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**ASSIGNMENT:** ONE

**INTRODUCTION**

This assignment will help give a clear picture or enlighten or provides us with the definition of Public Health and its understanding, its key elements, population indicators, functions of a Public Health, some diseases as well as conditions that are likely to be encounter in an emergency situation, negative impacts of open defecation, role of international non-profit/NGO in terms of recruitment, funding and monitoring for public health projects in our communities.

**Understanding of Public Health**

First Public Health by its definition is “The science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.” On my understanding since it is the prevention of disease, prolonging life and promoting health, public Health influences at the broader, societal, and community levels as well as the individual levels in terms of Health, Hygiene and sanitation, promotion, prevention and prolonging which is very important to our health. Public Health also help in Fulfilling society’s interest in assuring conditions in which people can be healthy, public health’s also plays role in preparedness and disaster response, both for natural disasters and human-made threats” Public health aims to provide maximum benefit for the largest number of people.”

In General Public health focuses on groups of people, rather than just an individual. At the core of public health lies the principle of social justice, providing people the right to be healthy and to live in conditions that will support their health

**Key Elements of Public Health**

### Monitor and evaluate health status to identify community health problems

It is essential for public health organizations to monitor and evaluate the health status of populations in order to identify trends and to target health resources. Components of this service include: utilization of appropriate tools to interpret and disseminate data to audiences of interest; collaboration in integrating and managing public health; and accurate and periodic assessment of the community’s health status. Specifically, public health organizations can monitor and evaluate the health status of their populations by creating a disease reporting system, community health profiles, and health surveys.

### Diagnose and investigate health problems and health hazards in the community

In order to appropriately allocate public health resources, it is essential to diagnose and investigate health problems and hazards in the community. Components in this service include: population-based screening of diseases; access to public health laboratories capable of completing rapid screening and high volume testing; and epidemiologic investigations of disease outbreaks and patterns of disease. These survey results will inform public education and chronic disease prevention efforts. Emergency preparedness is also an essential component of public health organizations. Teams must be available and prepared to combat natural disasters, severe weather, outbreaks, [bioterrorism](https://en.wikipedia.org/wiki/Bioterrorism), mass casualties and chemical emergencies.

### Inform, educate, and empower people about health issues

Once public health priorities have been established through monitoring and investigation of health problems in the community, educational activities that promote improved health should be disseminated. Components in this service include: both the availability of health information and educational resources and the presence of health education and health promotion programs. This can be achieved through media advocacy and social marketing. An example of this is the Eat Less, Weigh Less campaign executed by the [County Department of Public Health](https://en.wikipedia.org/wiki/Los_Angeles_County_Department_of_Public_Health) that aims to increase awareness about appropriate portion sizes using advertisements on buses, billboards and social media. It is also essential to establish health education and health promotion program partnerships with organizations in the community, such as schools, churches and employment facilities.

### Mobilize community partnerships to identify and solve health problems

Public health organizations on the local, state and national level can mobilize community partnerships to identify and solve health problems. Components of this service include: building coalitions to utilize the full range of available resources; convening and facilitating partnerships that will undertake defined health improvement projects; and provide assistance to partners and communities to solve health problems. Of particular importance is identification of potential stakeholders who will contribute to or benefit from public health activities.  It is important to note that many of these stakeholders may not be considered to be health-related at first glance. For example, organizations involved in urban planning may be influential in improving the health of its residents. This could include increasing the walkability of a community or the number of parks or bike trails in a neighborhood.

### Develop policies and plans that support individual and community health efforts

Policies can be effective in modifying human behavior and reducing negative health outcomes. Components in this service include: development of policy to guide the practice of public health; alignment of resources and strategies for community health efforts; and systematic health planning strategies to guide community health improvement. In response to increasing rates of obesity and cardiovascular disease. In addition to policies that can support health efforts, laws can reduce negative health outcomes. For example, dram shop liability is a law that holds the owner or server at a bar or restaurant where a patron consumed their last alcoholic beverage responsible for injuries or deaths caused as a result of alcohol-related incidents. A systematic review completed by the Task Force on Community Preventive Services, found strong evidence of the effectiveness of this law in reducing alcohol-related harms.

### Enforce laws and regulations that protect and ensure public health and safety

It is important that individuals and organizations comply with existing laws and regulations in order to ensure the overall health and safety of the general public. Components of this service include: reviewing, evaluating, and revising laws and regulations put in place to protect the health and safety of the public; educating persons and organizations about these laws and regulations to improve compliance and encourage enforcement of them; and enforcing actions that protect the health of the public (e.g., protection of drinking water; enforcement of clean air standards; enforcement of laws prohibiting the sale of alcoholic and tobacco products to minors, of laws concerning the use of seat belts and child safety seats; mandating childhood immunizations; facilitating timely follow-ups in the event of hazards and outbreaks of exposure-related diseases; monitoring quality of health services; conducting the timely review of new drugs, biologics, and medical devices; ensuring food safety; and enforcing housing and sanitation codes).

### Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Having access to care when it is needed is important in helping individuals prevent and avoid unfavorable health outcomes and medical costs. At the local level, components of this service include: identifying populations that face barriers to accessing health services and addressing their personal health needs, assuring the linkage of these populations to appropriate health services by coordinating provider services, and developing and implementing interventions that address the barriers they face in attempting to access care. At the state and governance levels, components of this service include: assessing access to and availability of state health services; partnering with public, private, and non-profit sectors to provide a coordinated system of health care; assuring access to this coordinated health care system by using outreach efforts that link individuals to the health services they need; developing and implementing a continuous improvement process to assure the equitable distribution of resources for those in greatest need of these services. The National HIV/AIDS Strategy (NHAS) employs this service idea as one of the action steps for achieving increased access to care and improved health outcomes for people living with HIV.

### Assure a competent public and personal health care workforce

Health care workers and staff who are competent (i.e., skilled in the core principles of public health practice) are more likely to provide care and other services more effectively and efficiently compared to those who are not. Components of this service include: making sure that the workforce meets the health needs of the population, maintaining public health workforce standards by developing and implementing efficient licensure and credentialing processes and incorporating core public health competencies into personnel systems, and adopting continuous quality improvement methods and long-term learning opportunities for public health workforce members. In two 2002 reports, the Institute of Medicine (IOM) recommended instituting a certification examination as a way of ensuring minimum competence in public health. Web-based training strategies may be useful in providing the long-term learning opportunities that many current and upcoming public health workers need in order to serve as well-informed advocates of public health and safety.

### Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Given scarce resources, it is important to keep track of whether or not programs and/or policies end up producing intended outcomes. Components of this service include: assessing the accessibility, quality and effectiveness of services and programs delivered; providing policymakers with the information they need in order to make well-informed decisions regarding the allocation of scarce resources; tracking efficiency, effectiveness, and quality of services analyzing data on health status and service utilization; and striving to improve the public health system’s capacity to well serve the population.[[1]](https://en.wikipedia.org/wiki/10_Essential_Public_Health_Services#cite_note-i-1) Cost-effectiveness analysis has been proposed as one possible strategy for informing policymakers on how best to allocate health care resources.

### Research for new insights and innovative solutions to health problems

Through research, the health and health care problems that individuals face can be better understood, and therefore be better and more appropriately addressed given the evidence provided by such research efforts. Components of this service include: fostering the development of a continuum of innovative solutions for health programming in terms of both practical field-based efforts as well as academic efforts, establishing a consortium of research institutions and other institutions of higher learning to encourage more collaborative and cross-cutting efforts, and ensuring the public health system’s capacity to perform timely epidemiological and health policy analyses.

**Five Functions of a Public Health Personnel in Emergency Situations**

**Protection**

The first and foremost mission of public health is to protect the population against exposure to illnesses that are contagious person-to-person or transmissible from environmental sources (e.g., tainted food, polluted water, lead paint and asbestos in lodgings, air pollutants associated with asthma and cardiovascular diseases, and, arguably, cigarette smoke). This basic function, which protects the public against “enemies of the people” – in this case not foreign militaries but rather foreign (or domestic) microbes, brings the formal power of the State to bear against biological and/or environmental threats. **Prevention**

Public health practitioners also work to identify and arrest threats to health (which may or may not originate in contagions or environmental assaults) before they strike. The strategies deployed – vaccinations, screening for an ever-longer list of conditions (e.g., diabetes, cancers of the breast and colon), and disease management (which aims to keep ailments such as diabetes from worsening) – create an ambiguous partnership between public health and the medical community in defining (sub) populations at risk and identifying and applying procedures and treatments.

**Promotion**

In its quest to keep people well, public health increasingly adopts means that transcend the conventional preventive agenda. Strategies conducive to “healthy living” which may extend from encouragement to eat more fresh fruits and vegetables and fewer fatty, salty foods and to get more exercise, all the way “out” to engagement with a myriad social determinants of health – thrust public health into unfamiliar preserves that tend to feature complex and sometimes indecipherable interactions between the public and private sectors (e.g., the design of the built environment, the location of stores that sell fresh food, the distribution of income and status).

**Prognosis**

Because public health professionals try to anticipate threats to the health of the public, surveillance and monitoring of health conditions in communities are traditional tools in their strategic kit. That these tools ought to be broadened and put in service of genuine planning that would replace institutional fragmentation with the comprehensive, coherent, coordinated arrangements communities deserve has long been a central tenet among public health aficionados. Needless to say, these arguments have never found much of an audience in public health community itself, and even the relatively powerless local Health Systems Agencies the US federal government sponsored between 1974 and 1986 tended to treat public health agencies as one constituent among many others. Some nations, and some US cities, however, now require that Health Impact Assessments be crafted and presented to policymakers who thereby presumably gain an accurate understanding of the implications of existing arrangements and of proposed public and private decisions for the health of the public. By envisioning and estimating in advance as many potential threats to health as is feasible, such prognostic exercises are essentially prospective syntheses of the familiar protective, preventive, and promotional functions of public health. Beneficiaries are, in principle, the community as a whole, and by its nature the strategy may implicate a virtually limitless range of public and private stakeholders.

**Provision**

In many developed countries across the world, public health institutions – especially city, county, and state health centers, clinics, and hospitals – deliver medical services to disadvantaged citizens (particularly the uninsured and some of those covered by Medicaid) and non-citizens, including illegal aliens. This public “safety net” cares for a distinct subset of the community and in doing so, negotiates incessantly with the purchasers, payers, and philanthropists about the resources from Medicare, Medicaid, the Children’s Health Insurance Program, Disproportionate Share funds, state appropriations, local tax levies, commercial payments, and foundation grants that allow them to stay in operation. This activity has been a chronic sore point for a contingent of public health leaders who have hoped that the federal

**Diseases, Conditions and Therapeutic Measures That Are Likely to be Encounter in an Emergency Area**

**Diseases**

**Arsenicosis**

Long-term exposure to low concentrations of arsenic in drinking-water causes painful skin keratosis (hardened lesions) and can result in cancers of the skin, lungs, bladder and kidney. Millions of people are potentially in danger from arsenic poisoning since they rely on water supplies that are contaminated with arsenic (mainly from natural sources) and do not have a safe water alternative or are unaware of the risks.

**Cholera**

Cholera is an acute bacterial infection of the intestinal tract. It causes severe attacks of diarrhoea that, without treatment, can quickly lead to acute dehydration and death. Cholera is a world-wide problem, especially in emergency situations. It can be prevented by access to safe drinking water, sanitation and good hygiene behaviour (including food hygiene). In 2002, over 120,000 cholera cases were reported worldwide.

**Fluorosis**

Fluorosis is a serious bone disease caused by high concentrations of fluoride occurring naturally in groundwater. Fluorosis is endemic in at least 25 countries across the globe. The total number of people affected is not known, but a conservative estimate would number in the tens of millions.

**Guinea worm disease**

People contract the disease (also known as Dracunculiasis) when drinking water contaminated with Dracunculus larvae. The larvae mature into large (up to a metre long) adult Guinea worms and leave the body after about a year, causing debilitating ulcers.

The incidence of cases of Guinea worm disease is steadily decreasing worldwide as a result of a concerted international initiative. However, in 2002 there were still 50,000 cases reported in a total of 13 countries in Africa.

**HIV/AIDS**

A hygienic environment, clean water and adequate sanitation are key factors in preventing opportunistic infections associated with HIV/AIDS, and in the quality of life of people living with the disease. AIDS-affected people are more susceptible to water-related diseases than healthy individuals, and they become sicker from these infections than people with healthy immune systems. Maintaining a healthy environment is essential to safeguarding the health, quality of life and productivity of people living with HIV/AIDS.

**Intestinal worms**

People become infected with intestinal parasitic worms (also known as helminths) through contact with soil that has been contaminated with human faeces from an infected person, or by eating contaminated food.

Intestinal worms infect about 10 per cent of the population in the developing world and, depending upon the severity of the infection, lead to malnutrition, anaemia or retarded growth. Children are particularly susceptible and typically have the largest number of worms. About 400 million school-age children are infected by roundworm, whipworm and/or hookworm. In fact, roundworm and whipworm alone are estimated to affect one-quarter of the world’s population.

**Malaria**

Malaria is a serious disease caused by a parasite carried by certain types of mosquitoes. Humans are infected when bitten by the mosquitoes. Each year, there are 300 million to 500 million cases of malaria throughout the world and about 1 million child deaths. Reducing the mosquito population in households and communities by eliminating standing water (caused by poor drainage and uncovered water tanks) can be an important factor in reducing malaria cases.

**Schistosomiasis**

Schistosomiasis (also known as bilharzia) is a disease caused by parasitic worms. At various stages of the life cycle, worms and their eggs live in certain types of freshwater snails, water (where they can survive for 48 hours) and human hosts. They penetrate the skin of people swimming, bathing or washing in contaminated water, they then cause infection and can eventually damage the liver, intestines, lungs and bladder.

About 200 million people are infected with schistosomiasis, 20 million of whom suffer severe consequences. Studies have found that adequate water supply and sanitation – which reduces contact with contaminated surface water – could reduce infection rates by 77 per cent.

**Trachoma**

Trachoma is an eye infection spread mainly through poor hygiene caused by lack of adequate water supplies and unsafe environmental sanitation conditions. About 6 million people are blind today because of trachoma. It affects women two to three times more than men. Children are also especially susceptible. Studies have found that providing adequate water supplies could reduce infection rates by 25 per cent.

**Typhoid**

Typhoid fever is a bacterial infection caused by ingesting contaminated food or water. Symptoms are characterized by headaches, nausea and loss of appetite. About 12 million people are affected by typhoid every year.

**Therapeutic measures to be taken to improve the hygiene and sanitation of the people in that area are:**

### Hygiene promotion

In many settings, provision of sanitation facilities alone does not guarantee good health of the population. Studies have suggested that the impact of hygiene practices have as great an impact on sanitation related diseases as the actual provision of sanitation facilities. Hygiene promotion is therefore an important part.

**WASH and Health Education**

People in that society or community must be educate about water, hygiene and sanitation on

#### **Bucket toilets and urine diversion**

[Bucket toilets](https://en.wikipedia.org/wiki/Bucket_toilet) are a simple [portable toilet](https://en.wikipedia.org/wiki/Portable_toilet) option. They can be upgraded in various ways, one of them being [urine diversion](https://en.wikipedia.org/wiki/Urine_diversion) which can make them similar to [urine-diverting dry toilets](https://en.wikipedia.org/wiki/Urine-diverting_dry_toilet). Urine diversion can significantly reduce odors from [dry toilets](https://en.wikipedia.org/wiki/Dry_toilet). Examples of using this type of toilet to reduce open defecation are the "MoSan" toilet (used in Kenya) or the urine-diverting dry toilet promoted by [SOIL](https://en.wikipedia.org/wiki/Sustainable_Organic_Integrated_Livelihoods) in Haiti.

**Definition of Open Defecation**

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) or latrines. 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.

**There can be many reasons why a person openly defecates and these may include:**

Poor sanitation, Lack of awareness, Non availability of toilets, Public Toilets are available but are grimy, dark, smell bad, or unattractive (due to non-maintenance), Toilets are available but there is a risk, e.g. if the public toilets common for all, Public Toilets are not available as part of the household but only at some distance and it may be dangerous to get there at night.

**The Negative Impacts of Open Defecation**

The negative [public health](https://en.wikipedia.org/wiki/Public_health) impacts of open defecation according to the World Health Organization 2011 report shows merely 0.7 million deaths have occurred due to the infectious diarrhoea. It can also lead to malnutrition and underdeveloped growth among the women and children. Open defecation can lead to water pollution and affecting ground surface water. The fecal pathogens are transmitted to water and it leads to water borne diseases. Open defecation is one of the important causes of diarrheal death. Nearly 2,000 children under the age of five die every day, one every 40 seconds, from diarrhoea. Due to open defecation - lack of sanitation and hygiene is the major factor in causing various diseases, are particularly Diarrhoea, Intestinal Worm Infections, Typhoid, Cholera, Hepatitis, Polio, Trachoma, Arsenicosis and others

### Safety of women

There are strong gender impacts connected with open defecation. The lack of safe, private toilets makes women and girls vulnerable to violence and is an impediment to girls' education. Women are at risk of sexual molestation and rape as they search for places for open defecation that are secluded and private, often during hours of darkness.

Lack of [privacy](https://en.wikipedia.org/wiki/Privacy) has an especially large effect on the safety and sense of dignity of women and girls in developing countries. They face the shame of having to defecate in public so often wait until nightfall to relieve themselves. They risk being attacked after dark, though it means painfully holding their bladder and bowels all day. Women in developing countries increasingly express fear of assault or rape when having to leave the house after dark. Reports of attacks or harassment near or in toilet facilities, as well as near or in areas where women defecate openly, are common.

**Water Borne Diseases**

Diarrhoea and other problems associated with the ingesting and exposure to human waste affect children under the age of 5 years the most since they are very susceptible to diseases. This exposure is because most of open defecation happens next to water ways and rivers. In urban areas, this can include the drainage systems that are usually meant to traffic rain water away from urban areas into natural water ways.

### Vector borne diseases

Apart from [water borne diseases](https://www.conserve-energy-future.com/critical-and-grievous-diseases-caused-by-water-pollution.php), when the human waste collects into heaps, it attracts flies and other insects. These flies then travel around the surrounding areas, carrying defecate matter and disease causing microbes, where they then land on food and drink that people go ahead and ingest unknowingly. In such cases, the flies act as direct transmitters of diseases such as cholera.

### Compounding the problem of disease exposure

The saddest fact about disease transmission caused by open defecation is the cyclic nature of problems that then begin to manifest. The most common diseases caused by this unsanitary act are increased cases of diarrhoea, regular stomach upsets and poor overall health. With diarrhoea, for instance, it means that people cannot make their way to distant places due to the urgency of their calls of nature, so they pass waste close to where they have their bowel attacks.

It simply ends up creating more of the same problems that started the disease in the first place and in turn, leads to more people catching diseases and less people using the facilities. The result of this is sicker people and more opportunities for the disease to spread.

### Malnutrition in children

Malnutrition in children is another health problem associated with open defecation. Once a child is a victim of one of the diseases passed on due to the lack of proper sanitation and hygiene, they begin to lose a lot of fluids and lack of appetite for food. As a result, it gives rise to many cases of malnutrition in **children.**

### Contamination via microbes

The environment also suffers as a result of open defecation because it introduces toxins and bacteria into the [ecosystem](https://www.conserve-energy-future.com/structure-components-examples-ecosystem.php) in amounts that it cannot handle or break down at a time. This leads to build up of filth. Also, the load of microbes can become so great that in the end, they end up in aquatic systems thereby causing harm to aquatic life.

**The following are how public health officer can curb open defecation habit in the society**

There are several drivers used to eradicate open defecation, one of which is behaviour change. SaniFOAM (Focus on Opportunity, Ability and Motivation) is a conceptual framework which was developed specifically to address issues of sanitation and hygiene. Using focus, opportunity, ability and motivation as categories of determinants, SaniFOAM model identifies barriers to latrine adoption while simultaneously serving as a tool for designing, monitoring and evaluating sanitation interventions. The following are some of the key drivers used to fight against open defecation in addition to behavior change:

* Political will
* Sanitation solutions that offer a better value than open defecation
* Stronger public sector local service delivery systems
* Creation of the right incentive structures

### Provision of toilets

First, there is a need to ensure that there are enough toilets. Since these regions are usually very poor, it will take the efforts of the government as well as the good will of local organisations such as CBOs and NGOs to help fix the problem. Construction of pit latrines and other toilet options such as compost toilets is necessary to help deal with the problem of lacking sewer systems. Governments should also try to establish incentives for people to build their own toilets by providing subsidies and putting up public toilets in strategic locations.

### Corrective civil education

Another platform that needs to be addressed is the negative cultural association that people have with toilets. The people should be informed and given civic education to enable them break away from their cultural beliefs on issues such as the fact that toilets are not supposed to be shared.

In other words, cultural norms and beliefs must be changed over time through education and awareness creation. With time, people can become informed and drop the beliefs or at least adjust and make concessions about the ones that are most destructive.

### Incentivize public hygiene participation

By creating government programs that encourage sanitation and personal hygiene, individuals must be involved and forced to take up the responsibility of enhancing their hygiene as well as overall health.

### Integrated initiatives

Efforts to reduce open defecation are more or less the same as those to achieve the MDG target on access to [sanitation](https://en.wikipedia.org/wiki/Sanitation). A key aspect is awareness raising (for example via the UN [World Toilet Day](https://en.wikipedia.org/wiki/World_Toilet_Day) at a global level), behaviour change campaigns, increasing political will as well as demand for sanitation. [Community-Led Total Sanitation](https://en.wikipedia.org/wiki/Community-Led_Total_Sanitation) (CLTS) campaigns have placed a particular focus on ending open defecation by "triggering" the communities themselves into action.

#### **Bucket toilets and urine diversion**

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**Role of International Non-Profit/NGO in Terms of Recruitment, Training, Funding and Monitoring**

Non-Profit/Non-governmental organizations are the major providers of health services in the world today for instance in the developing countries such South Sudan. After the collapse of the public health care system during the many years of conflict, non-profit/non-governmental organizations played a major role in the public health/health sector by providing a range of services/project in accessible areas for the success of public health project.

NGOs play key roles in health systems of developing countries and are recognized for developing innovative initiatives and programs that address health issues. They possess extensive knowledge of local conditions and can provide baseline data on health infrastructure and personnel and major obstacles to improvement. NGOs are often able to reach segments of rural populations that governments neglect or do not target as a priority.

**Recruitment**

**Infrastructure assistance**

Hires victims of disasters to maintain water safety through the cleaning up of shrubs and siltation, building toilets and carrying out drilling works; half of the income derived is subsequently used to purchase food stuff for the local communities;

**Development and Operation of Infrastructure:**

Community-based organizations and cooperatives can acquire, subdivide and develop land, construct housing, provide infrastructure and operate and maintain infrastructure such as wells or public toilets and solid waste collection services. They can also develop building material supply centres and other community-based economic enterprises. In many cases, they will need technical assistance or advice from governmental agencies or higher-level NGOs.

Community participation Developments Participants in interviews and FGDs described active community support in the inception phase. There was ‘collaboration from everybody to construct the health center’ (interviewee 5). Interviewees talked about the subsequent dependence of the NGO that they perceived as leading to ‘incapacity of the people’ (interviewee 1). Community support was described as being necessary for the sustainability of the project.

Community health workers Overall, the network of CHWs and the capacity-building workshops given for the CHWs at the health center were cherished. ‘In this way, we move forward’ (focus group with boys). One interviewee perceived the biggest weakness as the lack of interaction and communication of community members with CHWs. In one FGD with CHWs, a participant described the challenges of interacting with fellow community members

**Training**

**Technical aid**

Educates people in backward regions of Africa with new technical skills and knowledge in farming, raising livestock and processing industry, and starting non-dominant industries in the production of clothing, bamboo products as well as pottery for the purpose of increasing the income of local people;

Educational assistance: provides volunteers or funding to ensure basic education for children. At times, learning materials are delivered by volunteers to remote areas where they work as teachers. As an example, Oxfam has demonstrated effective assistance in ensuring education for Tanzanian children;

**Participants can develop an individual project during each training course**

You can choose among the subjects taught in a course relevant to your own work and career. Participants help each other to develop their projects during working group meetings.

**Courses are for practitioners and help you to move forward in your job and in your career**

You learn about the key concepts of management, different management tools and techniques as well as how to develop appropriate strategies to achieve your organisation’s aims. You learn how to apply these in real situations. Our courses focus on real-life examples, group exercises and teamwork, the exchange of good practises and lessons learned and the sharing of experiences and insight. We favour creative and innovative approaches. During each course, we highlight and examine current debates and challenges about the subjects taught. Senior NGO training professionals design our courses. Qualified and experienced trainers conduct the courses.

contribute to putting knowledge and evidence into practice

**Technical Assistance and Training:**

Training institutions and NGOs can develop a technical assistance and training capacity and use this to assist both CBOs and governments.

**Funding**

A few other organizations have provided direct funding recently for the development and capacity building of SPHs, although there often is a need for additional funding partners for particular aspects of a school. One well-documented example is BRAC (formerly Bangladesh Rural Advancement Committee), the largest NGO in the world,10 and the establishment of the James P. Grant School of Public Health in 2004. Great strides have been made over the last century to supply a trained public health workforce. Much of this work has been accomplished through direct involvement and funding by NGOs, but the lack

**Supporting Innovation, Demonstration and Pilot Projects:**

NGO have the advantage of selecting particular places for innovative projects and specify in advance the length of time which they will be supporting the project - overcoming some of the shortcomings that governments face in this respect. NGOs can also be pilots for larger government projects by virtue of their ability to act more quickly than the government bureaucracy.

of funding and initiative remain a global issue. More government and NGO funding is needed to continue establishment and expansion of schools and programs of public health education.

**Monitoring**

**Physical and financial monitoring**

Measuring progress of project or programme activities against established schedules and indicators of success.

**Research, Monitoring and Evaluation:**

Innovative activities need to be carefully documented and shared - effective participatory monitoring would permit the sharing of results with the people themselves as well as with the project staff.

**Process monitoring**

Identifying factors accounting for progress of activities or success of output production.

**Real-time monitoring of team performance**

With automated task monitoring, Isabella can monitor how everything is going, including what the team is working on, which team members are stuck on a task or what other tasks need to be done to move forward with the project.

**Regular status and progress reports**

Isabella provides the duration summary of a task. It displays the amount of time the assignee has spent on a task and predicts how much more is needed to complete the entire project so you can identify existing issues and make timely adjustments to get things back on track.

**Providing recommendations and suggestions**

Isabella can estimate the percentage of project success or failure. She can also predict the probability of tasks going overdue or missing its deadline and provide valuable advice on how you can get the team to work together to prevent this from happening.

**Ensuring that recommended actions are implemented**

It’s important that the team is clear if there are any changes on the project plan. Isabella can remind the team of any over dues, hanging tasks and issues that need quick resolution so you can drive your team to the direction you are planning to take.

In conclusion, project monitoring is important in making the project management plan work to meet your project objectives. Given the data about the team, the project and the prediction of overdues, project managers can customize the project plan and address issues before they happen. With project monitoring, you can identify the most efficient way to manage your resources and continually assess your project status, so you can ensure your project success.

**Conclusion**

The rise of NGOs since the 1980s has been a global phenomenon. NGOs have diversified structures, goals and slogans and are active in international conventions, speeches and demonstrations. They have impact on world economy and peaceful development, especially within the fields of medicine, culture, education, humanitarianism and environment. According to the *Yearbook of International Organizations* (2004-2005), the number of NGOs in the world has come up to more than several millions of which more than 50,000 are INGOs, encompassing over 200 different nations and regions. In view of their size and power, NGOs are certainly worthy of our attention.

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