Wash Final Examination.

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# What is Sanitation and Hygiene?

Sanitation refers to the provision of facilities and services for the safe management of human excreta from the toilet to containment and storage and treatment onsite or conveyance, treatment and eventual safe end use or disposal. More broadly sanitation also included the safe management of solid waste and animal waste (WHO). The term hygiene is the practice of keeping oneself and one’s surroundings clean, especially in order to prevent illness or the spread of disease (Boot and Cairncross, 1993).

## Why are water, sanitation, and hygiene important?

Poor WASH increases an individual’s exposure to faecal pathogens through multiple ways leading to increased cases of diarrhoael diseases. Systematically managed piped water from n improved point source of water reduces diarrhoeal disease risk by 73% (WHO).

WASH plausibly influences child growth in multiple ways. in both the WASH and nutrition sectors, that WASH is an essential component of strategies to reduce undernutrition, and that efforts should be concentrated on the first 1000 days—from conception to a child’s second birthday. Poor WAH practices could affect childhood nutrition via at least three pathways; intestinal worm, environmental enteric dysfunction and repeated bouts of diarrhea.

Inadequate food hygiene practices can lead to high levels of microbial contamination of food, and interventions focusing on critical control points may reduce this contamination.

Inadequate access to WASH can expose vulnerable groups—particularly women and girls—directly to violence. This may cause psychosocial stress due to the perceived threat of such violence, adding to other causes of psychosocial stress such as the perceived threat of harassment, or the threat of being unable to meet basic needs;

WASH plausibly affects maternal and newborn health through multiple direct and indirect mechanisms, and WASH coverage in delivery settings in low and middle-income countries is extremely low. There is a consensus that safe WASH in health facilities—and in other delivery settings—is critical for accelerated progress on maternal and newborn health;

Poor WASH facilities possess challenges and barriers associated with menstrual hygiene management (MHM) among schoolgirls and women. A girl or woman without access to water, soap, and a toilet, whether at home, school, or work, will face great difficulties in managing her menstrual hygiene effectively and with dignity. Furthermore, there is consensus on what is required to enable safe, dignified management of menstrual hygiene: knowledge, materials and facilities;

In many countries, it has been reported that poor WASH facilities act as a barrier to student attendance and enrolment. This affects girls in particular, but especially girls post menarche, when their menstrual hygiene management needs may not be addressed.

WASH plays an important role in preventing the transmission of neglected tropical diseases like trachoma, schistosomiasis, dengue fever and elephantiasis.

### What is open defecation?

Open defecation refers to the practice whereby people go out in fields, bushes, forests, open bodies of water, or other open spaces rather than using toilet to defecate. (UNICEF).

#### What is Sanitation Marketing?

Sanitation marketing is the application of the beat social and commercial marketing practices to change behavior and to scale up the demand and supply for improved sanitation, particularly among the poor. (Water and sanitation program, WSP)

##### What are some of the biggest challenges you face in teaching hygiene and sanitation?

**High level of illiteracy**. Most local community members cannot read and write making it hard for them to understand the hygiene and sanitation messages being delivered.

**Poor road networks.** Most of the affected communities are isolated from the main population and there is no proper transport means to access their place making them very hard to reach. This is worse during raining season where the roads are impassable.

**Language barrier.** Coupled with illiteracy, the local population only understand their local language making it hard for them to understand WASH messages in official language like English.

**Lack of political commitments.** Most of the hygiene initiatives are implemented by nongovernmental organizations (NGOs) and rarely by the government. Despite advocating for water sanitation and hygiene (WASH), there is not enough initiatives introduced by the government through relevant ministries (i.e., Ministry of Health and Ministry of Agriculture, Irrigation and Water), to enhance hygiene practices. Hygiene is the major component of provision of safe water and improved sanitation yet it is forgotten during planning of settlements. In general, most countries do not provide enough resources to preventive health, which limits preventive health effectiveness, such as good hygiene practices

**Lack of community participation.** As much as there might be a solution, if the people who are receiving the solution do not realize the need for a solution, then the solution becomes ineffective. That is why it is of utmost importance to involve the community during the whole hygiene project. This offers proper understanding of the whole project, and the people further understand the need for the project initiative hence making the projects sustainable. When the people are involved, they get a feeling of ownership of the hygiene project.

**Lack of gender inclusion**. In most cultures, women have the primary responsibility for water, sanitation, and hygiene at the household level. However, most women are left out when it comes to the planning or designing of hygiene projects making the implementation of the project a challenge especially to the women that do not have enough information on the designs. In addition, women sometimes need special consideration when it comes to hygiene infrastructure, for example, a menstrual hygiene management compartment in schools and homes to accommodate women’s menstrual hygiene needs. But most times, there is a lack of gender inclusion in the planning and designing. There is less participation in hygiene issues including water supply by men.

**Lack of information on hygiene infrastructure and practices.** There is a lack of recent, reliable information on the condition of existing hygiene infrastructure and practices, including whether or not the infrastructure are actually functioning or benefits of some hygiene practices. This makes needs and demands, particularly in remote rural areas frequently unknown, making the task of setting implementation priorities more difficult. However, the rural areas may sometimes have the information but due to the high levels of illiteracy, the community members may not be able to understand the hygiene messages.

**Lack of coordination by hygiene actors.** There is a lack of coordination by different sectors involved in hygiene. Different NGOs are after their targets and are not interested in other similar NGOs in the area.

**Culture and behavioral issues**. Culture shapes the behavior and beliefs of most people as it is the way of people’s life. Culture makes people in developing nations to resist to new hygiene facilities and ideas. Additionally, men and women have different perspectives on hygiene due to cultural differences. Different ethnic groups have varying beliefs and customs on hygiene.

**Lack of clean and adequate water**. Hundreds of millions of people do not have access to clean water in developing nations.

**Poverty.** Most households spend less than a dollar a day, and these are classified as extremely poor. This makes them prioritize income so that they buy food, clothes, and other immediate needs placing sanitation and hygiene low in the priority list. Most families struggle to find food, and to them getting food is enough than considering hygiene. Most families start prioritizing hygiene after they move up the development ladder especially when basics like food are no longer a problem. Due to poverty, communities find it difficult to use the only available soap at a household for hand washing. Similarly, hand washing facilities used after visiting a toilet are usually temporary and are made from local materials which are not durable.

***What is sustainable sanitation?***

Sustainable sanitation is a sanitation system that is affordable, socially, technically, physically and institutionally feasible, able to be used easily, properly and on demand, and able to be maintained easily, regularly and at low cost, by its users, including women and children, in the long term; provides a handwashing facilities (or has one nearby) and has no adverse effects on the environment.

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

**Phase 1: Identify potential behavioral factors.** First, the exact behavior to be changed and the specific population group to be targeted are defined; specify who exactly should change which behavior. Then, collect information on behavioral factors, namely psychosocial and contextual factors that might influence the target behavior. Psychosocial factors are elements in the mindset of a person (such as knowledge, beliefs, and emotions), whereas context factors are elements outside of a person (e.g. distance to a safe well). These factors can be learned by conducting short qualitative interviews with various stakeholders at different levels, including the target population.

**Phase 2: Measure the behavioral factors and determine those steering the behavior.** First, develop a questionnaire to measure the behavior and the potential behavioral factors and a protocol to conduct observations of the target behavior. Template tools have been designed for questionnaires and observation protocols, and these have to be adapted to the local conditions. A doer/non-doer analysis is conducted to identify the behavioral factors steering the target behavior. This means that the responses of people who do the behavior (doers) are compared to the responses of those who do not (non-doers); a large difference in the responses between doers and non-doers shows that the behavioral factor in question critically steers the behavior and thus can be addressed through behavior change techniques (BCTs) to change the behavior.

**Phase 3: Select behavior change techniques (BCTs) and develop appropriate behavior change strategies.** The BCTs that are thought to change the critical behavioral factors specified in Phase 2 are selected for application in behavior change strategies. The BCTs have to be adapted to the local context and combined with suitable communication channels, which constitute the mode of delivery of the BCTs. Together, the BCTs and the communication channels form a behavior change strategy.

**Phase 4: Implement and evaluate the behavior change strategies.** To verify the efficacy of these behavior change strategies and to optimize them, the strategies are evaluated with a before-after control (BAC) trial. This means that the behavior and the potential behavioral factors are measured with a questionnaire and with observations both before (Phase 2) and after (Phase 4) implementing the strategies. Further, a control group has to be formed and measured. This is to control for changes in behavior which occurred independently of the intervention. The differences in behavior scores and in behavioral factor scores before and after the strategies’ implementation are calculated and compared to those of the control group. The behavior change strategies have been effective when the before-after differences in behavior and behavioral factors are larger for the population that received the strategies than for the control group. The strategies can be refined if needed. Otherwise, they can be applied directly at larger scales or in other, similar areas, backed up by the evidence that they are effective in changing behavior.

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

**Lack of information.** Problems may be caused in many developing countries by lack of recent, reliable information on the condition of existing sanitation and hygiene infrastructure, including whether or not it is actually functioning. Official statistics on sanitation coverage are often inconsistent or even hopelessly inflated. Needs and demands, particularly in more remote rural areas, are frequently unknown, making the task of setting a coherent and balanced agenda more difficult.

**Tensions between mindsets.** Mutual incomprehension between different mindsets is frequently a barrier to improving sanitation and hygiene provision. Some policy-makers argue, for example, that sanitation as a household amenity is a household responsibility, so that public agencies should concentrate their energies on public aspects of sanitation, e.g. on public networks for storm water drainage, sewerage etc, i.e. large public works projects. Health experts advise, however, that removing excreta from living spaces has major health benefits, not just for individual families, but also for their neighbors; and that many health benefits stemming from improved sanitation are shared by the community at large, rather than accruing principally to individual households.

**Lack of coordination.** Other commentators point to the lack of clarity in some developing countries over who – or which institution(s) – is responsible for which of the functions. The most commonly adopted arrangement is that the institutional ‘home’ of sanitation is located within ministries of water. A second option can be to place sanitation within the remit of the ministry of health.

**Lack of political and budgetary priority, lack of demand.** A limiting factor commonly evoked is lack of funds for investment. Both water and sanitation have been losing out to other sectoral interests in the competition for scarce public funds. For example, in a 2003–2004 survey of Poverty Reduction Strategy Papers (PRSPs) and budget allocations in three countries in sub-Saharan Africa (ODI 2002; ODI 2004a), other ‘social’ sectors, such as education and health, attracted much larger budgetary allocations than water, and sanitation was especially under-funded. It prompts the question as to whether the political will exists to increase budget priority of sanitation.

**Donors’ agendas.** In aid-dependent developing countries, donor priorities will tend to be influential in setting sectoral agendas, and if pursued individually they will undermine efforts to promote collaborative planning.

**Lack of human and technical capacity.** In many developing countries a lack of capacity in terms of human resources inhibits development, particularly at a decentralized level. The multi-faceted nature of WASH means that a wide range of different disciplines and skills is required to improve sanitation and hygiene provision. While the water sector has tended to be ‘dominated by engineers who feel comfortable with technical problems and tend to lean towards technical solutions’ (Jenkins and Sugden 2006, page 7), household sanitation ‘requires softer, people-based skills and takes engineers into areas where they feel uncomfortable and unfamiliar’. Promoting behavior change at household level is an area ‘where most countries have few skills… and limited capacity. Most public agencies are unfamiliar with or ill-suited for this role’ (Evans 2005, page 25).

**Low capacity to absorb funds.** In a sector where spending has historically been low, a question arises about the rate at which flows of finance may be increased, at least funds channeled through state (public) bodies. It cannot simply be assumed that more resources will rapidly translate into improved outcomes. All development interventions need to be designed taking into account constraints in ‘absorptive capacity’ (ODI 2005). As well as funds being available, it is important that they ‘be used in the right way’ (Tearfund 2005, page 23).

**Lack of service providers.** The reality in many locations in Africa is that there is limited choice of sanitation and hygiene providers, whether agencies of local government, community associations, NGOs or private suppliers. In cities in some developing countries, empirical studies have highlighted the activities of small private suppliers (e.g. Collingnon and Vézina, undated; WSP 2005). In relation to sanitation, these include, for example, bricklayers (or ‘masons’) for latrine construction and people to empty pits manually. There are still some doubts as to slum populations’ willingness to pay, but the significance of the role of small private providers in meeting the needs of poor populations is now more widely recognized, where they are able to offer the right product for the right price.

**Methods/technology ill-suited to context.** Suitable sanitation services/facilities will vary according to context, there will be differences between urban and rural contexts, large and small towns, planned and unplanned settlements – as well as between different ethnic and social settings (e.g. communities with more or less collective organization and identity). Since different products embody different technology choices, technology options which prove inappropriate will constitute practical barriers. There is broad consensus in the literature that the right choice of technology is an important determinant of take-up and use of sanitation facilities.

**Lack of access to credit.** Access to credit is also noted as something which is commonly lacking in sub-Saharan

African countries. Particularly micro-credit for small service providers, whether community-based or private (WSP 2003). Loans available are often only for income generating activities, rather than for improving community and household infrastructure (both sanitation and water facilities). And credit such as is available may not be at affordable interest rates or offer repayment periods long enough for poor borrowers.

**Lack of strong messages.** Promoting sanitation and hygiene presents a substantial communication challenge. As one Indian specialist explains: ‘Statistics make no impact on people, so that it is not enough to state to villagers that diarrhoea kills x thousands of children in their country every year. The real challenge is to make clear the links between common illness and the practice of e.g. open defecation’ (WSSCC, undated, page 26).10 ‘If the campaign is focused only on the building of latrines … there will always be people who are not reached, people who defecate in the open and who continue to pollute the water sources and spread disease. High levels of latrine coverage, therefore, are simply not good enough. At the very least … this movement should be marching under the banner “No Open Defecation”’.

**Lack of arrangements for cleaning and maintenance.** A key aspect of the financial viability of shared and communal sanitation facilities is payment for maintenance – cleaning and pit-emptying. Sustained demand for use of latrines will depend on their being clean and without smell. If the rota or other system for cleaning breaks down, the facility will become unpleasant to use. The BPD report (Schaub-Jones et al 2006, page 7) suggests for communal facilities that ‘engaging a caretaker is strongly recommended, preferably a local person paid from usage receipts, rather than a public employee. To cover this expense, as well as [other] maintenance and emptying costs, a fee for use is charged.’

**Complexities of behavior change.** However compelling the ‘societal’ reasons may be for investing in sanitation – reduced disease burden, reduced public health costs, increased school attendance for girls, greater economic productivity etc – the ‘private’ motivations of individuals for better sanitation at home may be different. As commentators have pointed out, an individual is likely to be prompted to improve his/her sanitation facilities by a mix of motives, including some which are not linked to a concern for health. But, although discouraging poor hygiene practices and encouraging good hygiene practices is important, it will not be enough: just because people know about disease and the cause of disease it does not necessarily follow that they will do something about it. The regular daily conduct of individuals and their habits will be based, at least in part, on reasoned decisions as to how they organize their daily lives, within the limits of time or resources. Where open defecation offers people adequate privacy, convenience and safety, they may not wish to change their ‘bad’ habits (‘bad’ when viewed from a broader public health perspective).

Predicting when one or more of the above motivations might become persuasive or compelling for an individual, household or community, is a matter of considerable complexity and subtlety. Lessons from projects in Burkina Faso and Zimbabwe suggest (WSP 2002) that: ‘the key to changing behavior is first to understand what drives and motivates it. This issue is far more complex than was once thought. Behavior change is difficult to achieve and requires considerable resources’ (WSP 2002). Different cultural contexts will require different solutions.

**Cultural’ factors.** Indeed, beyond individual motivations, further potential barriers referred to in the international literature are cultural factors which make the intended beneficiaries of sanitation and hygiene promotion projects reticent or resistant to new facilities. Cultural difference arises from gender: variations in the perspectives of women and men on sanitation facilities are noted by many commentators. The views of adults and children vary too. Household circumstances are also diverse. Different ethnic groups may have varying beliefs and customs, while attitudes to sanitation and hygiene may vary substantially between rural and urban context.

**Poverty.** Poverty is high in developing countries, most households spend less than a dollar a day, and these are classified as extremely poor. This makes them prioritize income so that they buy food, clothes, and other immediate needs placing sanitation and hygiene low in the priority list. Most families struggle to find food, and to them getting food is enough than considering hygiene.

**Lack of clean and adequate water.** Hundreds of millions of people do not have access to clean water in developing nations making the cost of purification very high which most of them cannot afford.

**Lack of political commitments.** Most of the hygiene initiatives are implemented by non-governmental organizations (NGOs) and rarely by the government. Despite advocating for water sanitation and hygiene (WASH), there is not enough initiatives introduced by the government through relevant ministries (i.e., Ministry of Health and Ministry of Agriculture, Irrigation and Water), to enhance hygiene practices.

**Lack of community participation during planning phase.** As much as there might be a solution, if the people who are receiving the solution do not realize the need for a solution, then the solution becomes ineffective. That is why it is of utmost importance to involve the community during the whole hygiene project. This offers proper understanding of the whole project, and the people further understand the need for the project initiative hence making the projects sustainable. When the people are involved, they get a feeling of ownership of the hygiene project and also understand the

**Lack of gender inclusion.** In most cultures, women have the primary responsibility for water, sanitation, and hygiene at the household level. However, most women are left out when it comes to the planning or designing of hygiene projects making the implementation of the project a challenge especially to the women that do not have enough information on the designs. In addition, women sometimes need special consideration when it comes to hygiene infrastructure, for example, a menstrual hygiene management compartment in schools and homes to accommodate women’s menstrual hygiene needs. But most times, there is a lack of gender inclusion in the planning and designing. There is less participation in hygiene issues including water supply by men.

**Lack of coordination by hygiene actors.** There is a lack of coordination by different sectors involved in hygiene. Different NGOs are after their targets and are not interested in other similar NGOs in the area.

***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.***

**Water points.** The water points were clean and had soap for handwashing, this promotes effective handwashing and prevent the transmission of pathogens from one student to another. The handwashing points also has drainage system for taking away the waste water.

**Latrines.** The school latrines were clean and has covers for the pit. Covering the pit prevent flies from carrying the feaces and depositing on the food and cooking utensils. They also has handwashing facilities close to the latrines which allows the students to wash their hands after visiting the latrine.

**Drainage channels**. The drainage channels are closed which provide no room for mosquitoes to multiply and later transmit malaria. This also prevent the bad smell from the channels from interfering with the school activities.

**Kitchen**. The school kitchen was also clean and neat with clean tables and utensils. The kitchen also has handwashing facilities for the cooks to wash their hands before and after preparing food for students. This help in the prevention of transmission of diseases as a result of preparing contaminated food in an unclean environment.

**Classroom**. The classrooms were also clean and properly lit. Clean classrooms promotes good learning and also prevent insects like cockroaches, bedbugs and mosquitoes from inhabiting the classes and later causing diseases to students.

**Laboratories**. The school laboratories were also clean and properly arranged. This helps to prevent injuries which may occur incase broken glasses and other dangerous chemicals are not kept well as well as transmission of diseases as a result of unclean table tops.

**Verandas/balcony**. The school balcony was also clean which further helps to prevent disease transmission and injuries.

**School canteen**. The school canteen was also clean which helps to prevent the buying and selling of contaminated edibles and scholastic materials.

**Bathrooms.** Bathrooms both for boys and girls were clean which minimize the transmission of diseases from one student to another.

**Compound.** The school compound was clean and neat with trash bins at all corners. This first of all makes the school welcoming and provide a conducive learning environment. It also prevent disease transmission as a result of poor hygiene.

**Dispensary**. The school dispensary was clean and well-arranged which helps in preventing transmission of pathogens from one student to another when they are in the dispensary for treatment.

***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.***

**Steam Clean the Cooker Hood.** Grease and bacteria can build up on the cooker hood over time. I will supervise my employees to make sure that they clean and make it hygienic is through a steam cleaning method. Keeping in mind that the wire mesh underneath should be cleaned with warm, soapy water.

**Polishing All Stainless Steel Surfaces.** Avoiddamaging stainless steel exteriors by using microfiber cloths when cleaning and polishing. It is also best to use high-quality commercial cleaning products for a better finish.

**Keeping Carpets, Curtains, and Linen Clean and Stain-Free.** I will always check the carpets, curtains, and linen for obvious and unsightly wear and tear. Stains will be removed by high-pressure cleaning, heat and steam extraction. The carpets will be regularly to keep them free of debris such as dirt and dust that could tangle in the carpet fibres. I will make sure all curtains and window dressings are properly laundered

**Cleaning the Fridge and Freezer Regularly.** I will supervise my employees to properly clean fridges and freezers. When cleaning, make sure to remove everything from fridges and freezers and check every item’s expiration dates.

**Staff Uniforms.** Customers notice how your staff present themselves. I will make sure they don’t only have [nice uniforms to wear](http://www.alsco.com.au/services/workwear/food-and-beverage-workwear/), but also that these uniforms are always kept looking neat and professional.

**Getting Rid Of Grease in my Fryer and Grill.** I and my team leaders will make sure that fryer and grill are kept clean. Grease that builds up on your fryers and grills can become a fire hazard. Clean the baskets, filters, hangers and tank racks separately and keep the interior surface of your fryer and grill free of signs of oil by wiping it with paper towels and a wet sponge soaked in warm soapy water.

**Keep Stockroom and Storage Organized.** I will regularly check yourstockroom shelves to see if items have reached or are nearing their expiration dates, if containers are worn out, or have cracked lids, and broken labelling.

**Cleaning Washroom and Toilet Every Hour.** Customers remember restaurants with clean washrooms and make a point not to forget those that aren’t. I want them to remember yours as one that is up to par with hygiene standards. My employees will clean washroom and toilet every hour. I will make sure that they never miss important ‘touch points’ like handles, switches, and faucets as these are the areas that are most prone to the spread of bacteria. Any fixture or fitting that people touch, including on and off buttons of hand dryers, will be thoroughly cleaned with disposable disinfectant wipes to avoid further spreading the germs around.

**Powerwash and Prettify my Exteriors.** A restaurant that looks clean outside gives customers a good impression of what’s inside. I will keep the outside area of your restaurant clean as it will make a serious impact on passers-by. I will get rid of dirt from walkways, pathways and exterior walls by blasting them clean with a power/pressure washer. I will not forget to clean exterior doors and repaint them if they look worn out.

**Wheelie Bins Need Regular Cleaning Too.** I will make sure that the workers regularly clean the bins, inside and out. I will make sure my bins do not collect water as this attracts rats and other animals. It is best to hide your bins from view with a bin store or secure them with fences.

**Using the Correct Method to Wash Hands.** [Regular hand washing](http://freshandclean.net.au/) should be a habit in your restaurant. I will make it 100% sure that my employees understand the importance of keeping their hands clean and sanitized at all times.

***I will put up reminder posters in the kitchen on when they need to have clean hands:***

Before, after, and while preparing cooked food

When handling meat, uncooked eggs, seafood, and poultry

After they go to the toilet, sneeze, blow their nose, and touch garbage

After assisting someone who is sick

**Following HACCP Principles.** I will make sure that everyone in my restaurant is aware of the [HACCP](http://www.haccp.com.au/) [food safety management system principles](https://www.foodsafety.com.au/blog/the-seven-principles-of-haccp) and the practices in keeping and preparing food to prevent the growth and spreading of bacteria.

**Cleaning Surfaces and Utensils.** Through my team leaders I will make sure that after use, every single utensil used and every surface in the kitchen should be thoroughly cleaned. Workers will use hot, soapy water and disposable paper towels to clean up spills.

**Sanitizing Smaller Kitchen Items and Utensils.** I will invest in commercial dishwasher that will help my workers sanitize utensils and other small kitchen items. When it comes to eliminating bacteria, high temperatures are necessary.

**Cleaning Commercial Kitchen Floors.** Grime and bacteria mostly build up on kitchen floors. That’s why I will make sure all kitchen floors are mopped regularly.

**Improving my ‘Mat Game’.** As basic of a necessity as they may seem, mats play important roles in every restaurant. I will invest in quality mats that [prevent my staff from slipping](http://www.alsco.com.au/services/mats/wet-area-mats/), [prevent dirt from outside get inside](http://www.alsco.com.au/services/mats/dust-control-and-floor-protection-mats/) the restaurant when customers come in, or prevent [fatigue or exhaustion](http://www.alsco.com.au/services/mats/anti-fatigue-mats/) for staff who need to stand for long periods of time.

**Having a Regular Cleaning Schedule.** I will make sure I have a regular cleaning schedule. Also, encourage each employee to never leave their assigned station in the kitchen dirty.

****Wearing proper clothing and footwear.**** I will make sure that employees wear garments which are suitable for their job, which in this case is the food processing industry. Wearing proper clothing and footwear for food processing is the best way to maintain the cleanliness of food which is particularly important when working in an industry such as a hotel where standards need to be kept high. My employees will wear impermeable gloves as they are a necessity which should be kept clean and sanitized at all time to prevent the spread of bacteria. As well as that, all jewellery will be removed when dealing with food, because jewellery could be a main source of negative microorganisms.

****Making use of food safety equipment and metal detectable equipment.**** Making use of metal detectable and food safety equipment in the kitchens of hotels are standard measures followed by food manufacturing industries to make sure there are no contaminants being brought into the workplace. I will buy [detectablepans](https://www.safetymart.com/metal-detectable-metal-stick-pens-pack-of-10/) can help maintain safety in any food industry, as well as pharmaceutical, packaging and beverage industries.

****Stepping on the footbath.**** Lastly, one of the best ways to make sure you do not bring bacteria and contaminants into the kitchen of hotels is by stepping on the footbath. Even though this act is the simplest among the practices mentioned, it is definitely an effective way for self-sanitation. I will ensure that the footbath present in the hotel and contains enough sanitizing agents so that it will not become a ground for bacteria to form. With the large number of workers stepping on it, I will make sure that the footbath contains sufficient anti-bacterial agents, and it is cleaned every time.

***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.***

**Assessment.** Identifying key risk practices and getting an idea of the level of knowledge, the practices and level of understanding of WASH. Determining which practices allow for diarrheal microbes or diseases transmission. Identifying the practices that are the most harmful to human health.

**Consultation.** As soon as possible, consulting men, women and children on hygiene needs and items to include in hygiene kits. Seeking to form a close liaison with the urban host community.

**Definition of goals and objectives.** Defining the aim of the entire campaign based on the unique needs that were revealed in the needs assessment. Setting one or two purpose objectives referring to the wider objectives of the campaign, targeting specific hygiene practices. Selecting these basing on which practices have the greatest potential impact on public health and which are achievable. Also, considering what can be done to enable change of risk practices. Determining two to four outputs that should be achieved. Selecting [measurable indicators](http://www.sswm.info/category/step-sswm-humanitarian-crises/urban-settings/planning-process-tools/planning-process-too-28) and means of verification for each objective (such as those in the Sphere Project Hygiene Promotion). Identifying potential areas for intervention (e.g. on the hardware side such as water systems or hygiene items, or on the software side such as education or [advocacy](http://www.sswm.info/factsheets_contributions_list)). Setting out action plans for achieving the objectives.

**Identifying target audiences and stakeholders.** Deciding on which segments of the population will be targeted by the campaign, based on an assessment of risky hygiene practices. Determining important [stakeholders](http://www.sswm.info/category/step-sswm-humanitarian-crises/urban-settings/planning-process-tools/planning-process-tool-9) who influence the people that employ these risky practices (teacher, community leaders, etc.).

**Planning communication campaigns and modes of intervention.** Deciding on initial key messages (such as [WHO`s Facts for Life](http://www.factsforlifeglobal.org/resources/factsforlife-en-full.pdf)). In early stages, mass media is effective, as 60% of people have television. Defining the initial mode of intervention for media campaigns as well as for other means that the target audiences’ trust (women`s discussion groups, traditional healer). Also, defining locations where to best reach target groups (consider gender). Determining [advocacy](http://www.sswm.info/content/advocacy-influencing-leaders-dc) and training needs for stakeholders.

**Recruitment, identification and training of workers and outreach system.** Recruiting and training on the capacities (systems, skills and approaches) that already exist among the active humanitarian actors. In urban areas, this could also be achieved by strengthening local capacities.

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