



A harmonized approach to community health

Cambodia: A case study

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The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

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Finnish Red Cross

Introduction

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The harmonization of CBHFA and water and sanitation activities in Cambodia is an example of how community needs have been identified and successfully addressed by applying a holistic approach to community health.

Jessica Sallabank/IFRC

Recovering from decades of conflict, Cambodia is one of the world's poorest countries where access to safe water and basic sanitation remains a major challenge. Flooding, drought, diarrhoea

and vector-borne diseases, such as dengue and malaria, pose significant health risks to communities, particularly in rural areas where health clinics can be difficult to access.

CAMBODIA: AT A GLANCE

- Some 6.3 million Cambodians, out of a population of around 15 million, are unable to access clean drinking water. (UNICEF 2014)
- Only around 40 per cent of Cambodians in rural areas have access to safe water compared to 80 per cent in the capital Phnom Penh. (UNICEF 2014)
- Around 75 per cent of rural-based Cambodians lack access to improved sanitation, and 66 per cent still practise open defecation. (World Bank 2012)

A harmonized approach to health in Kratie province

In 2010, the Cambodian Red Cross Society started implementing a community-based health and first aid (CBHFA) approach to scale-up their work in supporting communities in disease prevention, disaster preparedness and general health-related awareness and knowledge. With the support of the Finnish Red Cross, the provincial branch of the Cambodian Red Cross Society in Kratie, 340 kilometres north-east of the capital Phnom Penh, took the lead in piloting the project, rolling it out in 48 villages over a five-year period (2010–2015).

An estimated 30 per cent of households in Kratie province survive on less than 1 United States dollar (USD) a day. Communities in the region are highly vulnerable to a range of health risks, including acute respiratory infections, malnutrition and water-borne diseases. The remoteness of the villages and poor conditions of the roads also means access to primary healthcare and clinics remains a major challenge in the province. A lack of clean and safe water facilities, poor hygiene practices and insufficient numbers of latrines undermine community health and well-being and heighten the risk of water-borne diarrhoeal illnesses and vector-borne diseases such as dengue and malaria.

The CBHFA approach in Kratie was successful in mobilizing the communities and their volunteers to use simple tools, adapted to the local context, to identify and address the priority health needs of the community. Working in close consultation with the community, notably through information-gathering tools such as the vulnerability and capacity assessment (VCA), primary health concerns were identified across across the 48 target villages.

This case study illustrates how water and sanitation activities have been successfully

harmonized with the existing health structures, materials and resources already available at the community level. Rather than addressing water and sanitation as a stand-alone issue, the Cambodian Red Cross Society's team and volunteers were effective in merging the appropriate water and sanitation methodologies when applying the CBHFA approach.

The purpose of this case study is to provide a descriptive analysis of the approach undertaken in Cambodia (Kratie branch) from 2011 to 2013. It provides practical evidence of how a harmonized approach to community health is a viable solution and can be implemented successfully at ground level. Health and water and sanitation practitioners within the Red Cross and Red Crescent should also consider the Cambodia case study as an advocacy tool to promote this approach to implementing programmes to meet community health needs.

THE HORIZONTAL APPROACH TO COMMUNITY HEALTH

“Horizontal approach: All those activities whose primary purpose is to promote, restore or maintain health.” (WHO)

The pioneering community-based health and first aid (CBHFA) approach developed by the International Federation of Red Cross and Red Crescent Societies (IFRC) is a good example of a horizontal initiative, which enables communities to take ownership and responsibility for their own health. CBHFA lays the foundation for long-term health programming, with core elements such as dissemination of Red Cross and Red Crescent principles and values, training in basic first aid, building skills on community needs assessment and mobilizing the community for disease prevention and health promotion.

The harmonization of CBHFA and water and sanitation activities in Cambodia represents a positive example of how specific community needs can be identified and addressed by applying a holistic and horizontal approach to community health.

The harmonization of water, sanitation and hygiene promotion with CBHFA

Recognizing the tangible impact of community engagement and consultation, WHO devised the participatory hygiene and sanitation transformation (PHAST) approach which enables communities to identify their own water supply and sanitation problems and participate in finding solutions that are sustainable and culturally and technologically appropriate. Water and sanitation software based on various versions of the PHAST has been scaled-up in many National Societies, and followed up by practitioners on the ground. In recent years, National Societies have adapted their working methods to community-led total sanitation as well, a new participatory methodology that also empowers communities to take control of their own sanitation problems and mobilize for shared action.

CBHFA's modules 5 and 6 focus on hygiene promotion and disease prevention. Methods such as PHAST and community-led total sanitation ultimately share the same goal as CBHFA – to help communities protect themselves from diseases by committing to change and individual or community action.

As this case study demonstrates, specialized water and sanitation programmes, based on adapted methods of PHAST or community-led total sanitation, could be potentially more sustainable and effective if they evolve from the foundations of CBHFA and adopt its principles of using and strengthening existing community health systems, resources and local volunteers.

Working with, rather than for, a community will ultimately do much more to improve long-term community health and resilience.



Using simple tools, adapted to the local context, communities and their volunteers identified and are addressing their priority health needs.

Jessica Sallabank/IFRC

Kratie project – water and sanitation integration model

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Before any specialized health programme can be implemented in a community, it is important that the health practitioners have a full understanding of specific community concerns and needs. Interventions should never be based on the assumptions and research of external agencies alone. CBHFA provides a number of guidelines and tools to ensure an initial health mapping and survey of a target community can be carried out and that all community voices are heard.

Engaging local village leaders and Red Cross volunteers, and by completing a VCA, community members and external health teams worked together to decide on the

next steps. For those communities where water and sanitation was identified as an area of concern, the link from CBHFA to PHAST and the associated hardware was then developed.

As the project has evolved and expanded into different communities, many lessons have been learnt and the ways of working have been adapted to suit different community contexts. The following timeline and integration model, as used by the Cambodian Red Cross Society in 2012, provides a general overview of how CBHFA was applied and then adapted to address specific vulnerabilities and water, sanitation and hygiene promotion needs.

*By organizing community meetings and hand washing demonstrations, distributing soap and raising awareness on cleaning and maintaining latrines, volunteers are working with communities to improve overall hygiene practices. Awareness of critical hand washing times throughout the day has increased from 39 per cent to 78 per cent.
Jessica Sallabank/IFRC*

Timeline

January and February 2012:

Selection of target villages

Decisions regarding where to implement the CBHFA approach were based on a number of factors. The project team from the Cambodian Red Cross Society assessed data relating to the health and poverty status of Kratie's population from key local authorities such as the provincial Ministries of Health and Rural Development. In 2006, the Cambodian Government adopted a standardized procedure for identifying poor households. This identification of poor households (ID Poor) data was used by the Cambodian Red Cross Society as a central source of information for calculating comparative poverty levels of target villages and districts. These details were then evaluated alongside first-hand information and observational evidence gathered by volunteers together with the community members.

March and April 2012:

Implementation of CBHFA module 1: The International Red Cross and Red Crescent Movement and CBHFA module 2: Basic first aid

Once the target communities had been identified and agreed to take part, the Kratie branch staff were deployed to the villages to disseminate basic information about the project and the work of the National Society. A second core activity at this stage was the selection, by a community vote, of the village health committees – four individuals per village, one head, one deputy, two members – who would be responsible for monitoring and reporting on the health situation to the branch and local authorities.

The village health committees then assisted the communities in identifying and selecting those who were to receive training and become community volunteers. Selected volunteers were required to be

permanent residents of the village, accepted members of the community and in a position to commit a necessary portion of their time to voluntary work. A total of 470 volunteers were engaged for the duration of the project, across the 48 target villages.

Once the volunteers were selected, they were given four days of CBHFA training by the branch staff. This training was primarily centred around CBHFA modules 1 to 4 that focus on the International Red Cross and Red Crescent Movement, basic first aid, community mobilization and maternal, newborn and child health. Trained volunteers then began conducting health promotion activities, with each volunteer allocated between 18 and 30 households. Each month, the volunteers met with the Cambodian Red Cross Society project staff to review the progress made and build on lessons learnt.

Within six months of their first health promotion activity, the volunteers were confidently conducting both group and household visits focusing on a different health topic each month depending on the needs and requests of the villages in which they were working.

May 2012:

Implementation of CBHFA module 3: Community mobilization

In line with the CBHFA model, an initial VCA was carried out in each target village. Following an analysis and aggregation of the responses, five priority health priorities were identified.

KRATIE: FIVE KEY COMMUNITY HEALTH PRIORITIES

- Water and sanitation
- Dengue and malaria prevention
- Diarrhoea
- Maternal and child health
- Acute respiratory infection

August 2012:

Completion of baseline survey. An analysis of the results enabled the implementation of more specific, technical interventions in line with methodologies such as PHAST.

Low-income families, who were largely classed within the lowest ID Poor 1 and 2 categories, received a financial contribution from the Cambodian Red Cross Society to build latrines. Volunteers raised awareness among the communities to ensure they had a correct understanding of how to use and maintain the latrine once it was operational.



*The National Society is assisting families to construct latrines. As a result of increased access to latrines and awareness raising activities led by volunteers, the percentage of people defecating in the open has gone down from 53 per cent to 8 per cent.
Jessica Sallabank/IFRC*

Activities and outcomes

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Some 3.9 million of those without access to safe drinking water in Cambodia are poor and live in rural areas. Without safe water and adequate sanitation and hygiene, children are especially vulnerable to water-borne diseases. Diarrhoea is second leading cause of death for children under the age of five in Cambodia.
Jessica Sallabank/IFRC

Given its access and grass-roots base, the Cambodian Red Cross Society and its network of volunteers is well placed to work with local communities and play a key role in disseminating life-saving information. It plays a pivotal role not only in addressing the short-term health needs of communities but also in building resilience and long-term, sustainable change for the future. By mid-2013, an estimated 11,840 families had benefited from the CBHFA approach and health promotion activities.

Overall key results in 2013

- Between 65 and 75 per cent of community members stated that they had adopted the health guidance shared by Red Cross volunteers following health promotion and awareness-raising sessions.
- On average, 350 Red Cross volunteers, working across 24 villages, conducted 4,000 hygiene promotion sessions with their communities.
- More than 35,000 people (10,747 men, 17,462 women and 7,136 children) attended the health promotion sessions at least six times a year.

Between 2011 and 2013, 476 respondents in 24 villages participated in an initial baseline survey and eventually an end-line survey. The results outlined below demonstrate the outcome of water, sanitation and hygiene promotion activities carried out in Kratie province over a two-year period.

1) Assistance with latrine construction and maintenance

ISSUE: Many Cambodians living in rural areas still lack access to latrines. A World Bank assessment in 2012 determined that around 75 per cent of people living in rural areas lacked access to improved sanitation, and that 66 per cent still practised open defecation.

RESPONSE: Working in close consultation with community members, low-income households considered to be at heightened risk from poor sanitation and practising open defecation were selected. To enhance the sense of participation and ownership, a voting process enabled community members to nominate and agree upon the selected households, who each received USD 70 with which to buy a concrete base ring for a latrine. Alongside community input and recommendations, the Cambodian Red Cross Society also evaluated potential recipient households against a set of vulnerability criteria, determined by the Kratie branch, which included assessments on family income, number of children, health status, age and degree of disability. In addition, the selected households had to confirm their commitment to independently excavating the pit and to building the privacy structure with their own means. The recipients also had to agree to share their latrine with a certain number of other community members.

The Red Cross volunteers raised awareness around how latrines should be used, cleaned and maintained. In case a latrine

was broken, or flooded, the local volunteers were to be the first point of call to assist in arranging for a technician to come and to carry out the repair work. Volunteers were not only responsible for training community members on the correct way to clean latrines but also for hygiene promotion – i.e., raising awareness on the importance of using soap after using the facility.

OUTCOME

- In 2013, 525 low-income families received assistance to construct latrines.

Between 2011 and 2013:

- The percentage of people practising open defecation significantly decreased.

Baseline: 53 per cent

End line: 8 per cent

2) Knowledge sharing by Red Cross volunteers about safe household water storage and well maintenance

ISSUE: In Cambodia, rainfall is the main source of drinking water for most community members. Water is collected in huge cement structures for storage over a long period of time. However, this can lead to contamination and if left uncovered, these structures can also be potential breeding grounds for mosquitoes. Owing to a lack of information and awareness around these issues, community wells are often not covered or maintained sufficiently to prevent water contamination.

RESPONSE: Volunteers regularly visited the houses in the villages and checked that the concrete water jars for storing rainwater were covered and being cleaned correctly and frequently. The Cambodian Red Cross Society also provided household training sessions on how to clean water filters correctly.

The majority of water wells in Kratie province are traditionally of a hand-pump type and are designed, installed and financed

by the local branch of the Ministry of Rural Development. Volunteers carried out training sessions with communities on how to ensure that the existing well are kept clean and their surroundings remain free of waste, animals and other sources of contamination. Appointed village well committees and the local Red Cross volunteer team were responsible for monitoring the cleanliness, functioning and correct use of each well, which is typically used by 20 to 30 families per village. They also had a duty to report any problem to the Kratie branch that could then assist in identifying the correct agency to use for repairs.

OUTCOME

Between 2011 and 2013:

- The percentage of people boiling water before drinking it increased.

Baseline: 75 per cent

End line: 97 per cent

- The percentage of households consuming filtered water on a regular basis increased.

Baseline: 30 per cent

End line: 66 per cent

3) Promotion of hand washing to the community

ISSUE: In many rural areas of Cambodia there is an urgent need to disseminate and increase knowledge about appropriate hand washing and personal/household hygiene.

RESPONSE: During the monthly awareness-raising sessions with community members, the volunteers used simple training posters to demonstrate the importance of hand washing with soap and encouraged the participants to ask and respond to questions. Hand washing demonstrations were provided to adults and children. The dis-

tribution of items such as soap, immediately after community training sessions, was seen as good practice since this reinforced the messaging and overall awareness of good hygiene.

OUTCOME

Between 2011 and 2013:

- The percentage of people able to identify (unprompted) at least three critical times for hand washing dramatically increased.

Baseline: 39 per cent

End line: 78 per cent

4) Community awareness and education about recognizing diarrhoea signs and prevention

ISSUE: In Cambodia, 50 children under-five die every day, mainly because of preventable and treatable diseases such as diarrhoea and pneumonia.

RESPONSE: Through monthly awareness-raising sessions conducted with community members, or with households, trained volunteers explained the causes and symptoms of diarrhoea, notably dehydration, and demonstrated how to prepare and use oral rehydration solutions safely. In order to gauge the level of understanding of the community members, a quiz was held during or at the end of each session.

OUTCOME

Between 2011 and 2013

- The percentage of people able to recognize the signs and prevent diarrhoea in children increased.

Baseline: 30 per cent

End line: 80 per cent

5) Awareness raising about dengue and malaria prevention

ISSUE: Dengue and malaria, both vector-borne diseases, remain issues of concern in Cambodia. Dengue, unlike malaria, has no cure and requires immediate medical attention from clinics that are often far away from Kratie's remote villages. The infection causes flu-like illness and can occasionally develop into a life-threatening form called severe dengue.

Although rates of malaria have reduced significantly in Kratie province over the past decade, the provincial Ministry of Health is still vigilant about the risk of outbreaks, particularly during periods of heavy rainfall and flooding, and continues to distribute and promote the use of bed nets amongst rural communities.

Snapshot data from the Kantout local health authority in Kratie indicated a very low incidence of both dengue and malaria cases in Kratie in 2014. However, because of the vulnerabilities of the rural population, and the lack of access to healthcare, dengue and malaria prevention remains a health priority for the communities.

RESPONSE: Information posters clearly outlining how mosquitoes can spread disease and how people can best protect themselves were used to raise awareness among community members. Volunteers also distributed mosquito coils to the community and installed mosquito screens across latrine pipes to prevent the spread of larvae. In addition, Red Cross volunteers worked closely with families, conducting regular visits to households and encouraging the clearing of dense grassland and the immediate draining of stagnant water after floods and heavy rain.

At least once a month, communities were mobilized to clean up their immediate surroundings. Through clean-up activities,

such as cutting down tall grass and thick shrubbery, the entire village worked together to reduce potential mosquito breeding sites and, as a consequence, lessen the risk of dengue and malaria.

OUTCOME

Between 2011 and 2013:

- The percentage of people able to identify ways to prevent dengue increased dramatically.

Baseline: 29 per cent

End line: 85 per cent

In 2013, volunteers and their communities participated in 256 monthly village clean-ups.

- The percentage of people able to identify at least three ways to prevent malaria increased dramatically.

Baseline: 23 per cent

End line: 80 per cent

6) Capacity building of volunteers and strengthening long-term community resilience

ISSUE: Widespread poverty and a lack of information about basic sanitation and good hygiene practices heighten the vulnerability of the local communities. Volunteers, as members of their communities, are well placed to consult, engage and raise awareness among communities about using safe and clean water, improved sanitation and good hygiene practices.

RESPONSE: The Cambodian Red Cross Society is building the capacity of its volunteers by training them in CBHFA using the relevant modules and PHAST methodology. This has enabled them to engage and empower the community with knowledge and skills to reduce health risks. Volunteerism requires investment, support and well-planned approaches to engagement, management and retention. As an incen-

tive and in recognition of their efforts, volunteers receive caps, water bottles as well as latrines for their own households.

7) Maternal health and access to healthcare

ISSUE: The majority of the villages in Kratie are in isolated, rural areas and are typically connected by one major road, which can be susceptible to flooding or lack of repair. Health clinics often service a number of villages and communes and for many people, accessing healthcare requires an average journey of between 3 and 7 kilometres using transport such as a motorbike or a rickshaw. Pregnant women often lack access to prenatal, delivery and antenatal care due to distance, cost and a reluctance to leave their children, homes and livestock unattended. The use of traditional medicine and birth attendants is still common in rural areas and the understanding of when to seek professional medical attention still remains low, with many people either not seeking any medical help or leaving it too late.

RESPONSE: Given the low socio-economic status of the flood-prone province and the remoteness of many villages, access to

health clinics remains a major challenge for most people. Volunteers regularly met with the communities, notably pregnant women, to explain the importance of consulting a health clinic before, during and after their pregnancy. Volunteers are trained in CBHFA module 2: Basic first aid and are able to respond to simple emergencies when necessary, including water and sanitation and water-borne related illnesses.

OUTCOME

- The number of pregnant women reported to have been checked by professional health workers before birth increased.

Baseline: 66 per cent
End line: 78 per cent

- The number of people able to correctly identify the three danger signs for taking a pregnant woman to a health facility increased significantly.

Baseline: 19 per cent
End line 65 per cent

- The number of women who reported that a health worker attended their last delivery dramatically increased.

Baseline: 22 per cent
End line: 77 per cent



In Cambodia, 50 children under-five die every day mainly because of preventable and treatable diseases, such as diarrhoea and pneumonia. Access to safe drinking water can help prevent these deaths.
Jessica Sallabank/IFRC

The way forward



Recognize, respect and motivate volunteers

Volunteers may not always be in a position to commit 100 per cent or continue with their role due to livelihood commitments or family obligations. As the volunteers are essential for the long-term success of community-led initiatives, essential knowledge and training may be lost if they are not retained or regularly engaged.

WAY FORWARD: Volunteers should be recognized as a part of the community health workforce that comprises all those at community level who contribute to better health outcomes by promoting good health practices and providing primary healthcare. The role of volunteers should be recognized for their contribution in meeting the urgent challenges in the context of prevention and care and moving toward universal health coverage.

By the end of 2015, 48 villages and more than 66,000 people will have benefited from knowledge and training provided by Red Cross volunteers. Improving access to safe water and improved sanitation not only leads to healthier families and communities but also builds resilience and ensures sustainable change.
Jessica Sallabank/IFRC

Community workers and volunteers can go beyond providing basic preventive and care services to foster community-based action and enhance the interface between community and the formal health system.

Ensure CBHFA is inclusive and made available to all sectors of a community. Develop a long-term beneficiary communication strategy to guide community outreach and the next generation of staff and volunteers.

In Cambodia's Kratie province, farming and fishing are the main means of livelihood. Farmers and fishermen typically work all day, and sometimes leave their homes for days at a time. As a result, working members of communities are not always available to attend the Red Cross health and hygiene awareness sessions with their partners or children. Owing to low literacy rates, some community members may be unable to understand all the information materials. As a result of limited mobility, older persons may not be able to attend training sessions. Children who attend school may also miss the sessions and rely on their parents to transmit knowledge.

WAY FORWARD: Further research and in-depth understanding of the various target audiences should be encouraged as core components in the production of information education and communication (IEC) materials and hygiene behaviour communication.

In rural communities, hygiene promotion sessions could potentially take place in the proximity of paddy fields or fishing locations to ensure men have equal access to information. Simpler IEC materials designed for specific audience groups, and used in a combination of both interpersonal (e.g. household visits) and mass communication, should also be considered. Posters developed to target working populations should be placed in strategic locations such as paddy fields and other places of work. Hygiene communication materials could also be better distributed and displayed in places of public gathering such as pagodas and in health clinic waiting rooms. In addition, volunteers should be encouraged to conduct household visits to better understand the special needs of the most vulnerable.

Ensure that community awareness about sanitation and hygiene is strengthened and sustained in the long-term through engagement and communication with students and children.

As part of the Kratie project, more than 70 children across two high schools were trained and engaged. The Red Cross Youth members, aged between 15 and 18, were trained to provide peer-to-peer education on hygiene promotion, notably hand washing, and on other health risks such as dengue and malaria prevention.

WAY FORWARD: Young people, especially high-school students, can play an important role in influencing adult behaviour and stimulating change in their own communities.

References and further reading

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- 6.3 million Cambodians lack access to safe water
www.unicef.org/cambodia/01.pdf
- Nearly half the Cambodian population lacks access to safe water
www.rfa.org/english/news/cambodia/unicef-water-03212014154522.html
- Making toilets more affordable for Cambodia's poor through microfinance
<http://documents.worldbank.org/curated/en/2014/09/20336897/making-toilets-more-affordable-cambodias-poor-through-microfinance>
- WHO Fast Facts: Water Sanitation Health
www.who.int/water_sanitation_health/monitoring/jmp2012/fast_facts/en/
- Cambodia BBC Country Profile
www.bbc.co.uk/news/world-asia-pacific-13006539
- Kratie Profile: SOS Children's Villages International
www.sos-childrensvillages.org/where-we-help/asia/cambodia/kratie

IFRC resources

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- Community-Based Health and First Aid
www.ifrc.org/cbhfa
- Online training in CBHFA
www.ifrc.org/en/what-we-do/health/cbhfa/e-learning/
- CBHFA modules
www.ifrc.org/en/what-we-do/health/cbhfa/toolkit/
- Water, Sanitation and Hygiene Promotion
<http://ifrc.org/watsan>
- Global Water and Sanitation Initiative
A Red Cross Red Crescent call to address the imbalance between sanitation and water
<http://ifrc.org/PageFiles/99218/1228400-Sanitation%20Advocacy%20paper-EN-LR%5b1%5d.pdf>

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

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

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

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

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

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

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

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

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