

WEEKLY EPIDEMIOLOGICAL REPORT

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Solid Waste Management in Disaster Management (Part II)

This is the second and last in the series of articles on Solid waste Management in Disaster management.

Waste management options

The main waste management options are waste reduction, waste reuse, repair and recycling. In situations where these options are difficult to utilize or when there is waste remained to be managed even after these options are used, there are other methods of waste management to be considered such as burial and incineration. Waste reduction is reducing the generation of waste. Initially, the sources of waste generation are identified and behaviours of the population which lead to waste generation are assessed. Based on the information gathered, ways in which waste generation can be minimized are formulated. Then the behavior of the people is influenced to reduce waste generation through improving awareness.

In waste reusing, waste which otherwise be thrown away, are used for different tasks and purposes. For example, plastic containers can be used for storage and plastic sheets can be used for roofing.

Recycling and composting are parts of an overall waste management system. However, it is more suitable and feasible to be used at the latter part of the disaster management process rather than in the initial stage. First, the waste should be segregated into three categories as inorganic, organic and non- recyclable. Organic waste can be composted. For non recyclable waste, other options like land filling, incineration and burial can be considered. Recycling and composting will provide more opportunities for the affected population to get involved in the process and it will also be psychologically beneficial to deal with the traumatizing situation.

Waste hierarchy

Waste hierarchy is a hierarchy of the above mentioned methods. However, in a disaster situation, it is difficult to proceed along the hierarchy as there can be immediate risks posed by solid waste, where quick removal of them is a priority. Therefore, an effective solid waste management system should utilize all the above methods appropriately and timely.

Waste reduction and minimization

Waste reuse/ repair

Recycling/ composting

Landfill/ burial/ incineration

Waste management at household level

The two main steps in waste management at household level is collection, containment and storage followed by disposal. For collection, containment and storage, family bins can be used. However, in the initial stage, they will have to be provided to each family because an intensive

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collection and transportation system is needed and the number of bins required is likely to be numerous at this stage. Thereafter, at the latter part of disaster management, they can be encouraged to use their own garbage bins like simple plastic buckets with handle and lids, sacks which can be securely tied, plastic bags which can be secured etc.

People should be advised to separate hazardous waste before storage. Appropriate facilities have to be provided to dispose them immediately. It is also important to make them aware that the bins have to be adequately covered and storage time has to be as short as possible. Otherwise waste can get decomposed especially in tropical, humid conditions which can increase insect breeding and smells.

After collection, containment and storage of waste, the previously mentioned waste management options can be applied. However, the remaining waste has to be disposed at communal level or household level. Burial and incineration are two options to dispose waste at household level.

A household pit should be located more than 10 meters away from dwelling and more than 15 meters away form water sources. The base of the pit should approximately be 1.5 meters above water table and ideal depth of the pit should be 1– 1.5 meters. It is important to regularly cover the pit with soil or ash. Ideally, a fence around the pit will help to avoid accidents and scavenging. When the pit is filled up to the surface, waste inside should be compacted and covered with soil. Problems associated with this method are emission of hazardous gases like Methane from organic material, possible increase in rodent population if the pit is not adequately covered and smelling.

Burning or incineration should only be used as the last option. This could ideally be undertaken in a pit, covered with soil. The site of incineration should be a considerable distance away from dwellings. However, incineration can be associated with risks like fire, emission of gases particularly CO₂ and uncomfortable smoke.

Waste management at communal level

Waste management at communal level is comprised of collection and containment, waste transfer and waste disposal.

For collection and containment, adequate collection points should be provided within an appropriate distance from households. However, they should ideally be at least 15 meters away from dwellings. The collection points should be capacitated enough to collect waste from several households. In the initial stage, one 100 liter container will be adequate for 10 families. The storage containers should be resilient enough so that they cannot be easily turned over. They should ideally be non inflammable. The main problem associated with these containers is quick overflowing of waste. To minimize this, waste can be reused in possible situations. Otherwise, compacting and shredding of non reusable material are options.

In some situations where waste cannot be disposed at the same site of collection, waste needs to be transferred to a different location. Ideally, large amounts of waste should be emptied daily and small amounts should be emptied twice weekly. Animal carts, hand carts, ordinary trucks and specialized waste collection trucks are some of the methods which can be used to transfer waste.

Burial and incineration are the options to dispose waste at communal level, where recycling and reusing are not applicable.

For burial of waste, communal pits are used. They should be located more than 30 meters away from dwellings as well as 30 meters away from water sources. Main determinant of the pit size is the population size. Usually pit size is calculated by,

Volume of the pit= volume of waste produced per person per day x population x number of days until camp closure or 6m³ is adequate for 50 people. When determining the depth of the pit, pit base should be at least 5 meters above ground water level at the end of the rainy season. The sides of the pit should be stable and at 45 degrees. Main problem associated with these pits is leachate from the pit, contaminating ground water. To prevent this, the pit can be lined with clay as clay is impermeable for leachate. It is also important to cover the pit with clay. Once the pit is filled, it should be compacted and covered with soil. No medical waste should be buried in these pits.

Incineration should be considered when, all plastic products are removed, incineration takes place downwind of dwellings and local area is not suitable for burial. Barrel type or garden type incinerators are better than open incineration as former methods reach higher temperature thus improving efficacy. Incineration is also recommended for medical and hazardous waste.

Sources

1. Domestic and Refugee Camp Waste Management Collection and Disposal available at <u>file:///C:/Users/Admin/Downloads/tbn15-</u> <u>domestic-refugee-camp-waste-management-collection-disposal-</u> <u>210508-en.pdf</u>

Compiled by Dr. S.A.I.K. Sudasinghe of the Epidemiology Unit

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RDHS Division		Colombo	Gampaha	Kalutara	Kandy	Matale	NuwaraEliya	Galle	Hambantota	Matara	Jaffna	Kilinochchi	Mannar	Vavuniya	Mullaitivu	Batticaloa	Ampara	Trincomalee	Kurunegala	Puttalam	Anuradhapur	Polonnaruwa	Badulla	Monaragala	Ratnapura	Kegalle	Kalmune	SRILANKA	Source: Weekly A = Cases reporte
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Table 2: Vaccine-Preventable Diseases & AFP

18th - 24th June 2016 (26th Week)

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Disease				No. of Ca	ses by F	Province	e		Number of cases during current	Number of cases during same	Total number of cases to	Total num- ber of cases to date in	Difference between the number of	
	W	С	S	N E NW NC U		Sab	week in 2016	week in 2015	2016	2015	in 2016 & 2015			
AFP*	00	00	00	00	00	00	00	00	00	00	00	32	38	-16.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	01	00	01	02	01	00	01	01	07	04	214	203	5.4%
Measles	00	01	01	00	00	01	00	00	00	03	41	281	1274	78.1%
Rubella	00	00	00	00	00	00	00	00	00	00	00	06	06	0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	04	09	-55.5%
Neonatal Teta- nus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese En- cephalitis	00	00	00	00	00	00	00	00	00	00	00	05	07	-28.5%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	03	30	44	-31.8%
Tuberculosis	121	46	19	17	07	10	15	09	16	260	236	4734	4711	+0.4%

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.

RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna,

KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS, Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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