

5. Environmental Health on the Thai – Burma-Border: Response to the Feb 2007 acute water diarrhoea outbreak in Tham Hin refugee camp

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The gap between theory and practice can be minimized only through sharing practical experiences. This presentation focused on key activities, strategies and results, by the implementation of a specific strategy for Cholera intervention in a refugee camp.

Surinthorn Kurathong from IRC presented a clear picture on the improvements in the field, by describing the activities carried out.

- **Main strategies applied:**
 - Water treatment – first improvement for preventing Acute Watery Diarrhoea (AWD)
 - Strategies – small water treatment plant
 - Environmental health – main factor, strategies focus on that.
 - Strong emphasis on hand washing. It was mainly focus on behavioural attitudes before and after main activities (e.g defecation)
 - Avoiding contamination of water and food.

 - **Discussion**
 - Data from surrounding population: Important issue – in this case under control.
 - Methodology for getting data: Mainly through questionnaires, direct contact with people in the field and observation.
 - Sustainability – how is it possible to have sustainability and eradicate diseases? – Main point to enhance people through knowledge and capacity building.
 - Importance of persuading people to invest in W&S facilities – improvement.
 - Behavioural change during the years of intervention (in this case since 1997): Some points achieved but still some actions required - it is difficult for people to understand the implications of hand – washing
Argument: *After go to the bathroom I do not see my hands dirty.* This kind of thinking causes a gap between knowledge and practice. People know the theory but do not practice it.
 - Differences in behaviour within the community – It is caused by difference in culture (at family level), number of people in one family (it is not easy for a mother with a lot of children to look after each one.
 - Extension of activities outside the camp: some approaches, still this point needs to be developed.
 - Tools: for example light to show people the bacteria on the hands after going to the bathroom.
 - Communication between medical teams and people working in the field – presence of coordination mainly for data analysis, it was done in a defined period– there was coordination and communication.
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Reflection:

Still there is motivation. Nowadays activities such as soap distribution are carried out. The point is that hygiene is self working/ self care; therefore, the initiative should come from the person instead of coming for external sources. That is why the actions should focus on behaviour.
