WASH

ASSIGNMENT 1

BY

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Question 1: Suppose you work with a community radio station, describe what your radio station would do to address WASH issues with regard the audience and wash message.

My WASH radio message to the local community starts thus:

Good morning my listeners and welcome to our weekly presentation on water sanitation and hygiene. I am your regular presenter DR CHUKWU NORBERT SUNDAY. Our presentation today is WASH: What it is, how it works, what we have to do to make it work, what we stand to gain if it works and what we will lose if it fails.

WASH stands for Water Sanitation and Hygiene. Water is life and covers more than two-third (2/3) of the earth surface but not always fit for human consumption due contamination from human activities

Human body is made up of 60% water [1]. Humans and other living organisms depend on water to function. We need water to cook, bath, wash and for drinking. On the average, every adult needs about 3 litres of water for drinking daily [2] and an average of 15 litres of water in emergency situation to meet basic needs. In non-emergency situation 7.5 litres will be enough to meet the basic needs [3]. Despite the abundance of water, fresh water for human consumption accounts for less than 1% [1]. Human activities and climate change further deplete the amount of fresh water. Water in the pure form is colourless, odourless and tasteless.

Sanitation is generally referred as safe disposal of human wastes or collection and disposal of garbage and wastewater to maintain or protect health and prevent disease outbreak [4].

Hygiene is the behaviour that improves cleanliness and leads to improved health. It includes frequent washing of hands with soap before cooking or eating, after vising toilet or changing baby nappies, adequate bathing, washing of clothes and bedding, regular brushing of teeth, sweeping and keeping the kitchen clean, storing of food in covered containers [5]. In some places personal hygiene practice will be difficult because of scarcity of soap and clean water leading to spreading of diseases.

A common thread that runs through WASH is protection of life or prevention of disease or promotion of dignified living. Water is the key in sanitation and hygiene that is why United Nations made its availability at improved quantity and quality a Millennium development Goal (MDG) in 2000. At the expiration of the MDG in 2015, UN discovered that the goal was not yet met despite the positive result. According to UN,2.6 billion, additional people gained access to improved drinking in 2015, but only 1.9 billion out of 2,6 has portable water making it 4.2 billion from 2.3 in 1990. 47 countries have met drinking target, 95 have sanitation target, and only 77 met both. 2.1 billion globally have improved sanitation, and number of practicing open defecation has by half [6]. More is needed is still needed to done. To this effect UN Joint Monitoring Programme (JMP) report, progress on drinking water, sanitation and hygiene: 2017 Update and Sustainable Development Goal baseline concluded that many people still lack access to safe drinking water and sanitation services [7]. According to the report, 2.1 billion people do not have access to drinking water, 844 million of them do not have basic drinking water service including 263 million who have to spend more than 30 minutes per trip in fetching water points outside their home and 159 million still drink untreated water from surface sources. The report also said that of 4.6 billion people who lacked safely managed sanitation, 2.3 billion lacked basic sanitation services, 600 million among them share a toilet with another house and 892

defecation. The report further said that availability of soap varied immensely in the 70% in Asia and North Africa.

How does WASH work?

WASH works through its management which is administration of process for the provision of safe water for drinking, washing, and domestic work use. It also sees for safe disposal of wastes (faeces, urine, garbage, industrial and hospital wastes), hygiene promotion (personal and environmental), protection of health and pro-health behaviour encouragement.

Of all factors of production human capital is the most important humans organise other factors and make them work. For this, I will tell my listeners we need to come-up with committee headed by the leader to oversee the provision of communal water-borehole because the underground water if not polluted septic tank effluents or chemicals is the best form of water. The bore-hole is to be sited at the central area of the community through communal effort to avoid ownership crisis which may affect the sustainability. If there is an existing bore-hole I will tell my listeners to use water wisely and not to build pit latrines, petrol stations, about one-kilometre radius from the water point. In the situation where the water source is a lake, well, stream, spring or river I will let know that our water source could be easily contaminated through open defecation, chemicals from farms (fertilizer and herbicides) and animal dungs. To avoid these from getting into our water, the community should appoint a committee to oversee the maintenance of the water source and discipline any offender. The committee will the help of WASH technician will conduct inventory of potential sources of contamination so as to easily identify the contaminants and those involved.

I will encourage my listeners to lobby the government through their representatives to extend the pipe-borne water to the community as

a long-time solution. In this case they will be made to understand that after the installation of the pipe-borne water, monthly bills will be charged. To make this to work that government should be lobbied to for subsidization as a way of lightening of the load on the shoulders of the community.

Sanitation is the proper handling of the wastes in order not to contaminate the environment, water, breed vectors that will transmit diseases. Wastes are unwanted matters or materials of any type left behind after useful substances or parts have been removed [8] and sanitation is a waste management-collection, transportation, processing and monitoring of waste materials [9]. I will let my listeners know that wastes can be wealth by composting (biodegradables) for agricultural use, serve as gainful employment through recycling. I will encourage community-led total sanitation (CLTS) to discourage open defecation and allowing grey water to spill into open. This approach was pioneered by Dr Kamal-Kar in Bangladesh in 1999- 2000 and has worked well across Asia’ Latin America, and Africa [10]. This a no subsidy-based policy that is rooted in the community model empowerment and mobilization that has radically transformed global sanitation from toilet construction to process of behaviour change [10]. I will encourage the community to

do their sanitation appraisal analysis and the observation of open defecation and the effects on the community with aim to sensitize and stimulate them into action by stopping open defecation and to build private toilet facilities using local labour and materials. I will further encourage the to always to observe proper washing of hands with soap and water after toilet use, after changing babies’ nappies, before cooking food, eating and after. I will also encourage them to segregate the solid wastes into biodegradables and non-biodegradables. The biodegradables should be used for composting while non-biodegradables should be dumped into the waste-aggregation point such as landfills for incineration and sorting for

recyclable materials.

In hygiene, I will tell my listeners to always wash their hands before preparing meals, and eating, after using the toilet, or changing the babies’ nappies. To bath regularly, brush teeth and regular washing of hair and beddings. The food items should be stored in lid-covered containers, kitchens clean, and water sources protected from contaminants.

What do we stand to gain from observing good WASH practices? The gains of good WASH practices are enormous. Some of them are, safe- drinking water, good hygiene, and reduction of risks of environmental contamination. which will tantamount to good health, dignity, comfort and security. Others are economic empowerment, good developmental milestone, cognitive function and learning for the children and harmonious family life.

In badly practiced WASH we stand to harvest diseases, poor children’s growth due to heavy disease-burden, poorly educated children, economic down-town, family disharmony. The diseases that associated with poor WASH practice are, water borne, water-washed

water-based, food borne and vector.

Water borne diseases result drinking water that has been contaminated with the pathogenic agents in in high concentration. Such diseases include, hepatitis A, E, and F, poliomyelitis, diarrhoea caused by rotavirus, adenovirus, norovirus, cholera, campylobacteriosis, salmonellosis, amoebiasis, cryptosporidiosis, ascariosis, and enterobiosis.

Water washed diseases occur because of lack of adequate water volume for drinking, bathing and domestic use. Examples of such diseases are diarrhoea, dysentery, scabies, yaw and leprosy.

Water-based diseases are those that are spread by vectors that live in water. These pathogens infect humans directly and do not go through faeco-oral route. Examples are legionellosis, guinea worm infestation, schistosomiasis and fasciolopsiasis.

Food borne diseases are those whose agents enter humans though food and they include, cholera, salmonellosis, amoebiasis etc.

Vector-borne diseases are spread by the bite or smearing of secretions of these vectors and such diseases include, malaria, dengue, yellow, and Rift valley fever, onchocerciasis and Japanese encephalitis.

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Question 2. In your own words, what is your understanding of public health and what are the key elements?

Answer. Public health is a science of prevention of diseases and injuries, protecting of lives and promotion of well-being of the community/country through the integrated efforts of the community, private sector/non-governmental organisation and government. To achieve this requires workable health policies, surveillance activities, researches, information sharing and co-ordinated efforts among the partners. for public health to achieve its core functions, equitability, fairness, effectiveness, empowerment and evidenced-based nature must be the corner stone.

The key essentials/elements of public health constitute the public health practice and come together to form the three core functions.

The ten elements are:1. Monitoring the health status to identify and find solution to community health problem. 2.Diagnosing and investigating of the health problems and hazards in the community. 3.Educate, inform, and empower people about health issues.4. Mobilization of community partnership and actions to identify and solve health problems.5. Development of plans that support individuals and community. 6. To enforce laws and regulations that ensure safety and protect health. 7. Linking people to health services and assurance of provision of health care when unavailable.8. assurance of competent public and health care workforce. 9. Evaluation of effectiveness, accessibility, and quality of personal and population health. 9.Researching for new insight and innovative answers to health problems,

The elements 1-2 form core function of public health called Assessment, 3-5 form core function called Policy development and 6-9 form Assurance. The tenth element is at the centre of all the core.

Question 3. The role of NGOs in recruitment, financing and monitoring projects in the third world, a success or failure?

Answer. Non-governmental organisations (NGOs) are independent voluntary associations of people acting together on continuous basis for some common interest and not being involve in governmental affairs, making money, or illegal activities. Early NGOs were formed post establishment of United Nations (UN) in 1945. The NGOs may as well be said to be opaque groups with political connotation [1].

The success or failure of NGOs in the recruitment, training, financing and monitoring of projects in third world is like chicken and egg, which one comes first. Are their actions success or failure, blessing or curse or mixture of both? According to Mark Anderson, some world countries view NGOs with suspicion and to that effect enact harder laws to check their activities. The national government of some third world countries see the NGOs as agents of neo-colonization and sponsors of up-rising and coup d’état as in Arab Spring[2].NGO smears itself with the suspicion of trying to change a legitimate government of the country, and may not be regarded as the agent of positive change by the host country no matter the level of good work done by such organisation in terms of empowerment, skill transfer and project monitoring and financing. Anderson further averred that despite Kenya being NGO receptive and Ethiopia NGO phobic, the lather has provided more job opportunities an more armies of aspiring entrepreneurs than the former despite large inflow of money from NGOs. Oxfam in affirmation of Kenya’s friendliness to NGOs has moved its head office to Nairobi. Some argue that NGOs are slowing third world development because they have alternative government, initiating, financing, and monitoring projects thereby making the national government impotent of transformative ideas. Some oppositions of NGOs argue that if they are initiating, financing, transferring skills, and monitoring successful projects, why is it that the third world countries have not moved out of poverty but instead sinking deeper into poverty.

This is pooling of wool over the eyes of the third world by the

developed world after forcing it to swallow bitter pill of Structural

Adjustment Programme (SAP).

According to former British Prime Minister, Mr Tony Blair in his

memoire [3], ‘’A Journey’’ said that NGOs deceive media to call

them concerned citizens whereas they are raising money, marketing

themselves and competing with themselves. They shout louder and

get heard but balance is not part of the vocabulary; it is all ‘’outrage’

‘’betrayal’’, and ‘’crisis’’. They have their dogmas that they defend

strongly when challenged -not usually on their merits but by abusing

the motives for challenging them. In the light of this, one may ask, is

this not a death nail on the coffin of NGOs and their operations in the

third world? In agreement with Mr Blair, Linda Polman in her book

‘’The Crisis Caravan’’ said ‘’From the proceeds of their negotiations

with INGOs, warring factions, feed and arm themselves and buy

support. Irrespective of consequences for the length and ferocity of

wars, INGOs are free to make agreements, pacts, contracts, and

deals at their own discretion with the wannabe presidents tribal

chiefs, warlords, trouble makers, rebel leaders, headmen, insurgents

terrorist cells, child generals, splinter-groups, kingpins, militia leaders

bosses of factions, mercenaries, and underworld figures reincarnated

as paramilitaries- at village, regional, or national levels; Humanitarian

territories in war zones are free markets where anyone can set out

his aid stall so long as he can agree to terms with the power brokers

[4].

On the reverse-side, it s not all for NGOs in the third world as some

have performed credibly in the areas of funding, skill transfer,

empowerment, creation of wealth and successful monitoring

of projects. Some INGOs are agents of care to the oppressed, poor,

abused and protection of their human rights. Cases in point are

the activities of Doctors Without Borders and International Campaign

to Ban Landmines that won Nobel Peace Prize [5]. The complex

situation in Congo DR has created job opportunities for people of

Goma though direct investments by NGOs and their workers. Houses

are built everyday but they are not enough because the demand is

more than supply. Hospitals are and schools are run by NGOs who

also retrain, empower and monitor local workforce [6].

The ubiquitous presence of NGOs in third world is a mixture bag

effect-blessing and curse depending on the side of divide one

belongs.

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