**FINAL EXAMINATION FOR WASH CERTIFICATE.**

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**Q1. What is Sanitation and Hygiene?**

**Answer:**

Sanitation and hygiene are critical to health, survival, and development. Many countries are challenged in providing adequate sanitation for their entire populations, leaving people at risk for water, sanitation, and hygiene (WASH)-related diseases. Throughout the world, an estimated 2.4 billion people lack basic sanitation (more than 32% of the world’s population)

Sanitation refers to having accesses to facilities for safe disposal of human waste/ faeces and urine as well as having the ability to maintain hygiene conditions through services such as garbage collections, waste management and waste water treatment and disposal.

Hygiene refers to behaviours that can improve cleanliness and lead to good health such as frequent hand washing, face washing, bathing with soap and water.

**Q2. Why are water, sanitation and hygiene important?**

**Answer:**

WASH is important because it involves;

* Promotion of good hygiene practices.
* Provision of safe drinking water.
* Reduction of environmental health risks.

One way of achieving WASH is by providing schools with safe drinking water, improved sanitation facilities and hygiene education that encourages the development of healthy behaviours for life. The strategy helps fulfil children’s rights to health, education and participation, and has been widely recognized for its significant contributions to achieving the MDGs – particularly those related to providing access to primary education, reducing child mortality, improving water and sanitation, and promoting gender equality. WASH in Schools not only promotes hygiene and increases access to quality education but also supports national and local interventions to establish equitable, sustainable access to safe water and basic sanitation services in schools. Poor sanitation, water scarcity, inferior water quality and inappropriate hygiene behaviour are disastrous for infants and young children and are a major cause of mortality for children under five. Those conditions are also detrimental to the health of school-aged children, who spend long hours in schools. The physical environment and cleanliness of a school facility can significantly affect the health and well-being of children. Disease spreads quickly in cramped spaces with limited ventilation, where hand-washing facilities or soap are not available, and where toilets are in disrepair. Too often, schools are places where children become ill.

WASH in Schools aims to improve the health and learning performance of school-aged children – and, by extension, that of their families – by reducing the incidence of water and sanitation-related diseases. Every child friendly school requires appropriate WASH initiatives that keep the school environment clean and free of smells and inhibit the transmission of harmful bacteria, viruses and parasites.

WASH in Schools also focuses on the development of life skills and the mobilization and involvement of parents, communities, governments and institutions to work together to improve hygiene, water and sanitation conditions. While there are many approaches based on differing cultural insights and environmental and social realities, any WASH in Schools intervention should include:

* Sustainable, safe water supply points, hand-washing stands and sanitation facilities;
* Fully integrated life skills education, focusing on key hygiene behaviours for schoolchildren and using participatory teaching techniques;
* Outreach to families and the wider community.

An efficiently and effectively implemented WASH in Schools programme will lead to students who:

* Are healthier;
* Perform better in school;
* Positively influence hygiene practices in their homes, among family members and in the wider community;

Learn to observe, communicate, cooperate, listen and carry out decisions about hygienic conditions and practices for themselves, their friends and younger siblings whose hygiene they may care for (skills they may apply in other aspects of life);

Change their current hygiene behaviour and continue better hygiene practices in the future; ¢ Learn about menstrual hygiene and physical and emotional changes during puberty (learning to avoid menstrual odour, discomfort and urinary or vaginal infections will encourage girls to come to school during menstruation);

Practice gender-neutral division of hygiene-related tasks such as cleaning toilets, fetching and boiling water and taking care of the sick.

**Q3. What is open defecation?**

**Answer:**

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 the toilet to defecate.

Open defecation poses a serious threat to the health of children in India.  
Open defecation exposes women to the danger of physical attacks and encounters such as snake bites.  Poor sanitation also cripples national development: workers produce less, live shorter lives, save and invest less, and are less able to send their children to school.  
Awareness campaigns, media exposure, and pressure from school-age children, are some of the drivers of increased awareness towards behaviour change. Further, with a growing population and increasing agricultural cultivation and urbanization, the number of spaces available for open defecation continues to reduce.

Open defecation (also used in the opposite meaning as open defecation free (ODF)) is the human practice of [defecating](https://en.wikipedia.org/wiki/Defecating) outside (in the open environment) rather than into a [toilet](https://en.wikipedia.org/wiki/Toilet). People may choose fields, bushes, forests, ditches, streets, canals or other open space for defecation. They do so because either they do not have a toilet readily accessible or due to traditional cultural practices. The practice is common where [sanitation](https://en.wikipedia.org/wiki/Sanitation) infrastructure and services are not available. Even if toilets are available, [behaviour change](https://en.wikipedia.org/wiki/Behavior_change_(public_health)) efforts may still be needed to promote the use of toilets. The term "open defecation free" (ODF) is used to describe communities that have shifted to using a toilet instead of open defecation. This can happen for example after [community-led total sanitation](https://en.wikipedia.org/wiki/Community-led_total_sanitation) programs have been implemented.

Open defecation can pollute the environment and cause health problems. High levels of open defecation are linked to high [child mortality](https://en.wikipedia.org/wiki/Child_mortality), poor [nutrition](https://en.wikipedia.org/wiki/Undernutrition), [poverty](https://en.wikipedia.org/wiki/Poverty), and large disparities between rich and poor.

**Q4. What is Sanitation Marketing?**

**Answer:**

Sanitation marketing is an emerging field that applies social and commercial marketing approaches to scale up the supply and demand for improved sanitation facilities. While formative research is the foundation of any sanitation marketing program, essential to understanding what products the target population desires and what price they’re willing to pay for them, components such as the marketing mix, communications campaign, and implementation are also critical to the design and implementation of effective program.

**Q5. What are the biggest challenges you face in teaching hygiene and sanitation?**

**Answer:**

Access to basic needs like water and sanitation, remains a key challenge for most Africans. Water ,sanitation and hygiene is essentially about access to clean water, basic sanitation and good hygiene practices, all of which are essential to human development.

There are significant inequalities in access to WASH between rural and urban areas, and differences across countries. Rural sanitation is often the least prioritised of all the sub-sectors. Challenges in the urban water sub-sector are often linked to service quality and the financial sustainability of the service providers. Key common structural challenges include:

* Multiple institutions with overlapping mandates for service delivery coupled with poor coordination practices.
* Low budget allocations from government sources and a reliance on donor funds and household expenditure.
* Inequities in service delivery linked to access between rural and urban areas and between wealth quintiles and that the poor often ay more services and directly from their own pockets.
* That value for money concept is poorly understood in most sectors and often linked to local government and municipality performance.

**Q6. What are the steps for planning and implementing a successful WASH behaviour change campaign?**

**Answer:**

The step for planning and implementing a successful WASH behaviour change campaign includes;

* Community involvement in WASH projects (Participatory approach).

This happens through community volunteers and community health workers which involves host population to get opportunity to play an active role in initiating water and sanitation.

* Survival and longer terms needs in an emergency.

At the onset of an emergency, the aim is to protect life and health through rapid assistance by quickly putting in place immediate measures to protect human life and health. By addressing longer term health interventions focussing on most crucial aspects of environmental health.

* Involve disaster-affected people early.

As early as possible in the emergency, it is critical to consult with the disaster affected populations to get a good understanding of their needs. Identify key community leaders who can help organise the community. Begin planning for and start implementing longer-term interventions in consultation and cooperation with the community.

* Identify vulnerable groups.

Vulnerable groups to cope and survive in a disaster might be seriously compromised by giving them opportunity to participate and influence water and sanitation projects.

* Assessing environmental health conditions.

Environmental health conditions require understanding of the relationship between human and socio-economic factors and the physical landscape.

Environmental health assessment should be carried out as soon as possible which involve multiple sectors, water and sanitation, food, shelter, health services, local authorities, representatives from the disaster affected population and local non-governmental organisations.

**Q7. What are the challenges faced by WASH Projects in Africa?**

**Answer:**

The challenges faced by WASH Projects in Africa are as follow.

* Sustainability.

Many new WASH systems do not deliver benefits for their design life that result due to inadequate operation and maintenance resources, low sense of community ownership and responsibility, poor workmanship and technology choices used.

* Social inclusion.

Poor and vulnerable groups do not obtain full benefits of new investments and are excluded on the basis of income, health status, location etc.

* Gender.

Women and girls children responsible for the bulk of water, sanitation management and domestic cleanliness are excluded from project management, and scheme operations. Women consistently demonstrate higher standards of honesty in financial management.

* Water resource availability.

Since 1950 water use has increased six fold while the population has doubled and the ground water levels dropping in many areas as a result of drought and climate change.

* Water quality.

Pollution of water from agriculture, industry and households waste is the major source of bacteriological pollution that contaminates water.

**Q8. 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.**

**Answer:**

I have visited Kanjoro Primary School in Yei Town, Yei Municipality, South Sudan. The school has the following.

* Three block rooms
* Three pit latrines divided into four rooms (one latrine for boys, one latrine for girls and the other latrine for both female and male teachers).
* Handwashing facilities were installed with buckets
* Washing soap
* Toilet papers
* Storage tank of 10,000 litters to collect water from the roof of building blocks.
* Waste pit dug.
* Cleaner environment.

The school has satisfied the criteria for disease prevention and it’s important because it can lead to:

* Increased school attendance.
* Reduced the spread of diseases such as diarrhoea, cholera, typhoid, malaria etc.
* Less money spent on medicines.
* Health benefits from safe disposal of waste that would otherwise contaminate the environment.
* Promotion of good hygiene practices.
* Provision of safe drinking water

**Q9. 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.**

**Answer:**

Essentially basic hygiene for hotel business is personal hygiene practices and the environmental hygiene practices.

Personal hygiene practices include:

* Hand washing facilities.
* Brushing room.
* Bathing room.
* Clean toilets.
* Clean bedding rooms.
* Drainage system for waste water.

Environmental hygiene practices includes cleaning surrounding, food storage in covered containers, washing and cooking food, water source protection, waste disposal pit/container.

**Q10. 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.**

**Answer:**

Without enough safe water for drinking, cooking and personal hygiene, it is difficult to maintain good health and fight off illnesses. Without proper sanitation, water supplies can become contaminated and diseases can spread rapidly. WASH Promotion services aim to protect the public health of displaced people and local communities, and to help protect their right to safe water and sanitation.

The lack of access to WASH facilities in shelters or camps deprives displaced families of the opportunity to make their shelters into homes, and their settlements into communities. By providing appropriate water and sanitation infrastructure, and educating people on good hygiene practices, WASH helps displaced families achieve dignified living conditions.

WASH programmes seek to save lives, prevent diseases, promote dignity, and support access to better living conditions and livelihood opportunities.

WASH promotion activities that need to be included are:

* Supplying safe water for drinking, cooking, personal hygiene and household cleaning.
* Providing and maintaining latrines or toilets segregated by gender or family units that are safe for women, girls, men and boys to use at all times.
* Active diseases surveillance and increased vigilance on water quality and sanitation practices during diseases outbreak.
* Solid waste management and site drainage activities, to reduce standing water and garbage where disease carrying mosquitoes or vermin can breed.
* Hygiene promotion and community mobilisation to promote safe hygiene and health-seeking behaviours and to empower community and displaced people to take an active role in WASH operations.

**References:**

Water and Sanitation – Uganda case.

Water and Sanitation reference 4.

Water, Sanitation and Hygiene Management training manual.

Water, Sanitation and Hygiene improvement training.