DIPLOMA IN WATER SANITATION AND HYGIENE

ASSIGNMENT TWO

BY

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

Answer: Hands are the conveyors of foods, drinks and every other thing that enter go into the mouth. Hands are also the part of the body responsible for cleaning every other body part, handling of hygienically and non-hygienically things-cleaning of anus after defecating, changing of baby nappies, cleaning and handling of contaminants, working in the farms etc. Hands are prone to be contaminated by dirt and disease-causing organisms and in emergencies the propensity increases due to scarcity of water, poor sanitation and hygiene, poor environmental conditions, insecurity, overcrowding, psychosomatic stress. Since most faecal-oral diseases are caused and spread by contaminated hands with micro-organisms in poor hygienic conditions, washing of hands with soap, ash in water after defecation, before cooking and eating, after changing of babies’ nappies, in diarrheal disease epidemics and in emergencies can be a cheap intervention with quantum-loaded intervention outcome. According to World Health Organisation (WHO), thousands of people die daily around the world from infections acquired while receiving health care, hands are thee main pathways of germ transmission during health care and hand hygiene is the therefore the most important measure to prevent transmission and curtail health care associated infections and it is the core of infection prevention and control (IPC) (www.who.int/gpsc/5may/Hand\_Hygiene\_Why\_How\_and\_When\_

Bronchure.pdf and www.who .int/infection-prevention/publication/

ipc-components-guidelines/en)

Because of the importance of hand hygiene and its contribution to saving of life, prevention of diseases and their spreading, promotion of wellbeing, promotion and enhancement of nutritional status of the people and creation of wealth, WHO earmarks every May 5th as ‘’Hand Hygiene Day’’ and this year’s caption was ‘’Save Lives: Clean Your Hands 5th May 2018’’.It has hierarchical stratification of actions: Health Workers should take five moments to clean their hands to prevent sepsis, Infection prevention and control leaders should champion the promotion of hand hygiene to prevent sepsis, Health facility leaders should make hand hygiene a quality indicator in their hospital, Ministries of health should implement the 2017 World Health Assembly (WHA) sepsis resolution and make hygiene a national marker of health care quality and Patient advocacy groups should ask for five moments of clean hands to prevent sepsis in the hospitals (www.who.int/infection-prevention/campaigns/clean-hands/promotional-slides2018)

The aims of this annual hand hygiene campaign are to maintain a global profile on the importance of hand hygiene in health care and to unite people to support hand hygiene world-wide.

The transmission modes of the disease causing pathogens through hands pass through five stages:(i) Presence of the pathogens in the contaminated parts of the body or fomites,(ii) Picking of the pathogens from contaminated parts of the body, fomites by hands, (iii)Survival of the pathogens on the hands for several minutes,(iv) Inappropriate, or omission of hands washing (v) The contaminated hands contaminate more fomites, humans or the organisms are ingested(www.who.int/gpsc/5may/tools/who\_guidelines-handhygiene\_summary.pdf)

Indications for hand hygiene are as follow: (i) Washing of hands with water and soap when visibly soiled with blood, body fluids, excreta, dirt or after using the toilet (ii) Washing of hands after exposure to potential spore-forming pathogens with water is better than using alcohol based cleanser (iii) Washing of hands with alcohol based cleansers when the hands are not overtly soiled and when not available washing with soap and water can be done (iv) After touching fomites or after procedures even with gloves , hands should be washed with water and soap, (v) Before handling food/medication or cooking of food hands should be washed with water and soap (www.who.int/gpsc/5may/tools\_who\_guidelines-handhygiene\_ summary.pdf)

Hand hygiene technique with soap and water: The duration of the entire exercise is between 40 to 60 seconds with ten sequences.

First the hands are doused with water, soap is applied to the hands to cover the whole surfaces, the palms are rubbed on one another, right palm over the dorsum with fingers in the left interdigital clefts and vice versa, palm to palm with the right fingers in the left interdigital clefts, interlocking of the fingers with their backs on the opposing palms, rotational rubbing of the thumbs on opposite palm, rotational rubbing of clasped fingers forward and backward on the opposite palm, rinsing of hands with water, drying of hands with disposable towel or air drying of hands, and turning of the tap with towel (www.who.int/gpsc/5may/tools/who\_guidelines\_handhygiene

-summary.pdf)

Barriers to hand hygiene can be summarised thus: Insufficient/lack of water and/or soap, negative culture towards hand hygiene, ignorance/lack of knowledge of the importance of hand washing, lack of participation in hand washing promotion, forgetfulness.

The barriers to hand hygiene can be overcome through health education and hand washing promotion campaign, provision of adequate water and soap, environmental re-engineering and removal of physical constraints to assessing hand washing facilities, rewarding of those who greater adherence to hand washing.

References

1.[www.who.int/gpsc/5may/Hand\_Hygiene\_Why\_How\_and\_When\_ Bronchure.pdf](http://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_%20Bronchure.pdf)

2.[www.who.int/infection-prevention/publication/ipc-components-guidelines/en](http://www.who.int/infection-prevention/publication/ipc-components-guidelines/en)

3.www.who.int/infections-prevention/campaigns/clean-hands/

promotional-slides-2018

4.www.who.int/gpsc/5may/tools/who\_guidelines-handhygienes\_

summary.pdf

QUESTION 2. What are the main standards in WASH interventions in emergencies?

Answer. The standards in WASH interventions are derivates from the summation of Humanitarian Charter, Protection Principles and Core Standards into WASH promotion which branches into WASH (Standard 1- WASH programme design and implementation), Hygiene promotion(Standard 1-hygiene promotion implementation, Standard 2-Identification and the use of hygiene items), Water supply(Standard 1-Access and water quantity, Standard 2-water quality, Standard 3-water facilities), Excreta disposal (Standard 1-Environment free from human faeces, Standard 2-Appropriate and adequate toilet facilities), Vector control (Standard 1-Individual and family protection, Standard 2-Physical, environmental and chemical protection measures, Standard 3-Chemical control safety), Solid waste management(Standard 1-collection and disposal) and Drainage (Standard 1-Drainge work).Excreta disposal, vector control, solid waste management and drainage make up sanitation interventions and standards. These standards are minimum levels to be targeted in responding to human emergencies in relation to water, sanitation, and hygiene promotion. These standards are associated with key actions (activities and inputs to help meet the standards), key indicators (gauges to know if the standards are met), and guidance notes (specific points to consider when applying the standards, key actions and key indicators) ( [www.spherebook.org/](http://www.spherebook.org/)

content/pages/en/6.minimum-standards-in-water-sanitation-hygiene-promotion.pdf)

To attain these standards depends on co-operation of the affected population, close co-ordination and collaboration with other responding agencies and should be practiced using vulnerability and capacity analysis to ensure that response efforts support those that need them most in non-discriminatory manner (nidm.gov.in/easindia2014/err/en/pdf/session/3/2.pdf)

The minimum standards can be articulated under: (1) Water supply, sanitation and promotion (WASH). The bottom line of WASH is to promote personal and environmental hygiene so as to protect life, promote wellbeing and improve health of the disaster affected people which relies on the exchange of information between them and the agency to identify any hygiene problem and accepted solution. The hygiene promotion covers water supply, excreta disposal, vector, solid waste disposal and management and drainage (www.spherehandbook.org/content/pages/en/6.minimum-standard-in-sanitation-hygiene-promotion.pdf)

WASH standard 1: WASH programme design and implementation.

The WASH needs of the disaster affected people are met and the beneficiaries were involved in the design, management and maintenance of the facilities (www.spherebook.org/content/pages/en/6.minimum-standard-in-sanitation-hygiene-promotion.pdf)

(2). Hygiene promotion. This is an organised systematic approach to equip people to prevent and ameliorate diseases emanating from water, sanitation and hygiene down-turn conditions. It is aimed extracting from the disaster effected peoples’ knowledge, practices and resources how best to protect public health. It also enables people make best use of water, sanitation and hygiene facilities and maintenance of such facilities. It includes mutual sharing of information, mobilisation of affected communities and provision of essential materials and facilities (www.spherebook.org/contentpages/en/6.minimum-standard-in-sanitation-hygiene-promotion.pdf)

According to International Organisation for Migration (IOM), hygiene promotion can be achieved through training of hygiene promoters from affected community, hygiene promotion communication campaign, and distribution of hygiene items (manual http://emergencymanual.iom.int/wash-sanitation-and-hygiene-wash)

Hygiene promotion standard 1: Implementation of hygiene promotion. This is enabling all sections of disaster affected population to know all important public health risks present and be encouraged to mitigate against the deterioration of hygienic conditions by maintaining the facilities provided.

Hygiene promotion standard 2: Identification and use of hygiene items. The affected population has access and is also involved in identification and promotion of the use of hygiene items and facilities to improve personal/public hygiene, health, dignity and well-being (www.humanitarianreform.org/humanitarianreform/Default.aspx?tabid=160)

(3). Water supply. Living organisms-including man are made up of 60-70% water and need water to function maximally. In extreme conditions, water may not be sufficient to meet basic needs and supplying a survival level of safe drinking water is of critical importance because in these cases the main health problems thereof are from poor hygiene due to insufficient water and consumption of contaminated water.

Water supply standard 1: Access and water quantity. This aims at ensuring that all disaster affected people have safe and equitable access to sufficient quantity of water for cooking, drinking, persona and domestic hygiene. It also ensures that public water drawing points are not far from households for use of minimum water requirement(www.actioncontrelafaim.org/english)

IOM achieves this aim through setting up of surface water treatment system (SWATs), extraction of ground water from protected sources, water trucking, distribution of water purification/filtration items and training on the point of use treatment methods and water quality monitoring(manual <http://emergencymanual.iom.int/wash-sanitation-and-hygiene-wash>)

Water supply standard 2: water quality. This ensures and assures high quality of water that is devoid of taste—palatable, odour, and colour is served to the disaster affected people for consumption, cooking, personal and domestic hygiene with no risk to health. To ensure this requires a sanitary survey and water safety plan, microbiological water quality analysis, promotion of protected sources, post-delivery contamination prevention, water disinfection, household-level water treatment, point of use water treatment(poUWT) with chlorine, chemical and radiological contamination prevention(www.actioncontrelafaim.org/english)

Water supply standard 3: Water facilities. This ensures that affected population has adequate facilities to fetch and store sufficient quantity of water for consumption, cooking, and personal hygiene(www.spherehandbook.org/content/pages/en/6.minimum-standard-in-water-sanitation-hygiene-promotion.pdf)

(4) Excretal disposal. This is the first line of protection of disaster affected community from excreta-related diseases and reduces transmission of diseases. Safe disposal of excreta is priority in disaster situation as provision of safe water supply.

Excreta disposal standard 1: Environment free from human faeces.

This ensures that living environment, food preparation areas, public centres, water point surroundings are free from human faecal contamination through safe excretal disposal, marked-off and protected defecation area during acute phase of disaster, maintaining a safety distance in siting defecating systems from water sources, and containment of children’s faeces (always rich in microbes that contaminate water source) (Harvey, P 2007)

Excreta disposal standard 2: Appropriate and adequate toilet facilities. This ensures that affected people have appropriate and culturally accepted toilet facilities that are closed to their houses for rapid, safe and secure access at all times, day and night through provision of public toilet, acceptable facilities, family toilets, shared and safe facilities using local building materials and labour. It also provides water and soap for hand washing after toilet use, water and materials for anal cleaning ([www.spherehandbook.org/content/pages/6.minimum-standard-in-water-sanitation-hygiene-promotion-pdf](http://www.spherehandbook.org/content/pages/6.minimum-standard-in-water-sanitation-hygiene-promotion-pdf))

(5). Vector control. Vector is a disease-carrying agent and such diseases result to high morbidity and mortality in disaster situations if not controlled. Vectors of importance are mosquitoes which transmit malaria, encephalitis and haemorrhagic fevers. Other are non-biting synanthropic flies (house fly, blow fly, and flesh fly) which transmit diarrhoeal diseases.

Controlling of vectors-borne diseases are done through a variety of ways such as appropriate site selection, proper shelter, good water supply, proper excreta disposal, solid waste management and non-water retaining drainage system (Thomson, M 1995)

Vector control standard 1: Individual and family protection. This is achieved through educating the disaster affected people and empowering them to protect themselves from vectors and diseases resulting therefrom through definition of vector-borne risks, establishing indicators for vector control programmes.

Vector control standard 2: Physical, environmental and chemical protection measures. This is to ensure that the siting of the camping does not expose the disaster affected people to vectors and their diseases through appropriate site selection, environmental and chemical vector control, designing of appropriate vector control programmes, active case finding and treatment integration with chemical control (larviciding, indoor residual spraying, used impregnated mosquito nets)

Vector control standard 3: Chemical control safety. This ensures that the safety of disaster affected people, the local environment and ecosystem plus staff applying the chemical are protected and resistance to the chemical is avoided through national and international protocols (Lacarin, C and Reed, R 1999).

(6). Solid waste management. This systematic practice of daily collection and proper disposal of garbage produced in the camp according to the prevailing circumstances and environmental regulation of the host government(manual <http://emergencymanual.iom.int/wash-sanitation-and-hygiene-wash>)

Solid waste management standard 1: Collection and disposal. This ensures that environment of the disaster affected people is littered by solid waste through planning and implementation of refuse collection, waste burial and controlled tipping, segregation of waste into hazardous and non-hazardous, and proper burial of dead bodies.

(7) Drainage. This involves building of water channel and directing them properly to avoid flooding of the camp, destruction of drinking water spots, sewage, houses. This is a multi-sectorial action involving engineers, WASH, environmental health officers etc.

Drainage standard 1: Drainage work. To ensure that the environment occupied by displaced people is free from stormwater, floodwater, domestic and medical wastewater through site selection and planning, proper channelling of wastewater, sanitation/hygiene promotion campaign, proper on-site disposal of waste avoiding of activities that lead to the blocking of the drainage artery system (EPA 1980)

References

1.www.spherehandbook.org/content/pages/en/6.minimium-standard-in-water-sanitation-hygiene-promotion.pdf

2.Water, Sanitation, and Hygiene (WASH)-IOM/Emergency Manual <http://emergencymanual.iom.int/wash-sanitation-and-hygiene-wash>

3.nidm.gov.in/easindia2014/err/pdf/session/3/2.pdf

4.www.humanitarianreform.org/humanitarianreform/Default.aspx?tabid=160

5.www.actioncontrelefaim.org/English

6.Harvey, P (2007), Excreta, Disposal in Emergency, An inter-play manual. WEDC, Loughborough University, UK. http://wedc.lboro.ac.uk Retrieved from [www.spherebook.org/](http://www.spherebook.org/)

content/pages/en/6.minimum-standard-in-water-sanitation-hygiene-promotion.pdf

7.Thomas, M (1995), Disease Prevention Through Vector Control: Guidelines for Relief Organisations. Oxfam GB

8.Lacarin, C and Reed, R (1999), Emergency Vector Control Using Chemicals. WEDC Loughborough, University, UK

9.Environmental Protection Agency (EPA), (1980), Design Manual: On-site Water Treatment and Disposal Systems, Report EPA-600/2-78-173, Cincinnati, USA

QUESTION 3. Waste management is becoming a major problem in emergencies, why?

Answer. Waste management is an organised and co-ordinated effort of handling and disposal of organic and hazardous waste if left unattended will pose a public health risk to the affected population and negatively impact the environment ([www.spherebook.org/content/pages/en/6.minimum-standards-in-water-sanitation-hygiene-promotion.pdf](http://www.spherebook.org/content/pages/en/6.minimum-standards-in-water-sanitation-hygiene-promotion.pdf))

In emergencies this systematic handling of waste is broken partly because of system overload of waste production due sudden cataclysmic events despite Sphere Solid waste management standard 1(Collection and disposal) that is supposed to be operational.

In emergencies the generators of waste such as humanitarian agencies do not lay claim to owner of the waste because they have bigger fish to fry in attending to the affected disaster community who on their own are trying to come to terms with situation they find themselves. Waste management is their least worry according Reed and Mena-Moreno (2016). UNEP/OCHA (2008) observed that solid waste management in disaster is simple but managerially complex due to little innovation towards the solution but reporting failure is common. The further noted that demand for bottled water is on the increase by aid workers simply because they deemed the water available at camp not good enough thereby increasing the burden of environmental solid waste with recycling a non-option because of the prevailing circumstance. Inability to deal with camp waste after disaster because of overwhelming of the system or lack of existing system create constant flashback memory to the victims causing emotional instability (Wisner and Adams 2003).

Poor waste management in disaster could be a reflection of weak institution, damaged infrastructures (no access roads, damaged pieces of equipment), lack of dumping sites/incinerators, poor motivation of the workers and inability to compress the waste to manageable size.

The consequences of poor waste management inexhaustible. They include, poor aesthetic, injuries, infection, pollution of water with leachates resulting into diarrhoeal diseases, breeding of vectors which may result to epidemics, air contamination and respiratory diseases.

Good waste management can be instituted through immediate, intermediate and long-term plan solutions. The immediate solutions include on-site household disposal in pits. The intermediate solutions involve consultations of the affected community, health education, intermediate point refuse deposition from which collection is done and transported to the final disposal site. In long term plan, the landfill has to be increased, leachate contained and sustainability of waste management considered (Reed and Mena-Moreno, 2016)

References

1.[www.spherehandbook.org/content/pages/en/6.minimum-standards-in-water-sanitation-hygiene-promotion.pdf](http://www.spherehandbook.org/content/pages/en/6.minimum-standards-in-water-sanitation-hygiene-promotion.pdf)

2.Reed, B and Mena-Moreno (2016) ‘Solid Waste Management’:

WASH in Emergency/HIF Problem Exploration Report. Cardiff: ELRHA

[www.elrha.org/wp-content/uploads/2016/01/Solid-Waste-Management-WASH-Problem-Exploration-Report.pdf](http://www.elrha.org/wp-content/uploads/2016/01/Solid-Waste-Management-WASH-Problem-Exploration-Report.pdf)

3.UNEP/OCHA Environmental Unit, Supported by Swedish Rescue Service Agency, (2008). Disaster Waste Management Issue ll-Follow up Mission Report. Turk and Caicos Islands 6-14 December 2008. <http://docs.unocha.org/sites/dms/Documents/2008_December_>

AddressingDisasterWasteManagementIssue2.pdf

4.Wisner, B and Adams, J (2002), Environmental Health Emergencies and Disaster: A practical Guide. World Health Organisation (WHO), Geneva, Switzerland.www.who.int/water\_sanitation\_health/emergencies2002/en/

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

Answer. To have a good grip on the above question let me define environmental health, sanitation, nutritional status vulnerability.

According to WHO, environmental health encompasses all physical, chemical and biological factors external to and all factors affecting behaviours. It includes the assessment and control those environmental factors that can potentially affect health. It excludes behaviours not related to environment ([www.who.int/topics/environmental\_health/en/](http://www.who.int/topics/environmental_health/en/))

WHO on the other hand averred that sanitation broadly is provision of facilities and services for safe handling and disposal of human faeces and urine or maintenance of hygienic conditions via waste collection (garbage and wastewater) ([www.who.int/topics/sanitation/en/](http://www.who.int/topics/sanitation/en/))

According to National Cancer Institute(NCI) Dictionary, nutritional status is person’s state of health in terms of his nutrient consumption(<http://www.cancer.gov/publications/dictionaries/cancer-terms/def/nutritional-status>)

International Federation of Red Cross and Red Crescent Societies define vulnerability as decreased capacity of an individual or a group to anticipate, cope with, resist and recover from impact of natural disaster. It is associated with poverty, isolation, insecurity, defencelessness in the face of risk, shock or stress ([www.ifrc.org/en/what-we-do/disaster-management/about-disaster/what-is-a-disaster/what-is-vulnerability](http://www.ifrc.org/en/what-we-do/disaster-management/about-disaster/what-is-a-disaster/what-is-vulnerability))

With these definitions in place, the question can be reframed as ‘’How can external environment that affect health and safe handling/disposal of faeces and urine affect the healthy feeding of poor or the defenceless’’

Poor environmental conditions and sanitation affect the nutritional state of the poor negatively and their improvements help them.

Physical environment (safe water, clean air, healthy working environment, safe housing, road, good weather system) is one of the determinants aside socio-economic and individual characteristics and behaviours([www.who.int/hia/evidence/doh/en](http://www.who.int/hia/evidence/doh/en))

We are what we eat and what we eat, where we live, who we associate with and what we do determine our health. Most health problems that affect man emanate from nutrition, housing, habits and even our genetic composition is affected by our environment.

When the water is safe for drinking, cooking, personal hygiene and sanitation, there is no outbreak of waterborne (cholera, shigellosis, diarrhoea, salmonellosis, amoebiasis, giardiasis, Hepatitis A, Poliomyelitis, rotavirus), water-washed (scabies, trachoma, louse-typhus and relapsing fever), water-based (schistosomiasis, guinea worm infestation) diseases, water-related vector diseases (malaria, haemorrhagic fever, sleeping sickness, filariasis) which affect mostly the vulnerable.

The poor inhabit the flood-plains because they cannot afford the

rents in the safer plains. When the wet season comes the river and the streams over-flow their banks on water-log the habitations of the poor damaging sewers, contaminating drinking water, underground water, enabling disease-carrying vectors to breed. The poor drink the contaminated water and contact diarrhoea, contact malaria from mosquito bite, cannot afford hospital treatment and turn to roots and herbs. The situation gets worse from excessive water and electrolytes loss, anaemia, liver, and renal damage and more people are infected from further contamination of the water with faeces and poor hygiene. Because they are losing nutrients and not eating well weight loss sets-hypo-nutrition (underweight, wasting) also called poor nutritional status. Poor nutritional status impacts on their means of livelihood resulting worsening case of poverty and inability to care for their families.

According WHO (2011), scarcity of clean water and basic sanitation as well as poor hygiene result to nearly 90% of deaths from diarrhoea mainly in children. Whereas 87% of the world population now have access to improved water sources, 39% still lack access to improved sanitation. More than 1.1 billion people in the developing countries (the vulnerable), still defecate in the open and handwashing with soap practice is at average of 17%.

The report went further to note that diarrhoea from ingestion of pathogen from poor quality of water, poor hygiene and sanitation by the vulnerable, results to dehydration and malabsorption which in-turn lead to increase morbidity-impaired growth and cognitive function and mortality.

Primary prevention of diarrhoeal diseases via WASH interventions is based on reduction of the faecal-oral transmission of the disease-causing pathogens.

References

1.www.who.int/topics/environment\_health/en/

2.www.who.int/topics/sanitation/en/

3.http://www.cancer.gov/publications/dictionaries/cancer-terms/

def/nutritional-status

4.www.ifrc.org/en/what-we-do/disaster-management/about-disaster/what-is-a-disaster/what-is-vulnerability

5.www.who.int/hia/evidence/doh/en/

6.World Health Organisation (WHO) (2011). Water, Sanitation, and Hygiene Interventions and Prevention of Diarrhoea: Biological, Behavioural and Contextual Rationale, WHO, Geneva 2011

[www.who.elenal/titles/bbc/wsh\_diarrhoea/en/](http://www.who.elenal/titles/bbc/wsh_diarrhoea/en/)

QUESTION 5. Assuming you have been appointed to head an organisation dealing with development in your area, describe the critical factors that you will consider in planning for health services in that area

Answer: WHO (2004) defines health planning as systematic process of identifying and specifying desirable future objectives and defining appropriate types of actions and resources required to achieve them.

Health plan is aimed at improving the health status of the given population for which the plan is targeted. The plan could annual, rolling(medium) or long term.

The health plan requires an understanding of the functioning of the health system whose determinants are environment, health service delivery system and community.

Health planning is necessary for:(1) Turning health policy statement to action (2). Domestication of the master plan (3) Revision of existing health problem (4) To take care of emerging new health problem (5) Re-evaluation of target (6) Adoption of new cost-effective solutions (7) To ensure co-ordinated and collaborative actions

In planning health service, critical factors that can be considered are:

Health status of the population, Health planning team, Resources available, Situation analysis and Problem identification, Problem analysis, Setting Objective and Target, Intervention development, Preparing the plan of action, Preparing budget

Health status of population: Before planning the health service of a given population background health status is important for future comparison. In doing this the environment, health service delivery system and community type (culture, gender, belief, health seeking behaviour) are considered,

The Health Team: The members of the team are the operators of the plan without which the plan will not take off. The team is comprising of: Organisation officer, Community medical members, Users representatives, Regional representative, and rural health centre representative. These will help mobilise the community for action and support.

Available resources: As a new facility enormous resources are required to put up the structures, WASH facilities and services, recruitment of manpower. The health team will also help in budgeting.

Situation analysis: This is used to find what the present situation is like and what the needs are. Where do we want to go from-setting priorities?

Problem Identification: Health related problems are identified are resources will be mobilised in solving them.

References

World Health Organisation (2004), Planning and Implementation of District Health Services. WHO Regional Office for Africa (AFRO), Brazzavile.2004