2nd Edition

LEARNER'S GUIDE

TECHNICAL COMPETENCY UNIT

ADM.TEC 029.2

Capable to Work with the Affected Community for WASH Programme

ONE ASEAN ONE RESPONSE

ASCEND

ASEAN Standards and Certification for Experts in Disaster Management

ASEAN Standards and Certification for Experts in Disaster Management

CAPABLE TO WORK WITH THE AFFECTED COMMUNITY FOR WASH PROGRAMME

ADM.TEC.029.2

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ONE ASEAN ONE RESPONSE

The Association of Southeast Asian Nations (ASEAN) was established on 8 August 1967. The Member States are Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Viet Nam. The ASEAN Secretariat is based in Jakarta, Indonesia.

The "ASEAN Standards and Certification for Experts in Disaster Management (ASCEND)" is under Priority Programme 5: Global Leadership of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) Work Programme 2021-2025 that envisions ASEAN as a global leader in disaster management.

The publication of this document is part of the "ASEAN Standards and Certification for Experts in Disaster Management (ASCEND) Toolboxes Development for Five (5) Professions" project.

General information on ASEAN appears online at the ASEAN Website: www.asean.org

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1.1 The ASCEND Programme

Southeast Asian governments, through the ASEAN Committee on Disaster Management (ACDM), continue to invest in strengthening disaster management systems for a more secure and resilient region. However, the compounding risks and increasing uncertainty of disasters in our new climate reality threaten to set back the socioeconomic development gains of ASEAN societies. Widespread and recurring disaster damages and losses can overwhelm national capacities and worsen regional transboundary effects.

The Declaration on One ASEAN One Response (OAOR) at the 2016 ASEAN Summit in Vientiane, Lao PDR, reaffirms ASEAN's vision to move towards faster and more integrated collective responses to disasters inside and outside the region. However, ASEAN's past experiences responding to large-scale disasters showed that realising the OAOR can be challenging. Various responders from different countries, institutions, organisations, and companies seek to contribute to the overall response. Their goodwill is appreciated, and several provide much-needed assistance. But ASEAN and affected Member States sometimes found it challenging to determine what knowledge and skills responders have and how they can effectively contribute to national and regional efforts.

Learnings from past experiences and shared commitment to realising the OAOR vision increased the need to develop regionally recognised Competency Standards and a certification process for disaster management professionals. The increased support led to initiatives that eventually created the ASEAN Standards and Certification for Experts in Disaster Management (ASCEND) Programme. ASCEND is now part of Priority 5: Global Leadership of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) Work Programme 2021-2025, a programme that envisions ASEAN as a global leader in disaster management.

1.2 The objectives of ASCEND

- To ensure disasters across the region are met with competent disaster management professionals in order to reduce the loss of life, respond effectively, recover more quickly, and decrease risks throughout the ASEAN region wherever possible. Note: In cases of extraordinary, diminished capacities, non-certified persons may be utilised at the discretion of the AMS in compliance with local governance/rules/laws.

- To establish a guide for certification of disaster management professionals across ASEAN Member States. The disaster management professionals will be certified in a competency-based assessment to perform tasks across all strategic components of AADMER, i.e. risk assessment and awareness, prevention and mitigation, preparedness and response, and recovery.
- To ensure disaster management professionals can work interchangeably and cooperatively both in their home country and in all AMS.

1.3 Advantages and benefits of an ASCEND certification

For ASEAN

The ASCEND certification enables ASEAN Member States to efficiently manage emergencies and disasters by fostering a regional network of competent professionals. It equips ASEAN countries to recognise the expertise of incoming assisting teams if needed. Simultaneously, it streamlines resource mobilisation for assisting countries while upholding the ASEAN Standards.

For the AHA Centre

With ASEAN's rapid development and vulnerability to natural hazards, it requires a skilled workforce of disaster management professionals. The ASCEND certification can bridge the existing knowledge and skills gaps, promoting stronger cooperation and interoperability among disaster managers in the region.

For disaster management professionals

The ASCEND certification serves as a valuable credential for disaster management professionals, providing evidence of their expertise and qualifications. It also helps organisations to determine the capabilities of certificate holders in performing critical job functions of specific occupations in the disaster management sector.

1.4 The ASCEND Toolbox

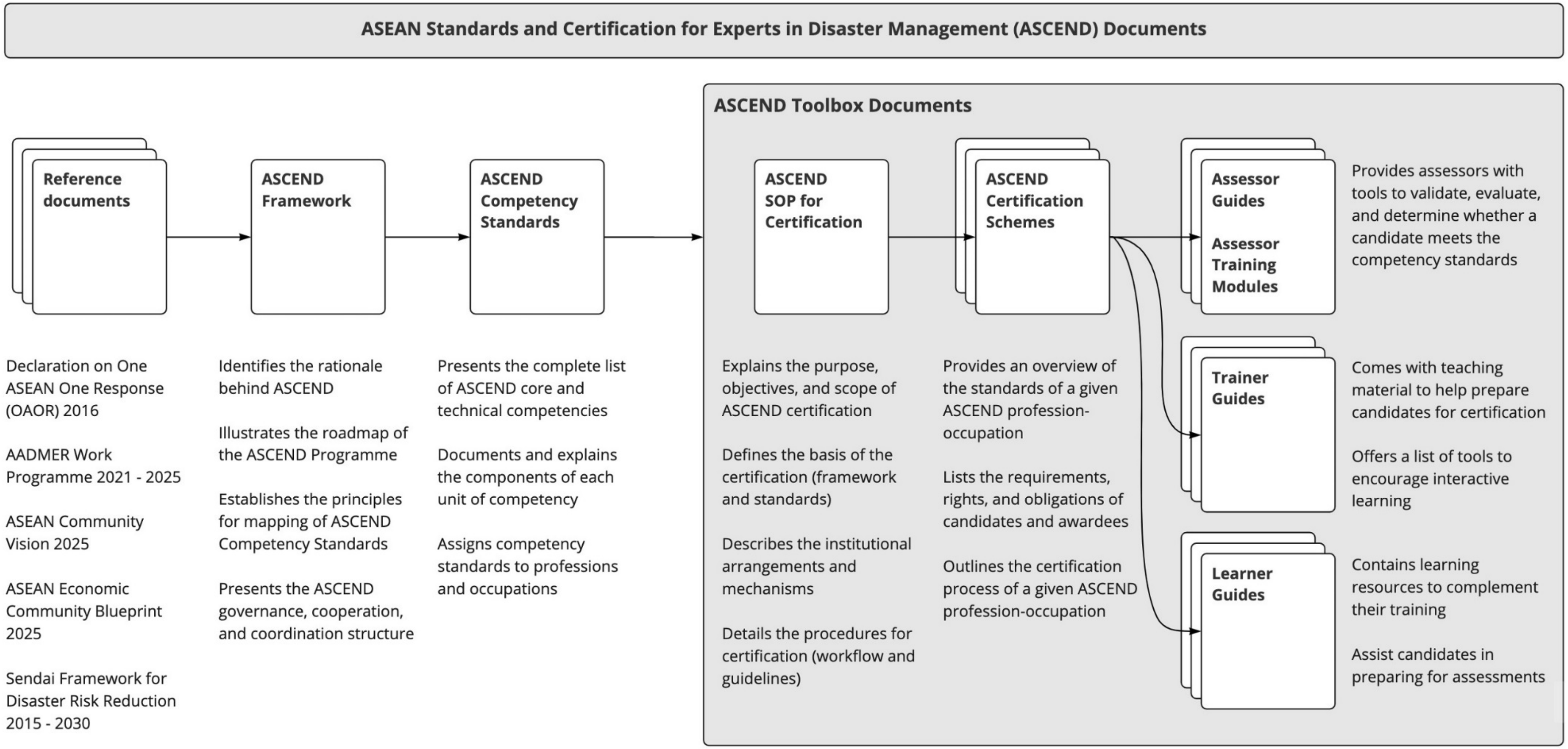
A set of technical requirements must exist before it is possible to implement the ASCEND programme in participating ASEAN Member States. The first requirement is the ASCEND Competency Standards, containing forty-three (43) regionally recognised core and technical competencies in selected disaster management professions. The Competency Standards outline the work elements and performance criteria that guide for certification of disaster management professionals across the region.

Another requirement is the development of an ASCEND Toolbox for five professions. These professions are Rapid Assessment, Humanitarian Logistics, Information Management, Water, Sanitation and Hygiene (WASH), and Shelter Management. The ASCEND Toolbox consists of an SOP, Certification Schemes, Assessor Guides, Trainer Guides, and Learner Guides. The ASCEND Competency Standards, approved by the ASEAN Committee on Disaster Management, are the primary basis of the Toolbox documents.

The SOP defines the basis of ASCEND, describes the institutional arrangements and mechanisms, and details the certification procedures. Certification Schemes present an overview of the standards of each profession-occupation and certification requirements, the rights and obligations of candidates and certificate holders, and general guidelines on the certification process. Assessor Guides provide assessors with tools to validate, evaluate, and determine whether a candidate meets the Competency Standards. Trainer Guides come with PowerPoint slides and presenter notes to help trainers prepare candidates for certification. It also offers a list of tools trainers may use to encourage interactive learning. Learner Guides assist candidates preparing for ASCEND certification in their chosen disaster management profession and occupation. It contains learning resources and complementary readings to help prepare them to undergo the required assessment.

The ASCEND Toolbox documents can assist the ASEAN Member States to identify, build the capacity of, and mobilise competent disaster managers across Southeast Asia to help reduce disaster risks and disaster losses in the region through timely and effective response.

Figure 1: Overview of ASCEND Toolbox Documents



Learner Guide

Introduction for Candidates

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Welcome and thank you for your interest in pursuing an ASCEND certification. This Learner Guide is for you to read. It contains learning resources and helps you prepare for the required assessments: oral interviews, written tests, and observation checklists.

Competency-based learning and assessment

Competency is the attitude and ability to use or apply one's experience, knowledge, and skills-sets to perform critical job functions in a defined work setting.

Table 1: Competency areas and descriptions

Competency area	Description
Experience	Refers to the qualifications of the candidate that make them eligible to pursue certification. It includes the candidate's formal education, work experience, professional training, and job-relevant life experiences.
Knowledge	Refers to what the candidate needs to know to make informed decisions on how to perform the work effectively.
Skills	Refers to the ability of the candidate to apply knowledge to complete occupational tasks and produce work outcomes or results at the standard required.
Attitudes	Refers to associated beliefs, feelings, motivations, and values that influence a candidate to make decisions and act according to occupational standards and the professional work setting.

There is one Learner Guide for each unit of competency. The Competency Standards and Unit Descriptor section of this document outlines the content you will be studying – broken down into elements and performance criteria that will be covered during training and assessed using competency-based methods. This guide contains a glossary of terms, a list of abbreviations, readings and activities, a self-assessment checklist, and information about the oral interviews and written tests.

Competency-based methods help ensure that the ASCEND certification process is relevant, valid, acceptable, flexible, and traceable – in alignment with the ASEAN Guiding Principles.

The relevance principle confirms that the ASCEND certification reflects the current professional needs in the disaster management sector. The validity principle relates to the consistency and equitability of the assessment process. The acceptability principle is about aligning the ASCEND certification to other disaster management professional standards and good practices. The flexibility principle refers to the responsiveness of the ASCEND certification to changes or differences in disaster management work settings and job requirements. The traceability principle ensures that evidence is sufficient to grant the ASCEND certification.

Competency-based assessment (CBA) is the process for evaluating whether a professional is qualified and competent to perform in a particular occupation. CBA is used to determine if the candidate's experience, knowledge, skills, and attitudes meet the standards and performance criteria defined in a unit of competency.

ASCEND Competency Standards and Unit Descriptor

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3.1 Competency standards

Competency standards are a set of industry-accepted benchmarks that defines the experience, knowledge, skills, and attitudes professionals need to perform well in an occupation. It also reflects the requirements of work settings and considers the developments in the disaster management profession.

3.2 ASCEND Competency Standards

The ASCEND Competency Standards identify the key features of work in selected disaster management professions and performance standards professionals need to meet to be deemed competent. It also provides the list of the forty-three (43) core and technical competencies that serve as the basis for defining the regionally recognised disaster management qualifications across the ASEAN Member States. The five (5) professions covered by the ASCEND Competency Standards include Rapid Assessment, Humanitarian Logistics, Information Management, WASH, and Shelter Management. Under these professions are five (5) categories of occupations: Manager, Coordinator, Officer, Promoter, and Engineer. Overall, there are fifteen (15) profession-occupation combinations (e.g., humanitarian logistics manager, information management coordinator, WASH promoter).

Each ASCEND Competency Standard has its dedicated Toolbox documents: an SOP, Certification Scheme, Assessor Guide, Trainer Guide, and Learner Guide. Only one SOP applies to all profession-occupation combinations covered by the ASCEND certification. The Certification Schemes, one for each of the profession-occupation combinations. Both these documents align with the AQRF Level Descriptors, Section 4: Guiding Principles and Protocols for Quality Assurance of the AGP, and ASEAN Disaster Management Occupations Map. The Certification Schemes also outline the ASCEND competencies under selected professions and occupations, eligibility criteria, basic requirements and rights of candidates, and obligations of certification holders. Assessor Guides describe the components of particular competency standards and offer tools to determine the candidate’s qualifications. Trainer and Learner Guides expound on a given competency standard's elements and performance criteria for learning and assessment preparation purposes.
The Toolbox documents may also serve as a reference for ASEAN Member States’ seeking to develop and implement national-level competency-based certification processes based on their respective capacities and needs. The ASCEND Competency Standards and its derivative Toolbox documents will

be reviewed and updated every five (5) years to ensure it reflects changes in the disaster management profession and remains relevant. Table 2 describes its main components.

Table 2: Components of the ASCEND Competency Standards

Component	Description
Unit title	Describes the critical work function to be performed in an occupation
Unit number	A coding system to organise the units of competency. It also indicates the types of competency standards. ▪ ADM.**COR**.000.0 are core competencies. These are general professional knowledge and skills related to international humanitarian principles and disaster management standards, including ASEAN mechanisms and procedures. ▪ ADM.**TEC**.000.0 are technical competencies. These are specific knowledge and skills needed to perform effectively in work areas under their chosen disaster management profession and occupation.
Unit description	Provides information about the critical work function covered by the unit.
Elements	Presents the occupational tasks required to perform the critical work function in the unit.
Performance criteria	Lists the expected outcomes or results from the occupational tasks to perform and the standard required.

3.3 Unit descriptor

Unit title : **Capable to Work with the Affected Community for WASH Programme**

Unit number : ADM.TEC.029.2

Unit description : This unit deals with the skills and knowledge required to understand the specific needs of the affected community, especially with the most at-risk groups or the most vulnerable groups in a WASH project during emergencies.

Element 1.

Perform community-based participatory planning and implementation for WASH programme

Performance Criteria

1.1 Select appropriate community engagement tools based on the situation, location, and context
1.2 Facilitate dialogue between communities, partners and programme staff during emergencies
1.3 Promote positive behaviour change through effective risk communication strategy and tackling misinformation, disinformation, and hoax
1.4 Lobby for changes and improvement in humanitarian situation locally
1.5 Coordinate with key stakeholders related to WASH and public health

Element 2.

Identify issues related to WASH on affected community

Performance Criteria

2.1 Identify and prioritise the most vulnerable in specific context
2.2 Identify specific needs of different at-risk groups in emergencies
2.3 Identify different types of modalities to encourage participation of different at-risk and vulnerable groups

3.4 Glossary of Terms and List of Abbreviations

Terms and abbreviations	Descriptions
AADMER	ASEAN Agreement on Disaster Management and Emergency Response
ACDM	ASEAN Committee on Disaster Management
AGP	ASEAN Guiding Principles
AHA Centre	ASEAN Coordinating Centre for Humanitarian Assistance on disaster management
AIDR	Australian Institute for Disaster Resilience
AMS	ASEAN Member States
AQRF	ASEAN Qualifications Reference Framework
ASCEND	ASEAN Standards and Certification for Experts in disaster management
ASEAN	Association of Southeast Asian Nations
BPD	Building Partnerships for Development
CBA	Competency-Based Assessment
CWC	Communities Wash Cluster
CDAC	Community Development Advisory Committee
EOC	Emergency Operations Centre
ERM	Emergency Response Management
FGD	Focus Group Discussions

HIA	Health Impact Assessment
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ISCG	Inter Sector Coordination Group
IFRC	International Federation of Red Cross and Red Crescent Societies
KNFA	Korean National Fire Agency
MHM	Menstrual Hygiene Management
MRA	Mutual Recognition Arrangement
NFI	Non Food Items
NGOs	Non-Governmental Organisations
OAOR	One ASEAN One Response
OXFAM	Oxford Committee for Famine Relief
SME	Small and Medium Sized Enterprises
SOP	Standards Operating Procedures
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, Sanitation and Hygiene
WEDC	Water Engineering and Development Centre
WHO	World Health Organisation

Unit Readings and Activities

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4.1 Element 1. Perform community-based participatory planning and implementation for WASH programme

1.1 Select appropriate community engagement tools based on the situation, location, and context

A. Introduction

The community can play a huge role in determining whether a programme is successful. Through community engagement, an organisation can implement the program with confidence that the community will be able to operate and sustain the programme. But it is not easy to engage a community. They may have knowledge and understanding gaps, skill gaps, financial gaps, and many more that an organisation must be well-prepared when attempting to engage.

B. Community Engagement Tools

The Australian Institute for Disaster Resilience (AIDR) proposed the following principles that must be remembered throughout the community engagement process.

Table 3: Principles for Community Engagement in Disaster Resilience

1	**Place the community at the centre**	Effective community engagement is responsive and flexible, and it acknowledges the community as the primary reference point for planning, implementing, and measuring success in any engagement process. Every stage of the engagement process must be guided by inclusive, respectful, and ethical relationships between engagement partners and the community.
2	**Understand the context**	Effective community engagement necessitates partners developing a thorough understanding of each community's distinct history, values, diversity, dynamics, strengths, priorities, and needs. It is also critical to comprehend the environmental, political, or historical context of any hazard, emergency event, or disaster.

3	**Recognise complexity**	Effective community engagement considers the complex and dynamic nature of hazards, disaster risk, and emergency events and communities' and community members' diverse identities, histories, composition, circumstances, strengths, and needs. Effective community engagement and building disaster resilience are dynamic processes requiring ongoing investment.
4	**Work in partnership**	Effective community engagement starts when the community and partners plan and coordinate their approach based on common interests. Potential issues arising from any imbalance in power, information, or resources between the community and partners will be addressed proactively throughout the process.
5	**Communicate respectfully and inclusively**	Community engagement is based on effective communication between the community and its partners, which acknowledges the diverse strengths, needs, values, and priorities of both community members and partners.
6	**Recognise and build capacity**	Effective community engagement recognises, supports, and strengthens individual, community, and organisational capability and capacity to reduce disaster risk and increase resilience.

Source: Australian Institute for Disaster Resilience, 2020

Table 4: Approaches for Community Engagement in Disaster Resilience

Who leads the process?	**Partner designs and delivers to the community**	**Partner leads with community input**	**Community and partner work together**	**Community leads with partner support**	**Community designs and delivers**
Basis of engagement	Partner provides the community with information, options, solutions or services for a given situation or issue.	Partner provides leadership to the community. The community provides input to the process.	The community and partners form a partnership. They co-design and develop options and solutions.	The community leads. The partner provides input when needed.	The community designs, decide and implement all actions. Minimal or no engagement is necessary from any partner.

A stated or implied contract between external partner and community	Partner understands the issue or situation, provides the community with what they need and keeps the community informed.	Partner provides guidance, listens to community concerns and issues, and considers them. Community input is considered necessary to ensure success.	Both community and partner provide expertise and resources. Mutual participation or collaboration contribute to success.	The community understands its context and situation. Partner offers expertise and knowledge. This input is offered to support community-led action.	The community has a thorough understanding of its context and situation and the hazards that may affect them. The community will ask for support when and if needed. External organisations may not be aware of projects at all.
Methods of engagement	• Meetings • Presentations • Information sessions • Training and seminars • Fact sheets • Brochures • Newsletters • Letterbox drops • Door knocks • Online instruction videos or information • Traditional media • Social media	• Meetings Seminars • Consultations • Online or analogue surveys • Partner-led workshops and focus groups • Partner-led projects • Traditional media • Social media	• Co-chaired committees and working groups • Deliberative, participative and co-led workshops and focus groups • Online collaborative spaces • Shared research projects • Collaborative community-based projects • Traditional media • Social media	• Meetings • Seminars • Consultations • Forums • Online or analogue surveys • Community-led workshops and focus groups • Community-led projects • Informal conversations Traditional media • Social media	• Meetings • Presentations • Information sessions • Training and seminars • Fact sheets • Brochures • Newsletters • Letterbox drops • Door knocks • Online instruction videos or information • Community-led working groups • Community-led projects • Traditional media • Social media
Examples of actions or activities	Briefings by specialists in disaster preparedness	Partner-led planning and recovery focus groups	Collaborative disaster planning and preparedness	Community-led planning, committees, and meetings.	Community-led processes and projects.

	, response or recovery. Information based public safety campaigns.	and workshops. Partner-led surveys and feedback sessions.	projects. Joint working groups to implement particular projects.
Engagement may be done online, offline, or both.			

Source: [Australian Institute for Disaster Resilience, 2020]

Examples of tools that can be applied for community engagement are:

Focus Group Discussions (FGDs)

A Focus Group Discussion (FGD) is a qualitative data collection method that brings community members together to discuss a specific topic. The questions are open-ended to stimulate an informal discussion with participants and understand their perceptions, beliefs, fears, questions, and information needs regarding WASH. An FGD should last approximately one hour and include a minimum of eight and a maximum of twelve participants. It is good practice to hold separate focus groups for men and women and other minority groups if possible. This will encourage them to express themselves openly. If time is an issue, you can have a mixed one (half male and half female). Make an effort to include vulnerable groups such as people with disabilities, migrants, and the elderly, and consider holding separate focus groups with them.

There should be a facilitator and a notetaker during FGDs.

- *Facilitator*:
  - Someone who can speak the local language, have good communication skills, and put people at ease is required. When the facilitator does not speak the local language, they may be able to work with a translator.
  - The facilitator must be able to elicit additional information based on the responses received and rephrase questions if people do not understand them.
  - They must also keep participants on topic and ensure that everyone has an equal opportunity to express themselves.
  - A facilitator should:
    - Be well-versed in the FGD questionnaire and WASH critical messages.
    - Be an active listener and show empathy for the participants.
    - Avoid asking leading questions, remain neutral, and do not react to participant responses to avoid biasing the session,
    - Ask them in a respectful and culturally appropriate manner, as some of the questions are pretty sensitive.

- *Notetaker*:
  - Someone who understands the local language and documents the FGD.
  - The notetaker should also record the participants' behaviour during the discussion (remarkable attitudes, spontaneous reactions, interactions among the participants, and so on).
  - The notetaker should maintain confidentiality while recording the discussion by identifying participants with letters or numbers rather than names.
  - The notetaker may choose to take only brief notes during the discussion. But immediately following the interview, she/he should take detailed notes to ensure that important information is recorded.
  - A notetaker should:
    - Possess strong listening and writing skills.
    - Understand the list of questions as well as the topic of investigation.
    - Take thorough notes. But do not take them too literally.
    - Keep an eye on things while remaining objective.
    - With the facilitator's permission, ask a participant to repeat their response if they did not hear it the first time.

Table 5: *Flow of FDGs*

Before	**During**	**After**
• Plan the objective, discussion guide, participant recruitment, consent, time and place • Inform relevant community leaders/authorities that you are conducting the FGD • Ensure the space is accessible, and private and participants feel safe • Consider providing participants with water and snacks • Test the questions of the discussion guide with a local member of the staff to make sure that they are understood.	• Introduce each other • Explain who you are, the role of your organisation, the organisation's fundamental principles and the objective and duration of the FGD • Ask permission to take notes and explain that confidentiality will be maintained throughout and how you will use the collected data • Explain to participants that they can leave the FGD at any time if they feel uncomfortable • Ensure informed consent (verbally) • Explain clearly what support the participants will get after joining the FGD, if any • Thank everyone for taking part	• In the end, allow time for people to ask their questions and explain again what happens with the data collected • Do not make promises about what comes next or help people may receive • Debrief together (facilitator, notetaker and if applicable interpreter) and write up any additional information as soon as possible so that it is not forgotten.

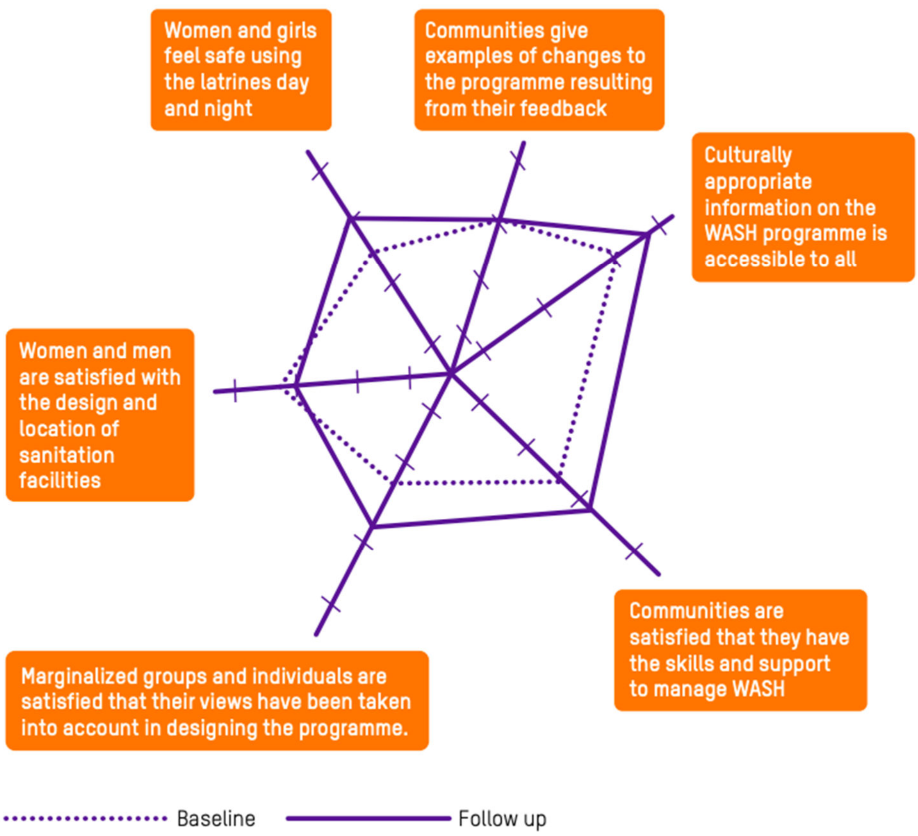
Source: IFRC & UNICEF, 2020

Community Mapping
Facilitate discussions to assist people in exploring issues, reaching consensus, or identifying areas of contention. Maps and photographs of a specific area or location are used to illustrate how people perceive their surroundings: what they like and dislike, and what improvements they would like to see. Small group discussions generate ideas, then recorded on 'post-its' or pre-prepared cards.

Community mapping is an effective method for involving people of all skill levels. Mapping land use, community assets, facilities, transportation options, and other local aspects create a snapshot of the area. Mapping can be done with various materials ranging from chalk to sand. Community mapping can stimulate discussion; foster a sense of community ownership, and assist people in seeing and understanding their community in new ways.

Spidergrams
Spidergrams are visual tools used to show how and why change occurs within a programme. It is also used to track changes to the baseline. For example, it can present community perceptions about the program - whether it is adapted based on their feedback.

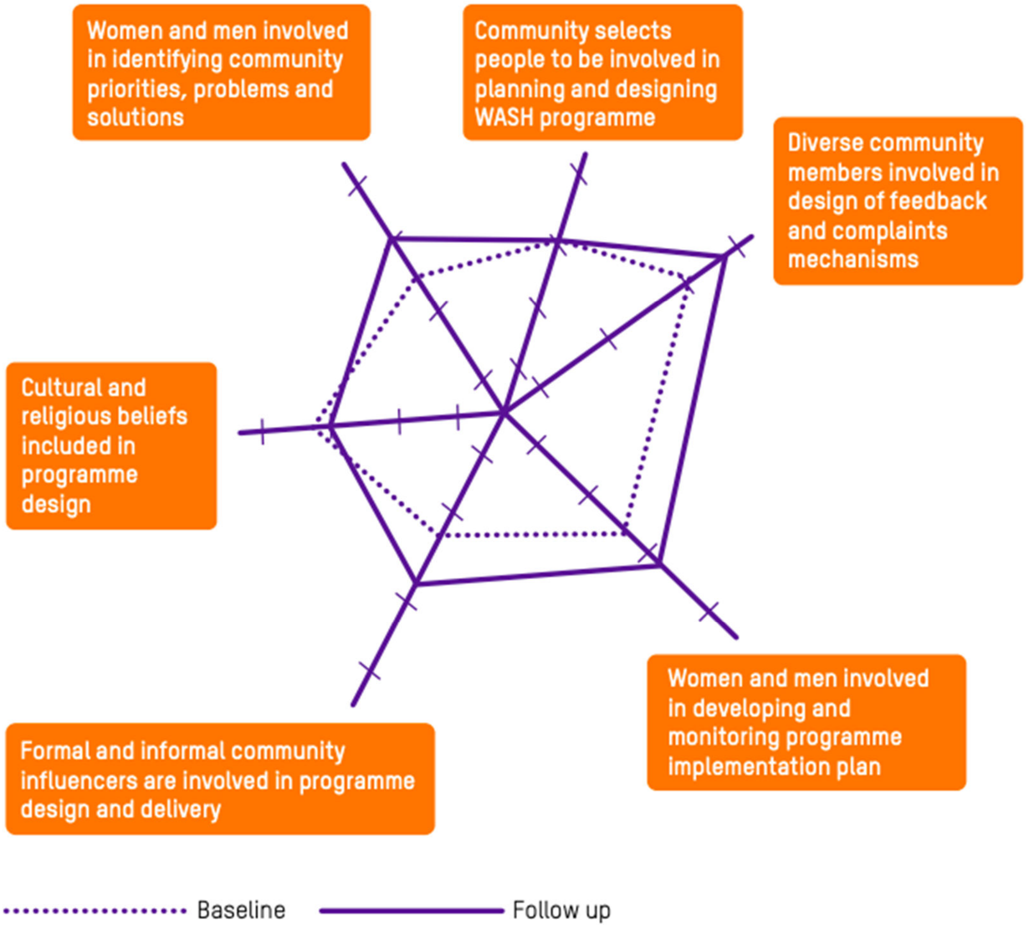
Figure 2: Example of a spidergram on community satisfaction



Source: OXFAM,2019

Indicators
• **Listening and Adapting**: The extent to which the WASH program has been modified in response to community feedback. • **Information and Communication**: Satisfaction of the community with the clarity and reach of program information. • **Ownership**: The extent to which communities believe they can manage WASH resources. • **Inclusion**: Marginalised groups' level of satisfaction with the design and location of WASH facilities. • **Contextual appropriateness**: The degree to which important cultural and religious beliefs influenced the program. • **Specific gender-related needs addressed**: Women's satisfaction with access to latrines, privacy, safety, and dignity.

Figure 3: Example of a spidergrams on community participation



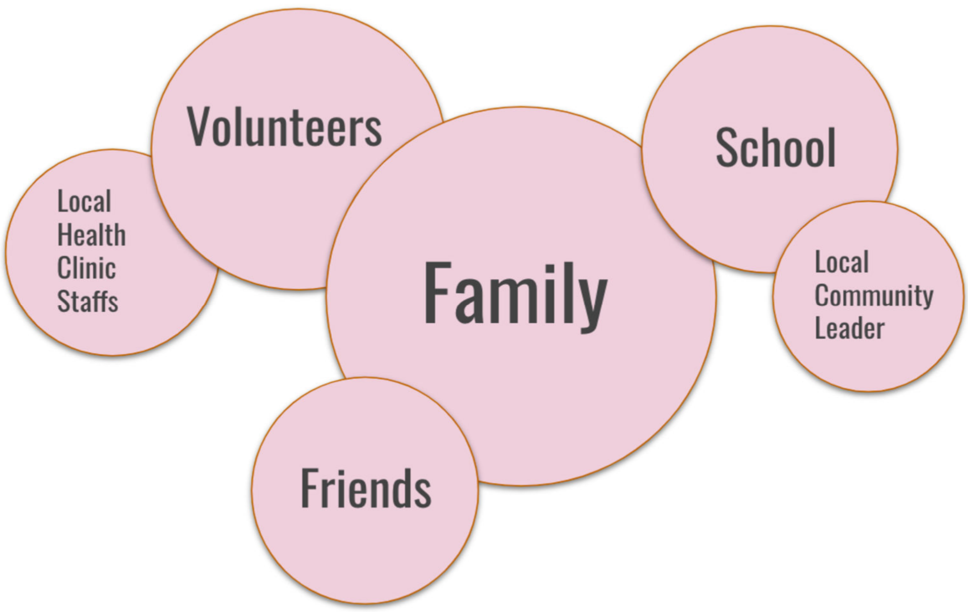
Source: OXFAM,2019

Indicators
• **Diverse community members** are involved in the design, implementation, and monitoring of programs • **Marginalised groups and individuals** are a part of feedback and complaint mechanisms • **The programme team identifies and works** with individuals, groups, and organisations that aid and influence affected communities • **Communities describe how their cultural norms and practices** have had an impact on the design and implementation of the program • **Diverse community members** are involved in developing solutions to the high-priority problems they have identified

Venn Diagram

A Venn diagram uses circles to show how individuals, institutions, and groups interact. The varying sizes of the circles indicate the importance of various stakeholders to the community in terms of power, dependency, or potential for collaboration.

Figure 4: Venn diagram showing community interactions



Source: OXFAM,2019

C. Selecting Community Engagement Tools

The checklist below will assist you in considering tools and techniques that will assist you in delivering a successful community engagement process that meets your objectives.

It contains different tools and techniques to choose from as you consider these questions.

Table 6: Considerations when selecting engagement tools

Community engagement critical success factor	What to consider when choosing an engagement tool
Timely	• Have you considered tools that allow you to inform the community and key stakeholders from the beginning of your engagement process? Choose tools that achieve this and continue to be used throughout the engagement process. • Have you considered tools that will help you build positive relationships and the time it might take? This will include tools that create opportunities for dialogue with community members. • Have you considered tools that will help community members contribute in a way that influences outcomes? It is essential to time the implementation of these tools so that engagement occurs when the community has the best opportunity to influence outcomes. • Have you considered tools that will allow conversations about strategic planning to continue after planning? Continuing the conversation will encourage communities to contribute more actively.
Accessible and appealing	• Have you considered tools that will be accessible to all stakeholder groups and community members so that they are informed about the engagement process and encouraged to participate? • Have you considered tools that are appropriate for your local community? Choose tools that allow you to take the engagement process to the community or tools or events the community is interested in using. Choose tools that are accessible for your entire community, e.g., are online tools the best choice if internet use is low in your community? • Have you considered tools that will allow you to provide information to stakeholders and community members in an easy way for them to understand? Choose tools that allow you to present information in an easily understandable format using plain language.

Inclusive	• Have you considered tools that invite different groups in the community to participate in conversations about planning? Choose tools that will help you reach all community members, including those with specific needs (e.g., people with disability, older people, younger people). Choose tools that will appeal to diverse groups within the community and a cross-section of the population. • Have you considered tools that are appropriate for your local community? Choose tools that are accessible for your entire community (e.g., are online tools the best choice if internet use is low in your community)? Choose tools that allow you to take the engagement process to the community or those that the community is interested in using. • Have you also considered how good ideas can be captured as part of the process? It is essential to help build community capacity to understand planning issues and express concerns concerning such issues. • It is also vital for planners to recognise community diversity and to include engagement techniques in a process that enables community members to express their ideas. Where good ideas are expressed using these techniques, they should be able to influence a planning process, regardless of whether they are part of a 'properly made' submission
Community-focused	• Have you considered tools that encourage the entire community to participate? Choose tools that allow the community to become involved. • Have you considered tools that will help community members and stakeholders understand what is in the community's best interests and the trade-offs that may be required to achieve those interests? Choose tools that enable community members to explore, discuss and understand planning concepts.
Interactive	• Have you considered tools that allow the community to consider the big picture? This could include a combination of tools that inform and provide comprehensible background information. These tools should allow community members to deliberate about planning challenges and collaboratively create potential solutions. • Have you considered tools that provide opportunities for community members to discuss the big picture with planners?
Flexible	• Have you considered that you may need to use different tools and techniques over time? Different engagement tools will connect better with some communities. Where possible, use a mix of qualitative and quantitative engagement methods to capture a diverse sample of opinions. • Have you considered that you may need to employ a combination of tools if the tools chosen initially are not delivering a successful engagement process? The choice of

		engagement techniques is crucial to ensuring that community members are encouraged to participate and are listened to.
Cost-effective	•	Have you considered the available resources, both budget and staff time, to deliver the engagement tools and techniques?

Source: Queensland Government, 2017

D. Summary

- It is essential to be aware of the principles of community engagement, such as placing the community at the centre, understanding the context, recognising complexity, working in partnership with local actors, communicating respectfully and inclusively, and recognising and building capacity.
- FGDs, Community Mapping, Spidergrams, and Venn Diagrams are examples of community engagement tools.
- Some of the considerations when deciding what engagement tools are how timely, accessible and appealing, inclusive, community-focused, interactive, flexible, and cost-effective they are.

1.2 Facilitate dialogue between communities, partners and programme staff during emergencies

A. Introduction

Information is the most valuable commodity during an emergency or disaster. It is what everyone requires to make decisions. It is a critical factor in a company's ability to gain (or lose) visibility and credibility. Dialogue allows humanitarian responders to obtain and communicate information to affected communities.

B. Ensure Effective Dialogue between Stakeholders

Effective communication is the most vital component of any emergency response. Streamlined, efficient communication can help reduce fatalities and keep first responders safe. CwC is Communication with Communities. It refers to exchanging information to save lives and reduce risks in the disaster-affected community. It helps foster accountability in humanitarian organisations and facilitates a response based on community needs.

Along with food, water, and safety, having the correct information at the right time enables the affected community to mitigate their risks and reduce distress during the disaster. They help people make informed decisions to keep themselves and their loved ones safe and actively build resilience to such disasters.

The CwC two-way communication approach aids in shaping the emergency response by incorporating community feedback and ensuring that the aid provided to the community is need-based and effective. CwC also promotes more accountable and high-quality humanitarian action. Providing community members with adequate access to information gives them more opportunities to participate in decisions that affect them. CwC prioritises information needs and promotes greater community dialogue throughout the program cycle. This can help build trust and accountability between aid providers and affected communities.

Affected people cannot access services to make the best decisions for themselves and their communities unless they access information. They also cannot hold aid agencies accountable unless they have communication channels available. When people are allowed to express themselves and provide feedback, it improves their sense of well-being, helps them mitigate the challenges they face, and plays a more active role in their own recovery.

Mainstreaming CwC in emergency response: Tips for Advocacy (CDAC Network, 2018)

- Organise roundtable discussions and dialogues with key stakeholders, including people affected by the crisis, to promote and foster community communication.
- When approaching donors, include criteria for incorporating CwC into project proposals.
- Share evidence of how CwC improves the effectiveness of relief efforts, ultimately leading to recovery (audio-visual).
- Encourage the incorporation of CwC into government policy (Standing Orders in Disasters, Disaster Mitigation Act).
- Include communication needs assessments in the Joint Needs Assessment led by the government.
- Increase the capacity of community leaders to speak up for their own needs.
- Sensitise policymakers to the importance of communicating with the community by involving them in various CwC events (meetings, workshops and consultations).
- Involve the media (print, electronic, and traditional) to get a broader perspective on CwC issues.
- Ensure active participation of local government representatives in CwC events to advance the CwC agenda.
- Ensure that CwC is on the agenda of all emergency response meetings and discussions.

C. Summary

- Effective communication is the most vital component of any emergency response. Streamlined, efficient communication can help reduce fatalities and keep first responders safe.
- CwC is Communication with Communities. It refers to exchanging information to save lives and reduce risks in the disaster-affected community. It helps foster accountability in humanitarian organisations and facilitates the design of a response based on community needs.
- Affected people cannot access services to make the best decisions for themselves and their communities unless they access information. They also cannot hold aid agencies accountable unless they have communication channels available.
- When people are allowed to express themselves and provide feedback, it improves their sense of well-being, helps them mitigate their challenges, and plays a more active role in their recovery.

1.3 Promote Positive Behavior Change through Effective Risk Communication and Tackling Misinformation, Disinformation, and Hoax

A. Behaviour Change Models and Theories (Emergency WASH Knowledge Portal)

Behavioural models and theories explain why people act in certain ways, what influences behaviour and how it can be changed. Many different theories have developed over time as more is learned about human behaviour, but at the heart of most theories are social and behavioural factors (also called determinants) that motivate or act as a barrier to change.

Targeting these determinants can bring about change so it is useful to understand some of the behaviour change models and theories. The application of one model or theory does not preclude the use of another; there is often overlap.

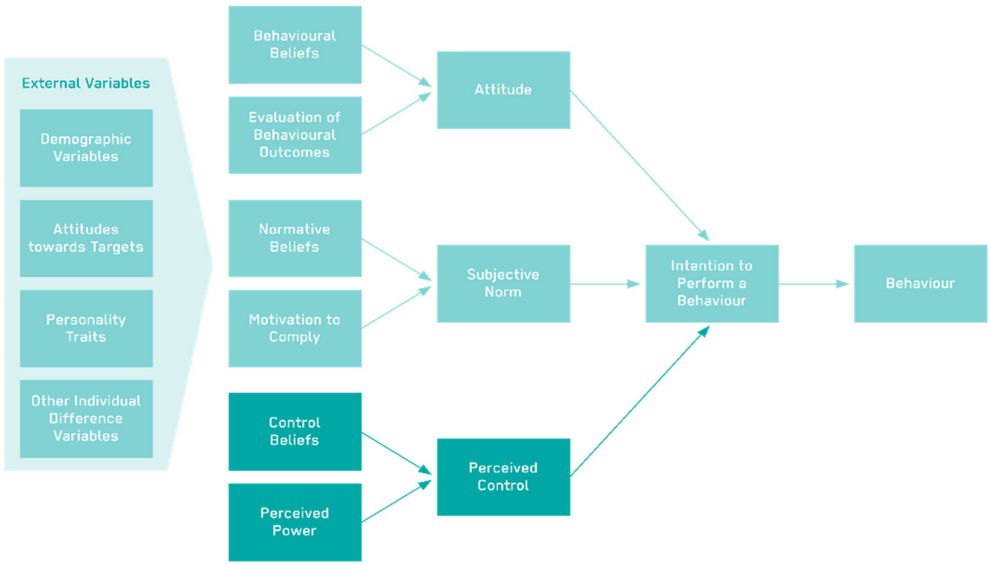
1. **The Health Belief Model** proposes that the more a person feels vulnerable to a health threat and the more they perceive the threat as severe, the more likely they are to practise a protective behaviour. For example, if the fear of cholera is high, people are more likely to follow recommendations to protect their water sources. The actual choice of behaviour depends on the anticipated benefits of the behaviour and the associated costs/efforts.

2. **The Protection Motivation Theory** provides an explanation of why and how individuals manage and make decisions under stressful situations. It describes why individuals decide whether a situation is harmful to them (e.g. their perception of risk of contracting COVID-19 or Ebola). It considers the rewards of continuing with risky behaviour as well as the consequences and costs of performing a health-protective behaviour. Similar to the Health Belief Model, the perception of the health threat depends on the perceived vulnerability to and severity of a health threat.

3. **The Social Cognitive Theory** introduces the concept of self-efficacy, which can be described as a person's confidence in being able to perform a particular behaviour. Self-efficacy is thought to predict behavioural performance directly and indirectly through its influence on intention B.4. For example, people may be aware of a water treatment method or of Oral Rehydration Solution to manage diarrhoea, but they

may worry about getting the proportions wrong and lack the confidence to apply their knowledge.

4. **The Theory of Planned Behaviour and the extended Theory of Reasoned Action** (figure below) describe people's behaviour as dependent on personal beliefs that affect their attitude (and subsequently intention, B.5) towards practising a particular behaviour. An intention to act is also affected by the 'perceived norms' of behaviour in a given context. For example, how a person feels about using a shared latrine and whether others approve or disapprove of this practice B.6. It is also affected by 'perceived behavioural control' or the degree to which a person believes they are able to perform the behaviour (Ability and Self-Efficacy, B.4).



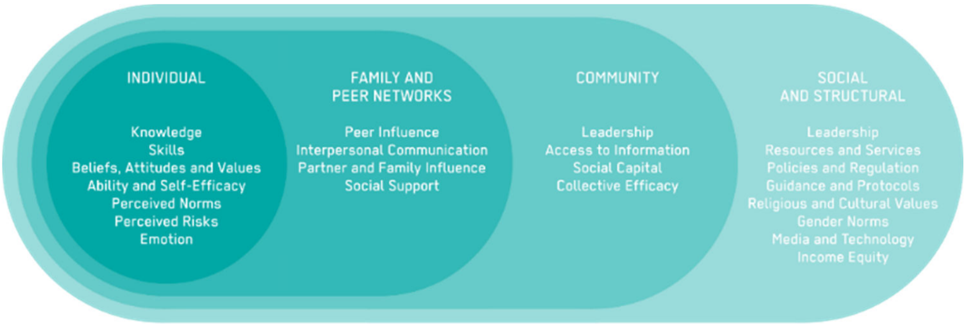
Each behaviour is defined within: Action, Target, Context, Time
Note: Upper light area shows the Theory of Reasoned Action;
Entire figure shows the Theory of Planned Behaviour

5. **The Theory of Normative Conduct** breaks down the construct of social norms into two components: (1) the individual's perception of the extent to which others perform behaviour and (2) the extent to which others expect that individual to perform the behaviour (perceived and actual norms). Both can be strong drivers and barriers of hygiene behaviours B.6.

6. **The Transtheoretical Model** (also known as the Stages of Change Model, figure below) proposes that behaviour change (both positive and negative) occurs in six stages: Precontemplation, Contemplation, Preparation, Action, Maintenance and/or Cessation. People will be at different stages and need different information, support or interventions to move to the next stage. For example, a mother may already have

considered (contemplated) using a potty to help manage her young child's excreta and she may decide to buy one (preparation) but she may not yet have found the time or motivation to change her routine and use it (action). For most stages, time criteria for completion are suggested. The model also includes social-cognitive variables such as self-efficacy and action-outcome expectancy, which describe whether the behaviour is expected to lead to the results.

7. **The Socio-Ecological Model** (figure below) suggests that health behaviours are influenced by drivers and barriers at different levels (individual, family, community and structural); hygiene promotion (HP) activities should be targeted at these different levels to effect change. For example, to introduce a new water treatment method, HP activities may aim to increase a person's confidence (or self-efficacy) and to make the method a 'new normal' in the community. Advocacy may also be necessary to promote the method in the WASH department. The theory provides a meta-model for social and behavioural change.

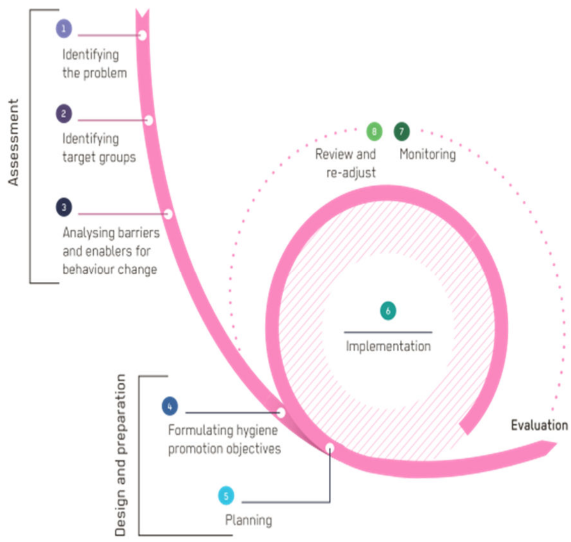


8. **The Behavioural Drivers Model** aims to build on the socio-ecological model and similarly clusters motivators and barriers of behaviour and behaviour change into psychological, sociological and environmental groups, but goes into significant detail about each factor. Psychological factors comprise, amongst others, interest and attitude B.5 and self-efficacy and intent B.4. Sociological factors include social influences and community dynamics. Environmental factors include the communication environment, defined as the information and opinions an individual is exposed to as well as emerging alternatives and structural barriers for behaviours.

Approaches such as FOAM F.19, COMBI F.18, RANAS F.20, ABCD F.16 and BCD F.17 also describe behaviour change models that incorporate many of the determinants outlined above.

B. IFRC's 8 Steps for Hygiene Promotion in Emergencies (Emergency WASH Knowledge Portal)

The 8 Steps for Hygiene Promotion in Emergencies guideline is an eight step systematic, structured approach to ensure that hygiene promotion (HP) is effective, relevant to the context and is accountable to communities. There is an e-learning module to train staff and volunteers.



During an emergency response HP has often focused on 'disseminating messages' rather than meaningful engagement with the community. The eight step approach highlights the need for Community Engagement (chapter E) at all stages of the programme, listening and working with the affected community, ensuring the response is effective and appropriate to the needs.

It is important to work systematically through the key steps, rather than initiate HP activities that may not be appropriate for the context, e.g. overlooking the most vulnerable groups or potential Barriers and Motivators T.3 for behaviour change. The eight steps and key content are:

Step 1: Identifying the problem: understanding the causes and consequences, needs and capacities of the community
Step 2: Identifying target groups: understanding who should be prioritised and their communication needs and preferences
Step 3: Analysing Barriers and Motivators T.3 for behaviour change: understanding people's behaviour, their influences, values, beliefs and social pressures
Step 4: Formulating HP objectives: setting objectives that enable people to take action
Step 5: Planning: developing an HP plan, designing HP methods, tools and materials
Step 6: Implementing: training and supervising volunteers, linking with 'hardware' and relief distributions
Step 7: Monitoring M.2 and Evaluation M.3: selecting monitoring methods, indicators and the evaluation focus
Step 8: Reviewing and re-adjusting: emphasising an iterative process, programme documentation and hand-over

The focus is on HP for a variety of public health risks related to safe disposal of excreta, effective handwashing and reducing the contamination of household drinking water. Although every situation is different, this systematic approach assists with quality assurance, links to agreed standards, supports effective implementation and uses monitoring and feedback to guide programme revisions.

Tools and Methods Used

The guide includes a wide variety of tools and methods, depending on the community and emergency context. It particularly emphasises participatory methods such as:

- Focus Group Discussions T.14
- Pocket-Chart Voting T.31
- Three-Pile Sorting T.51
- Community Drama, Cinema and Puppet Theatre T.6
- Songs and Stories T.47
- Household Visit T.18
- Barrier and Motivator Analysis T.3

Applicability

The main focus is on emergencies and humanitarian contexts, although it is useful in all contexts including rural, urban or camp situations and longer-term responses. The main advantage of the eight-step approach is to encourage the WASH team to think logically through the process of an HP response, rather than starting with a message-based response. The guide is easily adapted and replicable in all situations. It is available in different languages (e.g. English, French, Spanish and Arabic). A corresponding free e-learning course is available in English, French, Spanish and Russian.

Main Requirements / Investments Needed

An HP team is needed to implement the key HP actions throughout the project cycle using community-based volunteers. The team should be appropriately trained (depending on the needs) with a focus on Community Engagement (chapter E), participatory approaches and Accountability M.4 along with hygiene and health. Supervision and monitoring of community-based volunteers need to be planned and budgeted for. Resources such as office equipment, stationery supplies and IEC T.19 materials that can be used for various activities are also needed. IFRC's HP Box includes a selection of items that are useful for hygiene promoters to rapidly start activities immediately after a disaster. It includes example picture cards for four different regions (Africa, Asia, Middle East and North Africa and the Americas), materials to make puppets, loud-speakers, materials to make a banner, example posters and basic office stationery.

Evidence of Effectiveness

An increasing number of National Societies' staff and volunteers have completed the online e-learning module or have been trained using the eight steps outlined in the guide. The IFRC has noted improvements in the quality and depth of HP plans and activities through the use of the systematic step-by-step approach.

Dos

- Engage with all sectors of the community and at all stages of the programme; listen and discuss to understand the problem, the context and the needs
- Focus on participatory methods and communication channels that are trusted and appropriate

- Consider the barriers and motivators to behaviour change: reduce the barriers and build on the motivators!

Don'ts

- Only rely on campaigns with one-way messaging but also think about two-way communication through trusted channels
- Do not just rely on increasing knowledge, as knowledge may not lead to action
- Do not make assumptions: talk with people and observe

C. Risk Communication and Community Engagement (RCCE) (Emergency WASH Knowledge Portal)

Emergency Risk Communication is the process of providing critical information to help people stay safe, inform them of response plans and describe what actions they can take. It has become an important strategy, especially in emergency responses to outbreaks of disease. However, many of its principles can be applied to hygiene communication in all emergencies.

Risk communication aims to reduce both 'hazard' - the physical, structural and economic damage caused by an event - and 'outrage' - the level of emotion, concern, fear, anxiety or anger brought on by the event or threat. Effective risk communication aims to keep 'outrage' in proportion to 'hazard' so that people will have the appropriate level of concern to motivate them to act and mitigate the danger facing them.

People process information in a particular way during a crisis and this is the basis for risk communication principles. Under stress, people may not hear the information properly or cannot remember it. They may oversimplify what they have heard. They may hold onto current beliefs and find it difficult to do things differently - seeking evidence to confirm these beliefs rather than challenge them.

The advice being given can seem counterintuitive, e.g. that homes - normally places of safety - are in fact places of potential danger due to the spread of disease or an impending hurricane. If people are to believe the advice, the person giving it must be trusted. People may follow the advice of someone known and trusted even if they have no expertise and provide inaccurate information. Communication must be simple, credible, timely and consistent; it may need to be repeated and come from multiple sources. Communication must be specific to the context and provide clear actions that are relatively easy to follow.

People experience a wide range of emotions in response to a crisis. Communicators should expect fear and anxiety, uncertainty, hopelessness and helplessness and understand how these emotions can affect communication. Sometimes a perceived threat can motivate people to act, but fear of the unknown can be debilitating and make some people react inappropriately, or not at all. Risk communication aims to stop people from feeling that nothing can be done to change the situation or to reduce the threat. If people feel they have no power to influence the situation they may withdraw mentally and physically; enabling them to participate in the response can help to reduce their fears and helplessness.

Denial is also a common reaction to a crisis. It can occur because people lack information or because they have been deliberately targeted with disinformation. It can also occur when people feel overwhelmed by fear and powerless to counter a threat that is far outside their experience.

Contrary to popular belief people rarely act irrationally during a crisis. What can be erroneously described as ‘panic’ is an extreme ‘fight or flight’ reaction which is a normal and rational survival response to threats. Accusing people of panic and of being irrational is usually counterproductive; when unwanted behaviours do occur (such as ‘panic buying’) it is preferable to acknowledge why this is happening and redirect people to more helpful actions. Criticising people for particular behaviours (such as breaking lockdowns or curfews) can also help to reinforce those behaviours amongst others by setting up negative social norms. Ongoing communication with people to understand why they are engaging in unhelpful actions and what motivates them should be at the heart of effective risk communication.

The stigmatisation of certain people or groups is very common in disease outbreaks; some people may be the victims of violence. Stigma should be challenged, and care must be taken to avoid using communications or images that reinforce it. Mistrust of those responding - both government and aid organisations - can also be an issue and the affected community must be consulted on how to try and address this.

Process & Good Practice

- Coordinate and plan hygiene promotion communication during disease outbreaks within a response-wide risk communication strategy which should be outlined in Communication Plans C.10.
- Develop partnerships and coordinate with others working in the response both within and between organisations to ensure consistency in communications with the affected community. For

example, where possible, coordinate with an RCCE working group or coordination pillar.

- Profile and segment (A.7 and C.3) the community and recognise their different concerns, information needs and communication preferences. Include different groups and adapt and pre-test communications C.3.
- Describe clear and concrete actions that people can take, rather than just telling them about the threat. Present information as 'a call to action' instead of treating people as passive recipients e.g. wash hands with soap after using the toilet. However, make information practical - don't tell people to boil water if they have no fuel to do so.
- Identify and work with trusted and credible sources of information and establish a system to track and address rumours, misinformation and disinformation C.6.
- Encourage people to share information with their friends, families and communities, but ensure that contact points are available to provide additional information or clarify issues.
- Encourage the identification of community-led and collaborative solutions to problems where possible e.g. how to monitor the arrival of outsiders visiting a community or support people to get to hospital.
- Use a variety of methods and approaches. Focus on interpersonal communication but collaborate with others to make use of public communication methods where possible e.g. Radio and TV T.38 and mobile phones. If it is used locally, establish and maintain Social Media activity T.44. Find out about the national and local media and develop relationships with them to share timely and accurate information.
- Be proactive and anticipate information needs. Try to communicate what is both known and not known (anticipating what people want to know). Avoid giving too much information all at once.
- Avoid over-reassuring or making promises that cannot be kept - acknowledge uncertainty and be honest when you don't have the answers or the resources immediately e.g. 'I can't answer that question now, but I will try to find out…'
- Recognise that people who have experienced traumatic events or sudden life changes may not easily retain information. Hygiene promoters and WASH teams may need to repeat information several times and in different ways. Acknowledge that people will be fearful, sad or angry; make time to listen to their experience.
- Try not to reinforce 'negative norms' by talking about how many people are not following the advice or by blaming people for it.

Instead, create a 'positive norm' that encourages people to use the WASH facilities because everyone else is doing so.

- Be empathic, honest and open; these behaviours are fundamental to building trust with the affected community and are at the heart of effective risk communication. Active listening - paying close attention to what someone says and asking questions to deepen understanding - is also important for effective risk communication.

1.4 Lobby for changes and improvement in humanitarian situation locally

A. Introduction

To lobby means to influence. Lobbying is an essential tool for effective humanitarian action. Without it, an organisation would struggle to sort out the many competing interests of stakeholders involved. Lobbying allows individuals to access government legislators and serves as an educational tool. This section provides several examples of lobbying activities that can help to improve the humanitarian situation.

B. Lobbying Activities for Continuous Improvement

Some changes and improvements may be needed to respond to the humanitarian situation in the middle of WASH intervention implementation. The following is a list of examples of lobbying activities that can be done to improve the situation.

General Lobbying Activities:

- Lobby for implementing humanitarian partners to address the gaps.
- Lobby for consistency in the contents of hygiene kits to avoid duplication and identify opportunities for large-scale procurement and gaps in NFI provision.
- Lobby for improved services for women, men, and children and support public-sector efforts to improve gender and social development skills.
- Lobby for discretionary terms for financing hygiene promotion and sanitation from external support agencies.

Government:

- Lobby the government to set policies that favour the affected populations, including the vulnerable and marginalised groups, or deliver on existing policies.

- Lobbying local governments for offering expertise and support in sanitation and hygiene promotion programs – particularly for social mobilisation and hygiene promotion. Also, for determining what local people genuinely want, ensuring that the government is aware of it, and demonstrating to the government what it is like to live without access to sanitation.
- Lobby the national government to fund public-good aspects of sanitation, such as wastewater treatment, if necessary. Create incentives for local governments to reduce water consumption through reuse and responsible planning and management; finance research into environmentally friendly technologies and methods; finance water quality surveillance and environmental monitoring; establish the framework and procedures for health impact assessment (HIA) of development projects, with sanitation as a critical safeguard; and provide adequate funds to environmental regulators to ensure their capacity to make sound judgments about the balance of local and broader environmental sanitation needs.
- Lobby local governments to devise novel approaches to balancing and delivering local sanitation and environmental management. Create incentives for communities and industries to improve local water source protection and establish mechanisms to fund and implement wastewater treatment.

Community and civil society:

- Lobby communities and civil society to help in providing skills and support to public monitoring and evaluation processes; recognising that many governments are unaccustomed to working with the public in participatory monitoring and evaluation and assisting them in their learning process; actively publicising and making information available to both government and communities; and, where public systems are failing, advocate for their improvement.
- Lobby communities and civil society to participate with various partners to implement sanitation and hygiene projects; disseminate sanitation and hygiene information to communities and households; create libraries or information resource centres with sanitation and hygiene information.

Entrepreneurs:

- Lobby entrepreneurs to convince governments to provide sanitation services (where this is not already the case); find out what kind of sanitation services people want and begin developing products; offer financial terms to help people make the necessary investments; and inform the government about what is going on at the local level.

Humanitarian Agencies:

- Lobby entrepreneurs to convince governments to provide sanitation services (where this is not already the case); find out what kind of sanitation services people want and begin developing products; offer financial terms to help people make the necessary investments; and inform the government about what is going on at the local level.

Households:

- Lobby households participate in monitoring efforts by providing information to data collectors.

C. Summary

- To lobby means to influence. Lobbying is an essential tool for effective humanitarian action. Without it, an organisation would struggle to sort out the many competing interests of stakeholders involved.
- Lobbying can be done to stakeholders in the government, community and civil society, entrepreneurs, humanitarian agencies, and households.

1.5 Coordinate with Key Stakeholders related to WASH and Public Health

A. Introduction

Emergency Response Management (ERM) cannot function without effective coordination. Coordinating emergency response is extra challenging because it involves high uncertainty and rapid decision-making and response under time and resource constraints. Information sharing is the fundamental aspect of coordination efforts. Without it, coordination will fail. This section discusses how to coordinate the different phases of a WASH programme, including exit strategies.

B. Coordination and information sharing

Coordination and information sharing among agencies and government units are critical in an emergency. When there is a strong working relationship between different teams and responders before an emergency incident, communication efforts are more effective. It is crucial to designate a communication officer/unit to enhance information sharing. It is also critical to address technological gaps in low-resource areas, integrate non-governmental organisations (NGOs) into the emergency management information system, and build the capacity to monitor and use relevant social media apps. The list offers points to consider when sharing information in emergency and disaster contexts.

- Timely and transparent information production and dissemination build trust and credibility during emergencies. National authorities, international agencies, humanitarian aid organisations, the affected population, and the media will all require information in the form of data, figures, reports, situation analysis, or recommendations. These stakeholders rely on this information to guide their activities and work.
- Information comes from various sources because it represents different points of view, interests, and needs. For example, following an earthquake, scientific, technical, and operational information will benefit decision-makers, the affected population, and the international community involved in response efforts.
- Precise, timely, and relevant information guides effective response. Communication channels and tools facilitating dialogue among crucial stakeholders help produce this type of information.
- The main challenge is demonstrating how communication and information management contribute to more effective and timely responses. They must also be recognised as critical components in mobilising resources, fostering solidarity and support, raising visibility, and strengthening the position of humanitarian stakeholders and the health sector.

Communication measures and teams of people responsible cannot be improvised; they require ongoing preparation and planning. Suppose the communication measures and expertise are to be valued in the context of disaster management. In that case, all necessary technical and human resources and political support from health and disaster management authorities must be made available.

Coordination in an emergency response is complex because it requires taking into account the difficulties of an emergency, such as great uncertainty; sudden and unexpected events; the risk of mass casualties; high levels of time pressure and urgency; severe resource shortages; large-scale impact and damage; and the disruption of infrastructure support for coordination, such as electricity, telecommunications, and transportation. Factors such as infrastructure interdependence, multi-authority and massive personal involvement, conflict of interest, and the high demand for timely information complicate matters.

- ***Coordination in Pre-Incident Response***
  Operational capacity and overall readiness for resilience during emergency response are established during pre-event coordination. A typical disaster includes several invariants, which are defined as those factors that are unaffected by changing emergency conditions, such as dealing with an increase in hospital admissions, working with reduced capacity, maintaining law and order, and arranging evacuation across geographic boundaries. These issues are addressed through coordinated planning and training exercises involving stakeholders, which results in the creation of Standard Operating Procedures (SOP). Planning also addresses issues such as establishing contractual agreements with commercial entities to provide supplies during an incident and establishing infrastructure to deal with first and second responder issues (including effect and behaviour). During major disasters, the limits of local capability are quickly reached, and multiple agencies are involved in assisting in the response efforts. Training and exercises before emergencies occur help build understanding among different players (whether from the same or different agencies) and catalyses smoother interaction between them during an actual incident. Coordination is also required when setting up such training activities and tabletop exercises. Therefore, coordination is a key issue in pre-incident activities.

- ***Coordination during Incident Response***
  Coordination during an incident impact both the short- and long-term outcomes. A plan-based approach to emergency response is heavily reliant on pre-incident preparation, which can lead to response rigidity in the face of unexpected events. Hazard uncertainty; uncertainty about the course of incident development; informational uncertainty; task flow uncertainty (whether sequential, consequential, or cascading); organisational structure uncertainty; and environmental uncertainty are some of the challenges to pre-incident preparation during a disaster. Uncertainties are managed through improvisations, prioritisation, and the dynamic sourcing of capacities from other communities and external agencies such as neighbouring counties, state and federal agencies.

  Responders must make rapid coordination decisions to support fast response during complex incidents. But this also limits their ability to comprehensively analyse coordination problems and explore solutions. Disaster response can be thought of as having an onsite response coordinating entity and a remote management entity, such as an Emergency Operations Centre (EOC). The onsite response is usually reactive, and the time window for coordination is small. It is usually distinguished by working with the local picture resulting from the local situation. This is called the “Mini-Second Coordination Cycle.”

Coordination in civilian structures is improved by fostering common understanding. This is achieved by developing a common operating picture that outlines the incident commander's intent and strategies. Efficient communication is critical to developing and spreading shared understanding and buy-in. A supervisory structure, such as an EOC, deals with more strategic issues and works with a larger picture, leveraging external resources to assist with onsite response. The EOC's actions are based on a more reflective and proactive posture. EOC commanders typically work with a significant time window. Such coordination is called “Many-Second Coordination Cycle.”

The terms mini-second and many-second coordination cycle refer to different coordination tasks (operational vs. managerial); constraints (small vs. large time window, information/intelligence, and capability); and outcome quality (satisfactory vs. good). Mini-second coordination addresses needs for immediate response coordination. Many-second coordination supervises and supports the former, for example, with resources and information.

Dividing coordination tasks and responsibilities enables the matching of expertise to task requirements. Frontline response teams are trained to excel at domain-specific tasks (such as firefighting and rescue) and to coordinate such tasks in the field. Remote commanders are concerned with "big-picture" issues like inter-agency coordination, overall logistics, and regulatory compliance.

- ***Coordination Post-Incident Response***
  Effective response and recovery are critical to the affected region's economic health and its citizens' mental health. Recovery focuses on the affected region's and people's return to normalcy. It is also a phase for debriefing and reflecting on the effectiveness of the response and using that to better deal with future incidents. It is also an excellent time to replenish consumable supplies. Unless properly coordinated, recovery may introduce new "disasters" or worsen the impact on affected communities.
  Stakeholders and partners must be kept informed at all times. To accomplish this, existing structures (task forces, coordination committees, and government roles) can be used and reinforced, avoiding the need to add more meetings. This should occur at all

administrative levels – national, regional, district, etc. Remember that financial incentives, such as per diems, may not be the most effective way to keep people involved. The prospect of meeting (e.g., what's it about) may provide even more motivation. It is worthwhile to invest in someone to oversee this coordination. It is critical not to give up on the first hurdle. If participation drops off after the initial meetings, try to identify and address the root causes of the lack of engagement. Existing health, sanitation, hygiene, and education activities can be bolstered by developing a coordinated health promotion plan that includes rising disease awareness. Key stakeholders include:

- Local (formal and/or informal) leaders, e.g., village heads, religious leaders
- At-risk groups, e.g., women/mothers, children, elderlies, people with disabilities, HIV/AIDS groups
- Workers association groups, e.g., farmers, fisheries, SME groups
- Government agencies from the WASH sector or other relevant sectors
- Emergency medical teams
- NGOs
- Private sector
- Research institution
- Media agencies

C. Summary

- Emergency Response Management (ERM) cannot function without effective coordination. Coordinating emergency response is extra challenging because it involves high uncertainty and rapid decision-making and response under time and resource constraints.
- Information sharing is the fundamental aspect of coordination efforts. Without it, coordination will fail.
- When there is a strong working relationship between different teams and responders before an emergency incident, communication efforts are more effective.
- Operational capacity and overall readiness for resilience during emergency response are established during pre-event coordination.

4.2 Element 2. Identify issues related to WASH on affected community

2.1 Identify and prioritise the most vulnerable in a specific context

A. Introduction

Identifying vulnerable populations is usually the first step when determining the potential beneficiaries of humanitarian action. Identifying vulnerable groups is also not a single-step process. What is considered a vulnerable population depend on certain metrics and definitions used.

B. List of Vulnerable Groups

Vulnerable groups, also called at-risk groups, are most likely to be disproportionately affected after a disaster. They are usually more exposed to the hazards, susceptible to their impacts, and lack sufficient coping capacity. Below is a list from OXFAM,2017:

- **People with disabilities (physical and mental)**
  Individuals with physical disabilities have special needs. For example, people with hearing difficulties will not understand evacuation orders instructed in shelters. Instruction using visual displays such as televisions monitors or on paper, people with visual impairments might not get the information. There also can be a lack of accessibility for those using wheelchairs.

  People with mental disabilities also face difficulties during emergencies. Their evacuation is sometimes mismanaged by emergency team members who do not understand their condition. People with these disabilities sometimes receive rough treatment or are inappropriately institutionalised. After Hurricane Katrina, people with mental health means were not supported to live independently even though they were capable. For instance, they didn't receive adequate assistance filling out complex housing applications. They were underserved and suffered poor outcomes.

- **Elderly person**
  This included people at least sixty-five years who are more likely to suffer from chronic diseases such as diabetes, hypertension, heart diseases, etc. Most people at this age at least suffer from one chronic illness. Others suffer some form of sensory, mobility, cognitive, social and economic limitations. They tend to be more traumatised, agitated, or overwhelmed. Their health could deteriorate during emergencies due to lack of nutrition, exposure to infection, emotional stress or inadequate medical treatment.

- **Pregnant woman**
  During emergencies, risks related to pregnant women include underweight infants, premature birth, and infant mortality. Pregnant women risk being evacuated without their medical records, which contain essential information related to their and their infant's condition. They may lose access to hospital care for baby's deliveries and prenatal vitamins and medication. Pregnant women may also be involved in mass vaccinations that can create contradictions during pregnancy.

- **Children**
  Children are considered vulnerable due to their lack of independence to take care of themselves and their susceptibility to harm - physically and psychologically. Children can develop malnutrition, dehydration, and exhaustion during emergencies. They are also susceptible to certain infectious diseases and illnesses.

  Treatment for children is also different from adult treatments as they require different medication dosages. There is often not enough paediatric hospital beds and medical expertise for children. Children also need special procedures and attention during the relief stage. For example, children need pandemic influenza vaccines early on.

- **Prisoners**
  Prisoners are highly reliant on government authorities because they can't evacuate their own. Their medicine, food, supplies need to be provided by the authorities. The chaos that ensues during emergencies also can trigger panic and attacks.

- **Minorities that are economically disadvantaged**
  During Hurricane Katrina, around 21,000 black households needed to be evacuated because they had no car for evacuation. This group disproportionately suffers disaster impacts because of a lack of

resources and adequate support systems. Also, their lack of access to insurance may delay their recovery.

- **Illegal workers**
  After Hurricane Katarina, thousand undocumented workers moved to New Orleans. Employers housed them in poor houses, asked them to do highly hazardous work, and refused to pay them. These workers faced significant health risks and were not have adequate training or protective gear. Many of them hesitate to ask the authorities for any help at all because they do not like to be deported.

- **People with language barriers**
  People with limited local language skills will face problems because they won't understand government-issued communications in the local language.

C. Methods to determine what to do when resources are limited

How do you allocate resources when they are limited? Three approaches are commonly used to address this question: utilitarianism, equal chance, and the best outcome for the least well off (Jones,2019).

- **Utilitarianism**
  According to this principle, actions are appropriate if they supply the greatest amount of items for the greatest amount of people. The consequences should be identical and achieve a maximum overall benefit. Based on the triage context, the policy will be translated into a policy to save a significant number of lives and direct treatment to those who are most likely to benefit from it. For example, in a hospital, health care providers may offer fewer medical resources to those who are less ill. This is to save other people who require less treatment so multiple more ill patients can be saved.

  There is two main criticism against the practical approach: First, it's hard to identify who will get the most benefit from the treatment and who will live the most valuable life and hence offer the most overall benefit to society - suppose they get the treatment. Second, utilitarianism assumes that people's value differs from one another - some are more important.

- **Equal chances**
  Another approach to distributing justice is the equal chances approach. The principle behind this approach is that every life is equally valuable, so it is important to give the same treatment to all individuals. Taurek's philosophy proposes adopting a first-come, first-serve policy. This means regardless of whether they need intensive care or minor treatment, people who arrives while the resources are still available would be given the same priority. As an alternative, a lottery system could be established. The equal chances theory does not support vulnerable groups over other disaster victims.

- **The best outcome for the least well off**
  The last principle supports prioritising the needs of vulnerable groups over others. This approach argues that vulnerable groups are disproportionately affected by a disaster and are less likely to cope with the impact by themselves. Therefore, response efforts should focus on them. This theory promotes the unequal distribution of resources. Most should be towards vulnerable groups to achieve the best outcomes for the least well off. The idea is that the least advantaged would get the most benefits to avoid the worst outcomes.

There are also other approaches besides the three mentioned above, and they are usually based on an ethical framework. Most are contextual. They provide no clear and single answer on how the emergency responders should prioritise the needs of various groups and how to allocate scarce resources. However, the optimal approach in a response (time and resource constraints) minimises the need to make difficult ethical choices because this can delay actions that may otherwise save more lives and reduce suffering.

It is important to minimise complicated decision procedures regarding the allocation of resources. Ideally, resources needed by disadvantaged groups should be assessed, determined, and made available in advance before a disaster strikes.

D. Summary

- Identifying vulnerable populations is usually the first step when determining the potential beneficiaries of humanitarian action. What is considered a vulnerable population depend on specific metrics and definitions used.
- Vulnerable groups, also called at-risk groups, are most likely to be disproportionately affected after a disaster. They are usually more

exposed to the hazards, susceptible to their impacts, and lack sufficient coping capacity.
- Three approaches are commonly used to address allocate resources during an emergency, mainly when limited: utilitarianism, equal chance, and the best outcome for the least well off.

2.2 Identify specific needs of different at-risk groups in emergencies

A. Introduction

One of the best ways to identify the specific needs of different at-risk groups in emergencies is to involve them in the planning and implementing WASH programmes whenever possible.

B. Specific needs for different at-risk groups

Different at-risk groups have different needs. These needs may be physical, psychological, and economical. One way WASH programmes can help is to adjust the design of facilities so that different community groups can access and use them. This starts with a user-focused design.

WASH engineers can improve the design of paths, ramps, steps, movement aids, siting, superstructure, doors, internal space, floor finish, handrails and support, seats, water provision, bathing equipment, pump handles, and more. WASH engineers can adjust the technical specifications of WASH facilities and equipment based on user needs. The goal is to provide independent access to use them without help or minimum help. The WASH promoter can help communicate the appropriate use of the facilities, conduct discussions with vulnerable people about their preferences, and inform the broader community of how using WASH facilities can keep them healthy (WEDC,2014).

- **Paths**

Table 7: Design options for paths

Construction	Advantages	Disadvantages	Improvement	Costs
Guide string (From house to sanitation facilities)	Easy to build Simple maintenance Suitable for people with visual disabilities	Needs regular maintenance The string should be carefully positioned and adjusted after several uses	Paint paths with bright colours	Low
Landmark posts made using local materials	Budget-friendly Easy to build Suitable for people with visual disabilities	Posts must be durable and visible enough Regular maintenance	Paint paths with bright colours Use local and environmental-friendly materials	Low to medium
Level path lined with rock	Budget-friendly Easy to build Suitable for people with visual disabilities	Rocks are easy dislodged, and people can trip on it Regular maintenance	Paint paths with bright colours	Low

Source: WEDC,2014

- **Ramps**
  Suitable for people using wheelchairs, users with physical disabilities, and elderly

Table 8: Design options for ramps

Construction	Advantages	Disadvantages	Improvement	Costs
Moveable wooden ramp	Flexible Cheaper Side railings can prevent wheelchairs from rolling off	Less durable Help needed to move the ramp	Can be painted to increase the visibility of the sides of the ramp	Medium
Low-gradient concrete ramp with levelling on the side	Durable, smooth, firm Gentle gradient Side railings can prevent wheelchairs from rolling off	While construction, ensure gradient is not too steep Maintenance is needed to ensure the ground height is the same as the end of the ramp	Can be painted to increase visibility of the sides of the ramp	High
Wide concrete ramp	Improved access for different users due to the concrete ramp	To construct, more space is needed than steps Drainage should be located in the opposite direction Ensure that ramp is not too steep.	Can be painted to increase visibility of the sides of the ramp. Make ramps less slippery	Medium

Source: WEDC,2014

It is essential to determine the gradients and level of ease for different users. A gradient is a change in height over a distance.

- Very steep slope (1 in 8) only suitable when helper always available
- Fairly steep slope (1 in 12)
- Gentle steep slope (1 in 20), is ideal but needs a lot of space, 1 in 15 is a reasonable compromise

How gradient is measured

Very steep slope with gradient 1 in 8 rises one unit over eights units of distance. For example, if the distance is 8 m, the slope should rise to 1 m. The slope is the same, whether the distance is 8 feet, 8 cm, 8 m or 80 m.

- **Steps**
  Appropriate where space is limited and users without physical disabilities and mobility limitations.

Table 9: Design options for steps

Construction	Advantages	Disadvantages	Improvement	Costs
Recommended steps dimension	Needs less space than a ramp Applicable especially when handrail is available	Users who have mobility devices can't use the steps	Handrail and edges of steps can be painted to increase visibility	Low to medium
Low concrete steps equipped with cross-hatching pattern	Cross-hatching is easy to construct	No edge protection, especially for people with visual disabilities	Steps should be consistent in height Install handrail	Low
Steps with handrail	Prevent injury from slipping	Maintenance needed for handrails	Handrail can be painted to increase visibility	Medium

Source: WEDC,2014

- **Movement aids**
  Suitable for people with physical disabilities that limit mobility.

Table 10: Design options for movement aids

Construction	Advantages	Disadvantages	Improvement	Costs
Wooden hand walkers	Reduce cuts on hands Durable Easy to clean Can use locally available material	If using lightweight wood, it should be replaced and maintained regularly Demonstration needed	Weight of wood can be selected	Low
Rubber kneepads	Reduce cuts on knees Easy to clean Durable	Regular maintenance and cleaning needed Demonstration needed	Suitable design for leg stumps	Low

Source: WEDC,2014

- **Siting**
  Latrines should not exceed 15 m from the household

- **Superstructure**
  Suitable for people with physical disabilities that limit mobility.

Table 11: Design options for superstructure

Construction	Advantages	Disadvantages	Improvements	Cost
Wooden poles attached by grass walls (without a roof, with curtain)	Material is locally available Easy and quick to construct	Low durability Low privacy Difficult to use when raining due to no roof	For better privacy spiral entrance can be constructed Not ideal for long term use	Low

Plastic sheeting for walls attached to wooden poles (no roof, mat for curtain)	Material is locally available Easy and quick to construct Mat for privacy Wide entrance is suitable for users	Difficult to use when raining due to no roof Curtain difficult to close Plastic sheeting is easy to damage, reducing privacy	Can add a roof	Low
Rammed earth structure (with attached roof)	Durable Material is locally available Can attach handrails to the wall	Lighting is a problem without reducing privacy	Widen entrance Increase number of windows Equip with door	Medium to high

Source: WEDC,2014

- **Entrances**
  Entrance must be broad enough (+20 cm from wheelchair width) with ample space inside for moving around in a wheelchair.

Table 12: Design options for entrances

Construction	Advantages	Disadvantages	Improvements	Cost
Wide and level to allow wheelchair access	Ease of access for all users	Low privacy due to no door	Install a door	Low to medium
Level concrete threshold with levelling up of the cement	The floor level is same inside and outside latrines		Any type of material can do level flooring	Medium to high
Latrine with level concrete entrance	Reduces water inflow	Flooding		Medium

Source: WEDC,2014

- **Doors**
  Suitable for people with mobility disabilities, a helper, people carrying child, and overweight people

Table 13: Design options for doors

Construction	Advantages	Disadvantages	Improvements	Cost
Latrine with curtain for privacy	Easy to close and open Does not eat up internal space Only a short-term solution	Can be damaged easily Lack of privacy	Spiral shaped entrance for better privacy	Low
Wooden frame tin door with outward-opening	Does not eat up internal space Wooden struts can be used to close the door	Pulling is harder than pushing to open Need a wide and level area to open the door	Equip with horizontal handrail	Medium
Wooden double door with a latch	Easier to close Less obstructive due to narrow door	Higher cost Difficult to use for some users	Paint to reduce risk of termite damage Put the bolt inside	High

Source: WEDC,2014

- **Doors handles and closing mechanism**
  Suitable for all users, especially women and girls

Table 14: Design options for door handles and closing mechanism

Construction	Advantages	Disadvantages	Improvements	Cost
Horizontal handrail as wide as the door	Easy to reach Increase privacy because the door can be bolted	Door must be strong enough to fix the rail Need monitoring to ensure it is securely fixed	Rail can be made of wood	Medium

	Large, easy to operate			
Carved wooden nailed inside the door	Easy to use Material can be found locally Easy to build	Does not keep the door closed	Add a hook to fasten the door closed Handle could be fixed to the door frame	Low
Metal hook and eye inside the door	Ensures privacy Easy to install Material can be found locally	Too fiddly for some users	Wire can be looped over bent nail	Low to medium

Source: WEDC,2014

- **Internal space**
  Think about who and how people will use the toilet. Think also about the space needed.

  Level 1: Space for blind users who need to stand using support rails
  Level 2: Extra space for carer, to use sticks or to park wheelchair
  Level 3: Space for people who use wheelchairs to enter, close the door and turn around

Table 15: Design options for internal space

Construction	Advantage	Disadvantage	Improvements	Cost
Traditional round superstructure, cement seat, wooden handrail, each side, curtain	Level 1 access	Not ideal for privacy No space for carer	Increase the size of structure between entrance and the seat Add a door	Medium
Entrance corridor with gap between corridor and toilet, wall on left	Level 2 access	Wheelchair can't turn around inside Lack of privacy because wheelchair is	Install door or curtain	Medium to high

		visible from outside		
Spacious toilet cubicle, hole located in the corner	Level 3 access		Install handrail	High

Source: WEDC,2014

- **Floor Finish**
  Think about balance between safety and hygiene. Floors must be smooth enough to be swept and washed.

Table 16: Design options for floor finish

Construction	Advantage	Disadvantage	Improvements	Cost
Cement slab, with earth floor and installed level	Can be produced locally Durable Easy to keep	Can be slippery when wet Need maintenance to keep the floor level		Low
Rammed earth floor consisting of marram and sand	Materials can be found locally Wipeable and easy to sweep Repels urine	Hard to get right floor texture Easier to keep clean Needs regular maintenance	Ensure water drainage moves away from user Rough floor, but suitable for people using sticks	Low to medium
Rammed earth floor without marram	Materials can be found locally	Hard to get the right floor texture Not hygienic, dusty Not easy to clean	Ensure water drainage moves away from user Rough floor, but suitable for people using sticks	Medium

Source: WEDC,2014

- **Handrails and Support**
  Suitable for people unable to walk, stand, or squat

Table 17: Design options for handrails and support

Construction	Advantage	Disadvantage	Improvements	Cost
Bricks protruding from wall	Materials can be found locally Easy to build	Wall must be strong to hold user's weight Can't be added after construction Needs regular maintenance	Provide mini-ledges that users can hold onto	Low
Wooden/bamboo fixed to floor	Materials can be found locally Easy to build and maintain Allow users to transfer to toilet from other side Position and height of rail can be adjusted to the user	Rail must be strong to hold user's weight Can't fix in a concrete floor or slab Hard to keep it clean	Paint to avoid termite damage Use longer vertical poles for children Pipe rails should be cemented Put several bars in different height	Low
Metal bars fixed to sidewalls of latrine	Durable Can be added to existing facility and adjusted to suit users Easy to clean	Wall must be strong to hold the bars Wall must be close to the user	Paint to prevent corrosion and increase durability Put several bars at different heights	Medium to high

Source: WEDC,2014

- **Fixed seat pan**
  Suitable for people who have problems with squatting, including obese people, older people, disabled people and pregnant women

Table 18: Design options for the fixed seat pan

Construction	Advantage	Disadvantage	Improvements	Cost
Twin cement-plastered bricks sitting blocks	More comfortable Anal cleansing is easier because of gap More hygienic	Could be uncomfortable if the size of the gap is not proportional Need to be careful while installing because blocks are less stable than the seat	Paint block to repel urine Install blocks at certain angles for different users	Low
Brick seat with cement screed	Comfortable Durable	Hard to use hygienically due to narrow drop hole Inner walls hard to clean	Paint seat to repel urine Wider drop hole	Low to Medium
Cement bowl from mould	Comfortable Durable Hygienic	More difficult to construct Heavy	Paint block to repel urine	High

Source: WEDC,2014

- **Moveable seat**
  Suitable for people who have problems with squatting, including obese people, older people, disabled people and pregnant women

Table 19: Design options for moveable seat

Construction	Advantage	Disadvantage	Improvements	Cost
Bamboo toilet or low wooden chair placed over toilet hole	Material can be found locally Easy to construct Height can be adjusted based on user height Light and easy to carry Can be moved	Prone to termite damage Need enough space inside latrine to move It way when not needed	Painting or varnishing, so it is more hygienic, durable and easier to clean	Low
Wooden chair with hole cut in the seat		Positioning should be as accurate as possible to reduce splashing or soiling Extra space is needed Heavy	Add splashguard Add horizontal bar to distribute the weight and reduce damage to floor	Low

Source: WEDC,2014

- **Commode seats**
  Suitable for small children and people who cannot reach latrine

Table 20: Design options for commode seats

Construction	Advantage	Disadvantage	Improvements	Cost
Wooden chair with potty inserted in hole in seat	Can be placed in the most convenient place Fabric straps support people with balance problem	Need to empty and clean the container after single-use Need separate private toilet Regular painting for wood	Add padding for extra comfort Seat could be used without potty A bucket can be a substitute potty	Low to medium
Metal commode chair with plastic inset toilet pan	Durable and easy to clean Can be placed in the most convenient place	Need to empty and clean the container after single-use Need separate private toilet Metal can be uncomfortable for some users Extra support can be gained by adding plank and waist belt	Adding car tire as cushion	Medium to high

Source: WEDC,2014

- **Water provision**
  Suitable for people who have difficulty carrying water and who prefer to sit while washing

Table 21: Design options for water provision

Construction	Advantage	Disadvantage	Improvements	Cost
Elevated large water storage jar with tap to smaller jar placed next to it	No need to carry water Secondary jar can be filled using tap control Main water can be filled by rainwater	Space and maintenance needed Depends on rainwater	Storage tanks can be made using local materials	Medium to high
Plastic water container with pulling rope	No need to carry water Other family members can fill containers	Need to be filled regularly Height makes it hard to fill	For more controlled water flow, plastic hose and tap can be added	Medium
Bowl placed on wooden table with raised height	Low maintenance and low cost	Depends on others to refill	Basin could be put on a large, flat, or wooden stand	Low

Source: WEDC,2014

- **Seats**
  Suitable for people who have a problem standing up while bathing

Table 22: Design options for seats

Construction	Advantage	Disadvantage	Improvements	Cost
Stone seat	Material can be found locally Durable Easy to clean Repels water	Heavy, hard to move Rough and uncomfortable	Smoothen using brick plaster with cement Inner tube can be placed on rock	Low
Wooden stool or chair	Seat can be made or bought locally	Lacks drainage Wood will deteriorate faster due to unfinished wood	Paint to make it waterproof Change solid seat to slats to improve drainage	Medium
Woven seat with metal framed bathing bench	Comfortable Repels water Provides good drainage	It's hard to get up without support because user sinks into seat May sag with extent use	Install wood frame for extra support	Medium

Source: WEDC,2014

- **Bathing Equipment**

Table 23: Design options for bathing equipment

Construction	Advantage	Disadvantage	Improvements	Cost
Hanging string	Material can be found locally Height can be adjusted		Rope or wooden pole can be used Add curtain for privacy	Low
Towel with a loop or handle at each hand	Material can be found locally		One loop can be held if longer towel is used	Low
Bathing sponge made of old fishing net wrapped around a stick	Material can be found locally	Less durable	All soft materials can be used Can be adjusted for anal cleansing	Low

Source: WEDC,2014

- **Apron layout**

Table 24: Design options for apron layout

Construction	Advantage	Disadvantage	Improvements	Cost
Borehole apron with pedestal for container and wide circulation area	Offers choices so people can stand or sit while operating pump handle Pedestal container near the water spout Drainage channel is in opposite direction of the user			Medium

Tapstand with wide entrance and large circulation area (edges are raised)	People can enter and turn quickly due to ample space Avoid wheelchair from rolling off because of raised edges	Layout is not suitable for handpump Only on one side user can reach a tap Drainage could be blocked if there is excess water on apron	By using concrete ramp instead of gravel can improve the access	Medium
Borehole with wide circulation area with raised edge	Wider space allows person with a mobility device to move around	Raised edge does not allow putting and retrieving water containers	Can be added to existing borehole structure	Medium

Source: WEDC,2014

- **Apron access via concrete ramps**
  Suitable for people with mobility limitations (e.g., walking sticks, wheelchair)

Table 25: Design options for apron access via concrete ramps

Construction	Advantage	Disadvantage	Improvements	Cost
Concrete ramp toward borehole apron	Independent access for wheelchair users Improve access for all users	Maintenance is needed to ensure the ground level is the same at the end of the ramp To keep ramp dry, drainage must be located in opposite direction	Paint the raised sides with bright colour to increase visibility	Medium
Concrete ramp toward handpump apron		Need more space Monitoring of the gradient to reduce cost	Do cross-hatching on ramp to reduce slippery surface	Medium

Source: WEDC,2014

- **Pump handles**

Table 26: Design options for pump handles

Construction	Advantage	Disadvantage	Improvements	Cost
Bent T bar with tube which slips over the end of a standard pump	Pumping is more accessible because of extra leverage Two options of operation: front or side			Medium
P-handle with a hollow pipe that slides over	No need for new handle Local people can be trained to make handles Two options of operation: front or side	Not applicable for other handpump		High because of initial training needed

Source: [WEDC,2014]

- **Lifting water containers**
  Suitable for all users, especially people with limited strength

Table 27: Design options for lifting water container

Construction	Advantage	Disadvantage	Improvements	Cost
Borehole enclosure wall used as a midpoint for resting water container	Resting midway can be done while lifting the container from floor to head	Wall must be hard enough to support heavy container		High
Pedestal made of plastered bricks with cement screed	Resting midway can be done while lifting the container from floor to head		Height decided by user feedback	Low

	Easier for children due to lower stand			

Source: WEDC,2014

- **Transporting water**

Table 28: Design options for transporting water

Construction	Advantage	Disadvantage	Improvements	Cost
Carrying 20 L jerrycan of water on wheelchair footrest	Easy to access position	To prevent tipping the chair, jerrycan can only part-filled Reduces the space for feet		Low
Carrying 20 L jerrycan of water on rack under the seat of tricycle	Weight is low, no risk of tipping the chair	Harder to access		High (tricycle price)
Small jerrycan carried using a hook attached to the crossbar of a crutch	Holds crutch and container at the same time	Very difficult to lift only using one crutch	Better to put jerrycan in the head or back instead	Low

Source: WEDC,2014

- **Accessing stored water**
  Suitable for people with limited strength, people who have a hard time lifting or bending, or can use only one arm

Table 29: Design options for accessing stored water

Construction	Advantage	Disadvantage	Improvements	Cost
Water stored in bucket accessed via a tap	Tap could control the flow Reduces risks of contamination			Medium

	Bucket is easy to fill			
Tin can used to draw water	Materials are easy to find No construction needed Any size of container can be used	Risk of water contamination from dipping the can Storage is usually located outside the house, so less convenient	Add handle to prevent contamination Use light materials	Low
Jerrycan tipper made of iron tubing	People can easily pour water from a jerrycan Durable Robust Easy to use		Tipper can be constructed for a bucket Can be made from wood for cheaper price	Medium

Source: WEDC,2014

- **Handwashing**

Table 30: Design options for handwashing

Construction	Advantage	Disadvantage	Improvements	Cost
5L jerrycan with hole pierced near the top hung from a rail.	Easy to build	If the person cannot use their feet, it is difficult to use	Need regular refilling	Low
Plastic bottle with ballpoint pen casing inserted via a hole near the bottom	Easy to make with local materials	Need regular refilling Difficult to refill Bottle cap usually gets misplaced or lost	Jerrycan can be a substitute for plastic bottles	Low

Cut-away jerrycan (water taken out by a ladle made of plastic)	Can be made using local materials	Risk of water contamination	Put lid to cover the top	Low
Suspended gourd (large hole for filling, small hole for pouring)	Easy to make Can be made using local materials	Not durable	Need regular refilling	Low

Source: WEDC,2014

C. Summary

- One of the best ways to identify the specific needs of different at-risk groups in emergencies is to involve them in the planning and implementing WASH programmes whenever possible.
- Different at-risk groups have different needs. One way WASH programmes can help is to adjust the design of facilities so that different community groups can access and use them. This starts with a user-focused design.
- WASH engineers can improve the design of paths, ramps, steps, movement aids, siting, superstructure, doors, internal space, floor finish, handrails and support, seats, water provision, bathing equipment, pump handles, and more. WASH engineers can adjust the technical specifications of WASH facilities and equipment based on user needs.

2.3 Identify Different Types of Modalities to Encourage Participation of Different At-Risk and Vulnerable Groups

A. Introduction

Using the suitable modality for engaging community members can result in more local participation. WASH actors need to know what type of modality suits the affected community they serve. There are three types of modalities: visual, auditory, and kinesthetic.

B. Types of Modalities to Encourage Participation

Three types of modalities can be used to encourage participation (Tamu.edu,2020):

Visual modality: This is used when communicating information, showing evidence, and demonstrating associations or correlations between ideas. It may be written text, presentation slides, posters with images, and more. The goal is to catch the attention of community members and use visual aids.

Auditory modality: Examples include conducting consultations, dialogues, discussions, Q&As, and more. The aim is to engage community members by creating a channel to voice out their concerns and be heard.

Kinesthetic modality: This modality uses action or participatory learning where participants think and learn by doing. For instance, it is used to facilitate problem solving and decision-making. It is also used to teach the community members how things are run in a programme, like leading coordination meetings, to pass the responsibility to local actors eventually.

Several reasons why people may be willing to participate in a programme:

- Sense of community and realise the benefit of their involvement
- Religious, social, traditional obligations
- Genuine community participation
- Remuneration in the form of money or other kinds of goods

It is not enough to identify the needs of community members to encourage local participation in WASH programmes. It is also essential to get a sense of their motivations, facilitate the activities they participate in, and invest in building local capacity. (EU,2005).

Motivating
Other issues such as food, water, and health care are usually prioritised over sanitation in disaster-affected communities. This is often because of a lack of understanding between sanitation and health. It is important to raise the level of their awareness through hygiene promotion.

Facilitating
increasing local participation often requires several things: a diverse group of people contribute to the programme, ensuring that vulnerable and marginalised groups are included, and more. This requires facilitation skills that create an open and collaborative environment conducive to developing shared objectives and joint efforts.

Capacity Building

WASH actors will eventually have to exit or hand over programmes to local actors. Capacity building is needed to ensure that programme gains are sustained. For instance, community members will not use WASH facilities for long if they do not adequately maintain them. Maintenance of such facilities requires technical knowledge and skills, which WASH actors should pass to the affected community. One effective way to do this is to include affected community members as early as the design phase and involve them in the implementation. This increases ownership, but they also learn by doing.

C. Summary

- Three types of modalities can encourage participation: visual, auditory, and kinesthetic.
- It is not enough to identify the needs of community members to encourage local participation in WASH programmes. It is also essential to get a sense of their motivations, facilitate their activities, and invest in building local capacity.

Self-assessment Checklist

ONE ASEAN
ONE RESPONSE

ASCEND

»

Self-assessment Checklist

Please use the checklist below to help you determine whether you are prepared to be assessed in this unit of competency. The boxes without tick mark indicate that there may be some areas you need to work on to become ready for assessment.

Instructions Please tick (✓) the box if your answer is yes	Questions
☐	Have I read the Learner Guide and understood its contents?
☐	Have I attended, participated in, and completed all training sessions and activities?
☐	Have I reviewed the learning resources to reinforce what I've learned in training?
☐	Am I able to demonstrate my understanding of each element and performance criteria of this unit of competency by writing a summary in my own words?
☐	Am I able to communicate how my experience, knowledge, skills-sets, and attitudes make me qualified and competent enough to perform the job related to this unit of competency?

Oral Interview and Written Test Guide

ADM.TEC.029.2

Learner's Guide

Oral interview and written test guide

This section guides candidates on how to communicate, demonstrate, or present evidence, responses, and their work in a professional manner. There are three primary ways the candidates will be assessed: through observation, oral interview, and written test. The assessor will determine the final assessment methods and tools depending on several factors like the local context, professional needs, and the like.

On observations

Assessors will observe the candidate over a period of time to collect evidence of their capability to meet the required standards and performance criteria. Assessors may attend selected learning sessions, if any, to witness how candidates complete their activities and participate in exercises. In doing so, assessors can get a sense of the candidate's key strengths and areas for improvement concerning the unit of competency. It will benefit candidates to ensure their work is always complete and presentable.

On oral interview

Assessors will conduct oral interviews to confirm and evaluate the candidate's experience, knowledge, skills, and attitudes regarding the unit of competency under assessment.

Please review the Unit Readings and complete the Self-assessment Checklist in this document. It may include verification questions about what you learned from the training content and material. It may also include competency questions about your knowledge and skills. Assessors may ask you what knowledge or skill you will use or apply to address a specific occupational issue or problem. Candidates need to think about how they will carry out their critical job functions in a defined work setting.

Finally, the interview may also include behavioural questions that focus on attitudes. Assessors may ask for examples of what you will do when a particular situation happens or when circumstances change. Candidates will need to support their answers with reflections on their own or other's experiences and the lessons learned from those.

On written tests

Assessors will also present a written test to candidates to confirm whether candidates learned and understood the training content and material concerning the unit of competency under assessment.

Accuracy, brevity, and clarity are the ABCs of good writing. The first thing candidates are suggested to do is answer the questions as accurately as possible. It helps structure your response and sharpen your main points in an outline before writing them down. Candidates are advised to use short and simple sentences and paragraphs. The key messages and transitions between your sentences and paragraphs must be clear. Your answers need to be easy to read and understand. It includes removing and leaving out irrelevant material. Candidates are also expected to write coherently and logically so that readers can follow their thought.

Proofread and correct errors in your work before submitting it. How you format your work also matters. If you are using a computer, please check whether your indentions, margins, spacing, listings (bullets, numerical sequencing), and page numbers are in order

Recommended Readings

ADM.TEC.029.2

Learner's Guide

»

Recommended Readings

Australian Institute for Disaster Resilience. (2020). *Community Engagement for Disaster Resilience*. Accessible here.

WHO. (2019). *WASH and Health Working Together A 'How-To' Guide for Neglected Tropical Disease Programmes.* Accessible here.

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Learning Resources

Zerfas, Y. *Healing Together: Community Engagement in Emergency Management and Disaster Recovery*. Accessible here.

Community Engagement 101 Training. Accessible here.

ASCEND

ASEAN Standards and Certification for Experts in Disaster Management

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