

The background of the entire page is a repeating pattern of white line-art illustrations on a green background. The illustrations depict a diverse group of people of various ages, ethnicities, and abilities. Some are standing, some are sitting, some are holding hands, and some are using mobility aids like canes or wheelchairs. The overall theme is community and inclusivity.

OXFAM AND PUBLIC HEALTH PROMOTION

A guidance note

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OXFAM

Aim of the document

Within the humanitarian sector, there is a misconception that public health promotion (PHP) involves little more than the distribution of non-food items (NFIs), mass cleaning campaigns and the dissemination of mass messaging. But there is far more to it than meets the eye. This document aims to ensure that everyone can easily grasp the role of public health promoters within Oxfam's water, sanitation and hygiene (WASH) work, regardless of their background and expertise.

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OVERVIEW

This guidance note outlines Oxfam's PHP work within humanitarian responses, and the framework it employs. The core aim of all Oxfam's PHP work is to connect affected communities with other stakeholders to reduce public health risks through a community engagement (CE) approach by:

1

SUPPORTING AFFECTED POPULATIONS

to identify and mitigate public health risks, including those associated with diseases of epidemic potential.

2

SUPPORTING ACCESS TO SERVICES AND RESOURCES

related to water, sanitation, health and hygiene, that meet diverse needs, and working with the Public Health Engineering (PHE) team and others to make improvements based on community decisions and feedback.

3

SUPPORTING AFFECTED COMMUNITIES

by advocating at the local, national and global level for their public health priorities and needs to be heard and acted upon.

4

RESEARCHING AND DEVELOPING

solutions to adapt to emerging situations and WASH related challenges.

WHAT IS PUBLIC HEALTH?

Health promotion is the process of enabling people to increase control over and improve their health. It goes beyond focusing on individual behaviour towards a wide range of social and environmental interventions (WHO)¹.

1. www.who.int/westernpacific/health-topics/health-promotion

2. For further information please see [Annexe 1]: [Impacts of Climate Change on Public Health Risks](#).



Public health concerns the overall health of communities; unlike medical health care provision, which is focused on treating the individual patient, public health focuses on reducing risks that impact the overall health of groups of people. Such risks may stem from the environment in which they live (such as poor access to WASH or living in overcrowded settlements), their behaviours and beliefs (like smoking, or the belief that baby faeces are a lesser health risk than adult faeces) and the social and cultural context in which they live (for example, misconceptions around vaccinations leading to a lack of uptake).

The need to manage public health risks has always been core to humanitarian response; diarrhoeal disease remains one of the leading causes of child mortality and morbidity in the world, and the risk of contagious diseases significantly increases in emergencies where there is often minimal access to good quality WASH and health services. Humanitarian emergencies disrupt basic access to both infrastructure and services in the formal and informal health sectors, and people's regular support systems for managing their health are often disrupted or lost entirely. Climate change is further exacerbating public health risks and highlighting the need for more inclusive and creative WASH and health systems strengthening².

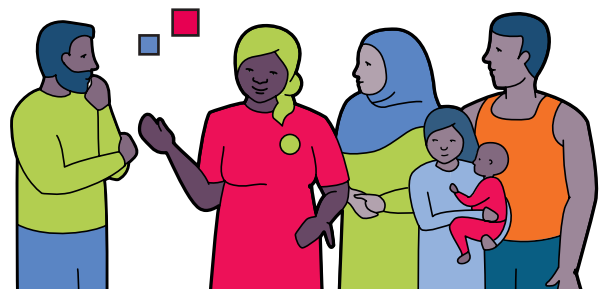
MEDICAL CARE

focuses on individual health.



PUBLIC HEALTH

considers the overall health of the community.



Public health in Oxfam

Within Oxfam, public health responses are the joint responsibility of the Public Health Promotion (PHP) and Public Health Engineering (PHE) teams. While these teams predominantly focus on WASH and epidemic preparedness/response, they do so under the wider umbrella of improving public health.

PHP describes our overarching strategy to support communities during humanitarian emergencies by promoting beneficial health behaviours, preventing disease outbreaks and mitigating their impact through a CE approach.

OXFAM'S PHP WORK INVOLVES:

- Supporting the timely provision of, safe and inclusive access to, and management of clean water, improved sanitation, hygiene items and services, and vector control measures (in close coordination with the PHE team).

This can include, but is not limited to, facilitating access to essential items to strengthen positive hygiene behaviours (such as managing safe water at household (HH) level, soap, menstrual and incontinence hygiene items).

- Strengthening the ability of communities to mitigate public health risks through increasing access to health and hygiene related information and supporting timely access to health systems by understanding health-seeking behaviours, disease patterns, and referral pathways; supporting vaccination programmes; ensuring access to community services and addressing gender concerns.

OXFAM ACTIVELY INVOLVES AFFECTED COMMUNITIES in its PHP activities, in both designing and implementing responses to reduce the risk of disease. This ensures our PHP responses are guided by community needs and priorities and promote community-owned solutions that are implemented through the active participation and leadership of the affected community, including women, men, boys, girls, and marginalised groups (such as people who require specific accommodations and older people).³

3. *Community engagement in WASH: www.oxfamwash.org/en/communities/community-engagement*

PUTTING PHP INTO PRACTICE

1. Identifying and mitigating public health risks, including the prevention of diseases with epidemic potential.

PHP aims to empower communities to **identify and mitigate public health risks** by providing sufficient and accurate information and enhancing access to WASH services and resources. It also aims to create space for two-way dialogue around needs and prevention to **identify and adapt risk mitigation measures**.

Oxfam supports meaningful community involvement and ownership in its PHP work through the **CE approach**. This is a planned and dynamic process of involving crisis-affected communities in all stages of the response, ensuring that the delivery of services, infrastructure, and processes meets their priority needs and works for them. It combines insider knowledge (including perceptions, beliefs, priorities and desires of the community) with outsider knowledge (such as the causes of disease, epidemiology, vector control, communications and learning strategies) to create an adaptive, impactful response.

To identify public health risks, Oxfam collects and analyses information on **disease trends and hygiene and health-seeking behaviours** using different methods, including:

- **PRIMARY AND SECONDARY DATA COLLECTION:** collecting relevant data on hygiene behaviours, disease trends and health-seeking behaviours within the affected population. This can be done through various means, such as surveys in communities, key informant interviews, using health information on disease trends, or data sharing with health authorities and organisations.
- **CONTEXT ANALYSIS:** considering the contextual factors that may influence disease trends and health-seeking behaviours in the emergency setting. This includes assessing environmental conditions, socioeconomic factors, cultural practices, and access to healthcare services and facilities.
- **EPIDEMIOLOGICAL ANALYSIS:** analysing health related data alongside contextual information to identify patterns, trends, and potential public health risks. This may involve examining the incidence and prevalence of specific diseases, identifying high-risk groups or areas, and detecting any unusual or emerging health issues.

STEP 1: IDENTIFICATION OF PUBLIC HEALTH RISKS

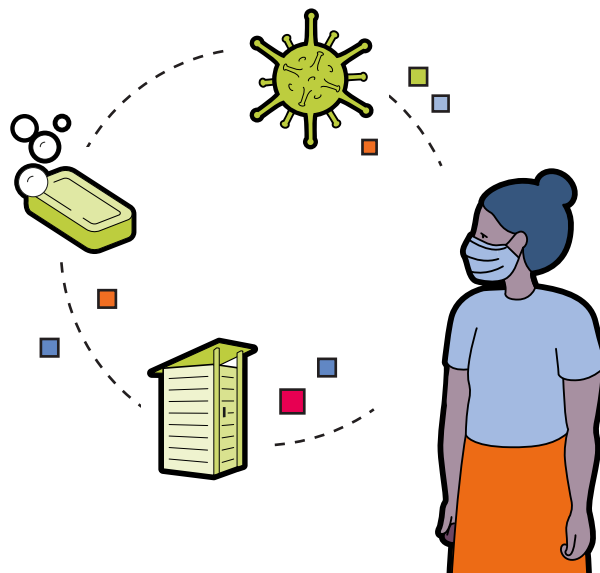
Identification of public health risks is achieved by engaging the community through **active listening** and maintaining two-way communication to understand the context, individuals, their behaviour and practices.

This is accomplished through various tools, for example:

- Observation walks through the camp
- Focus group discussions (FGDs)
- Environmental and resource mapping
- Social/community mapping
- Stakeholders and service providers mapping
- Assessments (initial rapid assessment)
- Meetings with health actors and accessing health data
- Listening groups
- Coordination with other stakeholders
- Community analysis regarding existing infrastructure coverage
- Identification discussions with PHE team on status of infrastructures
- Community Perception Tracker (CPT)

OXFAM'S FOCUS

PHP can be used to address a broad range of public health issues. Oxfam's specialism in this area allows us to apply our approach not only to WASH related diseases, but also in support of epidemic control for other communicable diseases in humanitarian contexts, such as malaria, Ebola, or COVID-19.



STEP 2: MITIGATION MEASURES THAT TARGET IDENTIFIED RISKS

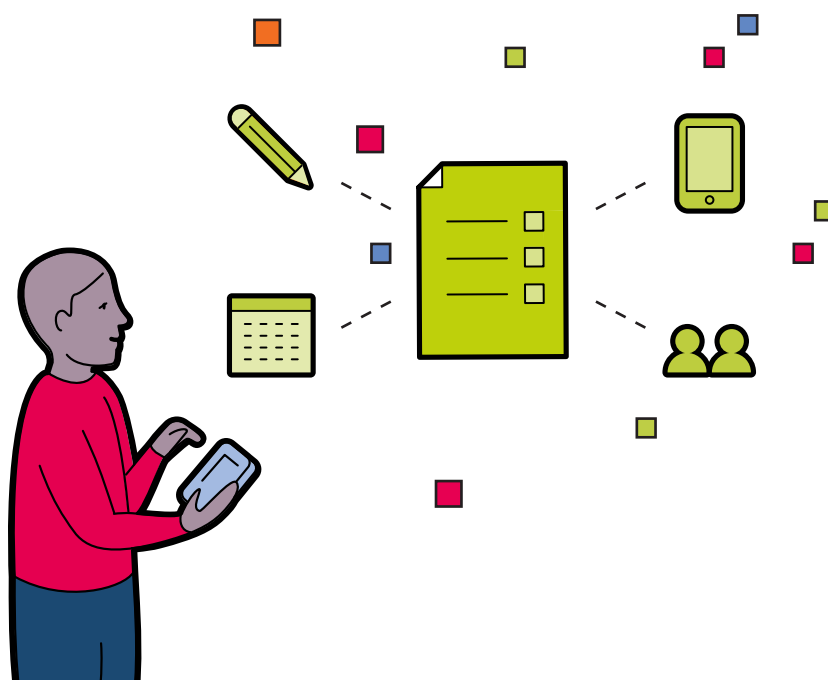
Mitigation measures should be mapped out in the form of an **action plan** – where public health risk is analysed and the best mitigation method is identified. **Any steps outlined in the action plan must be actionable and positive, and ensuring people have access to the necessary resources.**

These methods can include, but are not limited to:

- Raising awareness of public health risks by identifying a community's preferred communication channels (this might initially include mass communication, but should rapidly shift to two-way communication methods giving place for discussion and questions).
- Supporting easier access to health services (this can include working on better dissemination of service mapping, advocating for mobile services, providing cash/ vouchers for transport).
- Supporting the PHE team in ensuring water and sanitation infrastructure responds to people's needs (including safe, dignified and equitable access and management).
- Enabling access to targeted health and hygiene related NFIs using cash, vouchers, or in-kind distribution based on context and needs.
- Implementing cleaning campaigns.
- Working with existing community structures for sustainability.

It is important to note that action plans must also identify **who** is responsible for **what**. This requires the mapping of all stakeholders.

 **Power dynamics and stakeholder mapping:** identification of key influential community members through stakeholder and power mapping.



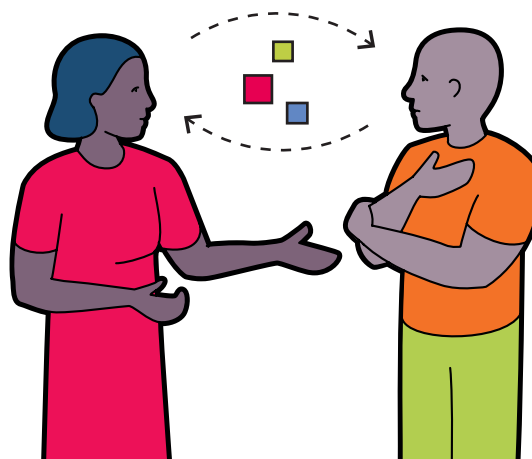
2. Supporting access to services and resources related to water, sanitation, health and hygiene, that meet the diverse needs of the community, and continuously working to incorporate community feedback.

Simply providing clean water, sanitation facilities, and access to hygiene items does not guarantee that people will effectively utilise these resources, or even use them at all. Complex factors influence people's behaviour in this regard, and these can rapidly change in humanitarian contexts. In order to effectively manage public health risks, it is crucial to learn from and involve the individuals who are directly affected by disasters from the onset and throughout all stages of the response.

SERVICES AND RESOURCES

- **ACCESS TO INFORMATION:** Public health and WASH programme information must respond to people's concerns and support them in making decisions or taking actions that address their specific needs. While standardised messaging can be useful during the initial stages of a crisis, PHP teams use dialogue and feedback from communities and other stakeholders to continuously adapt the information they provide, ensuring it remains relevant to the most pressing public health risks, the knowledge and capacities of communities, and the evolving context of the response. Ensuring access to information can include outreach through mass media at the onset of an emergency (for example, using radio and social media), but must quickly shift to approaches that facilitate two-way dialogue around health information (such as Information, Education and Communication (IEC) materials).

It's important to remember that information sessions should not be didactic but instead emphasise two-way communication values, including flexibility, honesty and openness around our knowledge levels and what we can and cannot offer by way of support, and willingness to link the community with other external stakeholders as required.⁴



4. When talking about access to information, it's important to remember that Social Behaviour Change (SBC) or Social Behaviour Change and Communication (SBCC) form part of what we do as PHP as they involve interactively communicating with individuals, institutions, communities and societies as part of an overall programme of information dissemination, motivation, problem solving and planning (as defined by the Center for Social and Behaviour Change Communication). SBC theories can be used as part of a PHP programme.

- **ACCESS TO HYGIENE RELATED MATERIALS:** To support public health risk mitigation measures, we may need to support communities in accessing key hygiene related materials. Oxfam's approach starts with identifying the real needs of communities by asking and listening to them.

Health and hygiene related NFIs can include:

- buckets and water treatment for safe drinking water;
- soap and handwashing stations (HH or community level)⁵ to ensure hand hygiene;
- access to items needed for menstrual hygiene management or for incontinence;
- targeted Personal Protective Equipment (PPE) depending on different outbreak needs; or
- institutional cleaning materials for schools and health facilities.

The approach used to distribute these items will depend on context. Cash distributions may be used if markets are functional and can support sufficient quantities and types of items, or vouchers if inflation is affecting price points too rapidly. In-kind kit distribution should be a last resort – as preference should be given to approaches that enable people to select what they need – but this can be done when, for example, no markets are accessible, or access is hampered by security risks and social restrictions.

- **PHP TO SUPPORT ACCESS TO HEALTH SERVICES:** In order to support our public health programming, we also need to understand how the communities access and perceive health services, and the support they require to do so. To support stronger community level health, PHP teams map health services (both formal and informal) and aim to understand current health-seeking behaviours to incorporate them into public health preparedness and response. We engage and work with a wide range of stakeholders – government health authorities, NGO/INGOs working on health and health institutions, community level practitioners, non-biomedical practitioners (such as traditional healers, midwives, or herbalists) – to harmonise information, build capacity and strengthen health systems in both the short and longer term.
- **WASH INFRASTRUCTURE (WATER AND SANITATION):** During the consultation process with end users of WASH services, the PHP team is responsible for understanding how people want to access and use these services and works with the PHE team to ensure that these preferences are met, or compromises are discussed and agreed upon. Consultation includes discussion with the most vulnerable and marginalised individuals to ensure they can comfortably access water and sanitation services and that the design of these services fulfils their specific needs.



PHP teams support the discussion and agreement with users on adequate management plans for WASH infrastructure before the installation begins. This discussion includes the remuneration or professional management of water infrastructure, communal latrine facilities and waste management. Oxfam's long experience in WASH has demonstrated that a key aspect needed for sustained use of shared facilities and improved health and hygiene is working with communities to determine the most appropriate cleaning, operation and maintenance systems, recognising that volunteer based systems are often neither effective nor sustainable.

EXAMPLE: WOMEN'S SOCIAL ARCHITECTURE PROJECT

Oxfam designed and implemented the Women's Social Architecture Project to work with women, adolescent girls, and female architects with a background or interest in social or feminist design and architecture, to add a different perspective to the design and siting of WASH facilities in Cox's Bazar, Bangladesh. The project consisted of formative research with Rohingya women and girls, and design workshops in which they co-created designs with architects to tackle the issues they faced in using WASH facilities.

EXAMPLE: SANI TWEAKS

Sani Tweaks is a series of communications tools that promotes best practices in sanitation. A study conducted across camps in four different humanitarian settings revealed that even during the day, an average of 40% of women and girls were not using emergency latrines built by humanitarian agencies. This finding, coupled with observations and feedback from affected women, girls and marginalised communities from numerous emergency responses, led Oxfam to design and implement Sani Tweaks. This project is designed to encourage WASH practitioners to put themselves in the shoes of latrine users and encourage greater consultation and reflection on their needs in emergencies, using interactive workshops, participatory approaches and digestible resources. In 2022, Oxfam started expanding the project to incorporate water and hygiene into its toolkit (now known as WASH Tweaks), in addition to sanitation.

- **WASH IN INSTITUTES (CLINICS AND SCHOOLS):** Continuous consultation and adaptation applies equally to supporting the provision of water and sanitation services in health centres and schools, in collaboration with Oxfam's PHE team. Facilities in such institutions often have specific user requirements, and as locations frequented by diverse members of communities, they provide important opportunities for dialogue on specific health and hygiene related topics (such as handwashing, general hygiene, disease transmission routes and preventative actions, water treatment/handling, etc).

PHP AND INCLUSION: IDENTIFYING DIVERSE NEEDS

There is a growing recognition that WASH programming based on standard designs and approaches is leaving behind groups within affected communities, who by nature of their gender, age, disability, ethnicity or sexuality face barriers in using and participating in WASH services.

- **RESPONDING TO THE SPECIFIC NEEDS OF WOMEN AND GIRLS:** Oxfam recognises the need to prioritise the particular needs of women and girls – including menstrual health and hygiene (MHH), or specific peri-menopausal needs – in its public health programmes, as this is a key component in fostering women’s empowerment and overall wellbeing. Within its initiatives, Oxfam prioritises the provision of safe and clean facilities, access to affordable and sustainable menstrual products, and comprehensive awareness on menstrual health. By addressing these needs, Oxfam aims to break down barriers that hinder women and girls from fully participating in social, economic, and educational opportunities. Oxfam’s approach to MHH goes beyond simply providing resources; it focuses on how to overcome cultural taboos and social norms that perpetuate stigma and discrimination surrounding menstruation.
- **INCONTINENCE⁶:** Although little is known about how people in humanitarian settings experience incontinence, there is a growing body of evidence that indicates that the impacts of experiencing incontinence in such contexts are overwhelmingly negative. These include physical pain, poor mental and emotional health, and adverse effects on daily activities (such as education, work and socialising). People experiencing incontinence have significantly increased needs for water supply, items to maintain personal hygiene, and access to private toilets, bathing and laundry facilities. The WASH sector is therefore well-placed to better support people who experience incontinence and their caregivers, working in conjunction with other sectors (such as Health and Protection) to improve their quality of life.

6. The medical condition of incontinence is defined as the involuntary loss of urine or faeces. People may also wet or soil themselves due to not wanting, or not being able, to use the sanitation facilities available (social incontinence).



- **PEOPLE WITH DISABILITY:** As Oxfam aims to promote equality, dignity, and empowerment for all individuals, regardless of their abilities, so our PHP programmes systematically engage with people with different physical and cognitive needs, including through consultation, active participation, access to infrastructures, awareness, and compatible designs. Needs and preferences for services and access to information from people living with disability should be assessed (through WASH rapid and in-depth assessments, HH visits, etc.) and taken into consideration during programme design and throughout the project cycle in a practical manner. Where possible, assessments should be conducted in collaboration with organisations specifically working with people with disabilities.
- **LGBTQIA+:** Oxfam recognises that LGBTQIA+ people face specific challenges and heightened situations of vulnerability in humanitarian crises due to discrimination, exclusion, and violence. To address these issues, Oxfam aims to ensure that its humanitarian responses are inclusive and responsive to the needs of all affected individuals. Oxfam’s PHP responses ensure that LGBTQIA+ people are actively included, that their specific needs are considered, and they are treated with dignity.

OXFAM AIMS to promote equality, dignity and empowerment for all individuals.



3. Advocating at local, national and global level for the voices, priorities and needs of affected communities to be heard and acted upon.

Through coordination and advocacy at all levels, PHP teams aim to amplify the voices of affected communities to better influence policies, mobilise resources, and trigger systemic changes.

- **LOCAL LEVEL:** Within community settings, PHP aims to work with those in the highest situation of vulnerability. At times, the public health risks they face may not be recognised at wider community level or by existing health structures. Other times, those affected might struggle to access resources or services that are otherwise available to the wider community. Advocating for those who struggle to access services, infrastructure or information within their community is the first step in ensuring needs are addressed. PHP works closely with affected communities, empowering them to advocate for their health rights. This includes supporting community-led initiatives, facilitating platforms for dialogue, and amplifying the voices of marginalised groups to influence duty-bearers, policy makers, local policies and programmes.
- **NATIONAL LEVEL:** Sometimes the needs, perceptions or feedback raised through our PHP programme cannot be tackled directly by Oxfam or local partners and must be raised at national level to ensure they are fully addressed. This requires coordination and advocacy with country WASH clusters and/or other response coordination mechanisms, Ministries of Health, Water and Sanitation, as well as other national and international actors. This can mean coordinating with bio-medical actors, raising community voices to advocate for changes to programmes or activities that are negatively perceived by affected populations, or for changes to specific health policies based on community feedback.
- **REGIONAL LEVEL:** PHP engages with regional bodies, such as Regional Coordination WASH Platforms, Risk Communication and Community Engagement (RCCE) or inter-governmental forums, to advocate for improved and dedicated public health work in humanitarian settings that is anchored in a CE approach. By collaborating with regional partners, PHP seeks to influence regional strategies and investments that prioritise community-centred WASH infrastructure design and holistic public health work.
- **GLOBAL LEVEL:** PHP plays an active role in global advocacy platforms, working groups, task forces and partnerships to shape the global WASH and public health in emergencies agenda – this includes global coordination mechanisms such as the Global Cholera Task Force, or the Hygiene Promotion Working Group of the WASH Cluster, amongst others.

By advocating at multiple levels, PHP aims to create an enabling environment for inclusive public health improvements that address the root causes of public health risks faced by those living through humanitarian disasters, and ensure that their needs and perspectives are prioritised.

4. Researching and developing solutions to adapt to emerging situations and WASH related challenges.

Oxfam's PHP teams work in complex environments. Conflict, climate change, frequent population movements and the subsequent overcrowding in displacement settings, all place increasing burden on WASH and health systems, exacerbating public health risks and the likelihood of epidemics. PHP staff actively participate in research projects to enhance both our own and the wider WASH Sector's effectiveness in complex emergencies.

EXAMPLES OF PUBLISHED RESEARCH

- [‘Do not forget us’: the shared experiences and needs of people living with incontinence in humanitarian contexts \(2024\)](#)
- [Assessing emotional motivators for handwashing with soap in emergencies: results from three Asian countries \(2019\)](#)
- [Treatment Seeking and Ebola Community Care Centers in Sierra Leone: A Qualitative Study \(2017\)](#)
- [Social-Cultural Perspectives during Outbreaks \(presented at the EEHF 2016\)](#)

Additionally, Oxfam continuously monitors and evaluates the effectiveness and impact of its public health interventions. This includes assessing health indicators, measuring community satisfaction, and identifying areas for improvement to ensure the delivery of quality public health work.

EXAMPLES OF NEW GUIDANCE

- [How to do CE in WASH](#)
- [Community Perception Tracker \(CPT\)](#)
- [WASH Tweaks](#)
- [Research and training on how to work on incontinence in humanitarian crises \(to be published in autumn 2024\)](#)
- [Addressing the impact of COVID-19](#)
- [Social Architecture and the inclusion of women-led designs in WASH infrastructure](#)

7. WASH Innovation Fund: www.oxfamwash.org/en/innovation



Oxfam's internal WASH Innovation Fund⁷ enables PHP teams to create and pilot new tools and approaches to develop wider way of ways of working for more inclusive WASH programming.

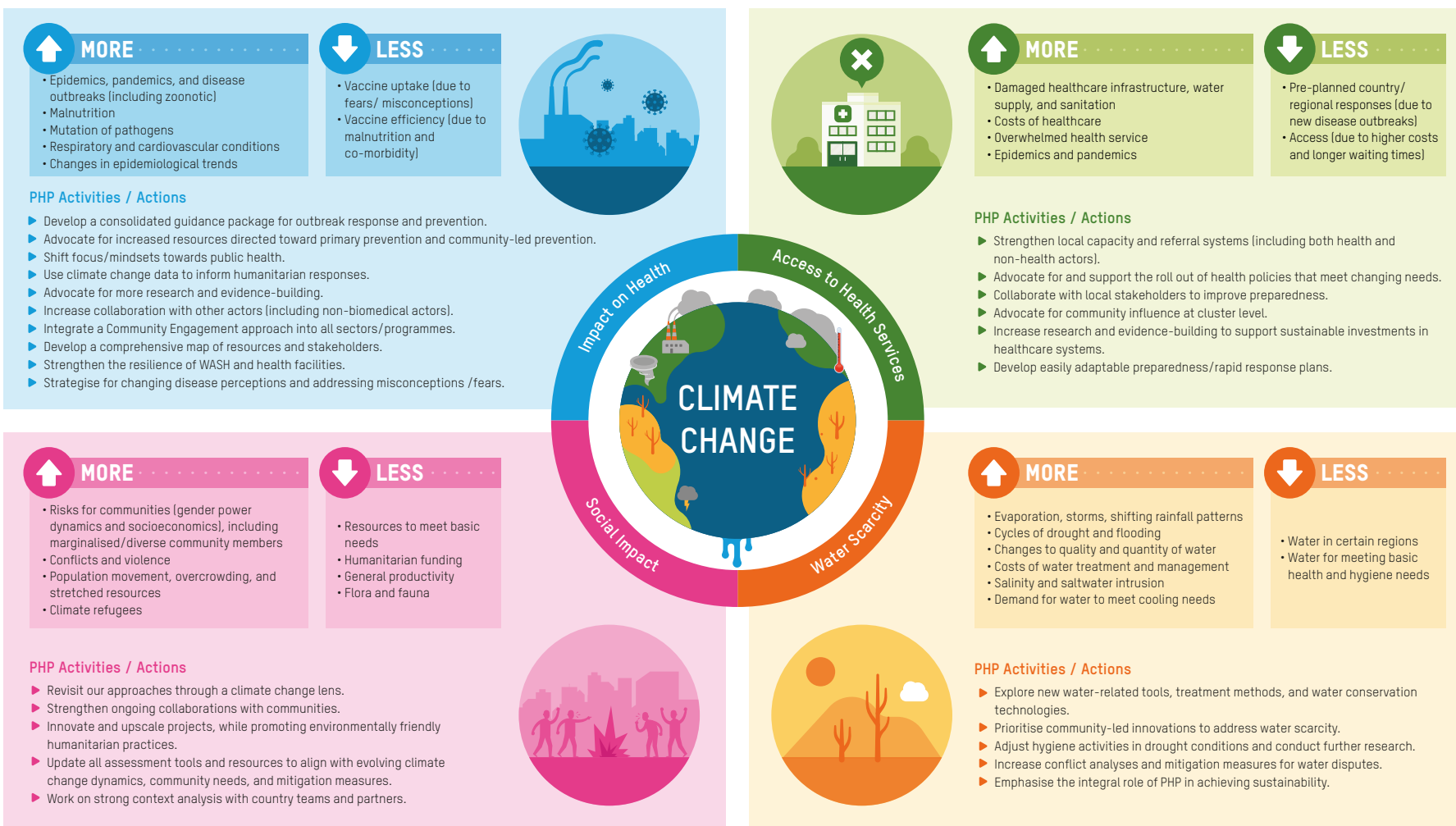
PHP INTEGRATION WITH OTHER SECTORS

For a comprehensive WASH programme, Oxfam's PHP team works hand in hand with the PHE team.

Beyond WASH, Oxfam's PHP team coordinates its efforts with other sectors (such as Food Security, Livelihoods, Protection, and Gender) to ensure a comprehensive and coordinated approach. Oxfam's PHP programme also mainstreams the following four humanitarian pillars through its work: Local Humanitarian Leadership (LHL), CE, Safe Programming, and Feminist Principles. The current workstream priority is to define how to scale up both LHL and Feminist Principles within our PHP programme.

IMPACTS OF CLIMATE CHANGE ON PUBLIC HEALTH RISKS

Global warming will lead to a water and public health crisis, with a decrease in water quantity and quality, and an inevitable increase in disease outbreaks and pandemics. This infographic presents the predicted impacts of climate change on public health risks – particularly in fragile contexts and humanitarian settings – and for each theme, illustrates what we are likely to see “more” of (such as conflicts), what is likely to be “less” available (such as resources to meet basic needs), and how Oxfam’s PHP team aims to respond.



FURTHER READING

- 1. MR WASH (Minimum Requirements in WASH)**
<https://www.oxfamwash.org/en>
- 2. Compendium of Hygiene Promotion in Emergencies**
[https://reliefweb.int/report/world/compendium-hygiene-promotion-emergencies#:~:text=The%20Compendium%20of%20Hygiene%20Promotion,HP\)%20and%20behaviour%20change%20interventions](https://reliefweb.int/report/world/compendium-hygiene-promotion-emergencies#:~:text=The%20Compendium%20of%20Hygiene%20Promotion,HP)%20and%20behaviour%20change%20interventions)
- 3. Guidelines for Public Health Promotion in Emergencies – Oxfam Policy & Practice**
<https://policy-practice.oxfam.org/resources/guidelines-for-public-health-promotion-in-emergencies-126738/>
- 4. An Introduction to Community Engagement in WASH (available in several languages)**
<https://www.oxfamwash.org/en/communities/community-engagement/gd-introduction-community-engagement-wash-170119-en.pdf>
- 5. What is Community Engagement in WASH (resource for project managers)**
<https://www.oxfamwash.org/en/communities/community-engagement/CE-WASH-Handout-EN.pdf>
- 6. Resources needed to support quality community engagement**
<https://www.oxfamwash.org/en/communities/community-engagement/CE-WASH-ResourcingDoc-EN.pdf>



WE ARE HERE TO SUPPORT YOU!

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