

Participation with a Cholera-Exposed Population in Haiti: Finding their Own Solutions



Presentation of initial results (mapping of neighbourhoods-at-risk visible) and discussion about action plans with the civil society in Mirebalais, Haiti.
IMAGE: ESA CONSULTANCE, 2017

In 2016, after six years of cholera epidemics in Haiti, the United Nations Children's Fund (UNICEF) implemented a multisectoral operational research programme in four urban cholera hotspots. These hotspots were known to have recurrent transmission of the disease, and therefore play a role of 'source'. The research featured in this SSHAP Case Study aimed to identify, at neighbourhood level, the root causes of cholera, and to design appropriate action plans.

The challenge: cholera in Haiti

'Revisiting' the conventional one-way public health approach

For an engineer with some background in field epidemiology, going to a place where cholera persists and assessing the water and sanitation conditions to propose new constructions, rehabilitations or extension works is easy. Technicians and engineers often make action plans focusing on water, sanitation and hygiene (WASH) technical-related solutions. Processes are often top-down, sometimes resulting in a disconnect between the causes of cholera persistence and the engagement and understanding of the population and institutions about the actions to be implemented. In humanitarian interventions, we tend to look at the technical solutions first; however, a technical approach alone is not enough.

What is the best way to ensure solutions are socially, culturally, and economically appropriate? Do large-

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scale WASH programmes really follow preliminary steps of public participation? Do programme indicators include those steps? These questions are particularly relevant in urban settings, where social network complexity is an additional challenge.

In response to these challenges, UNICEF proposed a multisectoral study in Mirebalais, Haiti, which

combined technical engineering with social science in a clear participatory approach, geared towards enhancing the learning of local actors (including authorities, non-governmental organisations, community-based organisations, and the general public). Underpinning this study was the belief that public participation is essential to a planning process that seeks sustainable and equitable results.

The research: participatory engagement

The research team in Mirebalais established a series of participatory mechanisms to capture the voices of people directly affected by the cholera epidemic.

The 'popular education' movement teaches us that all groups within a population – including the poorest, less accessible, and less visible – are driven by a willingness to solve their problems and often devise local initiatives that outside experts cannot. The popular education curriculum is based on a few key elements, namely 'horizontal relationships between facilitators and participants; response to a need expressed by an organised group; group involvement in planning the training and political action; acknowledgement that the community is the source of knowledge' (Hamilton and Cunningham 1989).

How can some of those principles be applied in public health fieldwork? Four mechanisms were applied to put those principles into practice during the study.

The first mechanism the research team established was **consultation**, which implies a reciprocity in communication with the public. The team held a public meeting, open to interested citizens of any background, where the research was explained.

Audio-recorded **focus group discussions** were then organised in four neighbourhoods. Neighbourhood histories, daily practices, and the meanings of those practices, questions regarding needs satisfaction, relationship with nearby locations, and city representations were discussed freely during these events. Groups were representative of the population, consisting of students, shop tenants, priests, teachers, civil protection agents, medicine and veterinary practitioners, and civil engineers.

Not everything can be understood by listening and reporting in constructed settings; however, social interactions and the use of public places can be observed. The team planned **commented neighbourhood walks**, which aimed 'to gain access to the sensory experience of passers-by' (Thibaud 2013). Commented walks constitute three simultaneous actions: walking, perceiving, and describing (*ibid.*). This method enabled the team to identify new characteristics of the city, such as gathering places (which play a key role in cholera transmission) that were previously unknown. In this case, for example, open defecation areas near the central food market were identified.

Finally, people were invited to share their vision or expectations for future city development. This

visioning exercise allowed populations to imagine and express the future they would like for the place they live.

The second stage of the Mirebalais study was **dialogue and concertation**. Workshops were held with local authorities and community members to create a space for discussion and co-decision on actions to be prioritised. This process is similar to 'co-production', and action learning, particularly with regard to public service strategies (Pestoff 2013).

To do so, all participants were put together for few hours, in a situation that created moments of exchange. Rarely are students or shop tenants able

to meet the mayor to discuss city public health issues and development, or to simply discuss together about their own city challenges. This process divulged the collective wishes that a technical WASH approach would have been unlikely to capture. The following emerged from the workshop:

- The group suggested sanctions for people not respecting existing hygiene rules, with mitigating

measures for the poorest households. Social workers are often reluctant to propose sanction mechanisms, but when an idea comes from the collective group, this pushes the programme team to reflect deeper and insert tailored sanction mechanisms in the action plan.

- There was strong agreement on the need for more shared public toilets. However, the group highlighted that having toilets close to the river, where many (especially women) wash clothes, may attract more people, when all would like to see an end to the practice of washing clothes and bathing in the river.
- Participants agreed that toilets in petrol stations for clients and passers-by were required, showing both a need and the awareness that station owners are responsible for ensuring hygienic conditions in their settings, and that it is not the city's responsibility to pay for these facilities.

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- The city council team agreed to build a space in front of the main hospital to hygienically host the numerous food vendors. Such a request might not have been captured in a conventional engineering approach looking at individual water and sanitation access rather than public hygiene.
- There was strong agreement to close the central food market that is exposed to nearby open defecation areas and to push for the quick opening of the new planned market in the outskirts of the city.
- There was a general willingness to prioritise access to piped water for all, rather than relying on household water treatment measures, while recognising the need for transitory measures. This was a key result, as it showed that people are willing to pay for a private connection. Practitioners often consider collective solutions first due to the assumption that 'communities are too poor to pay' (Bresling 2010), when in fact 'communities throughout the world actually pay a great deal for poor water supplies' (*ibid.*).

The process resulted in a comprehensive WASH programme. The team only mediated the discussions; all the proposals were an outcome of the organised dialogue between the public and the city council team. The city councils, together with the regional office of water and sanitation, endorsed the proposed action plan. Development donors of the water sector redirected cholera-dedicated funding from other projects in order to align with the plan. Multisectoral approaches that included those of social science allowed the team to look beyond technical solutions only. Instead of a top-down process, this approach highlighted measures that would make peoples' lives healthier and more comfortable, through asking members of the community themselves what they would like to change in their physical environment.

This scenario is not new, of course, but famous past experiences are often forgotten (e.g. the threat of cholera in Paris before crowded neighbourhoods and slums were replaced by the now famous wide avenues). The proposed action plan in Mirebalais aims to create cleaner public places, and more organised, hygienic food vendor stalls.

Lessons learned

The following key lessons were learned from the participatory research process:

- Acknowledge that people have their own priorities, solutions, and visions on how to improve health conditions in their communities. Creating spaces for dialogue enables the emergence of collective, original, and innovative wishes. In Mirebalais, the people in the community were consulted regarding their expectations, the problems were highlighted, the words were freed, and the solutions identified.
- The multisectoral participatory approach implemented – a combination of technical engineering and social science tools

- allowed for outcomes other than those that would have been generated through a conventional public health engineering approach, which does not account for the complexity of social links and perceptions.
- Multisectoral and participatory approaches require more time and effort than a basic one-size-fits-all solution. Programmes aiming to improve health must allocate sufficient time ahead of intervention design. Programmers must expect to listen, observe, and learn from the same population they expect behaviour change from. Everyone concerned by the future impact of an action should be informed to enable individuals to decide on his/her engagement in the decision-making process.

Further reading

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About

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Credits

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