ASSIGNMENTS

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

Hand washing is one of the most effective ways to reduce the occurrence of diarrheal diseases. It is a key component of good hygiene and is easily integrated with other interventions to bring about improved population health and well-being. Good hygiene is an important barrier to disease, notably faecal–oral diseases addressed by WASH.

Promoting good personal hygiene is an effective way of encouraging community participation in interventions and introducing behavioral change to a community.

1. What are the main standards in WASH interventions in emergencies?

The main standards in WASH in emergencies are providing access to water and sanitation as they are critical determinants for sustaining the lives and dignity of those affected in conflict or disaster. Affected populations are generally much more susceptible to illness and death from disease, due to; inadequate sanitation, inadequate water supplies and poor hygiene.

The main standards are outlined below:

Hygiene Promotion – Programme design & implementation. Focused on promoting good personal and environmental hygiene in order to protect health. Effective hygiene promotion relies on an exchange of information between the agency and the affected community in order to identify key hygiene problems and to design, implement and monitor a programme to promote hygiene practices that will ensure the optimal use of facilities and the greatest impact on public health.

Water supply – Access & water quality. Providing safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene. Ensuring public water points are sufficiently close to households to enable use of the minimum water requirement. Water is palatable, and of sufficient quality to be drunk and used for personal and domestic hygiene without causing significant risk to health. Providing adequate facilities and supplies to collect, store and use sufficient quantities of water for drinking, cooking and personal hygiene, and to ensure that drinking water remains safe until it is consumed.

Excreta disposal – Design, construction & access to toilets/latrines. Toilets are sited, designed, constructed and maintained in such a way as to be comfortable, hygienic and safe to use. Populations have adequate numbers of toilets, sufficiently close to their dwellings, to allow them rapid, safe and acceptable access at all times of the day and night.

Vector control – individual & family protected from disease, physical/environmental controls. All disaster-affected people have the knowledge and the means to protect themselves from disease and nuisance vectors that are likely to represent a significant risk to health or well-being. The numbers of disease vectors that pose a risk to people’s health and nuisance vectors that pose a risk to people’s well-being are kept to an acceptable level.

Solid waste management – collection & disposal. People have an environment that is acceptably uncontaminated by solid waste, including medical waste, and have the means to dispose of their domestic waste conveniently and effectively.

Drainage – Effective drainage systems. People have an environment in which the health and other risks posed by water erosion and standing water, including stormwater, floodwater, domestic wastewater and wastewater from medical facilities, are minimized.

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

In emergency scenarios controlling open defecation and waste containment are critical to reduce the spread of disease. If solid waste is not dealt with quickly, serious health risks will develop which will further demoralize the community already traumatized by the emergency.

Key problems relating to waste management are:

Flies, rats, dogs, snakes and other scavengers are attracted to waste, particularly in hot climates. If food is scarce, people may be forced to scavenge as well which will lead to increased disease spread.

Pools of rainwater associated with waste collection will propagate the breeding of mosquitoes that transmit malaria, dengue and yellow fever.

Heaps of rubbish present a fire risk and smoke can also be a health hazard if the burning waste contains items such as plastics or chemicals.

Breathing difficulties can arise from the fungi that develop on waste heaps.

Sharp items such as needles and broken glass present a further hazard to people walking through the area.

Waste washed by rain can contaminate water supplies.

Indiscriminate dumping of waste can block water courses causing flooding.

Waste is unsightly and lowers the morale of communities.

1. Discuss how environmental health and sanitation affect the nutritional status of the vulnerable groups

The three main underlying causes of undernutrition, namely unsuitable or insufficient food intake, poor care practices, and infectious diseases, are directly or indirectly related to inadequate access to water, sanitation facilities, and hygiene practices.

In situations where nutritional standards have not been met, the urgency to improve the standard of water and sanitation increases, as people‘s vulnerability to disease will have significantly increased as undernourishment and malnourishment can lower the resistance of vulnerable populations and make them more likely to suffer from infectious diseases. The same applies to populations where HIV/AIDS prevalence is high or where there are a large proportion of older or disabled people.

1. Assuming you have been appointed to head an organization dealing with health development in your area, describe the critical factors that you will consider in planning for health service in that area.

Aim – clarify the aim of the project which will in turn determine the approach chosen; behavior change communication, social change communication, social mobilisatio or advocacy.

Access to information – Identify where key data can be located. Understand population size, dynamics, requirements & needs to ensure response is focused.

Environmental risks – identify present risks and work with community to create an environment in which public health risks are reduced and the safety and dignity of emergency-affected communities is enhanced.

Existing infrastructure – understand what infrastructure is already present in the area and identify the gaps which need to be addressed. Communicate with other organisations delivering health services in the area and deconflict where necessary

Vulnerable populations – identify vulnerable populations within the community ie. Children, women, elderly, HIV etc. and ensure their needs are represented when planning is being undertaken.

Culture – understand community culture and ensure any solution identified is culturally sensitive and appropriate for the population.

Education – understand the level of knowledge of the community and tailor hand washing and personal hygiene education to the correct level. Where possible implement community involvement in developing education campaign