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**MODULE 2 ASSIGNMENTS**

1. Why is hand washing an essential aspect in WASH interventions?

Hand washing or hand hygiene is the act of cleaning hands for the purpose of removing soil, dirt and microorganism. If soap is not present, you use ash with clean running water.

Hand washing is important in WASH interventions because it helps in preventing infections of an individual and others from a range of diseases like diarrhoea, eye infection, respiratory tract infections and other uncomfortable intestinal diseases.it also helps in managing infections that has affected some people within the community and at the work places among the staffs.

(Got from Research Gate and Better Health channel from the VICTORIA state Government)

1. What are the main standards in WASH interventions in emergencies?

Water, sanitation and hygiene WASH interventions are needed in nearly all emergency contexts.

From natural disasters to conflict zones and disease outbreaks the aim of emergency WASH interventions is to reduce the risk of disease by providing safe water, reducing open defecation and promoting hygiene practices. Disaster-affected people may face greatly increased risks to their health, and will need to develop adequate responses. For example, under normal circumstances, defecation in fields around houses may be quite customary and safe, but in a crowded camp the same behavior poses a serious hazard. Water sources may become contaminated as a result of overcrowding, which may also lead to increased transmission and incidence of communicable diseases.

* The main hygiene promotion standards defined by Sphere focus on knowledge behaviors; Affected men, women and children of all ages should be aware of key public health risks and mobilized to use and maintain facilities that are provided and adopt measures to prevent any deterioration in hygienic conditions.

Disaster affected populations should have access to and should be involved in identifying and promoting the use of hygiene items to ensure personal hygiene health, dignity and well-being.

* Sphere, WASH standard 1; WASH programme design and implementation. WASH needs of the affected populations are met and users are involved in the design, management and maintenance of the facilities where appropriate
* Sphere hygiene promotion standard 2; Identification and use of hygiene items. The disaster-affected population has access to and is involved in identifying and promoting the use of hygiene items to ensure personal hygiene, health dignity and well-being.
* Sphere: water supply standard; Access and water quantity. All people have safe and equitable access to a sufficient quantity of water for drinking, cooking, personal and domestic hygiene. Public water points are sufficiently close to households to enable use of the minimum water requirement. This also helps in preventing case like rape that young girls and women encounter during water collection from water points.
* Sphere, water supply standard 2; water quality, water is palatable and of sufficient quality to be drunk and used for cooking, personal and domestic hygiene without causing risk to health.
* Sphere water supply standard 3;water facilities, people have adequate facilities to collect, store and use sufficient quantities of water for drinking, cooking and personal hygiene and to ensure that drinking water remains safe until it is consumed.
* Sphere Excreta disposal standard 2; Appropriate and adequate toilet facilities. People have adequate, appropriate and acceptable toilet facilities, sufficiently close to their dwellings to allow rapid, safe and secure access to at all times, day and night
* Sphere vector control standard1; individual and family protection. All disaster-affected people have the knowledge and the means to protect themselves from disease and nuisance vectors that are likely to cause a significant risk to health or well-being
* Sphere vector control standard 2: physical environmental and chemical protection measures. The environment where the disaster-affected people are placed does not expose them to diseases causing and nuisance vectors and those vectors are kept to reduce level where possible.

(book, 15:08:2019)

References; UNHCR Emergency Handbook, Short-term WASH interventions in emergency response, A systematic review, Feb 2017.

1. Waste Management is becoming one problem in the emergencies. Why?

The safe disposal of solid waste is critical for public health and especially true during an emergency.

Not only will existing collection and disposal systems be disrupted, but there will be extra waste caused by the emergency itself.

Initially, for camps of displaced persons or refugees and similar new sites, there will be no arrangements in place at all for disposing solid wastes. If solid waste is not dealt with quickly, serious health risks will develop which will further demoralized the community already traumatized by the emergency.

This technical note highlights the key issues to consider in managing solid waste during and shortly after a disaster.

The term solid waste is used to include all non-liquid wastes generated by human activities and a range of solid waste materials resulting from the disaster such as;

* General domestic garbage such as food waste, ash and packaging materials
* Haman faeces disposed of in a garbage
* Emergency waste such as plastics water bottles and packaging from other emergency supplies.
* Rubbles resulting from the disaster.
* Fallen trees and rocks obstructing transport and communications.

With all these conditions, it is also important for the displaced persons to be able to live in an environment that is uncontaminated by solid or liquid waste including medical waste and the means to dispose of their domestics waste conveniently and effectively.

In addition to the above objective, there is also the need to make the environment safe and provide access for people and services in the area.

If there is no approved waste disposal site nearby in the camps of refugees, disaster can produce large quantities of rubble wastes can be piled, in the short team, on areas of waste land but not all rubble is waste.

Waste management is a problem in emergencies if there poor solid waste management, it can bring multiple negative consequences on communities. It can adversely affect health and the wider environment, as well as impact on well-being beyond the spread of diseases.

During emergency the disposal of solid waste or rubbish can become a critical issue on existing disposal and collection methods are likely to cease, or be heavily disrupted. On new sites such as refugee camps, there will be no waste management system in place, requiring immediate plans for disposal to be made

(Brian Reed, feb 2017) (Mena-Moreno, Feb 2017)

References; Humanitarian Innovation Fund EIRHA, Feb 2017, Solid Waste Management. WASH in emergencies Problem Exploration Report

Water and Sanitation Standards in Humanitarian Action, Turkish Journal of Emergency Medicine , published online 2016 May 9.

4. Discuss how environmental health and sanitation affect the nutritional status of the

vulnerable groups

* The underlying determinants includes food insecurity, inappropriate care practices poor access to health care, and an unhealthy environment including inadequate access to water, sanitation and hygiene (UNICEF, 1990,OCT.2019)
* Extrinsic vulnerability factors include socioeconomic status (SES), health status, nutrition status, geographic proximity to success of exposure and various lifestyle choices. Refugees may be more vulnerable due to the lack of access to safe water and poor sanitation
* Poor sanitation may be associated with a number of infectious and nutritional outcome and these outcomes also causes a heavy burden of disease globally.
* Poor sanitation can adversely impact nutritional status in young children not only through the impaired absorption of nutrients associated but through sub-clinical infections with fecal pathogens
* There is a growing base of evidence showing the links between poor WASH condition especially exposure to poor sanitation and stunting (low height for age ratio) However, the effects of WASH interventions on wasting (low weight for height ratio) and the impact of environmental enteric dysfunction (chronic infection of small intestine caused by extended exposure to fecal pathogens) on undernutrition should be explored further.

Other words; Inadequate WASH conditions are often identified as major contributors to undernutrition in the study areas

( (Jovana Dodos, 2017)

Reference ; International Journal of Hygiene and Environmental Health. Vol 220 Issue 6 August 2017.

Also ,Team of Scientists and professional from the ministry of health in collaboration with Environment and Health Fund, 2017.

5. Assuming you have been appointed to head an organization dealing with health

development in your area, describe the critical factors that you will consider in planning

for health service in that area

The successful implementation will be based on planning for the best and for the worst.

* Building a strong implementation foundation.

To manage the potential impact health plans needs to develop on implementation management infrastructure that will take them from the impact assessment process and through implementation, ending only after post (ICD-10) implementation infrastructure.

However a senior management chairman leading an implementation team made up of representatives from affected care functional areas. Assign a project manager to a report to the implementation team and be responsible for;

* Organizing and facilitating a project team meetings
* Developing a project plan with tasks, responsibilities, time frame and dependencies.
* Reporting on whether the project is staying on time and within budget, barrier encountered and proposed approaches to overcome obstacles
* Implement an organized change plan.

To plan for the changes, conduct an assessment of current operation to clearly identify the areas potentially affected by ICD-10 and the potential risks associated with the implementation. Only then can a health plan develop strategies and tactics to mitigate those risks. Begin with an inventory of all functions and assess each as to whether they involve the use of ICD-9 codes catalog each process potentially impacted, including the inputs and outputs, the people involved and the use of technology in the process include in the assessment

* Information systems affected
* Interfaces with other systems, if any
* Processes needing revision
* Dependencies on contractors and vendors.
* Train and Educate, Deliver the right message.

To the right people at the right time

Manage the training and education budget through planning.

First step is to create awareness throughout the organization before diving into the impact assessment.

Include everyone in the training that may be potentially involved in the transition along with an agenda that provides at minimum an overview, tools, risks and opportunities related to ICD-10

Designate one person to become the health plans ICD-10 expert. Have the designee attended educational sessions read pertinent articles and research materials and be responsible for incorporating essential information into the training programs.

* Ensure effective communication.

Since health service will involve complex organization in complex relationships dealing with complex issues. Effective communications will be essential to avoid turning good intentions into costly missteps.

Use communication as a strategy to not only coordinate plans for conversion with internal staff and external vendors, partners and associates, but also to reinforce corporate values. Develop and implement a communication plan to provide clear and consistent messages through the post- implementation adjustment period.

Begin by having key stakeholders start the framework by defining strategic goals and objectives. Identify the target audiences and the messages that need to be delivered. Based on audience needs determine over what periods in the implementation timeline that the communications will take place.

* Understand, mitigate and plan for the financial impact.

Implementation of health care will introduce a broad range of financial risks and hopefully eventual benefits

Every health plan has operational considerations that make applying a standard implementation tasks cost assumption unrealistic. We recommend developing an anticipated five- year budget related to implementation tasks beginning with the impact assessment and continuing through the post- implementation stabilization period.

Most organizations will allocate total implementation costs over several years to allow for a broader timeframe for absorption.

In the impact assessment process, clearly identify the specific departmental budgets that will be responsible for the associated costs.

In addition, set the groundwork for determining the need for increased staffing or consulting services to assist with system changes, claims payment, backlogs, monitoring of billing consistency, and other aspects of implementation.

* Manage vendor relationships

No health plan will be able to make the ICD-10 transition without collaborating with vendors equally important no health plan will be able to place the burden of transition on vendors.

To make sure vendors will be ready, begin during the assessment stage to identify all affected vendors and service / maintenance contracts. List the name of each vendor and the direct services it provides. Outline all potential downstream contract issues. (e.g. Behavioral health vendors playing provider claims to their contracted ICD-10) with transparency to providers will go a long way in maintaining relationships).

* Integrate and coordinate with other priorities and initiatives

This is probably one of the most challenging and critical success factors for many health plans. Rather than delaying or running ICD-10 implementation as a separate initiative, we encourage health plans to take advantage of the integration and coordination efforts that will need to occur with implementation and other priorities and initiative.

* Develop strategic opportunities

Implementation of healthcare can bring with it strategic opportunities- operational efficiencies and reimbursement or systems opportunities.

During the assessment process, begin to explore and identify potential strategic advantages that can be further developed in the planning process.

(zenner.RN, April 2013) (RN, April 2013)

Reference ; Journal of Energy in Southern Africa. Vol 24n.4 Cape town April 2013.