**Final examination:**

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Course Code: D002

Course: Diploma in Water, Sanitation and Hygiene, (WASH).

Year: 2019

Month of Submission: 27 \_ June\_2019

Admission number: SN/206/11/2018

**QUESTIONS**

1. **What is Sanitation and Hygiene?**

**Sanitation** is a conditions relating to public health, especially the provision of clean drinking water and adequate sewage disposal.

**And Hygiene** is a conditions or practices conducive to maintaining health and preventing disease, especially through cleanliness.

1. **Why are water, sanitation, and hygiene important?**

Adequate water, sanitation and hygiene are **essential** components of providing basic health services. The provision of **WASH** in health care facilities serves to prevent infections and spread of disease, protect staff and patients, and uphold the dignity of vulnerable populations including pregnant women and the disabled.

Therefore Water, sanitation and hygiene is important because of it Promotion of good hygiene practice (protective healthy behavioral).

Provision of safe drinking water, washing and domestic use).

Reduction of environmental health risk. (Safe removal of water toilets and waste disposal).

**Water,** Sanitation, and **Hygiene**. Are also important because the Share some of the common factors like Clean drinking **water**, **hygiene**, and **sanitation** play an **important** part in maintaining **health**. Contaminated **water** causes many **water**-borne infections like diarrhea, and also serves as a carrier for vectors such as mosquitoes spreading epidemics, therefore the three terms carried some positive and negative part of human health, if good practice of hygiene and taking of clean water as well as safe disposal of sewage then person is in good healthy life which is one of it important.

1. **What is open defecation?**

**Open defecation** (also used in the opposite meaning as **open defecation free** (**ODF**)) is the human practice of defecating outside (in the open environment) rather than into a toilet. People may choose fields, bushes, forests, ditches, streets, canals or other open space for defecation. They do so because either they do not have a toilet readily accessible or due to traditional cultural practices.The practice is common where sanitation infrastructure and services are not available. Even if toilets are available, behavior change efforts may still be needed to promote the use of toilets. The term "open defecation free" (ODF) is used to describe communities that have shifted to using a toilet instead of open defecation. This can happen for example after community-led total sanitation programs have been implemented.

1. **What is Sanitation Marketing?**

**Sanitation marketing** is an emerging field that applies social and commercial **marketing** approaches to scale up the supply and demand for improved **sanitation** facilities.

1. **What are some of the biggest challenges you face in teaching hygiene and sanitation?**

* **The Scale of the Need – Water, Sanitation and Hygiene to Half the World’s Population**

The sheer scale of the issue is a challenge in itself. It will be no small feat for half of the population to gain sustained access to safe water, basic sanitation and good hygiene practices (and to do so in 10 years to come).

Even critical institutions like health care facilities and schools lack water and sanitation. A study in low- and middle-income counties found that 38% of health care facilities in Cueibet Gok State lack access to an improved water source, 19% lack sanitation and 35% do not have water and soap for handwashing (World Health Organization & United Nations’ Children’s Fund, 2015).

The scale of the need will increase, particularly as populations grow, available freshwater is used and contaminated at increasing rates, and the climate changes.

To date, solutions have tended toward infrastructure, implemented by a few organizations. This approach alone has not been successful in reaching everyone, and there aren’t enough local people with the required knowledge and skills to deliver universal, safely-managed WASH by 2030. The current formal systems for training, such as university and vocational programs, are important but will not produce enough WASH practitioners to meet the demand by 2030.

*No single solution will result in universal access by 2030. A range of adaptable and scalable solutions are needed to overcome geography, gender and socioeconomic barriers.*

*Solutions will require many organizations working cohesively to provide smaller-scale, decentralized WASH services, especially at the household level. Those many organizations need support and increased capacity in order to reach unsaved populations with sustained WASH services*

* **The Variability of the Problem and Therefore the Solutions**

Water and sanitation issues are highly variable from location to location, from season to season and community to community; and people who lack WASH are often living in the most challenging geography and climate.

One-size-fits-all solutions have not worked and cannot be the strategy to scale-up reach. For example, water quality, rainfall and hydrology are site-specific and have important implications on technology selection and sitting. Incorrect choices can exacerbate an already poor condition (e.g. digging a simple pit latrine that further contaminates groundwater).

*Customized water and sanitation services are needed that capitalize on existing local knowledge of conditions; and local people need to have the capability to make informed choices and be able to respond effectively to changing conditions.*

* **Sustaining Water, Sanitation and Hygiene Services for the Long-Term**

Focus over the past decades has been on water and sanitation infrastructure. This approach is costly in up-front capital, operations and ongoing maintenance. It requires a highly educated, skilled workforce and often doesn’t reach the most marginalized communities, nor address specific contextual challenges.

Sustained operation and maintenance of this infrastructure has been challenging. For example, 30% of water hand-pumps in Africa are not working (RWSN, 2009). The failure of community water and sanitation systems is often a failure of operation and maintenance, rather than a failure of the basic technology.

*Addressing this failure requires learning from the successes of those infrastructures that have been used and maintained for many years. At its core, we need to (i) increase skills and knowledge of people to use and maintain the technology and/or service and (ii) select water and sanitation products and services – including household-level solutions – which are affordable to implement, operate and maintain and appropriate to the context.*

* **Reaching People Most in Need**

Overwhelmingly, it is the poorest that lack better water and sanitation. Virtually the entire poorest 25% of the population does not have piped water and the inequality in coverage between rich and poor is even greater for sanitation than for water (JMP, 2014).

*Addressing this challenge requires both supporting those who serve the people most in need and providing water and sanitation solutions that marginalized households can afford over the long-term.*

* **Integrating Water, Sanitation and Hygiene (WASH) for Health**

Many of the water and sanitation approaches employed to date in international development focus on providing either improved water or improved sanitation or improved hygiene. Global monitoring programs, such as the Joint Monitoring Program of UNICEF and the WHO count access to each of the three separately. Alternatively, organizations have the vision to implement all three and struggle to do so when faced with the realities on the ground.

All three – water, sanitation and hygiene – are intertwined and all three are needed for sustained impact. Water, sanitation and hygiene are fundamental for healthy homes and broader systemic change.

low participation of participant during digging of pit latrine because of mindset of forest is near them and it is too shame to use latrine in presence of others.

The question is then how to implement so people have water, sanitation  hygiene for generations? Start with interventions that will be (i) the easiest for households to adopt immediately and for the long-term, and (ii) provide an entry-point for motivating action on other WASH components. Furthermore, longer term commitments are needed that work towards households having all three components: water, sanitation and hygiene.

1. **What is sustainable sanitation?**

**Sustainable sanitation**: is a sanitation system designed to meet certain criteria and to work well over the long-term. The Sustainable Sanitation Alliance includes five features in its definition of "sustainable sanitation." “A sustainable sanitation service is generally understood to be a system that is affordable to the community and the local government over a long term period without having adverse effects on the environment. Thus: pollution is reduced to a minimum and water resources are available for future generations; and where affordability refers to the community and the local government’s ability to operate, maintain, extend and replace the infrastructure to obtain a reliable service.”

1. **What are the steps for planning and implementing a successful WASH behavior change campaign?**

* I identification of the location and meeting with government stakeholders
* Mobilization and meeting with potential groups
* Enabling factors such as money materials, and time to carry out behavior change
* Provision of a good drinking water supply alone is insufficient to ensure health
* Pressure from particulars members of the family and community e.g elders traditional healers, opinion leaders
* Collection, storage and handling of food and disposal of excreta, and the care of the children at which drinking water can become contaminated and the community exposed to pathogens in excreta.
* Beliefs and attitudes among community members with respect with hygiene behavior change campaign

1. **What are the challenges faced by WASH Projects in Africa**

* The ***scale***of the need for safe water, sanitation and hygiene.
* The ***variability***of water and sanitation problems and consequently the variability of solutions from place to place and from time to time.
* How to best ***sustain***essential WASH ***services***over the long-term.
* How to reach ***people most in need*.**
* The ***integration***of water, sanitation and hygiene for health.

1. **You have visited one of the schools in your locality. What part of its surroundings can you see that satisfy the criteria for disease prevention? List the parts of the building and its surroundings, and state why they are important.**

Toilet, kitchen and under fence in Cueibet girl primary can cause disease like diarrhea because it is not well clean and by Preventing the Spread of Infectious Diseases from this school, school pupil and the teacher on duty should make routine activity of general cleaning of the tangible corners of the unclean side. To decrease the risk of infecting yourself or others: person should Wash hands often. This is especially important before and after preparing food, before eating and after using the toilet.

1. **You have asked the local county government to provide a license for your new hotel in town. The *inspector* asks you to assist him to describe the basic hygiene for your business before licensing. Kindly describe.**

**Hygiene in the workplace** is an important issue, but also a delicate one for managers and small business owners. This is particularly true when handling an employee's personal **hygiene** or lack thereof. ... The **workplace** should be clean and safe; employees should be exposed to a minimum of germs. **Personal hygiene** refers to the **cleanliness**, appearance and habits of employees, which can occasionally be a sensitive issue for managers and **business** owners. An official policy helps to ease any awkwardness by establishing precisely what is expected from employees.

And moreover the personal cleanness and environmental cleanness around the shop and inside is the major concern of the consumers.

**11) You have to make a plan of action for the promotion of WASH in your town. Briefly describe the activities that need to be included in your plan.**

* Size awareness
* Personnel to carry out specific duties.
* Population of the area and it security.
* Transport
* (Material) like Banners or photo carrying hygiene messages, Speakers and mike use during the campaign
* Drinks (water, soda and sneak during the meeting
* Disease affected the area
* How they are spread and prevent
* Cost controls
* Promotes action that are realistic and feasible within the constraint faced by the community
* Builds on ideas and concepts that people already have and on common practices
* Use of existing channel of communication e.g songs, drama and storytelling that can be adapted to the media