Reimagining protection: Dignity, wellbeing and safety

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Cover image: Rohingya children collect drinkable water inside refugee camp in Cox’s Bazar, Bangladesh, 4 August 2018 © Zakir Hossain Chowdhury Zakir / Alamy Stock Photo
Abstract

Core concepts in the humanitarian world are often used in ways that add to confusion rather than provide clarity. Research reports discuss technical details, propose theoretical frameworks or engage in policy debates, but rarely engage directly with key concepts themselves—their meaning, how they are used and understood, and their limitations. Protection is one important concept which begs for unpacking. The objective of this commentary is to spur discussion and reflection, to help clarify thinking around how we understand and use the term ‘protection’. A particular example from the Water, Sanitation, and Hygiene (WASH) sector is used to propose a more nuanced way of thinking and speaking about protection. Dignity, wellbeing and safety are proposed as useful concepts to embed protection in humanitarian activities.

Author’s note

The method of presenting empirical research is contested in the field of humanitarian studies. Being both a long-time practitioner and a doctoral-level trained researcher, I am often undecided on how much to ground such reflections on humanitarian practice ‘in the literature’. I have detected an academicisation of humanitarian studies which goes a bit too far from the standpoint of a practitioner, but probably not far enough for academics. Some humanitarian studies journals replicate the approach of purely academic journals to the extent that the heart and soul of practice-based humanitarian writing is stripped away, and practitioners are barred from sharing their hard-earned reflections on their craft in a straightforward manner. The editor of this journal has kindly suggested a third way. This author’s note presents the dilemma, while the commentary presents the literature.
Introduction

A protection perspective should pervade all aspects of humanitarian action, if we take as a starting point:

humanitarian protection is about improving safety, well-being and dignity for crisis-affected populations. Protection refers not only to what we do but the way we do it. It involves actively applying core protection principles and responsibilities to our humanitarian work across all sectors. (Global Protection Cluster, 2012)

Many aspects of protection should be considered, including respecting the principle of doing no harm; implementing services in a non-discriminatory way; identifying the most vulnerable people and their specific needs related to age, gender, disability or other relevant characteristics; and embedding community participation and empowerment perspectives into humanitarian programming. These aspects of protection must consider the specific nature of a humanitarian crisis and be adapted to distinct operational contexts.

Beyond this more pragmatic view of protection, a myriad of conceptualisations and perspectives have been formulated over the years. The legal basis of protection and how international human rights law and international humanitarian law relate to the concept of civilian protection is a traditional starting point (Heintze, 2004). International humanitarian organisations with formal mandates, such as the International Committee of the Red Cross (ICRC) or the UN refugee organisation UNHCR, will often prejudice such an interpretation in their protection activities. A lens that looks at legal rights of civilians caught in conflicts or refugees seeking asylum is important when looking at the origins of the concept.

Much has been written, however, which seeks to expand the concept beyond this narrower view. ‘New’ perspectives and challenges to the understanding and implementation of protection agendas and programming abound (Bruderlein & Leaning, 1999; DG ECHO, 2016). Each era brings a different lens from which to view the protection project. DuBois (2009) speaks of protection as a fig leaf. In this view, humanitarian contexts are environments of unmanageable violence that legal protection regimes cannot solve and there is thus a limited amount that good humanitarian actors can do for populations suffering such violence. Yet humanitarians try to do their best for crisis-affected populations. Unfortunately, protection can be a fig leaf hiding the realities of violence from public view—the expectation is that something is being done and protection problems are being solved.

Protection can be a fig leaf hiding the realities of violence from public view.

As well as different perspectives from which to critique protection as a concept, each sub-sector has a wide literature on protection, be it related to refugees, disaster risk reduction, the prevention of sexual exploitation and abuse, among others. This commentary offers a conceptual re-orientation of protection in WASH (Water, Sanitation and Hygiene) programming through a discussion of the specific protection-related issues that are most pertinent to WASH and how these relate to the organising principles of dignity, wellbeing and safety. However, WASH is but one case study of how the humanitarian sector can reimagine protection in practice. The lessons learned from embedding protection in WASH activities should and must be applied to other technical areas of humanitarian action. This case study aims to provide a template for how this process of reimagining can take place.

A concern for mainstreaming protection in humanitarian programming is not a recent development, nor is the concern for integrating protection within WASH activities.1 From this practitioner’s personal experience, a practical concern for protection was current at least as far back as the humanitarian response in the Rwandan refugee camps in Tanzania and then Zaire (now known as the Democratic Republic of the Congo), when discussions were held about how technical decisions impacted on the safety and wellbeing of the refugee population. The importance of a protection perspective in WASH should not need to be argued, as it does not need to be argued that protection must be integrated into humanitarian operations of any type. Protection has been on the WASH agenda for decades, but there is always room for improvement in how WASH programming operationalises a protection perspective. On a practical level, for example, women’s health and hygiene issues are increasingly being taken more seriously, such as through the provision of menstrual hygiene kits. But more progress is needed related to the overall gender sensitivity of WASH programming, the depth of community involvement in program design, and the importance given to monitoring the impact of WASH activities for the wide variety of people they serve. These are all aspects of a dignity, wellbeing and safety perspective.

WASH programming

WASH programming comprises a wide variety of water, sanitation and hygiene services. These services are provided in camp settings, rural areas or urban settlements. Water can be provided in several ways: small dug or drilled wells fitted with hand pumps where water

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1 For a discussion of protection in humanitarian action, it is worthwhile to start with the UNOCHA website dedicated to protection: https://www.unocha.org/es/themes/protection. For a discussion of mainstreaming protection in WASH programming, a good place to start is information compiled by the Protection and WASH cluster in Somalia: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/pm_somalia_booklet_-_wash_final.pdf
is pumped by the users; small-scale pumped boreholes with gravity-fed water taps; or large-scale pumped water distribution networks. Water programs may also feature the provision of water filters for households, especially during an epidemic, or water container provision.

To collect water, people may need to travel a long distance and queue at a busy water point or may have problems with hand pumps not working correctly or being hard to use. Hand pumps and shallow wells are notoriously short-lived. Large-scale water networks with taps scattered throughout the settlement are less busy at individual water points as they serve fewer people, but also entail a much larger investment and have more infrastructure to repair and replace.

There is no perfect water distribution system, and many aspects must be balanced. Different choices concerning water provision will bring different benefits to the users. Some of these relate to hygiene considerations—what is the safest method of providing clean water? Some relate to ease of access—how can waiting times and travel times be decreased and ease of use improved? Cost is also an important consideration as budgets are not unlimited; with limited resources comes choices about which services will be provided and which will not. If a large-scale water network is put into place, what other activities are ‘sacrificed’ due to budget constraints or lack of operational bandwidth, such as sanitation or hygiene activities?

There is no perfect water distribution system, and many aspects must be balanced.

Sanitation encompasses a number of activities. For example, at the set-up phase of a refugee camp, sanitation could start with defecation fields, but as time goes on more sophisticated latrines could be provided, from communal multiple-hole latrines for whole areas to one- or two-hole improved pits for fewer users. Faecal waste management can either be done through emptying pits into waste pits or using faecal waste management systems much like septic tanks, which are increasingly being introduced.

Hygiene services run the gamut from health and hygiene education to the provision of soap and other washing materials, to the installation of washing points at latrines. Showers may be provided for washing, as well as areas for washing clothes.

Other WASH activities may include vector control—such as spraying against insects that are vectors of disease or providing medicated bed nets—and pest control. In a long-term camp setting, meat inspection and the construction of abattoirs may be implemented. Sometimes outbreaks of disease occur and WASH services, such as enhanced water treatment activities, must be increased.

Big ‘P’ and small ‘p’ protection

There are various ways to disentangle protection activities. One way is to contrast big ‘P’ protection activities to operational little ‘p’ protection activities. Big ‘P’ protection activities seek to provide formal legal protection for individuals and groups of vulnerable people, such as protections related to refugee status, while small ‘p’ protection activities implement programs in ways that reinforce the agency and dignity of those receiving assistance. An example of small ‘p’ protection would be providing facilities for culturally appropriate hygiene activities, such as showers that respond to gender norms. Small ‘p’ protection touches on a wide variety of WASH activities in multiple ways; a few indicative examples are described below.

Latrines must be located properly. For example, the geography and geology of a displaced camp dictates a certain placement of latrines, but the people who use the latrines also have a geography in mind based on their own challenges and needs. How a block of latrines is placed relative to housing; how the latrines are constructed (privacy issues); the orientation of the doors (sometimes a religious consideration); how the male and female latrines are labelled, among other concerns, are all important to communities. A dirty latrine or one that lacks washing facilities will not meet messages of hygiene promotion and inevitably affect one’s physical and mental health, even if latrines are not often thought of in such a way.

Other issues can be subjected to the same sort of analysis. Hygiene activities are an obvious area, but other ‘harder’ activities are not exempt. The positioning of water points must consider several factors besides simple metrics of litres per person, such as decreasing waiting times and increasing safety for those in the queues, providing access closer to home, or being easy to use for all users. Showers are another example, as they are fraught with cultural and social challenges.

It is argued, however, that protection may not be the most useful term when discussing these issues. The difference between what we are categorising here as small ‘p’ and big ‘P’ protection needs to be clarified. We return, therefore, to the constituent parts of protection and equate protection with operational sensitivity to vulnerabilities: dignity, wellbeing and safety.

Dignity, wellbeing and safety

Let us break down protection from the standpoint of the key perspectives of safety, wellbeing and dignity. These three perspectives help to flesh out what protection in WASH means in practice, and from this basis we can then build a proper picture of what protection in WASH seeks to accomplish. These concepts are considered from the perspective of the users of WASH services. As described, WASH programming is highly focused on material interventions—the provision of infrastructure and services. The focus in the following...
discussion is on the users of these services and material interventions—as individuals and as communities.

To start, safety should not be confused with security. In the humanitarian sector, security usually refers to risks of physical violence.² Political actors, state and non-state armed groups, criminal groups and even local communities may all bring the risk of a full range of violence to those providing and, most importantly, to those receiving humanitarian aid. Violence against civilians, their agency, humanitarian security and a protection approach are all intertwined, and solutions often elude humanitarians (Baines & Paddon, 2012). Safety is far simpler and involves risks of physical harm through accidents, negligence or poor design. There is an intersection where safety and security meet, however, and that is where design of infrastructure affects the security of individuals. A good example concerns the physical security of women, such as when poor lighting, a lack of latrine doors and an improper positioning of latrines, as well as many other issues, put women at risk of sexual violence. This has long been a major issue in WASH, but one that is not yet fully integrated into normal practice.

Safety has many elements and affects many groups who demand special attention, such as those with disabilities. The latrine may be functionally perfect, but if built on a slippery hill, it still may not be fit for purpose. It may be challenged that protection as a concept would somehow be debased if understood to be as pedestrian as physical safety; protection, after all, is not protection against physical injury by inanimate objects or natural conditions. But look at the issue from the standpoint of the users—is there not an expectation of safety, in the sense that infrastructure is meant to provide a service without the risk of harm?

Safety is easily articulated but the next two issues are more ambiguous—although they flow, to a certain extent, from the concept of safety.

Wellbeinng is more than safety, security or the space where they overlap. Wellbeinng is a combination of physical and mental health.³ It is a sense that things are well in the physical environment, which in turn makes one feel well in oneself. The broken window metaphor is applicable here. This is the idea that a broken window indicates a lack of attention and encourages crime. In this metaphor, a broken water pump or a dirty latrine is the broken window. The environment is important, and wellbeinng is not only about lack of illness. Access to proper services—services that are tailored to the needs of the population and are not generic—are also important, as they demonstrate a certain level of engagement with the needs of the users.

Dignity is the most nebulous of the three and can be looked at from various perspectives and at different levels. Berry and Reddy (2010) discuss a community-based protection perspective, which speaks to the importance of dignity and agency in engaging with crisis-affected populations. Populations are not merely numbers, but people with agency and dignity. Does a lack of care hamper a feeling of dignity? Is inattention an enemy of dignity? Is feeling unsafe an affront to dignity? Queues and consequent tensions at water points, social restrictions to accessing certain services, an inability to access services because of a disability, and the like, can all decrease feelings of personal and cultural dignity. Poor hygiene facilities, lack of washing facilities or simply a dirty environment—do these not decrease a person’s sense of wellbeinng and thus affront one’s dignity?

Agency is a useful lens (I’Anson & Pfeifer, 2013), even if sometimes overused as a concept. No one likes to feel burdened with constraints or put into situations where they have little control. Having a say in what happens is important. One wants to feel safe, especially when accessing basic services. WASH services are not those accessed by choice—they are not luxury items. Physical safety should at least be assured, and one’s wellbeinng is often linked to a sense of safety. Wellbeinng is also derived from being well—physically, by not being sick, and by care being taken in service delivery. Dignity obviously comes from not being considered a nuisance, or being seen as part of a problem, but by being able to make choices and have some control and input into what is going on in one’s own life and environment.

WASH activities intersect intimately with all of the themes, and, in many ways, are at the basis—along with food provision and medical care—of dignity, wellbeinng and safety. WASH activities not only benefit users’ physical health, they can contribute to their dignity and wellbeinng, and at least engender their safety. In this view, the user is at the centre and their needs are seen holistically.

One reason for the lack of proper attention to dignity, wellbeinng and safety is the false dichotomy between ‘hard’ and ‘soft’ WASH activities. Priorities change,

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3 One straight-forward definition of wellbeinng from the popular psychology press is: “Well-beinng is the experience of health, happiness, and prosperity. It includes having good mental health, high life satisfaction, a sense of meaning or purpose, and ability to manage stress. More generally, well-beinng is just feeling well.” https://www.psychologytoday.com/gb/blog/click-here-happiness/201901/what-is-well-being-definition-types-and-well-being-skills
especially when the focus changes from sanitation to highly technical activities such as water networks and complex faecal management facilities. The ‘soft’ side should never be deprioritised, as infrastructure should follow needs, and safety, wellbeing and dignity are always important needs. Infrastructure design should follow small ‘p’ protection concerns.

Two points to mention separately include being aware of the needs of those living with disability and incontinence. Facilities for people with disability are frequently almost non-existent in camps or crowded urban settings. Where infrastructure is not able to solve the problem, other ways must be found to facilitate access to a full range of WASH services. Similarly, incontinence is a challenge that has, until recently, not been met by normal sanitation programming. These issues both present clear challenges to dignity, wellbeing and safety.

**Cox’s Bazar: Dignity, wellbeing and safety in practice**

We will consider a specific program activity, the provision of shower facilities, in the context of the influx of Rohingya to the Cox’s Bazar area of Bangladesh in 2017. As a practical example, it is worthwhile considering the under-described issue of showers from a protection perspective. Showers are connected to a larger discussion of the importance of hygiene activities in emergency interventions, which is itself a critical theme of debate. A hygiene perspective invariably also leads to the important role of community engagement in program design given the social and religious elements which inform hygiene needs.

**Shower facilities**

What exactly are showers in the context of a refugee camp? Physically, showers are much like latrine blocks but without the faecal waste pit. The simple idea is to create an enclosed place with adequate drainage where one can wash oneself. There are a couple of key elements to the concept: a physical space is provided, where wastewater from bathing can be dealt with appropriately, and a space of privacy is provided.

The shower can therefore be looked at as a protection tool—a physical space with an objective to provide dignity and wellbeing in a safe way for users.

Shower facilities issue in the Cox’s Bazar mega-camp was of this nature. On the surface, it was not clear why resources were allocated to them; in an overcrowded camp setting with massive WASH needs, were shower facilities a priority? But input from users made it clear that they were important for women in particular. The facilities provided a safe space for women to shower, as showering in public was not culturally acceptable. Linked with this question is whether hygiene activities collectively are a priority; however, as the link between hygiene and health is clear—such as the prevalence of scabies in a context of limited availability of washing water and/or poor hygiene facilities—hygiene has risen as an area of prioritisation over the years.

As bathing will happen whether showers are provided or not, the next question to ask is: what are the consequences of bathing facilities not being made available, particularly for those who are not able to bathe in public? From focus group discussions with women’s groups in the Cox’s Bazar mega-camp, it became apparent that in the absence of shower structures women would bathe in their huts. Given the small size of the huts, there was little room for this activity, and it was also an unhygienic practice. Interestingly, the effect of creating a small space for bathing encouraged its use for defecation as well, especially at night. This practice was particularly unhygienic.

Another aspect of a situation where women were expected to bathe inside huts was a fear that this would constrain the ability of women to leave their huts altogether. This view came out quite strongly in focus analyses on top of a basic logic of hygiene provision. This section will describe three aspects which should be thought through: gender and, by extension, culture; community engagement; and program monitoring.

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4 The impetus for the following personal reflections were observations made from a ‘lessons learned’ exercise conducted in 2019 for an international NGO on the organisation’s WASH response to the latest influx of Rohingya. It should be noted, however, that these reflections are my own.

5 See, for example, this webpage from UNICEF on how better hygiene leads to better health: https://www.unicef.org/wash/hygiene

6 Conducted by the author in 2019.
group discussions with women who stated a high level of appreciation for the provision of shower facilities. More than the practical value in proper hygiene facilities being available, and even more than the preference for using proper-built rather than jerry-rigged facilities, was the element of freedom—the opportunity to leave the hut for reasons which were considered acceptable. The more activities that could be performed in the hut meant the fewer legitimate reasons women had to move around the camp.

The next step of analysis relates to where the showers were best physically situated. Beyond the provision of a safe physical space itself, there are other considerations relative to the geography of a camp, such as increasing opportunities for positive social interactions and decreasing chances of negative social interactions, such as intrusions by men into the bathing space or personal safety issues related to the journey to and from the showers. There are also natural links with other activities outside the usual remit of WASH programming, such as the facilitation of safe spaces. The location of physical structures, even as simple as a shower, should therefore be considered a social space—a space seen from a standpoint of dignity, wellbeing and safety.

Community involvement
Taking the above as given, this begs the question: how do we 'do' this type of analysis? Participatory community involvement in program design is not a new idea and has been a standard methodology within grassroots development work for decades, if not always used successfully. But in a refugee camp setting, with literally hundreds of thousands of people arriving and a massive camp infrastructure to be built in a completely new camp setting, it can be debated whether there is time for utilising such methodologies.

Regardless, in principle, communities should always be consulted. Certainly, there are standard operating procedures and tried and tested interventions that can quickly provide life-sustaining programming. This is particularly the case when prioritising material interventions, such as water provision and sanitation facilities. But consultation can also become a standard practice, and certain activities must seek community input.

What has often been described in the WASH world as ‘soft’ programming—hygiene interventions, hygiene education and similar activities—often gets deprioritised. For some of these activities, community consultation is integral to their successful implementation. An understanding of hygiene practices is needed to undertake a proper hygiene education program, for example. But this is not to say that all types of activities—however ‘hard’, such as water provision and latrine construction—would not also benefit from community consultation. For example, there may be particular ways the population expects to access water points, or latrines may need to be oriented in specific ways. The point here is that community consultation benefits WASH programming of any type and should be a standard part of program design.

‘Soft’ programming—hygiene interventions, hygiene education and similar activities—often gets deprioritised.

Not all forms of community participation in program design, however, are created equal. The tendency to consult mostly male community leaders is widespread. It is often more difficult to convene women’s groups unchaperoned by male leaders, and so these types of consultations do not always occur in a meaningful manner. Women often get ignored or have their input overridden.

Community consultation, it is argued, is a method of ensuring that a protection perspective is taken in program design. In the example provided above, showers were indeed provided, but it is uncertain how much decision-making was based on input from community consultation; that is, how much was the value of bathing facility provision, as described by women themselves, the impetus for the shower construction program? It certainly may have been, but, if so, the next step would naturally be for both the impact of the program to be monitored, and for the design and location of the showers to be evaluated in order for adaptations to be made in subsequent interventions.

Monitoring programming
Once activities are completed, they need to be monitored to determine if they are meeting the indicators of success. But more than this, data should also be collected on whether the program is having more than a material effect on the populations and is comprehensively meeting the needs of all users. For many types of WASH activities, the technical metrics are clear, but there are often less obvious social metrics of impact to consider. A protection perspective on the impact of shower facilities for women would be one of these. These social indicators, however, are often more difficult to assess. Continued community engagement and consultation is necessary.

Monitoring should therefore consider social changes, as they may indeed change over time. Original assumptions should be checked, and rules of thumb should not be allowed to become unverified operating assumptions. The danger is for social characteristics to become simplified statements that everyone ‘knows’. This is internal monitoring—checking an organisation’s logic, as much as external impact. Community engagement is also part of this process—not only at the beginning, but as the program develops. It is easy to forget why something was done, and to forget to check with, or even identify, the most relevant parts of the communities.
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As with so many physical structures, once built they are easy to forget, especially as new priorities take over. The social aspects are the easiest to forget to monitor. And after monitoring comes lessons learned, but the lessons learned must be considered and used to inform future operations. For showers, questions remain concerning construction methods; physical and social location of the showers; and how they could be more fully integrated into a comprehensive set of WASH activities.

Integration
Going forward, it is necessary to think in a more integrative way. It is good to focus on the various aspects which are included in WASH, and to fully elaborate on the different activities that respond to needs and how they fit together. However, WASH must also integrate into larger concerns—for example, protection—and some guiding principles are useful, such as dignity, wellbeing and safety.

As an example, one plan floating around the Cox’s Bazar mega-camp was to set up areas where an adapted set of services could be provided to certain groups of people—one example being women, but there were others, such as the disabled, youth, elderly or any other group with particular needs. In the example of shower facilities, this would not necessarily mean that showers for women would only be provided in some sort of segregated section of the camp, but that a comprehensive set of activities could be considered for such areas that would complement those provided in the areas of the camp accessible by everyone. The objective would be to attend to issues of dignity, wellbeing and safety.

Conclusion: Reimagining protection
Let us return to discussing the protection concept itself. WASH was oriented as outward-facing service delivery programming, in which small ‘p’ protection plays a role, and an example of shower facilities was used to elaborate upon the central argument. But this commentary seeks to go beyond the specific and to generalise the findings. Dignity, wellbeing and safety are deserved by all in relation to every aspect of humanitarian programming. In fact, these ideas should probably be considered universal within every human community. Who doesn’t want to live with dignity, in a state of wellbeing and in safety?

Who doesn’t want to live with dignity, in a state of wellbeing and in safety?

‘Protection’ may simply be the wrong word to use to describe the underpinning operational principles, at least in reference to what we can think of as operational protection as opposed to formal legal protection mechanisms. It is argued that it is better to break down the concept into its component parts: dignity, wellbeing and safety. Each idea has its own operational implications and will inform program design in unique ways, but as well they all must work together. Putting these ideas together may dilute their individual power, but keeping them separate may lessen their synergistic potency.

Most fundamentally, when considering a concept like protection it is a question of perspective. One reason speaking about dignity, wellbeing and safety is better than the more nebulous concept of ‘protection’ is that together they describe the end state of activities. Programming, if implemented properly, should enable people to live with more dignity, with a better sense of wellbeing and with increased safety. The concept of protection somehow turns the perspective around and puts the onus on the program implementer to ‘protect’ the beneficiary, rather than assisting people in supported communities to live with dignity, in a state of wellbeing and in safety. The focus should be on the people desiring help, the communities they are part of, and the ways in which they want to be helped, rather than on the implementor.

Using the perspective of dignity, wellbeing and safety, therefore, more fully orient the perspective to individuals and communities and their needs. Examining how these concepts relate to WASH activities, particularly to the shower facilities example, showed the value of this approach to protection. The key point here is really about mindset and worldview. This is the importance of reflecting on technical services which can be envisioned through a community perspective—focusing on the meaning of a concept that allows for more appropriate programming. Related to this is the essential nature of community involvement in program design and in program monitoring. Community participation is not a one-off step taken at the beginning of an intervention, and dignity, wellbeing and safety should all be included in program monitoring and evaluation.

The conclusion of this commentary is not to lead the charge for the abandonment of the term ‘protection’, or to reformulate all definitions, guidelines, policies and practices around a new term or phrase. In any case, the three-term phrase dignity, wellbeing and safety is not a pithy formulation; it is suspected that the term ‘protection’, in all its guises, will continue to be used. Rather, the idea is simply for practitioners to be more nuanced in their understanding of the term in operational settings. Even a change in personal perspective by a practitioner is valuable when considering how humanitarian programming is seen and perceived by crisis-affected individuals and communities. Isn’t it better to support someone in need to live with dignity, in a state of wellbeing and in safety, rather than seek to somehow provide nebulous ‘protection’? Words matter, and concepts must be unpacked, broken down into their constituent parts, and made achievable through straight-forward operational choices. Therein lies true humanitarian leadership.
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