**ASSIGNMENT NUMBER ONE**

**Wash DIPLOMA**

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1. **Why is the handwashing an essential aspect in WASH intervention?**

Washing hand with soap and water will remove substantial more diseases causing organisms than washing hand with soap and water alone. Proper hand washing with soap and drying is the most effective method of preventing the spread of diseases, as it removes the dirt and germs that can be spread to others and helps to keep the environment around you clean. Proper hand hygiene has been shown to reduce the spread of germs and infection, decrease mortality rates, and reduce the need for antibiotic use, especially amongst vulnerable demographics, such as the elderly. Further, proper hand hygiene has been shown to reduce absenteeism in schools for both teachers and students, leading to better performance and higher test scores. Ultimately, this preventable lapse has led to the hospitalization of millions of people, billions spent on healthcare costs and the unnecessary death of hundreds of individuals per year.Some forms of gastrointestinal and respiratory infections can cause serious complications, especially for young children, the elderly, or those with a weakened immune system.

**When to wash your hands**

You should wash your hands thoroughly:

* after using the toilet or changing nappies
* before, during and after preparing food
* between handling raw and cooked or ready-to-eat food
* before eating
* after using a tissue or handkerchief
* before and after attending to sick children or other family members.
* after smoking
* after handling rubbish or working in the garden
* after handling animal

**How to wash your hands properly**

To wash hands properly:

* Wet your hands with clean, running water, turn off the tap.
* Apply soap and lather well for 20 seconds (or longer if the dirt is ingrained).
* Rub hands together rapidly across all surfaces of your hands and wrists.
* Don’t forget the backs of your hands, your wrists, between your fingers and under your fingernails.
* If possible, remove rings and watches before you wash your hands, or ensure you move the rings to wash under them, as microorganisms can exist under them.
* Rinse well under running water and make sure all traces of soap are removed.
* Dry your hands using a clean towel or air dry them
* It is best to use paper towels (or single-use cloth towel).
* Dry under any rings, as they can be a source of future contamination if they remain moist.
* Hot air driers can be used.Hand hygiene is a key aspect of improving healthcare quality and reducing infection rates.

1-Peer pressure may be more effective than the promise of a cash bonus in improving hand hygiene compliance rates, according to a [study](https://www.beckershospitalreview.com/quality/which-boosts-hand-hygiene-long-term-peer-pressure-or-cash-incentives.html) detailed in a *Harvard Business Review* article. Researchers studied the impact of a program wherein hospital employees could all earn a $1,200 bonus if the hospital as a whole met the compliance target. However, since physicians are not hospital employees, they were not eligible for the cash bonus, but their compliance still counted toward the overall target rate. So other employees used other ways to encourage physicians to improve hand hygiene compliance, including writing physicians' names on paper cards and posting them on a wall.

2- A [study](https://www.beckershospitalreview.com/quality/does-music-impact-amount-of-time-spend-on-hand-hygiene.html), published in the *Journal of Hospital Infection*, examined the effect of a music-based intervention on hand disinfection duration. Researchers recorded surgical hand disinfections performed by 236 healthcare workers on video. The workers were divided into an intervention group and control group. The intervention group could hear background music as they disinfected their hands.

3- Text messaging via smartphones can help increase hand hygiene compliance among healthcare workers, a [study](https://www.beckershospitalreview.com/quality/can-a-simple-congratulatory-text-message-up-hand-hygiene-compliance.html) published in the *American Journal of Infection Control* found. Researchers examined 18 healthcare workers for 12 months using a radiofrequency identification system. During this time, the workers were sent one of two types of text messages — congratulation or encouragement

1. **What are the mains standards in WASH intervention in emergencies?**

Hygiene Promotion is the planned, systematic attempt to enable people to take action to prevent or mitigate water, sanitation, and hygiene related diseases and provides a practical way to facilitate community participation and accountability in emergencies. Components of Hygiene Promotion The diagram below represents the different components of Hygiene Promotion in an emergency situation and examples of the specific activities related to each component are then provided. Community Participation e.g.: Consult with affected men, women, and children on design of facilities, hygiene kits, and outreach system Identify and respond to vulnerability e.g. the elderly or those with disabilities Support and collaborate with existing community organizations, organizers, and communicators

Communication with WASH stakeholders

Selection and distribution of hygiene items

Community Participation

Monitoring

Use & Maintenance of facilities

Community & Individual Action

Hygiene Promotion in Emergencies

Use and Maintenance of facilities e.g.: Feedback to engineers on design and acceptability of facilities Establish a voluntary system of cleaning and maintenance Encourage a sense of ownership and responsibility Lay the foundations for longer term maintenance by identification, organization and training of water and sanitation committees .Selection and distribution of hygiene items e.g.: • Decide on content and acceptability of items for hygiene kits

• Ensure the optimal use of hygiene items (including insecticide-treated bed nets where used)

Community and Individual Action e.g

• Apply principles of Behavior Change Communication and Social Mobilization • Train outreach system of hygiene promoters to conduct home visits

• Organise community dramas and group activities with adults and children • Use available mass media e.g. radio to provide information on hygiene. During the initial phase of an emergency operation, at minimum the following hygiene-related standards or indicators should be reported or collected each week. The main hygiene promotion standards Emergencies are:

* **Soap**. To maintain health, dignity and well-being, at least some bars of soap should be distributed per person per month in Circle standard. About 45-55% is for personal hygiene; 60-40% is for laundry and other washing purposes.
* **Number of households per hygiene promoter**. At least one hygiene promoter should be available for every 500 households. This indicator measures the potential reach of hygiene education and messaging, with respect to use, monitoring and maintenance of WASH facilities, and good hygiene practices.

Additional hygiene-related emergency indicators may be collected by means of households’ surveys such as WASH (knowledge, attitude and practices). These poor WASH 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.

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

The catalogue includes specification and quality requirement items such as pumps, tap stands, wash water and water testing equipment.

1. **Discuss how environmental health and sanitation affect the nutrition status of the vulnerable groups?**

An effective strategy for municipal waste disposal and management can offer improved solution for various problems associated with waste materials. It ensures there is gradual improvement of new and cost effective facilities which aim to encourage higher environmental protection standards.

1. **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?**

* Safe disposal of excreta
* Effective hand washing

# Reducing the contamination of household drinking water. Also, several factors which directly or indirectly affect the health. Assuming these social, cultural and health cover life insurance and pension are among benefits that provide to the employees with financial security to all once these essentials are taken care of, employees can offer a selection of add-on for individual to choose physical factors includes, such factors as health physical development, nutrition, visual and physical defect and glandular.

# 10 Critical Success Factors for the Future of Healthcare

Insignia has identified a set of critical success factors that provide clear opportunities for elevating the likelihood of success in the marketplace and for significantly impacting the success of a healthcare system moving in the future.In a 1984 Sloan Management Review article titled "An Assessment of Critical Success Factors," A.C. Boynlon and R.W. Zmud write:

"Critical success factors are those few things that must go well to ensure success for a manager or an organization, and, therefore, they represent those managerial or enterprise areas, that must be given special and continual attention to bring about high performance. CSFs include issues vital to an organization’s current operating activities and to its future success."

As the authors assert, critical success factors must be given special attention in order to bring about the impact and results the leveraged critical success factors represent. If employed and fulfilled upon, these leverage points provide the necessary foundation for impacting the mammoth industry of healthcare, as well as those elements of healthcare that have been traditionally reinforced and have rewarded the way it is.

These critical success factors rely on a commitment and capacity for reinvention and innovation. They include:

1. Indispensability. A healthcare system must make itself indispensable with an offering that healthy community residents, patients and payers cannot (and wish not) avoid or go around.  
     
   2. Reinvent patient experience. Work with patients to reengineer core patient processes to leverage technologies and drive dramatically better patient engagement and experience. There is a major distinction between understanding the role of the patient in healthcare and actually working with the patient to redesign healthcare.   
     
   3. New revenue cycle. Develop a highly effective, productive and efficient (i.e., simplified) revenue cycle.   
     
   4. Diversified yet integrated specialization. Optimize physician network with strong physician leadership, collaboration, diversity of specialization and alignment.   
     
   5. Mind-set of well-being.Creating a mind-set for patient care that looks from a broad view of the overall patient's health and well-being across a continuum of care.  
     
   6. New horizons. Expand patient care beyond physician-centered and acute-hospital-located care delivery.  
     
   7. Embedded innovation. Embed in the organization a competency for creativity to continually innovate and rapidly execute innovation and change.  
     
   8. Leveraging new technology. Establish a strong capability and capacity to leverage information technology, including but not limited to mobile and web technology.  
     
   9. Transformational leadership. Leaders must be able to envision and execute on new, unprecedented futures while being highly skilled in the interpersonal skills needed to partner with physicians and care providers and to support and encourage creativity while maintaining discipline.   
     
   10. Culture of responsibility and accountability. In order to drive demonstrated value, both patients and providers will need to operate at higher levels of accountability. Organizational and clinical culture, processes and structures must be organized to institutionalize accountability and responsibility.

References

1. Boynlon and R.W. Zmud
2. Modules