

Water and Sanitation Management Organization

Name

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Date

### Water and Sanitation Management Organization

The world has turned to the formulation of the post-2015 Sustainable development Goals (SDGs), but there is still much inferior water and sanitation facilities in the world. . People who live in poverty with lack of proper water and sanitation facilities. Statistics show that Sub-Saharan Africa and Asia regions are more affected than other areas. In this regard, there is much to be done to reduce these inequalities across the world. According to World Health Organization (WHO), 2.5 billion people lack access to improved sanitation, 1 billion people practice open defecation, and nine out of ten in rural areas, 748 million people lack access to improved drinking-water and it is estimated that 1.8 billion people use a source drinking water that is faecally contaminated. Hundreds of millions of people have no access to soap and water to wash their hands, preventing a basic act that would empower them to block the spread of disease (WHO).

United Nations Children's Emergency Fund (UNICEF) and the World Health Organization has endeavored to solve the problem of water sanitation in the world. This include ensuring that people have access to water sanitation and facilities. In 2012, WHO are UNICEF reported that the Millennium Development Goal (MDG) target for safe drinking water was achieved by 2010. However, it will be ironic to declare that the target had been met when hundreds of millions of people lack access to safe drinking water. In the words of the Microsoft Co-founder and owner, Bill Gates, it is fine to celebrate success, but it is more important to heed the lessons of failure. In this regard, it is fine for WHO and UNICEF to celebrate success in achieving a milestone in water and sanitation management. However, it is more important to heed the lessons of inequality caused. Research shows that the level of inequality is related to the access to water and sanitation facilities. The rich has access to quality water and sanitation

facilities while the poor have limited, inferior or lack the water and sanitation facilities at all.

These people are forced to bath in rivers and defecate in bushes, which causes further pollution to the environment.

It is important to develop strategies to close down the gap between the poor and the rich. In 1990, the United Nations set a target to reduce extreme poverty by half by 2015. UN not only achieved its objective, but also surpassed it. However, millions of people still lack access to safe water and sanitation facilities. This program will therefore focus on how people can have safe water and quality sanitary facilities. Water and Sanitation Management Organization (WASMO)'s main objective is to ensure that people have access to clean water and sanitation facilities. Other objectives include, ensuring that there is water security in the rural and urban areas. Service delivery for the organization's entire design period. Further, WASMO is responsible for planning decentralized water supply system.

#### Program Design.

The name of the non-governmental organization is Water and Sanitation Management Organization, which will deal with provision of essential services to the community, particularly safe water and sanitation services. Provision of essential services is one of the mandates of the government. However, it becomes difficult for the government to reach all people in the community. WASMO wants to fill this gap by providing water and sanitation services to the community.

The organization will be located in the India, headquartered in Gujarat. In India, the official health care system is governmental. However, in 2011 statistics, 58% of health care hospitals were non-governmental, 21% governmental and 21% profit making. This means that the private sector dominates the provision of health care in the India.

The purpose of the program will be the provision of safe water and sanitation services to the community. Other objectives of the program include ensuring that people of Gujarat have security for clean water. According to South Gujarat Water Management District, people of Gujarat use 3 billion gallons of water every day. However, water supply in Gujarat region is diminishing. Gujarat state government also estimates that population is expected to increase by 2035, which will increase the demand for clean water and sanitation services. WASMO comes in to supplement the provision of these services.

The organization will accomplish the goal by first, augmenting existing drinking water sources, use of ground water, surface and rain water. In this regard, the organization will distribute water storage tanks to people of Gujarat in the low socioeconomic status. This is because all people have a right to access to safe water and sanitation services. Second, WASMO will enable community members to monitor and maintain water sources to ensure they are safe. Finally, WASMO will provide access to information on use and maintenance of water and sanitation facilities by use of Information Technology.

The target population are the people of Gujarat. According to the Estimated Water Use Report, 946 billion gallons of water were used in 2014, which is about 2,593 million gallons of water per day. Further, the report shows that public water supply was 1,075 million gallons per day, behind agriculture self-supply at 1,077 million gallons. People get access to clean water and sanitation services through public water supply. Since there is an increase in demand for water, WASMO will be established to help in the provision of water services to the people.

The partners in the provision of water and sanitation services include the government, non-governmental organizations, the private sector and the citizens. The government encourages the provision of water and sanitation services through the provision of subsidies to organizations

to deliver these services. The provision of subsidies reduces the cost of operation thus enabling smooth operation of the organization's activities. Non-governmental organizations help in the provision of funds to facilitate the program. The citizens are the greatest and the direct benefactors of the program. The citizens have an obligation to take care of the water and sanitation facilities.

### Program Operation

The program began in 2014 and is still going on. Within this period, the program team distributed water testing kits to households. In the year 2015, WASMO conducted sanitary survey to determine the quality of sanitary facilities available. WASMO found that the current demand has not been met. There is need to establish more sanitary facilities. For instance, there is need for the government to increase sewerage facilities. To accomplish these objectives, WASMO plans to accomplish the program by 2025.

The program operates in the field through volunteers, community health workers and WHO employees. Volunteers participate in the household survey to determine the quality of water and sanitation facilities. While the government has endeavored in the provision of these facilities, it is still not enough. Community health workers assisted in measuring and evaluation of the existing water and sanitation facilities. Further, they provided a report on the condition of the facilities. WHO employees helped the WASMO to determine the level of sanitation required.

The services were delivered by conducting block level training, district level training, and state level training. Block level training involved organizing people in blocks within regions and educating them on how to use water sparingly. District level training was conducted by WHO workers because of the large area. The state level training was done via the media, the

Television, and the radio played a big role here. Further, the water and sanitation team distributed water quality and bacteriological testing kits.

Before the commencement of the program, the community needs were assessed first. This included conducting a survey research whereby questionnaires were distributed to predefined areas and households. The purpose of the survey was to collect people's opinions regarding the level of water and sanitation services. The qualitative data collected was analyzed by use of the Statistical Program for Social Sciences (SPSS). WASMO found that the amount of water delivered is below the demand. People are forced to cut off some economic activities such as agricultural farming because of lack of enough water.

WASMO monitored the progress by first, writing down the goals of the program and the time frame to accomplish it. The goal of the program is to ensure that all people have access to the basic need- water and sanitation services. Second, the management made a list of personnel and the assigned responsibilities. This helped to align personnel performance to the goals of the organization. Third, the management divided the program into segments so that it becomes easier to track the progress of the program. Fourth, regular meetings were held to assess the project's progress. This helped to identify the problems that workers encounter and the best way to solve them. Fifth, the records were updated regularly as the segments were completed and goals met. Finally, the management made the necessary adjustments to keep the project on track.

### Results

WASMO found that 30% of the people in Gujarat do not have access to high quality water and sanitation services. This calls for the development of sanitation facilities to cater for the needs of all people. Further, the organization found that it is necessary for the government to

engage other stakeholders like non-governmental organizations in the provision of essential services.

The program costs were distributed into categories which amounted to \$2,800. Block level training cost was \$300, district level training cost was \$600 and state level training was \$1000. Water quality testing kits cost \$500 and sanitary survey conducted was worth \$400. The high costs associated with the program called for efficient and effective operation.

The analysis shows that the goals of the program were met while others are still in progress. The main goal was to ensure that people have access to high quality water and sanitation services, ensuring that there is water security in the area and providing access to information online. So far, the 75% of the goals are met with only 25% in progress.

The benefits of implementing the program include enabling people to have access to high quality water and sanitation services. Research shows that health is directly related to the well-being of the people. There is a common saying which states, "Health is wealth." A healthy nation means people will concentrate on their work to earn an income. WHO estimates that most of the diseases origin from poor water and sanitation services. Therefore, when water and sanitation facilities are improved, there will be reduction in the occurrence of diseases. Consequently, people will be more productive. Further, prevention is better than cure. Preventing the occurrence of water borne diseases is better because its saves both time and money in the treatment of the ill cases.

The program was cost effective in comparison to the benefit. The community benefited from the provision of the water and sanitation services which in turn reduced the occurrence of diseases. Therefore, this means there was an improvement in the total social benefit. Since the total social benefit was higher than the total social cost, then the program was cost effective. The

total cost for the implementation of the program was \$2,800. An assessment of the hospital bills incurred due to water borne diseases shows that the costs are much higher than the cost of the program. Therefore, the program was cost effective in comparison to the benefit.

#### Program Discussion

The strengths of the program include community involvement, availability of highly qualified staff and support from the government. Community involvement enabled the team members to conduct effective survey research. Qualified personnel helped in the monitoring and evaluation process.

The weaknesses of the program, include the need to travel long distances. The workers were forced to take long walks across households because the area is sparsely populated. Other weakness include lack of prior research in the area to determine the community needs in regard to water and sanitation. Therefore WASMO had to conduct primary study before the program commenced. This consumed a lot resources, for example, time and money.

The program is sustainable by the community without continued external funding. External funding is only required during the initial stages of the project. However, as the project stabilizes, there is no need for external funding. Most of the people in the community are middle income earners. Therefore, an increase in the tax on for the improvement of water facilities will serve well.

There is community involvement in the project. The program aims at improving access to health services and reducing inequities. When everybody has access to quality water and sanitation services, the gap between the rich and the poor reduces. Inequity arises when some people can access quality services while others do not have access to or have poor services. The program will therefore reduce these inequities.

The program can be applied to other regions and countries. For instance, in Sub-Saharan Africa, it will be of much help if the program is implemented. Most of the people in the region do not have access to water and sanitation services, leave alone the quality ones. These people take bath in rivers and lack pit latrines. Further, South Asia also needs the same program. The problems that people in Sub-Saharan Africa face are the same problems that people in South Asia face.

### Summary

The program- provision of water and sanitation services impact public health in various ways. First, public health determines the well-being of the people. A healthy nation is a well-off nation. This is because people spend time working an earning income rather than spending money for treatment. There is a direct relationship between health and people's income. When people are healthy, they earn a higher income because they contribute less to insurance companies and medical schemes. On the other hand, when people fall ill more often, they have a low income because they need to contribute much toward insurance companies and medical schemes. The main objective of the program is the provision of water and sanitation services to the community. Therefore, through this objective, the program will impact public health.

Second, the program will impact public health by augmenting existing drinking water sources, use of ground water, surface and rain water. In this regard, the organization will distribute water storage tanks to people of Gujarat in the low socioeconomic status. This is because all people have a right to access to safe water and sanitation services. Third, WASMO enables community members to monitor and maintain water sources to ensure they are safe. Finally, WASMO will provide access to information on use and maintenance of water and sanitation facilities by use of Information Technology.

In conclusion, WASMO has a great impact on public health. The program enables people to have access to high quality water and sanitation services. Improved water and sanitation leads to improved health. Consequently improved health improves have the energy to work and earn income. When people earn an income, there well-being increases. Subsequently, they can maintain their health with their income.

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