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**Course Code:** PGD002 **Name:** Abraham Sebit Majok

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**Answers to assignment one**

1. Suppose you work with a community radio station, describe what your radio station would do to address water, sanitation and hygiene issues with regard to your i) audience, and ii) WASH messages?

Radio station is highly topical, up-to date and continues to be a key channel to reach large audiences, inform them and influence their opinions on water related subjects (2019). Therefore, radio reports can play a significant role in increasing participation and opinion sharing, improving and diversifying knowledge and skills and in catering to health and cultural needs (WATERAID 2007). Reports and campaigns for radio stations can be produced and broadcasted with limited resources. Radio works a lot with live broadcasts or interviews. In such formats, original statements can produce very ‘honest’ reports.

1. **Audience**

Radio station is highly topical, up-to date and continues to be a key channel to reach large audiences, inform them and influence their opinions on water related subjects. Therefore, the use radio station can play a significant role in increasing participation and opinion sharing, improving and diversifying knowledge and skills and in catering to health and cultural needs (WATERAID 2007). Reports and campaigns for radio stations can be produced and broadcasted with limited resources. Radio works a lot with live broadcasts or interviews. Therefore, community radio station addresses WASH issues to audience as follows

Radio station is an efficient tool that can influence the public opinion because radio reaches a wider audience than any other medium, and is accessible to people who are otherwise isolated by geography, conflict, illiteracy or poverty (Peters, 2018). The involvement of the (WATERAID&WSSCC, 2003) Public will increase the decision makers’ attention to the water, sanitation and hygiene topic and it will also influence social norms directly. According to this, radio campaigns can have a direct effect on the public attitude and behavior (wateraid, 2007).

Through on air WASH messages over community radio station, public gradually change their bad attitudes and behavior such as fetching domestic water from unsafe source, open defecation, not washing hands with soap/ash at five critical times among others

Listening to WASH issues over community radio station, enables the informed public about WASH issue to propose solutions.

When water, sanitation and hygiene issues are on air to the public over community radio station, allies and decision-makers among audience are recruited to create possible mechanisms for addressing water, sanitation and hygiene issues.

Radio station also has the power to motivate audience by building on oral traditions like songs, which help to get to the peoples heart (WATERAID&WSSCC, 2003). In addition, radio listening can be a group activity, which encourages the discussion of educational issues after the broadcast (BURKE, 1999)

By playing WASH issues on air to the public over community radio station, enables audience to raise money for addressing WASH cause.

Also radio station addresses WASH issues by informing audience to get WASH issues onto the political public agenda.

Radio station makes water, sanitation and hygiene issues visible and credible in policy debate

Through audience listening to water, sanitation and hygiene issues over radio stations, influence decision-makers and opinion leaders.

Radio station as one of the media, play a significant role in spreading information and raising awareness on water, sanitation and hygiene issues to audience.

Community radio station enable to influence and change public opinion and behavior on an issue. This can lead to public pressure on the local policy actors, so the media can indirectly influence decision makers as well.

Furthermore, the media can play a role as an advocacy tool (WATERAID&WSSCC, 2003). That is many WASH programme focus on why and how to develop an appealing radio campaign, which reaches a wider audience than any other medium (BURKE, 1999). Also, radio campaigns are a cheap method to spread information about water-related projects widely (WATERAID&WSSCC, 2003).

1. **WASH messages**

Community radio station can address WASH issues in regard to WASH messages in different ways: Short on-off programmes can be broadcast to highlight or explain particular issues, whereas series of programmes give a longer period for the introduction of a set of ideas (BURKE, 1999). Below are several different ideas on how to make an appealing radio campaign for water, sanitation and hygiene issues.

**Community radio station allows** Participation**, local and community radio:** Individual radio programmes can be made with the direct involvement of poorer people, through interviews, phone-in programmes, letters, or recordings of outside events. Involving members of the audience in broadcasting itself, building up local content, and enhancing the relevance of programmes is not just good developmental practice — it can make for better radio as well. Most people are able to speak on radio eloquently after only minimal instruction, so community radio provides a means to voice local concerns, as well as a way to reach people with water sanitation and hygiene messages.

Community radio station address WASH messages through soap operas and serial dramas**:** Good serial dramas and soap operas can make a considerable impact. Soul City’s multimedia serial dramas in South Africa have been positively evaluated; a real difference in people’s attitudes and behavior on the health issues being covered through the serial was identified. Similar results come out of the BBC Afghan programme. One of the key components in each case is high quality staff, with media experience and close working relationships with development specialists. The main benefit of soap operas is that they allow the repetition of educational messages (SCHAAP etal, 2002).

**Community radio address WASH messages by use of radio spots with traditional songs:** Radio has the power to motivate people by building on oral traditions (WATERAID&WSSCC, 2003). To carry a message a radio-spot can for example rely on traditional songs as well as a composition of sanitation messages, like in the UNICEF’s Saniya Project in Burkina Faso (SCHAAP & VAN STEENBERGEN, 2001).

**Radio station address WASH messages through infomercial** (SCHAAP & VAN STEENBERGEN, 2001)**:** Infomercial is two-minute animations that dramatize an issue (e.g. germs) and show the audience a solution sequence.

**Community radio station addresses WASH messages by of break-bumpers** (SCHAAP & VAN STEENBERGEN, 2001)**:** Break bumpers are five-second messages that promote core-behavioral changes, for example, “Did you wash your hands today?” Do you always wash your hand with soap/ash? Or do you wash your hands at five critical times?

**Community radio station address WASH messages through interviews** (Peters, 2018)**:** Hosts and hostesses of talk shows are almost always looking for people to interview on radio Just call up your local radio station and suggest someone for an interview about some health messages

**Use of sound bites over radio station address WASH messages** (PETERS, 2018)**:** When you have only a few seconds in front of a microphone, you need to use memorable phrases — sound bites — that will stay with your audience long after you have left. The sound bites should capture and communicate the one key message you want to leave with the audience, if they remember nothing else. Some sound bite examples: 2.6 billion People (41% of the global population) lack access to sanitation. 88% of all diarrheal deaths are attributed to unsafe water supply, inadequate sanitation and hygiene. Hand washing with soap is estimated to reduce the risk of contracting diarrheal diseases by 42-47%.11% increase in girls’ enrolment mainly due to the provision of sanitary latrines.

**Assignment one, question two;**

In your own words, what is your understanding of public health and what are its key elements?

**Answers to question two;**

Public health refers to health care and health promotion that targets a population or particular group within the population (INTRODUCTION TO WATER, SANITATION AND HYGIENE).

Public health can also be defined as the practice of preventing disease and promoting good health within groups of people, from small communities to entire countries.

It’s also concern with **Policy Development and Population Health Surveillance this is to say** Public health professionals rely on policy and research strategies to understand issues such as infant mortality and chronic disease in particular populations.

Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease.

Key elements of public health practice are the acknowledgment that health is greater than the biological determinants of individual health; public health practice also embraces a host of behavioral, social, economic, and environmental factors that affect the health of a community.

Hence, Public Health has identified the following key elements that define public health practice

Research for new insights and innovative solutions to health problems

Monitor health status to identify community health problems

Evaluate effectiveness, accessibility and quality of personal and population based services

Assure a competent workforce for public health and personal health care

Link People to needed personal health services and assure the provision of health care when otherwise unavailable

Enforce laws and regulations that protect health and ensure safety

Develop policies and plans that support individual and community health efforts

Mobilize community partnerships to identify and solve health problems

Inform, educate, and empower people about health issues

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

**Assignment one, question three;**

Public health is about partnership between the different players. Explain how the role of international non-profit/NGO in terms of

1. recruitment ii) training iii) funding and iv) monitoring for public health projects contribute to the success or failure of those projects in the developing countries

**Answers to question three;**

1. **Recruitment**

Recruitment of Civil society Organizations in projects implementation (COHRE, AAAS, SDC and UN-HABIAT, 2007).Civil society organizations (CSOs) include non-governmental development and advocacy organizations, social movements, faith-based organizations, research and academic institutions, the media, professional bodies and other similar organizations. Community-based organizations are part of ‘civil society.’ However, the document addresses their roles under that of ‘communities’ above. CSOs have a variety of roles to play in implementing and/or promoting the right to water and sanitation, which can include, depending on their area of specialization:

Supporting the work of governments and communities by providing information, facilitating community organization and assisting communities with their advocacy processes

Building community and government capacity and knowledge on water and sanitation issues, Including on rights and responsibilities, management and technical information

Striving to ensure that their activities are coordinated and that their work supports and does not duplicate work done by government, other civil society organizations or international organizations.

Monitoring government actions on water and sanitation and that of third parties

Educating students and the broader public about the right to water and sanitation

Carrying out research on ways to implement the right to water and sanitation, and sharing research outcomes with all stakeholders

For international civil society organizations, supporting the development and growth of local and national civil society organizations and community-based organizations

**Individuals and communities in the recruitment**

Each person has the right to water and sanitation, irrespective of his or her legal status, and can secure these as an individual and/or as a member of a community (COHRE, AAAS, SDC and UN-HABIAT, 2007). For the purpose of the document, a ‘community’ refers to a group of people residing in a particular area who identify themselves as a community. Communities (including community based organizations and residents’ associations) have the knowledge of their environment, their needs and the motivation to improve their situation. In many situations, predominantly in rural areas but also in urban areas in developing countries, communities manage small-scale water and sanitation services. Individuals and communities can play the following roles: Identifying the needs and priorities of all members of the community, monitoring service provision, proposing appropriate water and sanitation policies to government bodies and participating in consideration of such policies.

Obtaining information about their rights under national and international law, disseminating it to their communities and advocating for implementation of their rights in partnership with other communities

Contributing to the operational and financial sustainability of water and sanitation facilities and services through financial payment (with government assistance for the poorest to pay bills), or provision of labor where feasible (for example, in some rural areas and informal settlements). Households also have responsibility for constructing household toilets

Avoiding contamination of water resources, using water and sanitation facilities responsibly and spreading knowledge within the community of good hygiene practices

Assisting vulnerable and marginalized individuals and households within the community to secure access to water and sanitation

**Recruiting private service providers**

Private Service providers include utilities managed by corporations and small-scale services managed by private entrepreneurs, civil society organizations and by communities of users. They have the following roles:

In the case of private corporations managing utilities, carrying out the roles of public service providers

In the case of small-scale providers (private, civil society or community-based providers), providing services of adequate quality at an affordable cost.

1. **Training**

The various infrastructures and systems involved in provision of WASH services include water supply and distribution systems, and latrine and waste management facilities. These are planned, developed, installed and maintained through the active involvement of a number of frontline WASH workers who are trained (Module 1 Introduction to WASH). This text describes the roles of different types of key frontline WASH worker in these practical aspects of WASH provision. It also explains why facilitation is an important skill for WASH workers and provides guidance on how it should be done.

**WASH workers are** trained and involved workers in the provision of WASH services, from planning and construction to operation and (Module 1 INTRODUCTION TO WASH). For example, engineers, health workers, social development and economic professionals, community leaders, community mobilization experts, builders, contractors, and many others. They contribute from town level, to zonal or regional level, and, depending on the scale of the project, to federal level. Even small projects such as construction of public latrines involve many different stakeholders including user communities, private contractors, town municipalities and utilities.

Frontline WASH workers are those who work closely with the beneficiaries of a scheme. Their role focuses on WASH service provision and maintenance. They mobilize urban communities to work towards improved personal hygiene and environmental sanitation, and promote proper care and utilization of WASH infrastructure. They include health workers and those who operate WASH infrastructure and provide the necessary care and maintenance to WASH services, such as trained technicians, operators and facility administrators. All are important, irreplaceable contributors who improve and sustain basic services in urban areas.

All these are frontline WASH workers. The most crucial groups will vary from project to project, but are likely to be the Urban Health Extension Workers, members of the Health Development Army, water experts, and both public and private WASH facility operators.

If these crucial groups of workers are absent, inadequately trained or not undertaking their daily tasks effectively, access to urban WASH service facilities will be restricted or reduced. In extreme cases, WASH facilities may break down altogether leading to total lack of WASH services.

The following sections outline the roles of the key groups of frontline workers.

**Role of Health Extension Workers**

**Health Extension Workers** (**HEWs)** are usually graduates of Technical and Vocational Education and Training Colleges (TVETCs) or Health Science Colleges. They are trained to promote preventative healthcare practices among communities, undertaking community outreach activities and conducting house-to-house visits to provide important information, knowledge and skills on important health-related topics (INTRODUCTION TO WATER, SANITATION AND HYGIENE).

HEWs undertake 16 essential health packages that can be grouped into three key areas; disease prevention and control, family health, Hygiene and environmental sanitation.

Promotion of safe and healthy practices in relation to infant care, nutrition, immunization, growth monitoring for babies and family planning advice are among the many services in the first two areas above that HEWs undertake. They provide these services during house-to-house visits or at health posts or health centers. Here we focus on their hygiene and environmental sanitation work.

The health packages that relate to major WASH issues are; *Excreta disposal:* Human faeces are a major health risk. Health extension workers provide information and guidance on how human excreta can be safely managed and disposed of through the construction and use of appropriate latrines. *Solid waste and domestic liquid waste disposal:* HEWs discuss health and environmental issues caused by solid and liquid waste produced at household level, their risk to community health, and how they can be safely managed. *Water supply and safety measures:* Contaminated water is a major cause of transmission of waterborne diseases that cause diarrhea. HEWs explain how water can be handled safely to avoid contamination during transport and storage and how contaminated water should be boiled or treated using chemicals.

*Food hygiene and safety measures:* Food can transmit disease if proper hygiene and safety measures are not practiced. Trained HEWs demonstrate safe practices for preparing and storing food. *Healthy home and environment:* HEWs demonstrate how family members can take care of their home and its surroundings to ensure a clean and safe environment if properly trained. *Control of insects and rodents:* These are not only a nuisance, but may also transmit diseases. HEWs teach possible methods to control and prevent the breeding of these animals in and around the household. *Personal hygiene:* Finally, HEWs promote the importance of keeping and maintaining good personal hygiene, particularly emphasizing hand washing before coming in contact with food and after using the latrine, and the importance of washing faces to protect from eye infections. HEWs promote all these recommended practices in urban communities. They work to ensure that all health extension packages are implemented at a household level, including the seven listed, through training of model families. They may use youth associations and traditional cooperative associations such to promote community involvement. They also work with students in schools to promote proper sanitation and hygiene practices.

**Role of the Trained Health Development Army;** The **Health Development Army (HDA)** is another key group with a significant role in WASH (Module 1 Introduction to WASH). You may already be familiar with them as enormous numbers of people are involved. They are organized groups of families who promote healthy activities and behavior among other families. More than 2.25 million HDA families have been mobilized in many districts in Ethiopia for example Asmara and SNNP regions. Since 2010/11, the Ethiopian government has invested a lot in establishing the HDA who have made a huge contribution to the major achievements made in the health sector, including reduction of the number of deaths in children under five. HDAs are regarded as the key players in the attempts to achieve government targets in the Health Sector Development Programme (HSDP).

The smallest unit of the HDA consists of six households organized together and is referred to as a **one-to-five (1–5) network**. One of the households is a model family who have mastered and implemented some or all of the WASH packages such as access to an improved latrine, hand washing and solid waste management. Usually it is mostly the women who are involved. The family head of the model household leads the 1–5 networks. Five of these networks are organized into a larger team comprising 30 households in the same neighborhood. The leaders of these teams undergo intensive training over seven to ten days to ensure that they fully understand their tasks. The HEWs, described in the module one Chapter 2 Section 2.2, facilitate the establishment of these teams and in collaboration with the health centers, provide training for the team leaders.

The main task of the HDAs is implementing the components of a Health Extension Package in each household. These are first adopted in the model household and then cascaded to the other families in the 1**–**5 networks. To achieve this, the 1**–**5 networks meet every week to: identify the major bottlenecks and gaps in implementing the WASH improvement components of the Health Extension Package. Prioritize gaps and agree on strategies to address them and review progress.

This process has accelerated achievements in achieving HSDP targets, notably the use of health facilities by mothers with newborn babies. It has also successfully increased knowledge and practice of safe hygiene and sanitation practices among households, including construction of basic or improved latrines at household level, improved personal hygiene, waste management, and safe handling and storage of water.

In summary, HDAs work to change practice in communities through a participatory process of learning and action-oriented meetings, working below HEWs at neighborhood and family levels. They are the key players in the improved WASH situations that many households enjoy today and will continue to be an important part in future progress towards improved and sustainable WASH services in communities.

Role of woreda water experts (Module 1 INTRODUCTION TO WASH); Woreda water experts in urban settings focus mainly on providing support to ensure continuous water supply to communities. They regularly; provide technical support to facility managers and operators, such as utilities in medium and large towns, WASH Committees in small towns. Provide training to facility managers and operators on operation, maintenance and tariff setting. Provide supportive supervision to ensure utilities and WASHCOs are operating and managing facilities properly. Conduct minor or major maintenance to water supply facilities, depending on their skills and expertise. Conduct water quality checks at different points in the water supply and distribution system and on any alternative sources that the community is regularly using.

Woreda water experts are sometimes asked to address WASH facility management issues. This usually calls for community meetings to identify issues and decide on appropriate actions. On these occasions, the woreda water experts work closely with communities to develop and implement participatory plans.

**Role of private operators;** Private operators and service providers are also frontline workers who play a key role in making WASH services accessible to communities (Module 1 Introduction to WASH).

Private suppliers may supply WASH-related products such as soaps, sanitary pads and household water treatment chemicals or sachets such as Bishan Gari and Wuha Agar.

Privately hired technicians may provide maintenance services for water distribution systems, mainly in household connections and related plumbing tasks. In smaller towns, they also provide minor operation and maintenance of the water supply system, for example they may be called in to repair electromechanical components.

Micro- and small enterprises (MSEs) are increasingly participating in the WASH sector. Many towns in Ethiopia use the services of MSEs to collect solid waste from households and transport it to a centralized collection site or sometimes to final disposal sites.

1. **Funding**

**International organizations**, including UN agencies, the World Bank, the International Monetary Fund and other such organizations have the following roles in supporting the implementation of the right to water and sanitation by (COHRE, AAAS, SDC and UN-HABIAT, 2007).

Providing financial and/or technical assistance to governments, civil society organizations and communities

Reviewing and revising their co-operation policies, operating procedures and policy advice to ensure that these are consistent with the right to water and sanitation

Ensuring co-ordination and coherence as far as possible, in relation to government activities and amongst themselves

Increasing the level of financing to water and sanitation would enhance the prospects for securing the right to water and sanitation (COHRE, AAAS, SDC and UN-HABIAT, 2007). However, it does not guarantee it. International assistance may be focused primarily on large mega projects or projects that improve the access of those who already have access, and ignore the needs of the unserved. In order to help developing countries implement the right, international assistance would need to focus on programmes and projects that target low-income areas or groups, for example projects that aim at regularizing small scale provision in informal settlements or projects that aim to build capacity of communities to manage water and sanitation facilities in rural areas. Multilateral or bilateral donor agencies may not have the capacity to efficiently support projects that support the poor, which normally involve small outlays per project and therefore a significant percentage of funding is required for administration. In addition, it is more desirable to support national capacity to achieve these goals. Thus, long-term and institutional financial support and capacity development for government agencies and national civil society organizations will be a critical element of fostering pro-poor development cooperation.

Focusing on pro-poor development aid may require greater use of grants and limited use of loans. This can cause difficulties for development agencies that rely on loan repayments to finance further assistance and may lead to a lower amount of overall assistance. This is justifiable if it ensures that assistance is better targeted to those who need it most. However, such ‘costs’ should be expected and planned for, to ensure the continued implementation of a human rights based approach.

An important component of pro-poor development co-operation is to provide financial and technical support to building capacity within government (both implementing bodies and independent agencies such as human rights commissions,) within independent civil society monitoring groups, and grassroots groups who can then promote or monitor the realization of the right to water and sanitation.

Increasing and improving development assistance for water and sanitation (COHRE, AAAS, SDC and UN-HABIAT, 2007)

In order to fully realize the right to water and sanitation for their people, many developing countries – and the least developed countries in particular – will require financial and assistance from countries in a position to provide it.

Further guidance on overall necessary amounts of assistance was provided in the Monterrey Consensus on financing for Development.

These targets refer to overall assistance. Thus, it is necessary for governments to determine the appropriate proportion of this overall assistance to be dedicated to water and sanitation.7 International assistance to the water sector is generally not proportional to the need, nor is it proportional to amounts granted to other sectors such as health and education. In many cases, sanitation falls between the water and health sectors, and is even further marginalized.

The HDR 2005 recommends budget commitments to be set at a minimum level of 0.5 percent of GNP in order to bring the Millennium Development Goals within reach by 2015. In addition to the need for international financial assistance, unsustainable debt remains a further challenge to many developing countries whose debt servicing obligations interfere with their ability to finance basic human development objectives, including measures aimed at the realization of the right to water and sanitation.

A problem facing developing countries is that the development assistance offered by donors can be unpredictable and generally time-limited, yet to be effective developing countries need to be able to plan their strategies (and consequently budgets) over longer time-frames. In this regard, the 2005 Paris Declaration on

Aid Effectiveness, agreed to by over 100 countries, sets out principles of national ownership, alignment, mutual accountability and harmonization which could lead to more stable and predictable aid flows from donors, leading to more effective planning by developing countries.

International assistance to the water and sanitation sectors therefore requires effective co-operation between governments providing aid and those receiving it.14 Co-operation between donors and governments can be increased through meetings of all stakeholders working on water and sanitation issues within a country (including representatives of vulnerable and marginalized groups) to reach general agreement about goals and how they are to be met, to limit duplication of efforts and ensure there are no gaps in delivery of services for those living below the poverty line. This approach requires investment in administrative capacity.

One important consideration in international assistance is the need to promote national ownership of development policy as a matter of democracy and good governance.15 National ownership requires that donors avoid stipulating conditions not directly related to the effective implementation of the policies and programmes they support. National ownership is not well defined, but from a human rights perspective, it included ownership of policy by governments as well as that of civil society, including representatives of communities.

1. **Monitoring of projects**

Independent public monitoring bodies; effective complaints mechanism is a key component of the right to water and sanitation and a useful tool to ensure effective implementation of service delivery standards and targets (COHRE, AAAS, SDC and UN-HABIAT, 2007). Such mechanisms may be provided by a regulator. However, whether or not a regulator has established such a mechanism, accountability can be enhanced if an independent branch of government – a human rights commission, an ombudsperson institution or the judiciary –monitors the performance of public institutions. Independent public monitoring bodies can support implementation of the right by:

Reviewing legislation, policy and programmes to ensure that they are consistent with the right to water and sanitation

Investigating complaints by users and ensuring adequate redress for genuine complaints.

Monitoring compliance with national legislation on water and sanitation by government bodies and private parties

Each of these types of bodies has distinct roles. Human rights commissions and ombudsperson institutions can carry out detailed and long-term reviews of government policy and can respond to complaints quickly, flexibly and cheaply. The judiciary operates in a slower fashion, and can generally only examine a particular factual scenario rather than a long-term series of actions. However, the judiciary can require public institutions to revise their programmes and actions and can impose criminal and civil penalties on public officials and private persons.

**Assignment one, question four;** in your capacity as the environmental health officer you have been tasked to lead the assessment of a disaster situation. Come up with two key questions under each of the following five headings in your assessment list , namely i) General overview of the situation ii)Water supply iii) Solid-waste disposal iv) Excreta disposal and v) Vector-borne diseases for purposes of assessing local conditions, health needs and identifying local resources in the disaster situation that you are addressing.

**Answers to question four;**

A good assessment is the key to a successful emergency response (WHO, RAPID NEEDS ASSESSMENT for WATER, SANITATION AND HYGIENE, 2004). A disaster needs assessment serves two primary purposes. First, it will inform the response priorities and plans. Second, it can support the flash appeal for outside assistance should the disaster be of such a magnitude that the humanitarian obligations cannot be met within the limits of budgeted resources. Hence, the followings formed some of the key questions that can be used during assessment under each situation by assessors;

1. **General overview**

How many people are affected? Where are they? How are they distributed? Settled or mobile?

What are the current or likely water and sanitation related diseases?

1. **Water supply**;

How much water is available per person per day, and do all groups (e.g. men, women, localities, castes, etc.) have equitable access to it?

How much water available at the sources? Is it enough for short term and long term needs? (WHO, 2004)?

1. **Solid waste disposal;**

How do people dispose of their waste?

Can solid waste be disposed of on site, or does it need to be collected and disposed of off-site? *(Minimum standard - 1 100L refuse container is available per* *10 families 5m from dwelling where refuse must be taken off-site)* (WHO, 2004)*.*

1. **Excreta disposal;**

Are there any existing facilities? If so are they used, are they sufficient and are they operating successfully? Can they be extended or adapted? Do all groups have equitable access to these facilities? (Minimum Standard – toilets no more than 50m from dwellings or no more than 1 minutes work) (WHO, 2004).

Do vulnerable groups like elderly, disabled, women and children have easy access to the facilities? (WHO, 2004)

1. **Vector-borne diseases for purposes of assessing local conditions, health needs and identifying local resources in the disaster situation that you are addressing;**

What are the current practices on the key hygiene behaviors like a. washing hands after defecation? b. Method of disposal of children’s feces. c. Practices for storage and handling of water. And d. Practices of storage and handling of food.

Is there an understanding of the relationship between water/sanitation/shelter /vectors and disease? (WHO, RAPID NEEDS ASSESSMENT for WATER AND SANITATION, 2004)