WASH Monthly Assignment 1

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ASSIGNMENT 1

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?

i)

WASH promotion is an approach based on preventing the spreading of diseases. When a message or means of promotion is defined, one must be able to clearly set what is the target community, what they do, what is needed to be achieved and what is the knowledge base in that community. The main narrative of a radio station programme would be the focus on how the behavioral change will take place on a scale that affects the community needs. This will need to take into account the cultural aspects, informal institutional settings, policies, available infrastructure, technologies, etc (WHO, 2005).

The audience selected for the programming is derived from the WASH message which is designed to facilitate the behavioral change, therefore, it is vital to carry out audience segmentation and understand who are the Primary, Secondary and Tertiary audiences in regards to the message that needs to be conveyed (UNICEF, 1999). Once this is done, target audience characteristics are to be listed, such as what language do they speak? How often do they listen to the radio, who are the target audience members? Do they belong to any groups or organizations? Once this information is gathered, a tertiary audience member needs to be selected and made part of the radio campaign as they are often religious leaders, community leaders, etc. that have authority and influence on the local communities (ibid).

Basically speaking, a stakeholder analysis needs to be carried out to understand what key groups will have the highest impact on the audience we need to effect. Therefore, having Health Extension Workers (HEWs) part of the campaign can be very helpful as they are involved in healthcare promotion activities and outreach on the grassroots level. They need to be coupled with Health Development Army (HDAs) members, who are part of the secondary target groups within the communities that the radio program is trying to influence.

In conclusion, an analysis of the target audience needs to be carried out to develop a communication plan and thus, select the key messengers (HEWs, HDAs, Tertiary audience members) accordingly.

ii)

Before any message is developed, what is to be communicated to the target audience needs to be well understood. In addition, it must be determined whether the community speaks the language the message is designed in and what are their current practices that leads to hazardous risks (WHO, 2005).

Therefore, when designing a WASH message, it should be based on the public health model of preventing diseases to happen and keeping people as well as the environment healthy. As it is such a broad topic, messages can be many, which can be confusing for the audience (UNICEF, 1999). Knowing what types of risk factors are present in the target audience will define the target practice and how the message will be conveyed. This will also facilitate the message positioning, hence focusing on the goal / practice which is to prevent the risk factors from occurring (ibid). In other words, the WASH message should be derived from the pathway of the disease and focused on the intervention, which would stop the disease from being transmitted.

As seen in the private sector, small-scale businesses can be very good at tailoring specific messages to their own segment. That experience can be used by a radio station for communicating with the needs of the target audience and thus developing a message that could foster demand in WASH issues and promote the private sector.

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

Public health is a set of national level policies that encompass all levels of the society in a way that prevent diseases or other risk factors affecting population’s health levels. It places the state as a key player, which ensures all targest groups, regardless of their socio-economic conditions, have access to medical care. In addition, it is also an instrument to facilitate prolonging the life of the population. Therefore, the policies are set to create living conditions that do not pose health risks to the population as a whole, thus not only carrying out preventive, protective and provisional policies but creating an enabling environment where the promotion and facilitation of healthy lifestyle can take place (Delisle, H,. et. al., 2005).

The key elements in public health can be listed as the following: Prevention, Protection, Provision, Prognosis and Promotion. In addition, the public health system should provide a platform for effective cooperation and partnership between public and private organizations and institutionalize effective communication between NGOs, decision makers, health care communities and all other institutions involved.

1. Public health is about partnership between the different players. Explain how the role of international non-profit/NGO in terms of
2. 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
3. In developing countries, NGOs work focuses on communities where the Government’s reach is very low. For example, according to Jarrar (2005), 60% of all health care services in Palestine was provided by NGOs, most of the African rural communities are also cared by various NGOs in terms of health education (Bratton, 1989). Provided that these NGOs are mostly working with local communities at the grassroots level, their recruitment policy would be based on local stakeholders for having local representation. The recruitment would be based on the targets to be achieved but focus around the stakeholder with larger influence on the community (Anbazhagan S et al. 2016). The recruitment can be based on municipal representatives (Establishment of Public-Private Partnerships), health care agents, vulnerable groups, women, religious leaders, other organizations working in the field etc. Recruitment policy should based upon a long term strategy, which would create such a group of stakeholders that once the project is over, they would still serve as an instrument of sustainability, thus retaining the outputs achieved by the project.

In addition, when creating recruitment plans, the capacity of the local communities needs to be assessed and stakeholder analysis conducted. In this manner, an efficient and effective team can be established to solve the communities problems and thus, develop a sense of ownership. This is vital for any INGOs project, as only the local communities are best aware on what informal institutions operate on the ground and design an effective enabling environment for the changes to take place.

1. One of the main reasons for failure in conducting trainings is when the communities subject to training refuse to change their habits, fail to see the reason for change, or the training does not correlate with the local WASH needs. As long as the project objectives are in line with national health care programs, inclusion of development workers, health care representatives, etc. The training should not only be focused on hygienic practices for example, but focus on other areas such as project management, lobbying and advocacy, waste management, water management and others that encompass all the pillars of WASH. The stakeholders should have enough capacity to lobby for their rights to clean water, sanitary conditions etc., and be able to write projects and proposals for donors to solve WASH related problems through means other than one project brought on by an INGO.
2. When funding public health projects, the major beneficiaries should take the lead. INGOs, can announce Call for Grants within specific communities or implement pilot projects spearheaded by Health Development Armies and / or HEWs to provide leadership. Such approach will ensure that the communities that are to receive products or services are actually the implementers of these projects. This can serve the basis for a participatory approach and ensure efficient implementation of the project. What is more, within PPP, INGOs can collaborate with local/regional governments to provide more value to the public on a larger scale as NGOs tend to operate on a smaller scope (Ejaz, 2011). A pitfall in such funding approach can be that the community does not have enough capacity to carry out the proposed tasks or services, which could lead to time lags and project failures.
3. Monitoring easy to measure project inputs and outputs is essential for the success or failure of the project (WHO, 2005). It provides an overview of how the project implementation process is going and shows if there are any gaps that need to be addressed (ibid). A strong baseline data (including key behaviors within the community) need to be present to have an effective monitoring system. However, monitoring practices can be very complex as there are numerous stakeholders involved and difficult to access environments, such as household behavior. Having local communities participate in such practices can be very an effective way to ensure that all needs of the project are met. One of the main agents in carrying out this task are the HDAs as they are ingrained in all processes and serve as the main beneficiaries of WASH projects. The HDAs are trained in many aspect of WASH as well as project management and have the skills and the ability to carry out throughout reviews of the work being conducted. In the project, “Georgia Community WASH (Water, Sanitation and Hygiene) Initiative”, which is currently underway, WASH Councils were established, whose responsibilities are identical to HDA. These councils underwent extensive trainings in all WASH components, in addition to project management and budgeting. They are implementing pilot projects on the spot and provide monitoring and evaluation for carrying out their projects on the spot (CENN, 2018), thus ensuring that participatory approach and sense of ownership for the WASH project, benefiting overall health is present.

1. 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.

Primarily, the environmental health officer must see if there is a designated community representative(s) in charge of any DRR group (Joint Action Group (JAG) in some instances) in the area. JAGs are civil society groups who, in case a disaster strikes, are trained personnel to collect and share information, coordinate action, provide skills, etc. These groups can provide a information on spot without wasting too much time.

However, in case such a group is non-existent, it is important to select specific age and gender groups, depending on the type of information that is to be gathered and what specific purposes it is aimed to be achieved. The questions are as followed:

1. 1. What health­related problems have occurred in the community when the disaster took place?

2. What challenges do you have in terms of responding to the disaster?

ii) 1. What is the community’s main water source?  
 2. How often is the water source functional?  
A core indicator for iii) iv) assessments would be the frequency of solid waste and sludge disposal.

1. 1. Is the solid waste disposed weekly?  
   2. How is the waste disposed?
2. 1. If there is an onsite sanitation system (Pit latrines, septic tanks, etc.), is there a schedule for disposing and emptying them from the sludge?  
   2. How is the sludge disposed?
3. 1. Where is the sludge / waste disposed?  
   2. Is diarrhea, trachoma (and other vectoral diseases) frequent in the community?

NB: All questions carry 10 marks each

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