

Post Graduate Diploma in WASH
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PGD002

ASSIGNMENT 1

1. Suppose you work with a community radio station, describe what your radio station would do to address water, sanitation and hygiene issues with regard to your i) audience, and ii) WASH messages?

The media play a significant role in spreading information and raising awareness on water and sanitation. They enable to influence and change public opinion and behavior on an issue. This can lead to public pressure on the local policy actors, so the media can indirectly influence decision makers as well. Furthermore, the media can play a role as an advocacy tool for practical hygiene behavior change in the community. Radio campaign reaches a wider audience than other medium.

These are the groups you want to contact. Primary target audiences are those who carry out risk practices (for example, mothers, school children). Secondary target audiences are the immediate society of the primary audience who influence them (eg fathers, school children, mothers-in-law). There is a third target audience which is very important: opinion leaders such as religious, political, traditional leaders and elders. They can have a major influence on the success of your programme, as can partner and collaborating agencies.

The WASH messages

1. To wash hands properly: use water, a little soap. Rub for 10 seconds, rinse & air-dry or dry with a clean cloth/paper, not on dirty clothes.
2. Wash your hands properly before touching the T-zone on your face (eyes, nose and mouth) as this is where germs enter the body. Avoid touching the T-zone when you can.
3. Wash your hands BEFORE preparing food, eating or giving food to babies, AFTER pee or poo or cleaning baby or helping someone who is ill.
4. Keep your body and clothes fresh & clean. Keep your nails & toes, teeth & ears, face & hair CLEAN. Shoes/flip-flops protect against worms.

5. Keep human & animal poo & pee away from flies that spread germs. Use latrines & afterwards, wash your hands.
 6. Keep your face fresh and clean. Wash well with a little clean water and soap morning and evening, plus if flies buzz near sticky eyes.
 7. Don't touch clean, safe water with dirty hands or cups. Keep it safe & free from germs.
 8. Sunlight makes water safer. Filter it into a plastic bottles & leave for 6 hours until it's safer to drink.
 9. When you can, use the sun to dry & destroy germs on plates & utensils after washing.
 10. Kill or reduce flies by keeping the home & community free from rubbish & dirt. Store rubbish safely until it's collected, burned or buried.
- The messages can be used by educators to use with children, as SMS text messages for older children or for households or ideas for campaigns, quizzes or games and on the social media

2. In your own words, what is your understanding of public health and what are its key elements?

Public health is defined as the science of protecting the safety and improving the health of communities through education, policy making and research for disease and injury prevention.

The definition of public health is different for every person. Whether you like to crunch numbers, conduct laboratory or field research, formulate policy, or work directly with people to help improve their health, there is a place for you in the field of public health. Being a public health professional enables you to work around the world, address health problems of communities as a whole, and influence policies that affect the health of societies.

The key elements of public health are as follows

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable

8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services

10. Research for new insights and innovative solutions to health problems

3. Public health is about partnership between the different players. Explain how the role of international non-profit/NGO in terms of

i) Recruitment

Development of the policy on recruitment and retention and the system that life policy. Need assessment to determine the current and the future resources requirement of organizations. If activity is to be effective, human resources requirement for each job category and functional units of the organization must be assessed and priority assigned. Identification within and outside the organization, of the potential human resources pool and the likely competition for the knowledge and skills resident within. Job analysis and job evaluation to identify the individual aspects of each jobs and calculate its relative worth. Assessment of qualification profiles, drawn from jobs description that identify responsibilities and required skills, abilities, knowledge and experiences. Determination of the organization ability to salaries and benefits within a defined period. Identification and documentations of the actual process of the recruitment and selection to ensure equity and adherence to equal opportunity and other law

ii) Training

Training is the act of increasing the knowledge and skills of an employee for doing a particular job.” — Edwin B. Flippo. Training is an organized activity for increasing the technical skills of the employees to enable them to do particular jobs efficiently. In other words, training provides the

workers with facility to gain technical knowledge and to learn new skills to do specific jobs. Training is equally important for the existing as well as the new employees. It enables the new employees to get acquainted with their jobs and also increase the job-related knowledge and skills.

This the brief summary case study about the needs for training the health workers

Local health departments have serious and urgent needs for preparing new public health professionals and for upgrading the skills of current public health professionals (NACCHO, 2001). They face an on-going need to train new and current workforces in how to respond to emerging areas, changing diseases, new priorities, and new technologies. Because LHDs are experiencing significant changes in the types of services they provide and the roles they are expected to fulfill, education and training are needed to prepare new and current local public health staff to meet these changing expectations. As discussed earlier, the vast majority of current public health workers do not have formal public health training. Many have training in a primary health profession, such as nursing or environmental health, and continue to receive training updates from the schools and through their professional associations. One of the major training needs for LHDs is the capacity to support their professional staff in maintaining their professional credentials or licensure through on-going continuing education. Much of the training for local public health staff is obtained through the initiative of individual employees, seeking continuing education in areas of special interest to them or for the continuing medical education or continuing education units that are required to maintain their professional credentials. LHDs provide a significant amount of direct staff training, primarily for focused technical skills specific to their services and programs. Most LHDs have very limited financial and staff resources for providing or obtaining training or for supporting education for their staff, and they rarely have staff who are professionally prepared to be trainers or educators. Linkages with schools of public health could enhance the capacity of LHDs to provide broader and higher quality training. LHDs can play an important role in training and education

by assessing the skills and training needs of their workforce. This assessment role is proposed in the National Public Health Performance Standards (NPHPS) (CDC, 1998), as part of Essential Service 8 (Assure a Competent Public and Personal Health Care Workforce) (Public Health Functions Steering Committee, 1994). The NPHPS also proposes that LHDs adopt “continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.” They further recommend that LHDs “provide opportunities for all personnel to develop core public health competencies. “Many sources of education and training are currently available for local health department staff, including state government agencies, professional organizations, academic institutions, federal government agencies, consultants, other local government agencies, and in-house training (Bialek, 2001). However, there is little systematic information about the extent to which LHDs actually use various sources, which courses and topics are most frequently sought, or the effectiveness of the alternative sources of training. “Distance learning” has become increasingly available, but there has been no assessment of the level of use or value for local public health professionals

Identification of the work force providing population-based and personal health services in public and private settings across the state and implementation of recruitment and retention policies. This indicator includes an assessment of the number, qualifications, and geographic distribution of the public health workforce statewide.

Provision of training and continuing education to assure that the workforce will effectively deliver the Essential Public Health Services. These plans involve resource development programs that include training in leadership and management, multiple determinants of health, information technology growth and development, and support of competencies in the specific health professions. The state public health agency should be instrumental in assuring that these functions are conducted, regardless of whether the agency provides the functions directly or facilitates their provision.

Provision of specific assistance, capacity building, and resources to local public health systems in their efforts to assure a competent public and personal care workforce. This indicator includes the collaborative development of retention and performance-improvement strategies to fill workforce gaps and decrease performance deficiencies; and assurance of educational course work to enhance the skills of the workforce of local

public health systems. State public health agencies, working in collaboration with local public health systems, can develop incentives that support workforce development activities.

Evaluation and quality improvement of the state wide system for workforce development. To be successful in this area, the state public health agency would periodically and consistently review the state's activities to assure that a competent public and personal care workforce uses the results from reviews to improve the quality and outcome of its efforts. These reviews would include current and future workforce distribution and continuing education needs as well as public health system assessment for its success in meeting those needs.

Public Health Training Centers assess workforce learning needs and provide tailored distance learning and related educational programs.

Public Health Special Projects community and academic partnerships improve skills and competencies of the public health workforce, provide distance learning, curriculum revision, and course content in areas of emerging importance.

Public Health Traineeships train eligible individuals in public health professions experiencing critical shortages.

Preventive Medicine Residencies support existing and develop new residency training programs, and provide financial assistance to enrollees.

Health Administration Traineeships and Special Projects increase the number of underrepresented minority health administrators and the number of health administrators in underserved areas, support academic and practice linkages, and develop outcomes-based curricula.

Importance of the Training of training to the healths resourceful person

1. Better Performance:

Training leads to increase the skill of employee and he performs the job better than before. It improves quality of work. Training also helps in increasing the productivity. So there is an increase in quality and quantity of output.

2. Less Supervision:

The trained worker does not commit mistakes; he knows his job well. His work, therefore, requires less supervision. The supervisor can devote his time for more urgent work. A trained worker is self-reliant.

3. Economy in Use of Material and Equipment:

Trained workers make better and economic use of materials and machines. Wastages are avoided. Trained workers do not cause any damage to machines and equipment because they know how to use them. So the wastage of material and damages to the machines and equipment's are low. This helps in reducing per unit cost of production.

4. Increased Morale:

The objective of the training is to change the attitude and outlook of the workers besides increase in knowledge and skills. A trained worker's morale increases because of the support and encouragement he gets from his superior at the workplace. His opinion is respected. Supervisor also obtains cooperation from the workers. This makes workers more loyal to the organization.

5. Uniformity and Standardization:

Training provided to workers enables uniformity in works and standardization of methods in performing the jobs. This minimizes the mistakes by the workers because they work with great care and understanding. Everything can be reengineered with the help of trained workforce and quality of the product can be substantially increased.

6. Less Learning Time:

A well planned and systematically organized training programme reduces the learning span. More time is consumed when workers learn through unsystematic and unplanned method of trial and error.

7. Effective Management:

Supervisors can easily delegate their powers to the trained personnel's for the better managerial control.

8. Filling Human Resource Requirements:

Providing training to the personnel's increases the skill, knowledge and talent in them. They can make themselves capable of occupying positions at higher level. Managers identify the capabilities among the current human resources and can promote them to the higher positions. In this way the needs for human resources can be fulfilled from within the organization.

iii) funding

Estimating national WASH expenditures requires information and coordination among the many different WASH sector institutions and levels of government, service providers, nongovernmental organizations and external development partners. The sources of financing for drinking-water and sanitation services can include: • Households – includes household tariffs and fees paid to service providers and repayable finance raised by public utilities, as well as household investment in self-supply solutions (e.g. private or community wells, water tanks), and household level sanitation. • Taxes (government) – funds originating from domestic taxes that are channeled to the sector by central, regional and local governments, and repayable finance borrowed by governments other than ODA. • Transfers (external sources) – funds from international donors and charitable foundations. Transfers include grants and concessional loans, which include a grant element in the form of subsidized interest rate or a grace period. In the GLAAS 2016/2017 country survey, respondents were requested to provide annual WASH expenditure data from the most recent available fiscal year for the sector by revenue source (i.e. households, government, external sources) and by service type (i.e. drinking-water, sanitation, urban and rural). Revenues derived from repayable financing sources were also requested, though these were not disaggregated between repayable financing for public utilities versus financing borrowed by governments. While expenditure data were received from 52 countries (out of 75 country respondents), there is a wide variation in response completeness due to challenges in obtaining information from all WASH funding sources. For instance, while data on utility tariffs are readily available in many countries, the payments made by households for rural WASH services and out-of-pocket household expenditures are more difficult to obtain. In addition, aggregation of household expenditures for WASH at the national level is not commonly performed or compiled, nor is a centralized information system used. As such, household contributions are provided as estimates in many cases. For example, the Government of Nepal estimated household contributions by multiplying the number of

households in both urban and rural areas by an estimated average annual household tariff payment of 1 200 rupees (US\$ 12) for urban areas and 300 rupees (US\$ 3) for rural areas. To improve tracking of financial flows, the GLAAS TrackFin initiative has developed a detailed methodology for tracking financing to WASH and developing WASH accounts at the national level. Currently, several countries are implementing the TrackFin methodology to gain a better understanding of financial flows to WASH (see Annex B). It was not expected that countries responding to the GLAAS country survey undertake such an intensive study as outlined in the TrackFin methodology, however, calculating estimated expenditures involved similar types of estimation methods as TrackFin and draws on some of the same suggested data sources. Twenty-five countries were able to provide WASH expenditure data sourced from households, government, and external sources in the GLAAS 2016/2017 country survey. The 25 countries represent a population of 875 million with a total reported WASH expenditure of US\$ 43 billion, and an average of US\$ 50 WASH expenditure per capita (Fig. 8). It should be emphasized that these expenditures include both capital and O&M expenditures. 15UN-WATER GLOBAL ANAL

There was a degree of diversity across ESAs when it came to priority areas within WASH, as shown in Fig. 19. Different organizations tended to have their own areas of priority; for example, the Bill & Melinda Gates Foundation focus on technological innovations to promote sanitation services, while the African Development Bank prioritizes the issues of water security and trans- boundary water management. Organizations such as development banks and Water.org focus heavily on WASH financing and leveraging private sector investments, while other ESAs such as BRAC and AFD provide support to countries for WASH service delivery. Five areas within the WASH sector emerged as high priorities for the majority of ESAs

- Supporting sustainability of WASH services:
- Enhancing access and improving service levels.
- Strengthening policy/institutions for sustainable WASH service delivery.
- Reducing inequalities in access and services to the poorest and most vulnerable.
- Promoting alignment with national recipient government priorities.

iv). Monitoring for public health projects contribute to the success or failure of those projects in the developing countries

Monitor environmental and health status to identify and solve community environmental public health problems Diagnose and investigate environmental public health problems and

health hazards in the community. Inform, educate and empower people about environmental public health issues. Mobilize community partnership and actions to identify and solve environmental public health efforts. Develop policies and plans that support individual and community environmental health problems. Enforce by laws and regulation that protect environmental public health and ensure safety. Link people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable. Assure a competence environmental public health services. Evaluate effectiveness, accessibility and quality of personal and population based environmental health services Research for new insight and innovative solution to environmental public health problems.mk

4. In your capacity as the environmental health officer you have been tasked to lead the assessment of a disaster situation. Come up with two key questions under each of the following five headings in your assessment list , namely i) General overview of the situation ii)Water supply iii) Solid-waste disposal iv) Excreta disposal and v) Vector-borne diseases for purposes of assessing local conditions, health needs and identifying local resources in the disaster situation that you are addressing.

I. General overview of the situation

1. What are WASH risks related cases in term of inadequate water supply, substandard sanitation like safe disposal of faeces, vector control, sold and medical waste management?
2. Why improving water, sanitation and hygiene emergency setting is so importance?

II. Water supply

1. What are common illness related to water and unhygienic sanitation in this area?
2. In case of inadequate source of water, how far do they collect water from, and what types of water facility do they collect water

III. Solid-waste disposal

1. Where do they disposed sold-waste and how secure that waste disposal management systems for the health of community leaving around.
2. Is there by-laws formulated to protect environments and sure they are functions

IV. Excreta disposal

1. Where does community defecate? (a) Present of pit latrine () (b) open defecation()
2. How far distance pit latrine is dig and it deepness?

V. Vector borne diseases for the purposes of assessing local conditions, health needs and identifying local resources in the disaster situation that you are addressing

1. Is there present of cases of malaria, yellow fever and others viral hemorrhagic fever?
2. What are other shelters you have in term of sleeping net, houses and general cleanliness of the environments?

References and Citations

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3. [Appendix A School of Public Health Catalogue Abstraction](#)
[Appendix B School of Public Health Survey Instrument](#)
4. 500 Fifth St., NW | Washington, DC 20001
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5. Module 1, introduction to WASH, PGD in WASH