**COURSE: POST GRADUATE DIPLOMA IN WASH**

**ASSIGNMENT: No 1**

**ONLINE STUDIES**

**STUDENT NAME: MATUR SAMUEL AHOU**

**COUNTRY: SOUTH SUDAN**

**ORGANISATION: CSDO IN PARTNERSHIP WITH WATER FOR LAKES**

**TITLE: WASH FACILITATOR**

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?

Answer

What you should do is to select priority behavior in WASH context. Priority behavior can be identified base on behavior change that could contribute to an improvement in the health of the target population. The purpose of identifying priority behaviors in WASH is to assist in development of focused behavior change communication, intervention that can contribute to sustainable change in the health condition of the population; specific behaviors related to WASH will need to be addressed at individual, household and community level.

The behavior change strategy would also need to identify potential target audiences for the campaign. If there are inadequate resources to address every target audience at the same time, then some will need to be prioritized. For example, you might give priority to audience groups that compose the largest proportion of the target population, or are identified as having high public health importance, or likely to be most respective to communication messages. In practice there are many other possible priority behaviors depending on the situation. You should select appropriate priority behaviors and target audiences based on a situation analysis for the community in which you are working.

**Priority behaviors and target audiences for key WASH components**

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| S/No | Key WASH components | Priority behaviors | Target audiences |
| 1. | Safe drinking water | Keep water safe at source of supply. | Private water vendors.  Public stand pipe attendants.  People who collect water from protected springs, wells and boreholes. |
|  |  | Always transport water in closed and clean drinking water containers. | Women, men children in homes without pipe connection. |
|  |  | Fetch drinking water in a manner that does not put hands/fingers into drinking water, i.e. tap, boreholes and water yards. | All residents and restaurant workers. |
|  |  | Place drinking water container on a raised surface out of reach of small children. | All residents |
|  |  | Use proven, effective methods to purify drinking water, i.e. boiling purification tablets/sachets, filtration and solar heating. | All residents |
|  |  | Clean containers used for transportation and storage of drinking water at least once a week. | All residents |
| 2. | Latrine | Use a latrine at all times (including for disposal of child faeces and do not use open defecation. | All residents including those living in urban and rural areas, parents, guardians, and careers of children under five years, careers of elderly or disabled people. |
|  |  | Dispose of solid waste generated at home safely | All residents |
| 3. | Other home practices | Wash hands with soap at 5 critical moments, i.e. before eating, before preparing food, after cleansing child bottom, before feeding a child and after defecation. | All residents, especially parents, guardians and covers of children under five years, school children and any one handling food. |
|  |  | Sweep the house and surrounding daily and dispose of the sweeping in a designated place | All residents |
|  |  | Cook food well wash vegetables well in brine (salt water) wash all utensils, containers, surface before preparing meat.  Do not use the same surface for cutting meat and vegetables. | Food vendors, restaurants owners, women, men and children. |
|  |  | Clean yourself with adequate water and soap regularly. | All residents |

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

Answer

Public health is the art and science of preventing disease, prolonging life and promoting health through the organize efforts of society Or Public health refers to health care and health promotion that targets a population or particular group within the population.

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According to Public health point of view on prevention, policy development and population health;

* Prevention: public health is the practice of preventing disease and prolonging good health within groups of people from small communities to entire countries.
* Development policy and population health: public health professional rely on policy and research strategies to understand issues such as mortality and chronic disease in particular population.

**Key elements of Public Health:**

* Assessment
* Policy development
* Assurance
* Monitor and evaluate health status to identify community health problems
* Diagnose and investigate health problems and health hazards in the community
* Inform, educate and empower people about health issues
* Mobilize community partnerships to identify and solve health problems

1. Public health is about partnership between the different players. Explain how the role of international non-profit/NGO in terms of
2. **Recruitment:** International non-profile/NGO is recruiting staff based on geographical location, qualification, and competent people with commitment and has knowledge on value, traditional beliefs, culture, and norms of certain community on the ground. When an international recruiting qualified staff to provide health services to the community to meet their needs
3. ii) **Training:** Capacity building has fast become a major topic among nonprofits and management support organizations (funders, associations, training centers, consultants, etc.) that provide services to nonprofits. There are a variety of definitions for capacity building. Perhaps the most fundamental definition is "actions that improve nonprofit effectiveness". Some other discussions about capacity building refer to the concept as actions that enhance a nonprofit are ability to work towards its mission. The concept of capacity building in nonprofits is similar to the concept of organizational development, organizational effectiveness and/or organizational performance management in for-profits. Capacity building efforts can include a broad range of approaches, eg, granting operating funds, granting management development funds, providing training and development sessions, providing coaching, supporting collaboration with other nonprofits, etc. Prominent methods of organizational performance management in for-profits are beginning to be mentioned in discussions about capacity building, as well, for example, the Balanced Scorecard, principles of organizational change, cultural change, organizational learning, etc. Information in this topic of the Library will acquaint you with the concept of capacity building in nonprofits, including offering you a broad background from some suggested previous readings, numerous perspectives on capacity building from numerous articles, and then review of various common functions in nonprofits (eg, boards, role of CEO, programs, marketing, fundraising, finances, evaluation, etc.)
4. iii) **Funding**: Funding is a key part of the relationship between INGOs and donors. Official donor funding is extremely important to INGOs: they depend on donors for about half of their total revenue. Before considering the characteristics of this funding relationship, it is important to first recognize that while funding from donor governments is important to INGOs, INGOs are also important to these governments. INGOs represent a key way in which governments engage in developing countries. Governments support INGOs and other donor-country CSOs for a range of reasons, but one of the main ones is that the delivery of aid through INGOs and CSOs allows them to expand their options for operationalizing their own development cooperation priorities. For instance, INGOs are able to undertake fast and efficient responses to humanitarian crises, and their emphasis on supporting civil society is consistent with most donors’ own objectives of strengthening the role of civil society in service delivery and reducing poverty in developing countries. Funding to and through INGOs is usually tied to donor governments’ own sector and geographic programmes but often extends their scope and geographic reach.

iv) **Monitoring** for public health projects contribute to the success or failure of those projects in the developing countries: monitoring and evaluating the planned performance daily, weekly or monthly monitoring will help you check the progress of the implementation, evaluating performance at the end of the year is useful to help you see the overall progress and you will be able to learn lessons from the experience of the previous year implementation and achievements and failures.

1. 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.

Answer;

**Assessing environmental health conditions**

1. **General overview of disaster situations:**

* Environmental health survey: systematic survey using a questionnaire. The questionnaire contains basic indicators of environmental health such as latrine availability, source of drinking water, waste disposal systems, cleanliness of the community.
* Rapid/quick assessment: this is the usual method that helps you gain a quick overview of disaster situation. The usual data collection tools that you use for this are focused group discussion, physical observation with a checklists.
* Requires understanding of the relationship between human and socioeconomic factors and physical landscape
* Environmental control measures with rapid impact and long-term view should be selected.
* Minimum environmental health standards in emergency response should be achieved within three to six months.
* Involve community representatives in planning and implementing interventions.
* Community representative groups should be sensitive and include a cross-section of people from various socioeconomic levels.
* An assessment of the physical environment should be carried out as soon as possible after the disaster has occurred.
* Assessment results should identify environmental health priorities and provide enough information to design a program quickly.
* Environmental health assessments should involve multiple sectors, water and sanitation, food, shelter, health services, local authorities, representative from the disaster-affect population and local non-governmental organizations.
* Assessment teams must include individuals with local knowledge as well as previous experience of disasters in the region.
* Appropriately qualified personnel such as the environmental health technician or sanitation inspector should lead the assessment.
* Assessment checklists are useful for ensuring all key questions have been examined, but they must be adapted to the particular disaster situation.

1. Water supply:

* protect water supply from contamination
* provide enough safe water for drinking, cooking and essential personal and domestic hygiene
* disaster

1. Solid waste disposal:

**Answer**

* in the longer term, arrange a regular solid waste collection service
* make sure waste is taken to a managed disposal site for burial and ensure the waste pit is covered
* Assess to identify the source and type of wastes disposal.

1. Excreta disposal:

* Ensure adequate excreta disposal at safe distance from contamination.
* Disaster affected population should have access to sanitation structures.

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

Vectors: Any animal capable of transmitting disease germs from one host to another by its bite or bodily functions. Control of mammals (such as rats) and arthropods (insects such as flies and other creatures such as mites that transmit disease

* Pathogens transmitted either
  + 1. Mechanically ( e.g. trachoma which transmitted by non-biting flies)
    2. Through biological transformation (e.g. malaria parasites by mosquitoes).

The local resources identified in disaster situation are data checklist, tools for constructing community latrine, drinking water containers, soap for hand washing and hand washing facility and its can involve health technical officers.

The health needs for affected populations during disaster strike are as follows;

* Provision of medical services to the affected community
* Provision of foods and non-food items (e.g. mosquito nets to prevent them from vector-borne diseases)
* Provision of safe clean drinking water
* Ensuring that people in shelters and temporary camps have access to safe water and sanitation.
* Ensuring health facilities and health care providers have adequate water supplies to support delivery of life-saving and quality health care services, infection prevention and hygiene promotion in emergency situations.
* Disinfection and treatment of water as per SPHERE or WHO recommendations.
* Preventing defecation, especially by children, in areas which could contaminate water supplies.
* Providing safe disposal of clinical waste and vaccinations to protect health care workers and waste handlers against prevalent infections such as Hepatitis B.

**References:**

1. (Adapted from Wisner and Adams, 2002)
2. Institute of Medicine, Division of Health Sciences Policy, 2001
3. WHO Sanitation fact sheet Nov 2016.
4. WHO & UNECE (2011) Guidance on water supply and sanitation in extreme weather events.
5. PAHO, UNICEF, IDSR, IFRC (2006)