It is certainly a deviation from the primary objective, but this is potentially a way to maintain the standard situation where water is a commodity, as it had always been in urban areas?

In just a few kilometres, the local context and practices (or perceptions) can change dramatically. People developing WASH programme must consider the diversity of environments (urban and rural settings, as well as diversity of social groups, specifics of local politics etc.). Cohesion between global and local approaches from the beginning of the intervention should be promoted; in other words between the actors already in place (particularly with respect to state policies and the public authorities) and regional contexts, different neighborhoods, local adaptations, etc. This mitigates against disagreements, balance in terms of the use of resources and promotes coordination. The continuous interaction, following the initial contact, with the local leaders, should be prioritised and well maintained. Even though these local leaders may not have an official role, their involvement is critical for ensuring the success of the intervention and they often have a strong influence within the community. The staff of the organisation and the WASH stakeholders must always remember that they are not there to reform a society and that if some local leaders are not deemed to be suitable (for example if they are misogynistic, or practice religious customs which seem unhygienic), they cannot challenge the structure of the society (but can try to support its evolution instead). For example, in several African countries, WASH programmes installed numerous water points in order to reduce the distances which women had to walk in order to collect water, but this led to the loss of an important social interaction; and the journey to the water point and the waiting time there had been a valuable time for discussions, exchange of information, etc.

Finally, the team must be wary of speech and the use of speech to confront certain practices. The desire to please the interviewer or feeling ashamed of recognising a practice can lead people participating in the assessment to lie, thereby distorting the results. Also, there can be a large difference between what the person taking part in the assessment knows is correct and what they actually do and responses tend to lean more towards what people

know to be correct. For example, if, generally speaking, people know that they need to wash their hands and they affirm they do it, this "wishful thinking" sometimes not actually have any effect on reality. It has been seen that if hand washing is performed in public, it is generally forgotten in private as if the presence of others increased confidence and security in terms of hygiene. Similarly, some people proudly emphasise their traditions as an identifying part of their culture, even if in reality they rarely respect them. This gap between what people say and what they do is even greater when it comes to issues related to defecation, and in particular open defecation which is often considered to be a primitive practice and those who practice it rarely admit it.

Figure 2: WASH interventions, between the assumptions of the team and the flexibility of the host society



Choosing assessment participants: from private interviews to focus groups

The aim of this section is not to make a full presentation of the survey and assessment methodologies used by social sciences, but

to simply provide an overview of the methods related to the use of this tool.

Ideally, the group of people who take part in the assessment should be large in number and from diverse backgrounds: social science professionals, medical professionals, groups that are varied and representative of the population; potentially with groups divided by gender in order to be able to ask questions which relate to private issues, (for example, menstruation, cleaning of toilets etc.). In addition, the person conducting the assessment must always have a clearly defined aim for the assessment. If the group participating in the assessment is large and from diverse backgrounds (urban and rural contexts, contrasting contexts within the same territory, etc.), the assessment team should be divided into different groups and a synthesis carried out at the end, given the differences that can arise in responses depending on the context, for example, the conclusion "half of the population has toilets" is not correct if almost all households in urban areas have toilets, and almost no households in rural areas have toilets). If financial resources, or time, are limited, the combination of interviews with key individuals and focus groups in different communities is a good option.

The different types of interviews which can be used with this assessment tool are as follows:

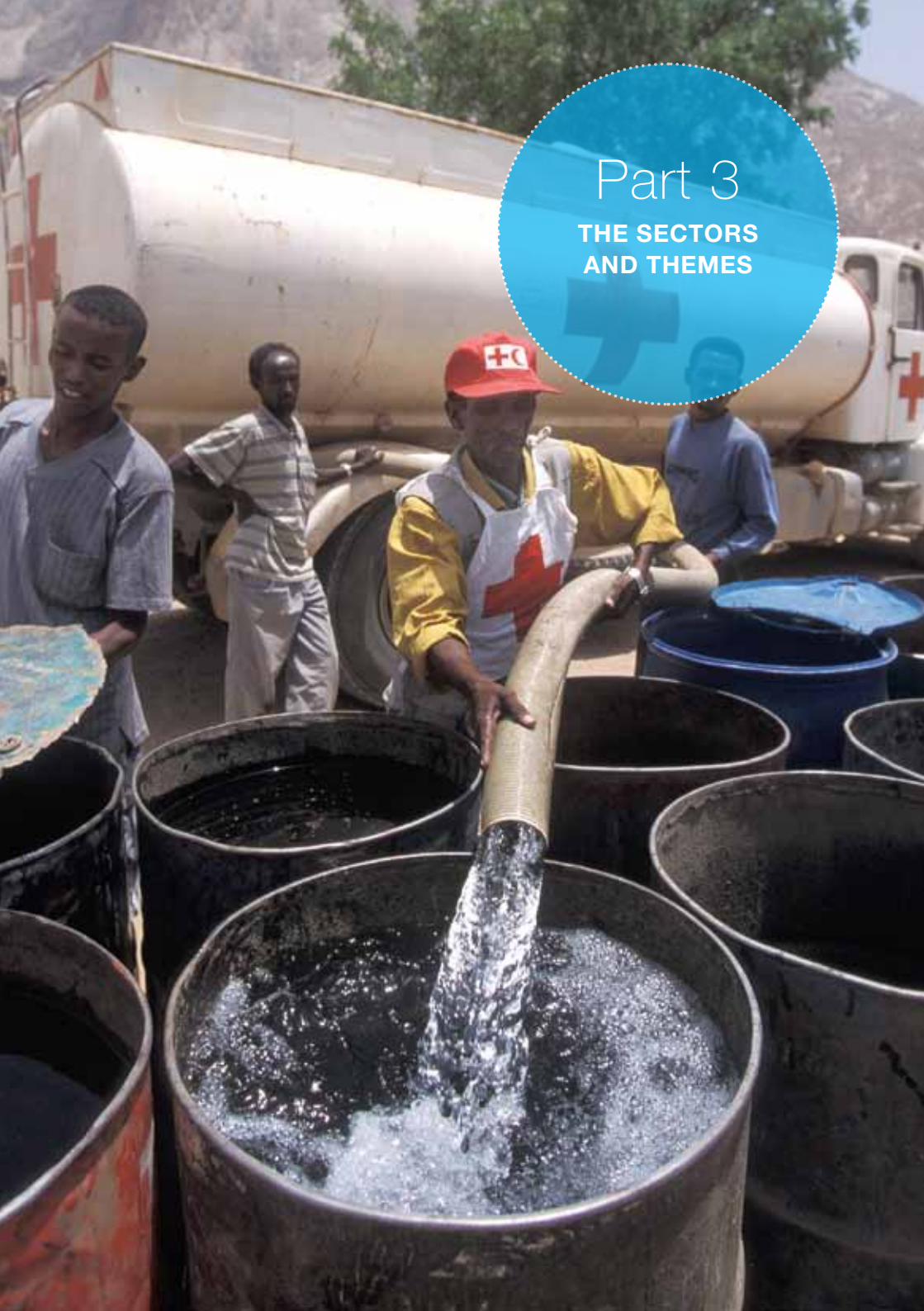
Formal or semi-open interviews with key individuals: community leaders, religious leaders, politicians, researchers and local scientists, engineers, etc. These interviews should address very specific areas of the assessment tool, in order to obtain clear answers.

Semi-open interviews from which statistics can be developed. This type of interview is like an organised conversation with a clear framework defining what is discussed, but also with a degree of flexibility that gives the interviewee the possibility to discuss

further the topics which are important to them. This type of interview should aim to use "heuristic elicitation" (heuristic meaning to enable a person to discover or learn something for themselves) which is when questions are based on the interviewees previous response. This technique focuses on the respondent and not on the interviewer.

Life stories. When there is time, asking people to describe their life story or to talk about their typical day can provide a lot of information which the assessment team may not otherwise think of.

Focus groups. On a given theme, and with a representative sample of people, limited in number, focus groups must always be a place for comfortable discussion (comfortable seating, drinks provided, etc.). The aim is not to reward the participants, but to ensure that the situation encourages a relationship of respect and consideration between the group and the assessor: the participants are giving their time in, sometimes difficult circumstances, to take part in the focus group and provide information on private subjects. The focus group facilitator must have a clear framework for the discussion, with predefined topics to be addressed, whilst maintaining a certain level of spontaneity and complexity in order to avoid the dispersion of the group or passivity amongst the group.



Part 3

THE SECTORS AND THEMES

3. The sectors and themes

The tool is developed based on the main WASH sectors which are made identifiable through a color code and includes five main themes.

3.1 Sectors

Orange represents toilets and sanitation, and covers the different modes of management of faeces and related infrastructure.

Blue represents potable water and water for domestic and economic use, and covers drinking water, domestic water (which is used for washing and cooking, for the dishes and laundry), and untreated water, used for economic purposes (to make cement, for example), or which is given to livestock to drink.

Pink represents hygiene, and covers showering and hand washing, as well as the perception of diseases.

Green represents the sensitisation and awareness, and covers all topics related to the capacity of a society to evolve.

Brown, represents cross-cutting issues or issues which are related to the policies of the organisation or of the host society.

3.2 Themes

There are five themes. The first relates directly to the organisation, while the others essentially address the host society. They are as follows:

Theme 1: *Identifying the issue: capitalisation*

This theme covers the internal and external capitalisation of the organisation on work it has already carried out or that has been carried out by the State, or other public institutions. The aim of this is to ensure that the WASH intervention is in line with activities of the different organisations that are present and with the general context of the host society.

Theme 2: *Practices and customs related to WASH*

This theme covers the practices and customs related to WASH and sub-themes present the various aspects of water use, sanitation norms etc. The first sub-theme focuses on the diversity of practices and uses, at both the cultural (customs and traditions) and social levels (social classes), as well as determining perceptions and preconceptions related to WASH. The second sub-theme will address the journey to collect water or to go to the toilet (accessibility). The third sub-theme addresses the major issue of costs (purchase of water, materials for constructing toilets etc.).

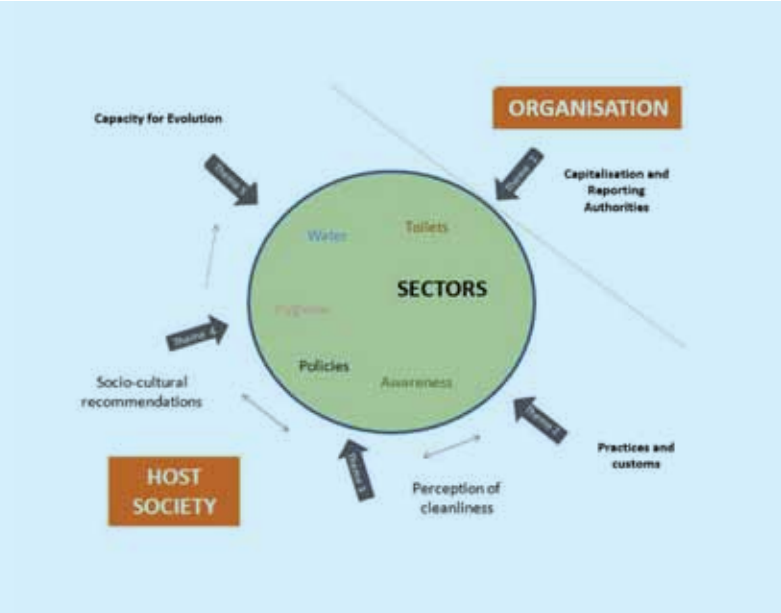
Theme 3: *The perception of cleanliness*

What is clean and what is not? This theme enables a WASH team to understand the perceptions practices of the host society, which are related to cleanliness, and to adjust WASH interventions accordingly. This theme includes an important section on the perception of disease and cholera. Understanding the perceptions the host society has regarding diseases and hygiene, beyond just waterborne diseases, will allow for a better understanding of the context and local practices, as well as being better prepared to deal with diseases. Given the Haitian experience, this theme also covers cholera.

Theme 4: *Socio-cultural recommendations*
In order to understand the barriers that may exist for WASH interventions, this theme focuses first on the way in which the host society perceives nature and natural elements, and then looks to identify certain relevant social restrictions (taboos).

Theme 5: *The host society and its possibilities for evolution*
This topic is closely related with the sensitisation and awareness sector and provides insight into the host societies motivations and barriers for WASH projects.

Figure 3: WASH Sectors and socio-cultural themes



Overview of the themes covered in this tool:

Not every theme is relevant for each sector, those that are clearly indicated in the sector assessment sheets. That said, this tool should not be approached in a detached manner, i.e. by using only the assessment sheet related to one particular sector, and it is recommended that the tool is used in a complete way. The sectors and themes complement each other so, it is important to review everything related to each theme across all of the assessment sheets in order to have a complete overview of the social complexities which are being assessed.

Theme 1: Understanding the sector : capitalisation

Theme 2: Practices and customs related to WASH

- 2.1: Diversity of practices and uses
- 2.2: Journey to collect water and use the toilet
- 2.3: Costs

Theme 3: The perception of cleanliness

- 3.1: What is clean and what is dirty
- 3.2: The perception of disease and cholera

Theme 4: Socio-cultural recommendations

- 4.1 : Relationship with nature and spirits
- 4.2 : Prohibitions (taboos) and symbolic recommendations

Theme 5: The host society and its capacity for evolution

Some of the assessment sheets include components which are deliberately presented in another color-code, in order to indicate the link to the corresponding assessment-sheet where more explanations or details on the subject can be obtained.

3.3 Sector Specific Assessment Sheets

Section 1.
Basic Demographics of the Population

Population:

- Population size, mobility, growth rate. People from the province (migrants) or from an urban area for more than one generation?
- Habitat Type (grouped, dispersed) and average size of households
- Household composition: families, women and only children, nuclear families (one generation parents/children) or expanded families…
- Legal status of the place of habitat: owners, renters, no legal status…
- Activity: work, informal work or odd jobs, inactivity, seasonal variations…

Health:

- Average age and population pyramid
- Major health problems: are they linked to the hygiene conditions?
- Primary modes of medicine (traditional, religious, health centers etc.)

Social Organisation:

- Who are the people who guide opinion (leaders), which organisations structure the society (and which ones are in opposition)?
- Hierarchy within the society: structuring in social layers, in religious groups, in function of the ages? Power of men over women?
- The decision-making level of people: at the level of the State, the group, the family?

- Level of interest and perception of the need for WASH projects (does the WASH intervention seem essential or secondary to another subject?)

Notes

Notes

Section 2.
Emergency Phase - Rapid assessment

1. Who are the actors already working in the area, how do they position themselves and how does the organisation coordinate and co-operate with them?
Allows you to take into account all the sectors involved in WASH, its dynamics and positioning to avoid duplication of efforts, competition or replacement of the public or private services. It also identifies important contacts.

2. Should the services provided by the organisation be free or be fee based?
Allows you to anticipate the impact of the intervention to prevent the destabilisation of other WASH services, either private or public and ensure a better transition at the end of the intervention.

3. Are there different practices and needs depending on gender and social status (or spatial/symbolic separation between groups)?
It allows you to identify the use according to the social level, as well as identifying the groups working in the informal industry related to WASH and the positive or discriminatory prejudices that can increase the vulnerability of these people.

4. Is there discrimination, or a special status for people that are in contact with water/excrement?
Allows for greater understanding of the differences between these groups, as well as the levels of interaction between such social classes and the specific behaviors this induces.

5. Are there any dangers on the journey to collect water or use the toilets, particularly safety issues or aggression?

It enables you to understand the inherent difficulties of the environment which affect the access to the water and toilets especially at a sociopolitical level: rape, corruption...

6. What are the symbolic perceptions associated with water (pure, divine, and malevolent) and with excreta (potentially dangerous, fertilizers)?
Allows you to consider the relationship of the population with these elements (if they are insignificant, equal to or greater than man) in order to interpret, and adapt to, symbolic perceptions, beliefs, and behaviors..

7. Are there religious or social rules related to WASH (washing hands, prohibitions, customs, etc.)?
Allows you to identify the cultural habits (particularly religious) and to adapt hygiene messages and the implementation of the intervention accordingly.

8. What is perceived as dirty? What is perceived as clean? What is understood to be the relationship between water, sanitation and disease?
Allows us to understand if the person recognises and knows the health risks of what is considered dirty or clean, and how transmission of water-borne diseases is controlled.

9. Do people use the same water for drinking and for other uses (domestic, economic)?
Allows us to understand the habits and customs, and to estimate the appropriate amounts for these uses.

10. What is "good" water? What is the perception of the quality of the water (taste)?
Allows us to understand the multiplicity of sources of water and the diversity of the perception of each one of them, which explains some uses.

11. What is the ideal way to go to the toilet, and why?
Allows you to determine certain perceptions, fears and symbolic or religious influences related to sanitation.

12. What is the social spectrum of the population?
Allows you to define the degree of social cohesion in the host society (community, hierarchy, degree of individualism...).

13. What are the social concerns related to water and sanitation (such as factors of prestige) that influence the society?
Allows you to adapt the intervention, and action, toward the society, and the potential agents for the change.

Notes

Section 3.
Assessment sheet on toilets and sanitation

This assessment sheet on toilets and sanitation refers to the different modes of management of excrement and its related infrastructure.

Theme 2: Practices and customs related to WASH

Theme 2.1 - Diversity of practices and uses

What is the history of the presence of toilets in the area? Who has a toilet?
This diagnostic on the presence of toilets allows you to determine if they are attributable to factors relating to financial means or at some point, to social status...

What are the different types of toilets in use?
Understanding this diversity allows us to understand some of the technical and symbolic aspects of toilets and this data should act as a guide for the development and implementation of the project. Financial resources are not the only factor which determines the variety of toilet types.

Is this diversity related to the type of terrain, to financial means, the space available, being a homeowner or not, or to the attributes of each social class?
Pit latrines are often perceived as less "advanced", more difficult to clean, and people are sometimes afraid to fall into them; even if they can sometimes be perceived as the most "natural", or the more "traditional" type of toilet. Pour flush toilets are often perceived as being more "civilized", comfortable and clean, the use of water to

remove the excrement from the toilet increases the perception of cleanliness.

What is the "ideal" way to go to the toilet for people - versus the ideal from a technical point of view for the organisation (practice, cost etc.) - and why? Provides most protection against diseases, for privacy (no associated shame), etc.?
The seating position is sometimes socially valued, even if it is not considered the most "practical" nor the "cleanest". At other times, the squat position is experienced as a constraint. In some cultures, there are specific recommendations regarding the position used to relieve yourself, or whether it is acceptable to urinate standing up, etc.

From what age do children go to the toilets by themselves (alone or with someone)?
The notion of independence and cleanliness can be integrated at different times depending on the society.

Among the different types of toilets that are available, which is the one that offers the most comfortable position? Is this positively viewed (prestige) by neighbours or guests? What is the reputation of such toilets ("primitive", smelly etc.)?
Getting a toilet does not just provide more comfort and hygiene. The construction of a toilet can change the perception of prestige for a person. There can also be prestige associated with being given assistance for toilet construction from foreigners.

Are toilets different for men and women? Or between different members of the family?
Determining who can use the toilets allows us to identify the social issues and the accessibility to the toilets: the nuclear family (direct genealogy parents/children); the extended family and neighbors; visitors; several persons (collective toilets)? Men and women are sometimes separated.

What happens when one is sick (diarrhea, rheumatism), or if one can't go to the toilet at night?
This will reveal attitudes towards the toilet, which may explain certain practices.

Where is the excrement, removed from the pit, disposed of? Does it represent any value? (Fertilizer, fuel)
It is sometimes difficult to trace the flow of excrement, between the ideal place (treatment center or far away from residences) and reality (discarded to landfills, ditches etc.).

Are the people who dig or empty the pit stigmatised?
These persons may be denigrated because they belong to the lowest social class or because they inherited this poorly valued profession.

Is open defecation practiced? By whom (children, social classes) and why?
Open defecation is not always the consequence of a lack of means or availability of latrines. In rural areas, this practice can be accepted and considered as normal and not unclean, or even useful (fertilization).

Is the practice of open defecation perceived as unhygienic? Is it a shameful practice (which must be carefully hidden), or a shared and accepted fact?
Is it always necessary to have toilets, especially in rural areas? Doesn't this cause more epidemiological risks if badly maintained, or because of the financial challenge that constructing or emptying the pit represents?

Are there risks associated with abandoning excrement (and if so, is it necessary to bury it, burn it or cover it with dust, etc.)? If someone found it could they use it to cast a bad spell?

These practices can have an impact on the hygiene and accountability of the individual in society (they may feel a certain responsibility to protect themselves, and others in their community, from potential harm).

Does open defecation avoid the possibility of becoming trapped inside a pit latrine?
There may be a fear towards the pit, assimilated to the excrement, the smell, and the possible presence of "spirits" that could attack users.

Do people defecate into plastic bags, and if so, when?
Does it mostly take place at night, in order to avoid the dangers of going out (real or mystical risks)?

Theme 2.2 – Journey to collect water and use the toilet

At what time do people go to the toilet, and why? Are there different practices during the day and at night? Are there differences according to gender?
Women are often the ones who must walk the most to find a space of intimacy, especially in the open air, because they have different needs (including menstruation). This makes them more vulnerable in terms of health and safety concerns.

Are the toilets located in a particular place based on cleaning or washing habits, and what are these habits (are they linked to religious requirements or practices?)?
In many societies, cleaning or washing habits after using the toilet must respect religious requirements or be adapted to the context.

Theme 3: Perception of cleanliness

Theme 3.1 – What is clean and what is dirty

Are toilets and cleanliness associated and what is considered to be a dirty toilet?
Toilets can be considered unhygienic, and therefore not an important concern..

What products are used to clean the toilet: do they have an ecological impact?
The concept of ecology allows us to see if the host society measures its impact on nature, on resources, on the future...

Who cleans the toilets and when? The owner of the toilet? An employee? A social group?

There are private companies, but also informal ways to empty a pit: it can be done by oneself or other people can be hired to do it, which can reveal the distinctions between certain social classes.

Theme 4: Socio cultural recommendations

Theme 4.1 – Relationship with nature and spirits

Can excrement or urine be used in food or for mystical uses? After going to the toilet, is there a special ritual or practice that must be done in order to avoid upsetting the spirits?
Urination and defecation are often surrounded by rituals which allow you to further understand the host society, and adapt programmes accordingly.

Theme 4.2 – Prohibitions (taboos) and symbolic recommendations

Do people hide when they are going to the toilet, perhaps by going to the toilet at night? Why? Because of modesty, fear of noises, or smell?
The concept of modesty is variable. Societies can be fecophobic and then anything related to excrement is feared and rejected, or fecophilic and then the subject is not a taboo.

Does religion forbid contact with excrement?
In some cultures, there may be a reluctance to use the toilet due to the close contact that it engenders between people and excrement.

Can the toilets be within the home or the domestic space (in front of it, behind it, or "hidden"), or is there a risk of "contamination" of this space? Is this "pollution" of the space above all symbolic or real (pre-existing pit, nature of the ground, direction of the wind, religious reasons)?

Defining the domestic space allows you to understand the perceptions that people may or may not have towards certain infrastructures. There are sometimes cultural codes related to the installation of toilets. Observing these concepts allows the society to maintain its codes of civility.

Theme 5: The host society and its capacity for evolution

Does drinking water or toilet use demonstrate a certain level of prestige? What is the influence of the perception of foreigners and does the diaspora have an influence?

Prestige is a very important motivation, because it demonstrates that you are from an upper social class or wealthy, and that it is "like in the city", or in a developed setting.

Notes

Section 4.
Assessment sheet on drinking water and water for other uses

This assessment sheet on drinking water and water for other uses refers to potable water (or the water that we drink), domestic water (which is used to wash, do the cooking, the dishes and the laundry), and the non-purified water used for economic purposes (to make cement, for example), or which is given to livestock to drink.

Theme 2: Practices and customs related to WASH

Theme 2.1 - Diversity of practices and uses

Is drinking water ever used for something else other than drinking (domestic use, economic use)?
This question allows us to understand if the use is adapted to the water provided. Should the organisation always distribute drinking water, which is very expensive, and requires a lot of resources and logistics? There is always a multiplicity of uses for water beyond drinking, which can vary depending on social classes and financial means: water for cooking, laundry, to clean, to take a shower, for the animals, for the garden etc.

Do people get drinking water from the same place they get water for domestic use?
It is essential to consider the variety of water sources and water uses in order to measure the needs and adapt the intervention accordingly.

Has the market place grown after a disaster, as a resulted of damage to water infrastructure increasing requirements which fostered such businesses? Is this the case because it is possible

in the water market to obtain income easily without necessarily having a large amount of initial capital?
Following a disaster, the water marketplace may become an economic issue and create new wealth either through a monopoly, or the expansion of the informal market.

Is the drinking water potable, and available in sufficient quantity?
The needs and standards evolve with time after a disaster. It is important to analyse the local environment of the affected population, and the host population (in case of migrations), compared to the usual standards (in particular Sphere in a disaster response situation).

What is considered to be good water (what is the best water)? Do people drink all kinds of water or only certain types of water?
Some societies only drink that water which runs (rivers, falls) and do not drink water which stagnates. Thus, water from a well, even though it is potable, would not be drunk because it is considered non-potable.

How do people describe the taste of water?
The taste can explain the development of practices or use. It is important to determine what the "ideal" taste is considered to be by the population.

Are people aware of the nutritional quality of water?
Does the host society know about water quality: is it possible that water can be "bad" even though generations of people have been drinking it?

Theme 2.2 – Journey to collect water and use the toilet

Who goes to collect water: women? Children? Specific groups (certain castes, servants etc.)? Who carries the water?

It is necessary to consider the time and effort devoted to this task and to discern if there is a distribution of roles in the society, related to this task, which could be improved through WASH programmes.

How much time is spent going to, and waiting to, collect water, and what are peoples' strategies for reducing the time spent waiting to collect water? When, at what time? Several times a day? How long does the journey take?
We must pay attention to the difficulty of access to the source of water or the toilet, but also to social constraints or potential dangers.

Is the water source also a place for important social meetings and discussions?
The meetings around the water source are also social opportunities. These are moments and places of social life that must not be broken, and key-places to transmit awareness messages.

Theme 2.3: Costs

Is the water market monopolistic or competitive?
There is often a diversity in the water market, but often with some monopolistic members. In this sense, the presence of the organisation could be in competition with the other actors in the market, but it could also support emerging actors in the market.

Is there a gradation of the water that is bought according to the means or the prestige of the client? For example, do wealthier people drink from bottles to differentiate themselves from less wealthy people? Conversely, does a certain type of water stigmatise a certain group of the population?
The purchase of the water does not necessarily depend on financial resources, but also on the appearance of the social condition or class.

Is it the case that because of market "games", and access to water, some communities pay more for water than others (particularly poorer communities)?
The poorer often have to buy water in small amounts which is more expensive.

Should the service provided by an organisation be free or fee based? What is the risk of destabilising complementary service provision, private or public?
What is the "fair price" which does not destabilise the environment, but allows for water to be accessible to all?

Theme 3: Perception of cleanliness

Theme 3.1 – What is clean and what is dirty

Are the means to purify water known? Do people believe that small quantities of water (including residual, at the bottom of a bucket, for example,) are not contagious?

Boiling water is commonly known as a method of water purification, but the boiling time is often not long enough. It is the same for the use of chlorine tablets, which are sometimes overused and change the taste of the water so much that people stop using them. Finally, often, if the container is dirty, despite the presence of diseases amongst the society, it is clear that messaging on how diseases are transmitted is being poorly delivered.

Theme 4: Socio cultural recommendations

Theme 4.1: Relationship with nature and spirits

Is water a free good of nature? Is it a good that you must purchase?
The understanding of nature differs from one culture to another. Water may be a free good (a "donation" of nature), or a marketable commodity. In a society where water is considered to be free, the need to pay, not for the water, but for the service provided (maintenance, network etc.) must be clearly explained.

Does water signify purity in the symbolic: does it provide relief? Can it bring benefits (through an intermediary or itself)? On the contrary, can water be dirty? Can a bad spell be cast on it?
Water is often considered to have the capacity to heal, either directly or through a rite. Moreover, water is generally perceived as a positive natural element, with which many rituals are associated.

Is the water element of nature at the same level as a man (with a different appearance, but a soul?): is everything controlled by a superior power? Is water an instrument of God or filled with divinity (and in this case greater than man)? Or is it a passive and common component?
If water is "venerated", it may be difficult for it to be captured by a dam or a well. In other cases, water can be considered as insignificant, and therefore contaminated, with no real awareness of the environmental impact that this has. It is important to be cautious regarding this understanding in order to adapt the interventions and awareness messages accordingly.

Theme 4.2: Prohibitions (taboos) and symbolic recommendations

If water is excluded from drinking, or even from bathing, apart for the reasons related to its quality (polluted, non-potable, etc.), is it because it has been affected by a group that is considered to be "unclean"?

Some waters are considered to be "untouchable" because they are divine, but others are considered “untouchable” because they are thought to have been contaminated by a certain social group or because "good" spirits or gods are not present in the water.

Does water have associated rituals which require it to be used sparingly? Is it deified (positive) or, is it seen as a sign of the devil or a curse (negative)?

Water may be venerated, or considered totally subservient to man, which leads to different attitudes.

Notes

Section 5.
Assessment sheet on hygiene

This assessment sheet on hygiene refers to showers and hand washing, but also to understanding of diseases.

Theme 3: Perception of cleanliness

Theme 3.1: What is clean and what is dirty

Are showers and toilets in the same place?
The shower can be completely separated from the toilet or they can be in the same location. The programs WASH must adapt so that the host society keeps its perception of space.

Do animals drink at the same place as people and is this perceived as dirty?
The relationship to animals can be different, for practical but also for symbolic reasons. Some programs do not work because they consider animals distinct from people, which is not always the case for the host society.

What is the importance of appearance, personal cleanliness, or clean clothes?
Cleanliness and appearance can be elements which distinguish a person from others, and can be related to social codes.

What are dirty hands or a dirty body: is it only when we see the dirt?
The invisibility of microbes makes understanding the modes of transmission of diseases difficult, and can impact negatively on behaviours. Some consider that handfuls of soil are clean, because soil is considered to be clean.

Do people wash their hands? And if so, why (hygenic and/or ritual reasons)?
According to many cultures, the washing of hands enables purification. Water is also very present in many religions for ritual baths, baptisms etc. Water may be replaced, if it is not present or is polluted, by dry ablutions which use mineral materials. Thus, the use of water, even ritual, can be negotiated with the local clergymen.

When do people wash their hands: before preparing food, before meals, after using the toilet or changing a baby? If this is not usual and if this is not because of a lack of water, what are the reasons people don't wash their hands at these times?
This question is an indicator of the perception of cleanliness, of the transmission of diseases, and also moments where there are resources available for hand washing.

If it hand washing is the norm, is it carried out with soap?
Often, water is considered "naturally pure" and therefore sufficient for washing.

In cases where small water tanks dedicated to hand washing are outside, are there any beliefs around the poisoning of this water?
These small tanks, although very practical, can be at the heart of issues around power (having power or not) and fears around the possible poisoning of the water in these tanks.

Do people wash their hands more before welcoming a foreigner, official events, or other specific times?
It is often observed that certain practices are favored when there is an associated social pressure. Playing on this standard decorum can be efficient for awareness and sensitisation.

When do people wash their bodies and why (social recommendations, if they perceive themselves to be very dirty, depending on the availability of water, etc.)?
There are sometimes very strict norms related to washing. It can also be only when dirt can be seen. So, the availability of water is not the sole reason for washing.

How, and with what, do people clean themselves?
This obvious question must be raised with tact, because it is often difficult to respond truthfully to people from outside of the community.

Theme 3.2: The perception of disease and cholera

As time passes, do we pay more attention to hygiene? And is there any awareness of potential decontamination and then re-contamination?
Some may misinterpret the hygiene recommendations they hear, and prepare their own "cures": this is often a sign that the mode of transmission of disease is poorly understood.

Theme 4: Socio cultural recommendations

Theme 4.1: Relationship with nature and spirits

What relationship do people have with animals and are these animals perceived as agents of disease, protectors, cleaners etc.? Think about cockroaches, toads, flies, pigs etc.
Some animals may be considered as "recyclers" or as "guardians of the water or the toilets".

Are there any celebrations related to water?

These feasts are significant to the relationship with water: purifying, respected or not, hierarchical (between running water, religious water and "dirty" water)...

Theme 4.2: Prohibitions (taboos) and symbolic recommendations

How is menstruation viewed, and are there any taboos or hygienic restrictions for women at this time?

During menstruation, or all periods of bleeding, sometimes women must use different toilets, avoid certain places or certain practices, hide their cloths or sanitary towels, etc.; this can undermine women's health.

Notes

Notes

Section 6.
Assessment sheet on sensitisation and awareness

This assessment sheet on sensitisation and awareness refers to everything related to the capacity of the society to evolve.

Theme 2: Practices and customs related to WASH

Theme 2.1: Diversity of practices and uses

Who brings money home and who manages it? Can this affect the supply of water, the need to have a toilet, or to wash?
Determining who earns money and how it is distributed allows us to understand why certain health fields are not priority, which facilitates the identification of who awareness activities should target during the implementation of programs.

From what age do children go to the toilet (alone or with someone)?
The concept of cleanliness can be integrated at different times depending on the society.

Theme 2.2: Journey to go collect water and use the toilet

Is the water source also a place for important social meetings and discussions?
The meetings around the water source are also social opportunities. These are moments and places of social life that must not be broken, and key-places to transmit awareness messages.

Theme 3: Perception of cleanliness

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Do animals drink at the same place as people and is this perceived as dirty?
The relationship to animals can be different, for practical but also for symbolic reasons. Some programs do not work because they consider animals distinct from people, which is not always the case for the host society.

What is the importance of appearance, personal cleanliness, or clean clothes?
Cleanliness and appearance can be elements which distinguish a person from others, and can be related to social codes.

Do people wash their hands more before welcoming a foreigner, official events, or other specific times?
It is often observed that certain practices are favored when there is an associated social pressure. Playing on this standard decorum can be efficient for awareness and sensitisation.

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Is the water element of nature at the same level as a man (with a different appearance, but a soul?): is everything controlled by a superior power? Is water an instrument of God or filled with divinity (and in this case greater than man)? Or is it a passive and common component?
If water is "venerated", it may be difficult for it to be "captured" by a dam or a well. In other cases, water can be considered as insignificant, and therefore contaminated, with no real awareness of the environmental impact that this has. It is important to be cautious regarding this understanding in order to adapt the interventions and awareness messages accordingly.

Theme 5: The host society and its capacity for evolution

Who takes care of children, education and cleanliness, and how long per day?
This role - often distributed between a general social pressure generally, women (and their mothers), and the school if there is place -allows us to locate the members to give priority to implement a program of education and knowledge. The cleanliness is not necessarily linked to the lack of time and interest to the hygiene.

What is the degree of cohesion in the group? Are there "communities"; or is the society fragmented?
The community approach must not be systematized, or only when it applies to communities defined thanks to a good knowledge of the field. If there is a high level of social cohesion in a group, this can enable us to act through social pressure. But sometimes, it is an illusion created by our point of view.

Up to what extent are people ready to share a toilet or to buy hygiene products?
Sometimes, the idea of sharing does not exist, either because society is structured on the individualistic mode, or because the domain WASH is too intimate.

Who has an influence on the group: the State, the Patriarch, the religious leader? That is a model: the higher classes, the richer, the western (through the members of NGOS or of the media, such as television), the diaspora, a charismatic character?
This person or group of people have a strong power of influence or resistance. They must be considered as members involved from the first moments of the intervention, with the partners.

What is the penetration of the media in the group, and what are the favorite media: photographs, television, radio, or theatre? Is there a visual or oral culture? Does the awareness program

correspond to these preferred channels of communication, and local social criteria (technical and content)?
Using participatory and interactive approaches by adapting them to the local context allows for greater involvement of the population, and ensures that they are not treated as a passive receptacle of information. What are the channels of change: children? Songs? Murals? Interventions by celebrities? Theatre?

What are the major concerns of people regarding WASH topics?
These concerns do not always correspond to those of the WASH technicians and must not be ignored because they can determine the level of acceptance of a project.

Notes

Section 7.

Assessment sheet presents the questions that cover cross-cutting issues or that are related to the policies of the organization, or of the host society.

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Theme 1: Understanding the sector: capitalisation

Who are the actors working in the sector and how do they position themselves?

In many countries, there are national, and/or local, public authorities responsible for water management, and legal documents exist (water codes, regulations, etc.). Mapping the actors and their activities and areas of expertise is a necessity (and should not be restricted to local or international operational actors). In addition, establishing a clear timetable for the intervention from the beginning, with a distribution of roles and responsibilities, will ensure that conflict or manipulation does not arise amongst the actors.

What are the laws and practices related to water and sanitation? Does the customary law (linked to tradition) coexist with these laws, or does it fill historical gaps that exist in the laws?

Many countries have legislation to which we must return, even if it has been forgotten, or if it is not put into practice. In addition, customary law, is very important.

Do the preexisting public or private organisations need support (in particular in the case of informal settlements or camps)?

Sometimes it is better to support existing systems rather than creating a new system. WASH interventions can support the population to find a new reality: the most vulnerable can become more integrated in society, which will support the strengthening of public institutions.

Are humanitarian interventions in competition with public or private service? Or do they negatively affect the perception that people have of the public or private service? Does this lead to a positive image for the organisation?
The intervention of the organisation can be interpreted, depending on the context, as intrusive, positive, negative etc.

What impact can the intervention have on the society (including negative impacts)?
The arrival of WASH programs changes the environment, creates a new disruption and brings not only positive effects. The potential negative impacts should be identified as early as possible in order to minimise them.

Is the project implemented by the organisation consistent with the government's priorities?
It has been demonstrated that the stronger the institutional and state support is for a project, the better that project works. To avoid any exploitation, the total transparency of the group, of its intention and its operation, are the gauges of its stability within an unstable context.

Will the local actors (as well as at national level and especially those concerned with WASH programmes) have the economic and financial capacity to take over and to maintain the facilities put in place by the organisation?
This information allows us to reflect on the transition period, and to identify the institutional or local capacity building that is required and who the key stakeholders are.

Is the group with whom an intervention will be conducted socially marginalised or in a period of political conflict?

There may be some resistance to the intervention of the organisation, based on the reputation or the perception of the organisation. Taking into account the multidimensional challenges of the context will help to avoid reactionary situations or blocking of projects.

Are there any conflicts related to water or toilets?

Even before the intervention, there are often conflicts related to the scarcity of water or the ownership of a source; conflicts can also be caused by the fact some people defecate on their neighbours' land or field "as a form of vengeance"…

Theme 2: Practices and customs related to WASH

Theme 2.1: Diversity of practices and uses

What is the diversity of actors, whether official or not, who work in the water and sanitation sector (workers maintaining sources or emptying latrines, transporting water or collecting it, irrigation regulators etc.)?
These jobs are often risky and associated with certain social classes or ethnicities. It is necessary to consider them during the intervention, in order not to destablise their roles, and to contemplate possible support for them in their work.

Is there a dry season and a rainy season, or variations between seasons? In this case, do the practices change, and why?
This information can help to understand whether practices are different outside of the time of the investigation depending on the weather..

Who brings money home and who manages it? Can this affect the supply of water, the need to have a toilet, or to wash?
Determining who earns money and how it is distributed allows us to understand why certain health fields are not priority, which facilitates the identification of who awareness activities should target during the implementation of programs.

Theme 2.2: Journey to collect water and use the toilet

Are there dangers on the way to collect water or use the toilet? Are there safety issues for women or children?
Sexual assaults, kidnapping, robbery, corruption? Any safety problems linked to the environment and nature: difficulty of access, scorpions, and snakes?

Theme 2.3: Costs

What does the construction of a toilet, a well, drainage infrastructure, etc. cost?
There is a need to determine the participation of people in financial terms and also in terms of labour so as to implicate them in the project and to create an understanding of the need for maintenance. This also avoids negatively effecting the local market, and can include supporting local construction workers through training on good practices.

Theme 3: Perception of cleanliness

Theme 3.1: What is clean and what is dirty

Are there places in the house dedicated to cleanliness, and others where it is not considered?
Cleanliness and the elements that achieve it (especially water and soap) are sometimes restricted to certain locations, and completely neglected in others.

What is perceived as dirty and what is perceived as clean? What things cause disgust?
There is often a clear hierarchy between dirtiness on one side, associated with what is bad, false, and excluded, and cleanliness on the other, associated with what is good, true, and accepted. This organises the society, by drawing social boundaries and cultural distinctions within the same group. Finally, the concept of disgust can be useful for awareness raising projects in some visual societies.

What is the degree of confidence that people have in the services that are offered to them?

Some experiences or rumours may lead to beliefs or perceptions of certain services that may eventually lead to incorrect practices or uses related to these services. The reputation of the worker responsible for maintaining the water source, or the effect of past scandals on the confidence in public or private services, can create mistrust and effect the use of water.

What do people know about the transmission of diseases through water and are all members of society concerned?
For some populations, if they don't see the dirt or germs it means that they do not exist, or that this is not a dangerous mode of disease transmission.

Theme 3.2: The perception of disease and cholera

What is a disease?
Some diseases may be mentioned through education or by information campaigns, and others can have more undefined origins: for example, "diarrhoea" may be confused with "cholera"; "flu" and "fevers" may be generic terms for "malaria".

What is the origin of disease? Are water, hygiene and disease linked? Can a disease be transmitted from both a "microbe", and from God or a curse, at the same time?
The relationship of cause and effect between water, hygiene and disease is not always established. Often, disease does not occur without reasons: there is an origin related to a curse, an enemy, a poisoning, etc. This perception is difficult to change because people will always develop their own concepts regarding the origin of disease and why they have been affected with it.

Are there two versions of the same disease: the natural and the mystic?

This distinction is present in many societies, and sometimes is even used be medical staff: it is considered that disease never strikes "by chance".

Does disease attack all the members of the society or does it "target" vulnerable social groups (who would be punished by God)?
The response to this question will provide information on the perceptions of disease, as well as perceptions regarding vulnerable social groups.

How is disease transmitted?
Even if the concept of microbial agents is understood, some people think that microbes can only circulate through the air, in water or be passed by direct contact.

Is water a vector of disease?
Clear and associated with cleanliness, water is often not considered to be a carrier of disease.

Who heals disease? Oneself (self-medication)? Religious people (and possibly different members from different religions)? A mystical healer? A traditional or natural healer? A doctor?
Each disease, and the interpretation of its origin and its mode of transmission, is associated with a mode of healing. There is often a multiplicity of healing methods, used at the same time or one after the other. This of course affects the quality of care, the possibilities of side effects, late arrival in some health care centers, etc.

When someone is sick, who is the first point of contact? What is the degree of confidence in Western medicine?
As a result of low confidence in western medicine, especially if it is practiced by people from outside the society, there is often a reluctance to receive treatment. Medicines or vaccines can also be perceived as a danger or a poison.

What is considered to be the "best" medication: aquatabs? Serum and antibiotics? Intravenous medication? Vaccines?
Often, the medications that are considered to be the "best" are those with a scientific and practical appearance (like an injection, rather than dissolving medicine in water).

Are the people hired to treat diseases ostracised?
As waterborne diseases are often complex to understand, medical staff can be rejected by society as a result of a fear of transmission or perceptions of the possession of "mystical" healing powers.

What is the perception of the treatment area? Is going to this place offensive?
The medical centre/treatment area can be associated with deprivation, dirt, death, etc. Going to a cholera treatment centre, for example, may be perceived as reducing a persons' social status (there are no social divisions within cholera treatment centres) and can cause personal humiliation. People are often afraid about being stigmatised if they are seen leaving the treatment centre.

Are people who have been ill ostracised when they return home?
More than the mode of contamination, "people are inclined to place the fault" on the person who has been sick because of a fear of the spread of disease. Therefore, it is also necessary to provide care for these people on a social level.

Are the burial rites and post-mortem rites, which are often associated with water, for persons who have died as a result of illness, respected despite the health risks?
Some burial rites require touching of the corpse, particularly by washing or kissing it. These rites must be respected through tactics of adaptation or substitution, so that the relatives understand that the deceased is truly dead (that their soul has left in peace). It is important to consult with the relevant religious leaders, and the family after a death.

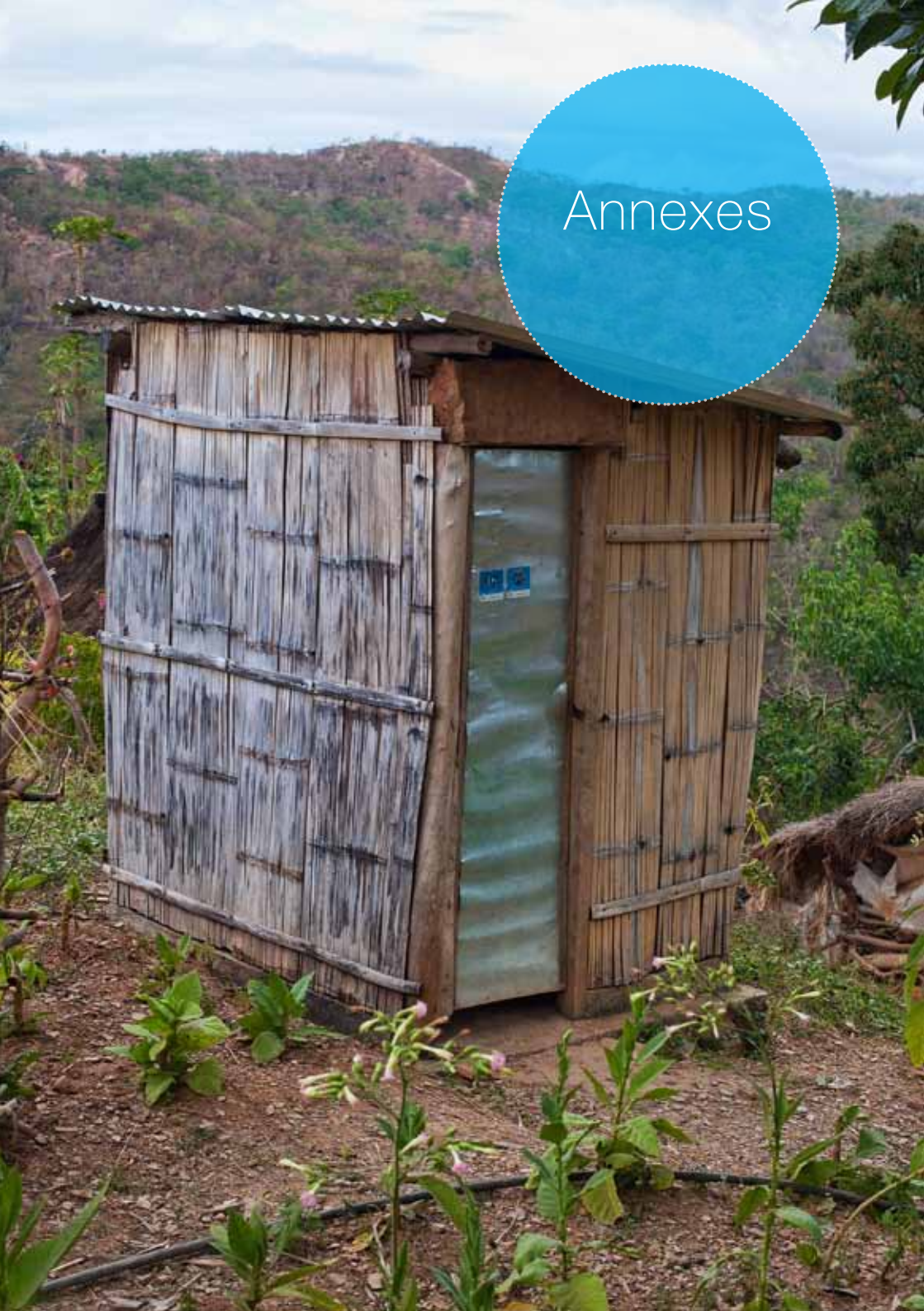
Is there a psychosocial dimension in relation to water, especially at the level of restrictions related to waterborne diseases?
People may fear water when it has been touched by sick people or corpses. This can be very disturbing and is difficult to control.

Notes

Section 7. Assessment sheet presents the questions that cover cross-cutting issues or that are related to the policies of the organization, or of the host society.

Notes

Annexes



Annex 1: Data on vodou and water in Haiti

Water is important in vodou. This is particularly demonstrated during pilgrimages near water sources or waterfalls: the place where it is possible to meet the loas (spirits) because it is where many of them live. In fact, water is also an essential element in other forms of religious worship: holy water in Christianity, water as a cure for mystical diseases, water to protect against an evil attack, etc.

One of the most common Haitian practices with water is to take a “fortune bath", whether in a houmfor (vodou shrine) at home, or where the loa live (like at “Saut d’eau”, in the Central Plateau, or the “Bassin Saint-Jacques”, in the North). When someone takes a “fortune bath” they gather elements that refer specifically to the loa they intend to call (particularly candles, leaves, and various utensils), and bathe with these in the presence of a vodou priest or priestess (hougan or mambo). This enables the person to buy the friendship of the loas, but there are times when the loas seize “too much” of the person and can become evil. These "fortune baths" strengthen those who take part and assure them of success.

Other practices mentioned in this tool are the beliefs related to excreta and the importance of water in rituals (in particular for funerals).

Loas associated with water:
Knowing the vodou spirits is complex, and it is very difficult to define them through a short description. However, the essential elements which give the basic understanding of loas related to water in Haiti are outlined below.

- ***Dambala*** is essentially a positive loa, conducive to happiness and wealth. It inhabits springs and rivers, and is represented by or with a snake.
- ***Aida Weda***, is Dambala's wife, and has nearly all the same characteristics and attributes as Dambala.
- ***Simbi*** is the guardian of springs and ponds, lives in dark places (small caves, mountains, springs), and has the gift of clairvoyance in his soul.
- ***Ezili*** lives near rivers. This is the equivalent of the Catholic Virgin Mary, who represents love: it is represented by a particular form of a heart.
- ***Agwe*** occupies the sea and protects fishermen and guides navigation: it is symbolised by a boat.

Annex 2: Water Trucking

Key questions on implementing a water trucking programme

- In areas that require water distribution by water trucks: who are the actors in the water sector that are already present? How can we support them, what gaps exist? Does a coordination structure exist?
- What are the costs (purchase, rental, maintenance of water trucks and bladders, etc.)?
- Will water trucking create competition with private water trucking companies or will it strengthen these companies especially at the end of the water trucking project?
- Does water trucking create competition among different water vendors? What are the risks of destroying the local water market place?
- How is the water supplied by water trucking used, for which uses and why? Are the users confident in the quality of the water?
- In cases of social tension or disturbance will the water trucks be able to continue to deliver water? How vulnerable is the water trucking system?
- What is the risk of creating dependency on water trucking? What are the measures that will be taken to prevent or reduce the risk of dependency?
- Has the end of water trucking programmes, and the post water trucking transition, been clarified from the beginning?

Water trucking experience in Haiti

Water trucking has long existed in Haiti, either to provide water to wealthy people who reside outside the areas of distribution of DINEPA (the National authority for potable water and sanitation, formerly CAMEP), when distribution from the DINEPA network is

irregular, or to provide water to individuals with tanks, or reservoirs, which are filled either for their own consumption or in order to resell the water in small quantities. Water trucking services are part of the very diverse water market in Haiti, which is composed of many privately owned and managed water kiosks (supplied either by the municipal water network or water trucking) as well as public kiosks or standpipes established by CAMEP (now DINEPA), and managed by committees in densely populated neighborhoods, and supplied by the municipal water network.

Following the earthquake of January 2010, a large water trucking programme was established by DINEPA, which was going through a period of restructuring and had been affected by the earthquake, as well as several international NGOs and the Red Cross Movement. This programme was run through several private companies that provided the water trucks, were in charge of fuel, and worked with their own drivers. Although they were supervised by the organisations leading the programme, they were in charge of fuel and maintenance for the trucks. Other water trucks were purchased by some organisations, such as the Red Cross Movement, which directly managed the whole chain of the intervention and operated with its own drivers. Water trucks were hired from private companies as well as being purchased and brought into the country.

From the beginning, DINEPA worked to motivate the private sector to get involved in the distribution of water, first for free, then with the support of subsidies. Very quickly, and without any real initial assessment, international humanitarian actors began to distribute bottled water. At this time DINEPA organised the first water trucking distributions on January 14th whilst trying to negotiate with the private water trucking companies the rates they would offer to humanitarian actors. Unfortunately, some organisation had already accepted very high rates and as a result all rates increased. Still,

the distribution of water was able to commence using water tanks. DINEPA worked closely with the NGO Action Contre la Faim (Action against hunger, ACF), which further developed links with private water trucking companies and worked to coordinate and improve the efficiency of the many water trucking programmes throughout the earthquake affected area. At the same time, efforts began to ensure systematic chlorination of the water being distributed.

Many mobile water purification units began to arrive, but many were not adapted to the context and included unsuitable materials. DINEPA tried to restrict the arrival of water treatment plants, to those that were suitable for the context and sent technicians to certain areas outside of Port-au-Prince where the context was different and traditional water solutions were appropriate. What was most helpful was the arrival of stocks of small bladders (water storage units) that could be easily installed on the ground near water sources with tap stands for distributing water. Unfortunately, the lack of monitoring of the installation of these bladders resulted in several situations: some bladders were maintained and supplied with water regularly by the organisation that had installed them, but in areas where no organisation provided support, the majority of bladders were abandoned with some being maintained by the community.

It is estimated that between 6,000 and 7,000 m3 of water per day was distributed in the metropolitan area of Port-au-Prince, to approximately 500 sites, between January 2010 and January 2011.

Therefore, this water source became a necessity: in 2011, the water supplied by trucks to IDP camps and disadvantaged communities was the primary source of water for domestic purposes, and secondary source for potable water (after water kiosks). But with the withdrawal of NGOs and the reduction in the number of water

trucks in 2012, households cited the municipal water network as their primary source for domestic water (often through illegal connections) ahead of rainwater, private water tanks, and water trucking. The preferred source for drinking water was from private kiosks (using reverse osmosis to treat the water) ahead of a connection to the municipal water network (DINEPA), water sachets sold on the street and private reservoirs. [ACF KAP Study].

The choice of intervention sites:

At the beginning in Haiti, water trucking services were sometimes supplying disadvantaged areas or camps with water when there were already existing water supply systems in these areas. Water distributions were also sometimes too concentrated, causing mass migration and reinforcing the appeal of certain sites (especially with the installation of regularly supplied water tanks) or driving people to walk for hours to collect water.

IDP camps have always been at the center of interventions, sometimes at the expense of neighbourhoods which were also affected by the earthquake, receiving many displaced people and remaining vulnerable (especially disadvantaged or informal neighbourhoods). It is true that the camps are more "visible", and their dynamics may seem easier to understand, but this assumption has often emphasised the differences between camps and communities, and sometimes created phenomena of moving one toward the other (especially regarding access to drinking water). Despite their vulnerability, camp residents were rapidly distinguished between those who could buy water from hastily installed local services, and those who could not because they were living in sites that had yet to receive support.

A neighbourhood approach, complementing other systems of water supply (private, public service), would have created less

permanence to the living situation in IDP camps and would have had less of an affect (or competed less with) existing water supply systems. For example, despite the associated difficulties, it would have been more useful in the long term to support repairs to the many hand pumps throughout the metropolitan area which were not functional due to a lack of maintenance, or to have supported DINEPA to make repairs to, and expand, its water network. Indeed, from DINEPA's perspective, the massive humanitarian intervention has discredited the public service in the long term, imposing on the population the various NGOs as a "substitute" for government services. However, organisations that did provide support to state institutions struggled as a result of heavy local bureaucracy.

Following the initial emergency period, and under the leadership of DINEPA and existing development agencies who had been working in Haiti before the earthquake, such as GRET, a number of actors have provided support for the repair of networks and standpipes and their storage tanks (kiosks), but these long term strategies for "recovery" have been difficult to carry out rapidly.

A rapid assessment needs to be made before implementing programmes in order to identify the official actors, public and private, as well as the variety of ways in which water is accessed and used, even if they are not official (such as when illegal connections to a water network supplies a neighborhood). Such an assessment should also identify areas where it is estimated that communities will stay for a long time, in order to develop appropriate solutions. The diversity of water sources must also be considered in order to make a correct assessment of needs; even during the emergency period private water vendors provided water to camps while some areas where access was more difficult were neglected.

Finally, each organisation must consider the need to establish a water trucking programme according to their resources and

mandate: some organisations criticised the use of water trucking for a limited time for reasons of visibility, when resources could have been more efficiently distributed and coordination could have been improved. The sub-cluster "Beyond Water Trucking" had little impact on the situation due to the huge numbers of actors who participated and the fact that it was established too late (May 2010).

The logistics of implementating water trucking programmes:
The logistics of distributing water via water trucking must be well established from the start in order to ensure a transition (from an approach of assistance to a logic of continuity), which in Haiti, came too late and was poorly thought out.

One of the major difficulties encountered was that some sites had no partners identified for on-site management, which increased the issues around the implementation of water trucking programmes, in particular the closing of water trucking programmes. Yet there were many community management communities present in neighbourhoods in Port-au-Prince but these "Komité dlo" (Water Committees) were either bypassed completely or, inversely, given too much power when they did not in fact truly represent an area. So the organisations had to adapt to each case by mobilising communities in the build up to their departure, something which was not always been possible in certain contexts or was not done well because of a lack of time and knowledge of the situation.

IDPs were not always informed regarding the frequency of service by the water trucks, making them very dependent on the passage of the trucks. Once water had been delivered to the bladders, who was responsible for managing the water point in the short, medium and long term? Should they manage this service for free or should it be fee based?

The distribution of water for free in what could be a business

opportunity (camps and disadvantaged neighbourhoods) quickly led to humanitarian actors being confronted with the issue of the monetisation of water, and in some cases the local water market collapsed amid tension, before the humanitarian actors left without any transition in water supply. Indeed, after an influx of IDPs into camps, sometimes as a result of the distribution of water for free, the end of water trucking was very badly received by camp residents who felt abandoned, and were in many cases not prepared for the gradual, or in some cases sudden, move to fee based water supply. Clarifying the temporary nature of water trucking services, increased awareness of its cost, and eventually a fee based system which would have increased the populations' capacity to budget for the purchase of water would have led to a better transition to other water supply systems. The end of water trucking services was received differently in different contexts: in some cases IDPs felt that they had no other solution available to them and were as such left without access to water (as was the case in Champ de Mars, the central square across from the Presidential Palace, where IDPs were not supported by the surrounding neighbourhoods). In other areas, camps and neighbourhoods, people were already using alternatives and therefore they were less affected by the end of the free distribution of water by water trucking.

The level of dependency on water trucking programmes depends on the context, but will be particularly strong if the area is unstable. However, if the trucks do not circulate, supply in many areas will be cut off! Emphasis should, therefore, be given to the visibility of trucks, though the trucks themselves can be central to power issues that may arise (for example; certain actors may block the access of a water truck into an area as a means of putting pressure on "enemies" or humanitarian actors). Therefore the question of autonomy for areas supplied must be rapidly, both in terms of storage and the development of other water supply systems.

The taste of water and information on water quality:

The IDPs perception of the quality of water distributed by water trucking greatly influenced the ways in which they used the water. Whilst it was free, this water, which was commonly chlorinated, was perceived as "bitter" or "heavy" because water trucks had previously distributed, almost exclusively, water treated by reverse osmosis. The logistics of chlorination required the training of labour upstream, before the water could be distributed in the camps. Sometimes, people were reluctant to use the water, especially because of its taste, which raises the question regarding the information that was supplied to the population about the water (information which increased, with the outbreak of cholera in late 2010). Very quickly, the water distributed via water trucking became solely for domestic use (people returned to buying water according to their normal habits, means and the diversity of the Haitian water market). For example, an assessment conducted by Oxfam GB on livelihoods and the local water market in the metropolitan area

of Port-au-Prince notes that in June 2010, approximately 20% of respondents consumed water from water bladders for drinking, and two thirds of these people treated this water before consumption, which reveals either a lack of information regarding the water quality or their lack of confidence in it.

This raises the question of the need to understand perception, taste and use of water as covered in this tool. Therefore, "the response would have been more effective if it had evolved over time, reinforcing the community approach for targeted health promotion, and adapted to the social reality of the consumption of water treated by reverse osmosis" (Patinet, Groupe URD 2010). Also, has there been any continuity in the chlorination of water after the end of NGO funded programmes, either by water trucking companies or individuals themselves? Increasing awareness on water treatment would serve to avoid the double treatment of water (when people wrongly think that water from water trucks or water bladders is untreated and further treat the water themselves) and inform people regarding water quality and the need for household water treatment (separating the needs in terms of untreated water from those for drinking water). This requires follow up on the availability of resources for household water treatment (aquatabs, etc.) to strengthen the ability of people to treat water at home.

Finally, it was observed that some bladders were damaged by water vendors who challenged the competition posed by this source of water: It is important to consider all the relevant actors in the water sector in order to have better cooperation with them. Programmes should not destabilise or reinvent local systems, which can be quickly reestablished with affordable prices (or assistance programs can enable people to have access to those resources). This will serve to reinforce water supply in the transition away from water trucking.

The costs and the transition away from water trucking:

The fact that water trucking was the only method of water supply proposed in some camps delayed the transition to other water supply systems whilst also creating a situation of dependence.

Water trucking costs exceeded expectations due to the deterioration in the trucks over time, the costs of chlorination, the long duration of the programme and its extension due to the absence of an exit strategy and of the maintenance of the bladders and other distribution infrastructure. The person responsible for managing the water bladder was often observed trying to resell the water delivered for free, or damaging the bladder because it was deemed to be “unfair” competition for water vendors. In addition, these bladders are not designed for long term use and rapidly deteriorated, requiring a high level of logistical support and expensive replacements.

Some water trucks were purchased, which was very expensive and raised many questions given that many of them were donated to private companies in the end. Since water trucking in Haiti is not an open market, the sale, rental and eventual receipt of trucks via donation has certainly served to further strengthen these well established companies who were already monopolising the market.

It is impossible to ignore the potential corruption found at each level within the water trucking service: those who rented the water trucks drove up the price of rental, the committees that managed the distribution of the water demanded higher pay etc.

Despite the efforts of working groups such as the "Beyond Water Trucking" sub-cluster which worked to define an exit strategy from water trucking, the transition away from this emergency response was very long and difficult. For the agencies who had the most advanced exit strategies, the continued emphasis (particularly

after the cholera outbreak) on the provision of free chlorinated water which affected and weakened community approaches, made it very difficult to implement such strategies and return to fee based water supply systems and community management of WASH infrastructure.

Since the average duration of emergency response projects was around one year, the difficulties which arose in terms funding, limited the impact of transition strategies known as "LRRD" ("Linking Relief, Rehabilitation and Development").

Overall, the transition away from water trucking was poorly thought out and began to be developed too late, which led to a significant delay in the transition. Some projects simply ended, with no transition, because of a lack of financial resources or because the water trucks or bladders were damaged, while others were extended beyond the emergency period. The difficulties in developing, and implementing, a transition strategy for the withdrawal of water trucking arose as a result of the following issues:

- The lack of alternatives to water trucking, often because of the negative impact water trucking had had on the local water market.
- Failure to consider the context on a case by case basis: water trucking was conducted in some areas where there were already existing water supply systems, while in other areas water trucking became the only water supply system
- Insufficient flexibility towards the community leaders or camp presidents as well as towards local officials;
- A lack of tools and perspectives related to moving beyond the emergency period, in a crisis of a huge magnitude and in a dense urban area.
- Delays in the transition to community management of water trucking led to communities feeling that there were not

implicated in the water trucking programmes. In some cases this triggered resentment towards the perceived "imperialism" of the organisation and led to the community feeling abandoned when the water trucking ended. Also, the capacity of communities to manage water trucking was addressed too late.

- High turnover of humanitarian personnel made it difficult to monitor projects;
- The end of emergency funding led to a “rushed” exit from water trucking, especially because of the water trucking costs being higher than expected;
- The lack of involvement of the concerned population and belated recognition of the need to exit water trucking. The cholera outbreak in late 2010, which led to many organisations prolonging water trucking, did, to a certain degree, enable these organisations to better prepare themselves for the end of their water trucking programmes and transition towards other modes of water supply to the communities.

Annex 3: Bibliography

The bibliography on WASH issues is very dense. Here, only a selection of reports, articles and other relevant literature focused on social and cultural issues related to WASH has been presented.

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Annex 4: Acronyms

- **DINEPA:** National Authority for potable water and sanitation in Haiti, formerly CAMEP
- **EAH:** Water, Sanitation and Hygiene (WASH in English)
- **FICR:** International Federation of Red Cross and Red Crescent Societies
- **LRDD:** Linking Relief, Rehabilitation and Development
- **WHO:** World Health Organization
- **PHAST:** Participatory Hygiene and Sanitation Transformation
- **UNHCR:** United Nations High Commissioner for Refugees
- **WASH:** Water, Sanitation and Hygiene (EAH in French)

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

For more information, kindly contact: :

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