**Assignment 8**

1. **Explain 5 reasons why emergencies can put people at greater risk of waterborne disease.**

**ANSWER:**

**Thesaurus.com define emergency as especial state of need for help or relief, created by some unexpected natural or manmade events.**

**World Health Organization (WHO) in its “How can water-related diseases be prevented during emergencies”? 19 May 2008**

Emergency situations, including those due to natural hazards (e.g. earthquakes, hurricanes, floods, landslides, wildfires and droughts), technological hazards (e.g. chemical spills, disruption to infrastructure), complex situations (produced by conflict and civil arrest) and outbreaks, lead to health-related diseases and affect populations in all contexts. Depending upon the nature of the event, vulnerability of the people affected and capacity of local and national systems, deterioration in environmental conditions often results in a steep increase in WASH-related diarrheal disease.

Q: How can water-related diseases be prevented during emergencies?

A: The three top priorities concerning drinking water and sanitation during an emergency situation are:

1. Ensuring the provision of enough safe water for drinking and for personal hygiene to the people affected by the crisis;
2. Ensuring that all people affected by the crisis have access to hygienic sanitation facilities;
3. Promoting good hygiene behaviors.

Following damage to existing sanitation systems or increased pressure due to **large numbers of displaced or homeless people**, effective and well-coordinated action by all those involved in the emergency response is critical.

The first priority is to provide a sufficient quantity of water, even if its safety cannot be guaranteed, and to protect water sources from contamination. A minimum of 15 litres per person per day should be provided as soon as possible. During emergencies, people may use untreated water for laundry or bathing. Water-quality improvements should be made over succeeding days or weeks as a matter of urgency.

**Inadequate disposal of human excreta is a major health risk in emergency situations**. It is essential to organize sanitation facilities immediately, such as designated defecation fields or collective trench latrines. Emergency facilities need to be progressively improved or replaced with simple pit latrines, ventilated improved pit latrines, or poor-flush latrines as the situation develops. All types of latrines need to be properly cleaned, disinfected and maintained.

**The provision of drinking water and sanitation services in health facilities is a top priority. Safe drinking water, basic sanitation facilities and safe disposal of infectious wastes will prevent the spread of disease and improve health conditions.**

**In all cases, good hygiene practices are key to preventing disease transmission**. Water should be provided in sufficient quantities to enable proper hygiene. Hands should be washed immediately after defecation, after handling babies' faeces, before preparing food and before eating.

**According to UNICEF During emergencies and humanitarian contexts**, children are especially vulnerable to disease, malnutrition and violence. Children living in conflict areas are worst off- as demonstrated by the millennium development goals indicators. Countries in armed conflict situations are more likely to be living in extreme poverty, for instance, or not enrolled in primary school; they are also more likely to die before their fifth birthday. **Of populations without sanitation and safe drinking water globally, approximately half live in countries affected by conflict. UNICEF focuses on these children and their families** – on the essential interventions required for protection, to save lives and to ensure the rights of all children, everywhere. **The chaos and insecurity of war threatens or destroys access to food, shelter, social support and health care, and results in increased vulnerability in communities, especially for children.**

In recognition of the growth of UNICEF’s humanitarian action, its centrality to realizing the rights of children and of the need to further enhance dedicated capacities for early action and effective response and to more explicitly define strategies to support resilience, UNICEF is committed the specific and measurable performance targets both for humanitarian preparedness and response and for building resilience.

At the same time, the commitment to integrate humanitarian action within UNICEF’s programmes at global and country level will be maintained because it provides unique opportunities to better link humanitarian response with development programmes. This is key to achieving a more effective response to humanitarian crises as well as to promote rapid recovery and build resilience to shocks.

UNICEF’s humanitarian action encompasses both interventions focused on preparedness for response to save lives and protect rights as defined in the Core Commitments for Children in Humanitarian Action (CCCs) in line with international standards and guided by humanitarian principles, as well as UNICEF contributions to address underlying causes of vulnerability to disasters, fragility and conflict through both its support in response to humanitarian crises, as well as through its regular programmes.

In health, nutrition, wash, child protection, education, and HIV/AIDS, the CCCs defines results targets for humanitarian preparedness and response – which correspond to international standards - as well as specific targets that will ensure a focus on addressing underlying causes of vulnerability, fragility and conflict.

**ANSWER**

1. In an emergency cause by wars or civil unrest, protected water facilities might not be available where people are displaced to, or if available might not be enough to supply safe water to all people or might not be functioning well. The pressure on the limited water sources will cause breakdown forcing people to utilize water from unsafe sources for all purposes. This situation will put people at greater risk of ingesting diseases causing pathogens resulting in an outbreak of water borne diseases that can sometimes be fatal.
2. In emergencies cause by floods, sanitary facilities are overflown, broken or not available completely. Likewise when open defecation is widely practice by people affected by crises and unhygienic disposal of other liquid and solid waste is a habit, there is increases risk of transmitting disease causing pathogens and washing with contaminated water causing water borne and water wash diseases. Floods also perpetuate high vector reproduction increasing anopheles mosquitos responsible for transmitting Malaria causing parasites.
3. In an Emergency situation where open defecation is widely practice and lack of knowledge on good hygiene practices, people ingest parasitic warm from improperly cooked foods, unwashed fruits and raw eaten vegetables resulting in increased transmission of disease causing warms.
4. In an Emergency where people are overcrowded in a displaced or refugee camps coupled with improper hygienic practices, people will be exposed to bacteria and viruses that can cause wide spread airborne diseases.
5. In an emergency situation, people depend on food ratios, improper shelter and basic or no medical care. Lack of balanced diet reduces the body natural immune system, poor shelter exposes people to vector bites and poor or lack of medical care denies treatment. This situation makes people more vulnerable and aggravates minor infection with waterborne diseases and acute respiratory infections.
6. **Sustainability is essential in any project. Substantiate this claim.**

**Geir B et Asheinal wrote in “Sustainability” The World Bank 1994 that** sustainability is defined as a requirement of our generation to manage the resource base such that the average quality of life that we ensure ourselves can potentially be shared by all future generations. **... Development is sustainable if it involves a non-decreasing average quality of life. [Geir B. Asheim, "Sustainability," The World Bank, 1994]**

**UNICEF wrote in its water, sanitation and hygiene strategies for 2006-2015 that:** Increased coverage in sustainable services cannot be obtained simply by drilling more boreholes or even by training more community management groups. **Sustainability depends on many factors, including participation by communities and households (especially women and children) in program/project planning, design, implementation, operation and maintenance. A range of technologies that are within the means of communities and households to operate and maintain**. **The existence of functional supply chains for spare parts and supplies; the technical, financial and institutional support capacity of intermediate-level actors; and the existence of enabling and supporting legislation.** Sustainability will be a central design element in all UNICEF-supported WASH programs.

**ANSWER:**

All WASH hard ware projects need capital investment to construct the facilities. After construction of facilities, tariffs are levied on households, institutions, businesses, organizations and individuals using the facilities on monthly, daily or every time the facility is being used. This tariffs recovers the initial project cost, meets the running cost and also generate revenue for expansion and improvements of the facility. These facilities will serve the immediate needs of a population and also ensures that the population continue to enjoy the service in to the future. The projects also ensure that service provided to households, institutions, businesses, organizations and individuals doesn’t impact negatively on another group somewhere who are not beneficiaries from the project.

It is likewise true that projects also consider mitigation factors when the interest of indirect or invisible group of beneficiaries (Future generation) are being threaten by the current services being provided and utilized.

Likewise all WASH software requires the knowledge gained to be practiced and pass on to the next generation.

The same is true with utilization of natural resources in a sustainable manner to benefit not only the current generation but the next generation to come.

**How is sustainability achieved in donor funded projects? Explain 3 aspects**

**ANSWER:**

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1. In donor projects, benefitting communities have to be involved in the identification, prioritization, planning and implementation of the projects so that they own it. Ownership means accepting responsibility to operate and maintain a facility long after the donor funding ceases to flow.
2. Some selected members from the benefitting communities are train in order to maintain the facilities for continues usage after hand over of the project.
3. If manufactured spare parts are needed to maintain a facility, Communities or local authorities have to develop By-laws that compel beneficiaries to make contributions for buying the spare parts in times of need. This also means communities have to be connected to businesses that provide manufactured goods for them to easily access.

Where appropriate technological designs that explores the use of local materials are possible, communities are encouraged to adapt those technologies to construct facilities which is sustainable.

1. **How would you explain what advocacy means to a colleague who is not a WASH worker?**

**UNICEF in its special edition, June 2014 Policy Advocacy and Advice wrote:**

Policy advocacy and advice is a key process for promoting the right of children and women. Good analysis helps us understand the circumstances and forces that affect the well-being of children and women around the world. From this analysis, we can determine whether, for example, poverty, poor health or the absence of legal protection are being adequately addressed, and in turn develop new policy approaches and actions to improve the results of economic, social and governance programs for children and women. **Good advocacy and advice helps transmit the message to ensure governments, law-makers, the media, and civil society hear it …and act on it.**

**Our research and evidence should reach everyone who can make a difference in providing solutions**. **This requires cooperative engagement and policy dialogue with a variety of different actors at all levels of government, the private sector, and civil society, in the identification of both problems and solutions.** It requires making the investment case for children, for a variety of different programs and contexts. It requires monitoring, responding and adapting to emerging trends in a rapidly changing world. It requires advice and support in the construction of sound policy, to ensure the needs of the most vulnerable and marginalized children are met.

**ANSWER:**

I will explain that Advocacy is using information, data or scientific evidence to support a particular cause with the aim of engaging government (politicians, administrators and or financiers), a group of people, civil organizations to have better understanding and recognize that a situation needs to be address. Using information that enables them to accept and make decisions that allocates funds for a project or formulate laws to be implemented by communities to brings about a needed services or change in behaviors that will improve the community’s health

**b- Explain the difference between policy advocacy and program advocacy.**

**ANSWER:**

**Policy advocacy:** Is using statistical data or scientifically proven information as evidence of a negative impact of an issue to influence leaders to formulate and pass laws that when implemented will bring benefits to the communities or populations. It is also using documented proof to influence the understanding of people making decisions to allocate funds or increase budgets to brings essential services or improves current services in a community.

**Program advocacy:** is campaigning or popularizing a project to be embrace by a group of influential people within a community who will then convince and market the projects to intended beneficiaries. This influential people will also play key roles in the project implementation for success.

1. **Outline four particular challenges involved in urban WASH advocacy.**

**ANSWER:**

1. **Diversity:** It is difficult to gather urban population who are from different backgrounds, disciplines and socio-economic status, educational levels, religious, traditional and cultural backgrounds to come together at the same time and agree to speak with one voice on an issue that effects the whole community. There is always some people who are not able to attend for one reason or the other, people with instincts of personal benefit rather than looking at what benefit the whole community. The priorities of middle and upper class will always be different from the majority poor.
2. **Knowledge:** Lack of knowledge and understanding of the WASH situation and what needs to be change in an urban community will be a very big challenge in advocating for a change. Knowledge of the local context is important to be able to present evidence that supports the desired change. You will also need a good understanding of the key stakeholders and their roles, influence and importance in supporting the cause.
3. **Bylaws and enforcement:** Organizing meetings for government officials, civil society group and community leaders to dialog on reduction of tariffs levied on WASH services so that all groups composing the urban population will access and benefit in order to realize more health benefits. Community members who still practice open defecation and dispose their solid and liquid waste irresponsibly will resist attending meetings that crates bylaw that penalize them because of their negative practices.
4. **Funding:** It is very challenging to advocate for private donors to fund WASH projects in an urban areas because the funding organizations consider urban dwellers as better off than those in the deep rural areas. The poor urban are also considered to be the responsibility of the governments to provide services. WASH in urban areas is push downwards in funding priority list. These make it difficult to secure enough donor funds for urban WASH projects than to the rural areas.

1. **What do you understand by community mobilization? Describe briefly how it can be achieved.**

**ANSWER:**

**Thesaurus .com defines mobilization as organizing, marshaling, bringing people together and preparation for action.**

Community mobilization is a process through which action is stimulated by a community itself or by external persons or a group of people have transcended their differences to meet on equal terms in order to facilitate a participatory decision-making process. In other words, it can be viewed as a process which begins a dialogue among members of the community to determine who, what, and how issues are decided, and also to provide an avenue for everyone to participate in decisions that affect their lives. Community mobilization is a process where members of a community come together to map their resources, identify their problems, prioritize their problems, identify solutions, take collective decisions and act together to bring about a desired change that will improve their livelihoods.

**b). Explain why knowing your community is essential for effective community mobilization.**

**ANSWER:**

Knowing the community’s level of understanding, attitude, practices, social status, shared resources, administrative structures, types of businesses and livelihoods, population and its categories, languages and cultures, political and religious affiliation are fundamental in effective community mobilization. These helps in setting targets, knowing who to target, when to mobilize, vast ideas contributing to identify problem, prioritizing, developing acceptable action plans, identifying local skills, participatory implementation and monitoring, ownership and choosing right time for community engagement. For successful community mobilization you need to know what will motivate people to become involved and this requires understanding of their interests and concerns.