Health + WASH

The health sector has a wide array of its own resources to strengthen the capacity of hospitals, clinics and staff. However, there are applications to use DRR-related activities to identify risk and vulnerability based around public health issues, such as outbreaks of communicable, water- and vector-borne diseases. Building capacity of health centers and hospitals to prepare for and respond to outbreak events is a significant focus in this sector. Similarly, the WASH sector has many specific indicators. This section aims to integrate DRR concepts in WASH activities, such as risk-proofing WASH-related infrastructure and engaging communities in these decisions.

Photo courtesy of CAFOD

Building DRR into WASH reconstruction

Landslides occur every year in the mountainous areas of Nepal, but following the massive earthquakes in 2015, the land is more fragile, and slides are even more frequent and dangerous. In Rasuwa district, CAFOD, Cordaid and local partner Parivartan Patra are working to rebuild water systems destroyed by the earthquake, and to make them more resilient to natural hazards in the future. They have used cylindrical ferro-cement tanks to replace the square, concrete slab tanks that were badly cracked during the earthquake. The shape and materials used means that these tanks are more flexible during earth movements and are thus less at risk of damage, and can also be repaired easily by applying additional coats of plaster. Local water-user committees are also being trained in water quality testing, hygiene promotion, and operations and maintenance, so that they can continue to provide safe water systems when the project is completed.

IR/IO 1: Integrated communicable, water- and vector-borne disease risk reduction response is established.

IR/IO 2: Health facilities and their community health workers have a pre-planned and coordinated communicable water- and vector-borne disease response to treatment and prevention during the dry and rainy seasons.

IR/IO 3: Integrated communicable, water- and vector-borne disease risk reduction response is established.

IR/IO 4: Lessons learned from communicable, water- or vector-borne disease DRR at the community level are documented and disseminated.

IR/IO 5: Households adhere to waste management practices according to national (or city) standards.

IR/IO 6: Reduced vulnerabilities of target communities through safe and resilient water systems.

Intermediate result/intermediate outcome 1

Integrated communicable, water- and vector-borne disease risk reduction response is established (8)*

*This number refers to the projects that the IRs/IOs were derived from. The projects are referenced in the Annex.

IR/IO indicator

Number of areas integrating specific communicable, water- and vector-borne disease risk response

IR/IO means of verification

Assessment and final evaluation

Output statement 1

Government partners reach consensus on a documented strategy and plan integrating health with WASH interventions for communicable, water- and vector-borne disease DRR

Output indicator

Integrated communicable, water- and vector-borne disease DRR departmental strategy is drafted and finalized | Integrated one-year work plan

Output means of verification

Finalized document | Meeting minutes | Communicable, water- and vector-borne disease DRR strategy document | Monitoring visits and follow-up report

Associated activities

Monthly meetings | Integrated communicable, water- and vector-borne disease DRR strategy development meetings | Departmental one-year work plan | Strategy distributed to hospitals

Output statement 2

Draft communicable, water- and vector-borne disease DRR guidance is developed

Output indicator

Communicable, water- and vector-borne disease DRR guidance is drafted | # hospitals using DRR guidance document | # chemical, physical and bacteriological water samples are sterile and/or acceptable for health structures according to WHO and Sphere standards | # medical waste, incinerator and toilet facilities are acceptable for health structures according to WHO/Sphere standards

Output means of verification

Communicable, water- and vector-borne disease DRR guidance document | Meeting minutes | Monitoring visits | Water samples | Technical visits to medical waste disposal sites | Procedures and sanitation facilities | Guidance document

Associated activities

Key stakeholders implement draft guidance for hospitals | Guidance document shared with hospitals

Intermediate result/intermediate outcome 2

Health facilities and their community health workers have a pre-planned and coordinated communicable water- and vector-borne disease response to treatment and prevention during the dry and rainy seasons (8)*

*This number refers to the projects that the IRs/IOs were derived from. The projects are referenced in the Annex.

IR/IO indicator

Number of health facilities participating in pre-planned and coordinated response to communicable, water- and vector-borne disease treatment during the dry and rainy seasons

IR/IO means of verification

Assessment and final evaluation

Output statement 1

Health facilities have appropriate guidance for DRR

Output indicator

health facilities have easily accessible guidance for communicable, water- and vector-borne disease DRR | Total # of health facilities | # staff have knowledge of communicable, water-and vector-borne diseases | # staff have knowledge of key DRR hygiene and heath promotion approaches and messages in health facility as well as outreach strategies/activities | # staff are listed on DRR hospital contingency plan

Output means of verification

Assessment and final evaluation | Adapted contingency plan at hospital | Document roles and responsibilities of key staff for cholera DRR

Associated activities

Senior hospital staff review and adapt contingency plans to include DRR guidance | Meeting with key staff to disseminate information and roles | Roles and responsibilities are documented and revisited at senior management meetings

Output statement 2

Health facilities follow DRR guidance and contingency plan

Output indicator

health workers are trained in communicable, water- and vector-borne disease DRR | # hospital simulation exercises held | # hospital staff attend simulation exercise | percentage change between pre- and post-test training scores

Output means of verification

Assessment and final evaluation | Monitoring records | Financial records | Finalized report | Pre/post-tests | Attendance sheet

Associated activities

Health care staff and community health workers trained in communicable, water- and vector-borne disease DRR as link between hospital and community | On-site hospital simulation exercise carried out | Report developed on hospital simulation | Follow-up simulation exercise held

Intermediate result/intermediate outcome 3

Communities have improved capacity to prevent the spread of communicable, water- and vector-borne disease throughout the year (8, 16)*

* These numbers refer to the projects that the IRs/IOs were derived from. The projects are referenced in the Annex.

IR/IO indicator

Percentage of heads of households that can describe appropriate hygiene and health behaviors | Percentage of heads of household in two communes that can state appropriate behaviors for prevention of communicable, water- and vector-borne diseases

IR/IO means of verification

Assessment and final evaluation

Output statement 1

Health workers take appropriate DRR action during a rise in communicable, water- or vector-borne disease cases

Output indicator

Report is finalized | # communities around hospitals perceive they are able to respond quickly to prevent additional cases

Output means of verification

Assessment and final evaluation | Meeting notes | Community checklist

Associated activities

Assessment and final evaluation | Simulation pre- and post-tests | First and follow-up training | Hospital-level DRR indicators developed | Community checklist developed for responding to cholera, Ebola, malnutrition, malaria, dengue, Zika and other comunicable, water- or vector-borne disease cases | Meetings to discuss results

Output statement 2

Operations research is carried out on training curriculum and methodology, community-led total sanitation or sanitation marketing or any other approach/methodology to improve access and behavior around safe sanitation and hygiene

Output indicator

communities visited carry out CLTS methodology or other methodology that improves access to sanitation | # CHWs trained | percentage change between pre- and post-test training scores

Output means of verification

CLTS/other methodology or concept note | Final evaluation | Pre/post-test | CHW supervisory quarterly reports | Assessment and final evaluation documents | CHW supervisor reports | Cholera CHW training | Pre- and post-tests | Attendance sheets | Monitoring visits

Associated activities

CLTS/other methodology or concept note developed | Curriculum adapted | Indicators developed| Quarterly update from hospital health worker supervisor including CLTS/ other methodology indicators

Output statement 3

Health workers work with communities to improve their water, sanitation and hygiene conditions

Output indicator

CHWs trained | Percentage change between pre- and post-test training scores | # latrines constructed/rehabilitated with handwashing device and soap in place, and proper fecal sludge management system in place | # bathing facilities with proper drainage in place | % of community members that can explain how their latrine is maintained and what to do when the septic tank is full (fecal sludge management)

Output means of verification

Assessment and final evaluation | CHW supervisor | Attendance sheets | Monitoring visits to community

Associated activities

CHWs trained in CLTS | CHWs train and support communities to carry out CLTS | Communities construct latrines | Communities manage the use and maintenance of latrines

Intermediate result/intermediate outcome 4

Lessons learned from communicable, water- or vector-borne disease DRR at the community level are documented and disseminated (8, 16)*

IR/IO indicator

Lessons learned are documented and disseminated

IR/IO means of verification

Assessment and final evaluation | Meeting notes

Output statement

Assessment, evaluation, documentation and dissemination on the community benefits, resilience and sustainability of the project

Output indicator

senior level staff involved with the review

Output means of verification

Assessment and final evaluation

Associated activities

Final workshop held

*These numbers refer to the projects that the IRs/IOs were derived from. The projects are referenced in the Annex.

Intermediate result/intermediate outcome 5

Reduced vulnerabilities of target communities through safe and resilient water systems (17)

IR/IO indicator

Percentage of households with improved access to safe drinking water

IR/IO means of verification

Water tests | Water system surveys

Output statement

HHs have improved access to safe drinking water, through systems that are less vulnerable to future hazards

Output indicator

drinking water supply systems (including earthquake-resistant water storage tanks) are in place | # HHs have access to safe and clean drinking water | # students and # teachers have access to safe drinking water in schools | # water-user committees are functioning and have awareness of water testing, operation and maintenance, and hygiene promotion issues.

Output means of verification

Water system surveys | Regular (drinking) water tests | Presence of water tanks | Pre- and post-evaluations of trainings | Assessments and reports

Associated activities

Drinking water system improvement and development for # marginalized HHs and # schools (repair/maintenance of water pipe system, storage tanks, safety tank) | # HHs have access to safe and clean drinking water | Support to water-user groups in # wards | Enhancement for better water supply system and water management in the community | # students and # teachers have access to safe drinking water in schools | Construction of # drinking water supply systems | # water-user committees are functioning and have awareness of water testing, operation and maintenance, and hygiene promotion issues | Construction of drinking water system

*This number refers to the projects that the IRs/IOs were derived from. The projects are referenced in the Annex.

Intermediate result/intermediate outcome 6

Communities have improved capacity to prevent the spread of communicable, water- and vector-borne disease throughout the year (8, 16)*

*These numbers refer to the projects that the IRs/IOs were derived from. The projects are referenced in the Annex.

IR/IO indicator

Percentage of heads of households that can describe appropriate hygiene and health behaviors |
Percentage of heads of households in two communes state appropriate behaviors for prevention on communicable, water- and vector-borne diseases

IR/IO means of verification

Assessment and final evaluation

Output statement

Operations research is carried out on training curriculum and methodology, community-led total sanitation or sanitation marketing or any other approach/methodology to improve access and behavior around safe sanitation and hygiene

Output indicator

communities visited use CLTS methodology or other methodology that improves access to sanitation | # CHWs trained | Percentage difference between pre- and post-test training scores

Output means of verification

CLTS/other methodology or concept note | Final evaluation | Pre/post-test | CHW supervisory quarterly reports | Assessment and final evaluation documents | CHW supervisor reports | Cholera CHW training pre- and post-tests | Attendance sheets | Monitoring visits

Associated activities

CLTS/other methodology or concept note developed | Curriculum adapted | Indicators developed | Quarterly update from hospital health worker supervisor including CLTS/ other methodology indicators