Community Organization for Improved Water, Sanitation and Hygiene in Somalia

A Manual for the Training of Trainers

Moet dit gebruikt worden om de WC te leren of is dit alleen om de fac. aware te maken?
Is het programma voor Comm. getuigde?

p. 1,4,6,7

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Part VI
SOCIAL MOBILIZATION

Introduction

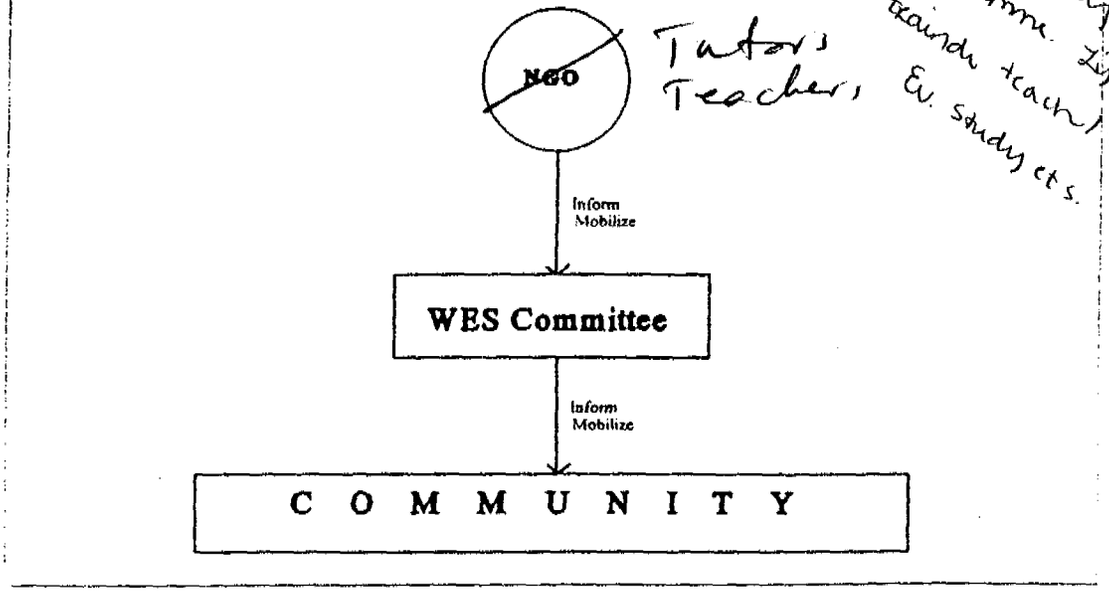
The overall objective of this program is to improve the quality of life of all who reside in the community. This can only be achieved if all who reside in the community are informed on WES issues and involved in the process of bringing about change. Thus the program has been designed to facilitate the transfer of WES information to the community and thereby provide a basis from which to mobilize the efforts of the community toward improving their water, sanitation and hygiene.

Before the systematic transfer of information can take place within the community, an infrastructure through which this information can be transferred must be established. Due to the unstable political climate and consequent lack of governmental infrastructure in Somalia today, UNICEF will devote its energies to building the capacities of Somali NGOs to carry out the tasks of organizing, informing and mobilizing their communities. Out of Recognition for the important role that women play in the community, particular emphasis will be put on working with women's NGOs. The primary role of the implementing NGO is to establish this infrastructure as a water and environmental sanitation (WES) committee. The NGO will be responsible for transferring information to the WES committee who will in turn be responsible for transferring information to the community. The NGO will also be responsible for initiating and coordinating social mobilization activities with the WES committee--that is, mobilize the WES committee to mobilize the community.

The role of the implementing NGO is to:

- Animate WES Committee
- Train WES Committee
- Initiate and coordinate social mobilization activities

Figure 1
Structure through which information is transferred to community



How to Use this Manual

The manual was developed as a tool for you to use in organizing and mobilizing your community in water, sanitation, and hygiene activities. The guidelines are meant to be adapted to your own community situation as you see appropriately.

Each section is divided into training methodology (purpose, materials and procedures) and content. The information in the content section is that which should be imparted through the outlined procedures. The flip charts are to be used to support the trainer in his/her teachings and to stimulate discussion about topic issues. Where possible, demonstrations should be used to explain specific methods or actions.

Part I

Guidelines for the Animation of a Community-based Water and Environmental Sanitation (WES) Committee

What is a WES Committee?
A WES committee is a community-based organizational body under which WES activities can be planned, implemented, monitored, and evaluated.

What is the purpose of a WES committee?
The purpose of a WES committee is to organize, coordinate, carry out and select and train members of the community to carry out activities geared toward improving the community's water supply, sanitation facilities and capabilities, and hygiene practices for the overall objective of improving the health of the community.

Who comprises the WES committee?
The WES committee comprises members in the community (5 females and 5 males) who are selected and supported by their community. Community representation should include sanitarians, commerciants, engineers, teachers, health workers, religious leaders, elders, and women's organizations. Members from each of these sectors should be selected based on the following criteria:

Selection Criteria of a WES Committee Member:

The candidate must be
- willing to work on a voluntary basis;
- respected member of the community;
- resourceful, cooperative, and concerned with people's well being, able to take initiative and communicate well;
- willing to undergo training;
- willing to devote time and energy to carrying out the duties of WES committee members (each member will be assigned a set of practical and manageable tasks).

Process for Selecting WES Committee Members:

- Inform community leaders of program plans and objectives and obtain their full support
- Involve community leaders and members in selecting WES committee members: Hold community forum where project plans and objectives can be discussed and agreed upon, selection criteria for WES committee can be disclosed and revised if necessary so that acceptance of these criteria is secured by the majority of the community, and nominations for committee members can be made.
- Inform community of level of commitment required by them to make such a project effective (e.g. will require support in terms of money or labour)
- Community leaders/elders will make final selection of WES members based on community nominations, selection criteria, and own judgement

What are the roles and responsibilities of the WES Committee?
Depending upon the size of the community, the tasks to be carried out by WES committee members will vary. If the community that is to be served is small, the WES committee will be responsible for carrying out water and sanitation implementation and maintenance, education, and mobilization. If the community is large, the committee can play more of a supervisory and managerial role. Here the committee would be responsible for selecting and training members of the community to carry out the afore mentioned tasks. The committee would also be responsible for overseeing the activities carried out by these selected "subcommittees." The overall objective is that the benefits of WES programming reach the entire community. It will be left to the disgression of the committee itself how this objective can best be met.

What tasks will the WES committee be required to carry out?
WES committee tasks can be divided into technical and educational falling under the categories of water, sanitation, and hygiene.

I. Education

Who
The WES committee will be responsible for educating and mobilizing the community on water, sanitation, and hygiene practices for health. Those members of the committee responsible for carrying out educational programming include:

- Elder: Advocate for program activities, informs community on program plans and progress, engenders community support for program activities.

- Teacher: Responsible for educating and mobilizing students through incorporating hygiene education into school curriculum and organizing student activities.

- Community Health Worker: Responsible for conducting hygiene education with an emphasis on health risks and benefits of water, sanitation, and hygiene. The CHW will be required to reach out to the community by holding community forums and providing health education to women's groups as well as educating people who visit the health facility. In order to reach the whole community, the CHW may wish to mobilize other CHWs to partake in the community health education efforts. Support materials will be made available for the CHW to distribute to all health facilities.

- Religious Leader: Responsible for developing messages to be delivered by Imam at Mosque on Fridays and for coordinating the delivery of these messages with the Imam.

- Women's Group Representatives: Responsible for educating community on importance of water, sanitation, and hygiene to health and mobilizing community to take action to improve their situation. Modes of communication include women's group meetings, radio, and newspaper. Also, responsible for recruiting volunteer educators as extension workers to convey message.

What

Educational/Informational Programming to Include:

- Community education meetings conducted by women's group reps, teacher, CHW, or extension workers (volunteer educators)

- Radio programming developed and coordinated by women's groups

- Mosque programs conducted by Imam

- School programs coordinated/conducted by teachers

- Informational materials (leaflets) on water to be distributed at water points by water managers and by water vendors such as donkey cart drivers. Materials on importance of proper garbage and faeces disposal, and guidelines for the construction of proper disposal facilities and how to use them will be distributed by sanitarians.

Information should be targeted toward women as they are expected to be the major beneficiaries of the program given their key role in managing household water and caring for children. Women are also expected to play key roles in the management and implementation of the project at all levels.

Guidelines for developing health education program:

1) Select topic:
- Choose topic according to priority problems of community;
- Topic should be clear and focused and related to gaps in the villagers' knowledge;
- The message should have achievable goals for the villagers and a reasonable chance of effecting positive change.

2)Assess and identify:
- General awareness among the village population of the dangers and signs of the disease (selected topic);
- Commonly used treatments for disease;
- Level of understanding among the population of the causes of the disease;
- Prevention and management strategies commonly used by villagers;
- Barriers to recommended prevention strategies.

3) Design the education program so that it:
- Is continuous rather than sporadic?
- Repeats messages in many different ways;
- Makes use of a variety of communication channels;
- Reinforces positive practices not attacking negative practices.

II. Technical

Water Supply Maintenance Team

Who
Comprises one woman and one man (preferably with mechanical aptitude) who are responsible for keeping the water pump/source functioning and making physical improvements to the immediate area around the water pump/source

What
The water supply maintenance team is to:
If small community
- Assume role of water pump/source caretaker as outlined below. A manual with pump/source maintenance and repair procedures will be provided to caretakers.

If large community
- Appoint community water pump/source caretakers and train in preventive maintenance, proper usage, and site cleanliness, and monitor performance of water systems and their caretakers.

  Criteria for selection of water pump/source caretakers:
  Candidates must
  - live near pump/source;
  - be able to do preventive maintenance;
  - have mechanical aptitude (recruit from community repairmen, blacksmiths, mechanics, etc.);
  - include at least one woman.

  Process for recruiting and training pump/souce caretakers:
  - Water team contacts community leaders to explain project objectives;
  - Community selects pump/source caretakers;
  - Pump caretakers receive tools and instructions on how to tighten loose bolts and lubricate moving parts (and whatever other maintenance procedures are required for the particular type of pump/well/water supply system).

Sanitation Team

Who
The sanitation team comprises local sanitarian(s) where available or volunteer with background in health.

What
The sanitation team is to:
- Organize and coordinate garbage collection services: Secure donkey carts, drivers, disposal pit (depending upon local resources);
- Organize and coordinate construction of public latrines;
- Distribute guidelines on household latrine construction;

Smoky

- Distribute informational pamphlets on importance of refuse disposal inorder to create demand for garbage collection services (which will cost a small amount of money);
- Distribute guidelines on household refuse disposal.

Commercial Development Team

Who

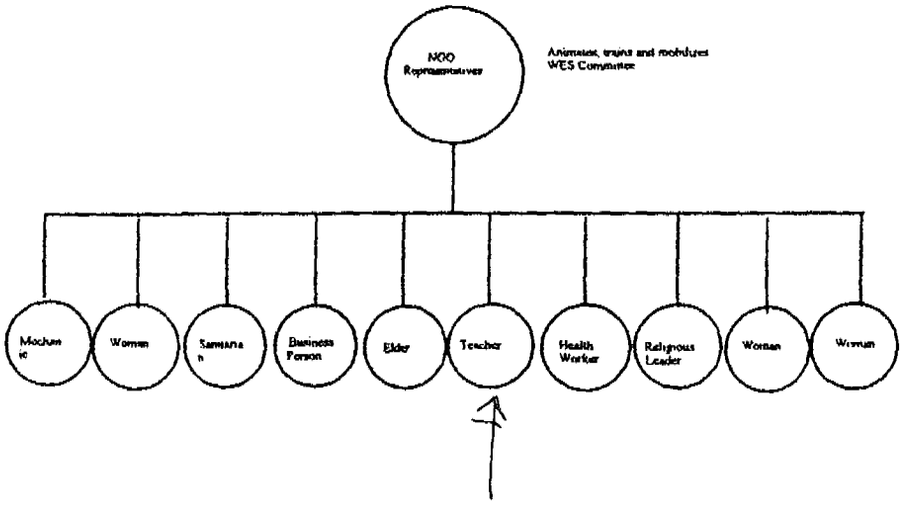
The commercial development team comprises trusted and responsible member(s) of the community with knowledge of business and accounting.

What

The commercial development team is to:

- Develop and set up a system for tariff collection to support water and sanitation activities;
- Collect or assign people to collect tariff;
- Keep records of tariff collection and expenditures;
- Inform public on reasons for tariff.

Figure 2
Structure of WES Committee



Part II

WES-RELATED DISEASES

Purpose:

- To enhance participants' understanding of the cause of WES-related diseases and how they are spread.
- To enhance participants' understanding of the role that WES and hygiene play in preventing the spread of disease organisms
- To create demand for knowledge of specific actions that can be taken to stop the spread of disease organisms

Method:

Lecture

Materials:

Disease transmission diagram 1
Flip chart # 1 (germ cartoon)

Procedures:

- Review cause of disease
- Review how disease is spread using disease transmission diagram 1
- Present flipchart #1 (germ cartoon) to summarize this section

*******C O N T E N T*******

WES-related Diseases

Cause of Disease

Disease organisms such as germs and worms breed in faeces and garbage. When these organisms are spread to people they cause diseases such as diarrhoea, dysentery, hepatitis, cholera, malaria, worms, and eye and skin infections.

Disease Transmission

Disease organisms spread from faeces and garbage to people through water, soil, skin, food, and insects. Infected people, in turn, spread these organisms to the environment and to other people through direct contact with other people, water, or food and through improper disposal of faeces and garbage (diagram 1).

Diagram 1: Transmission Pathway of Disease Organisms

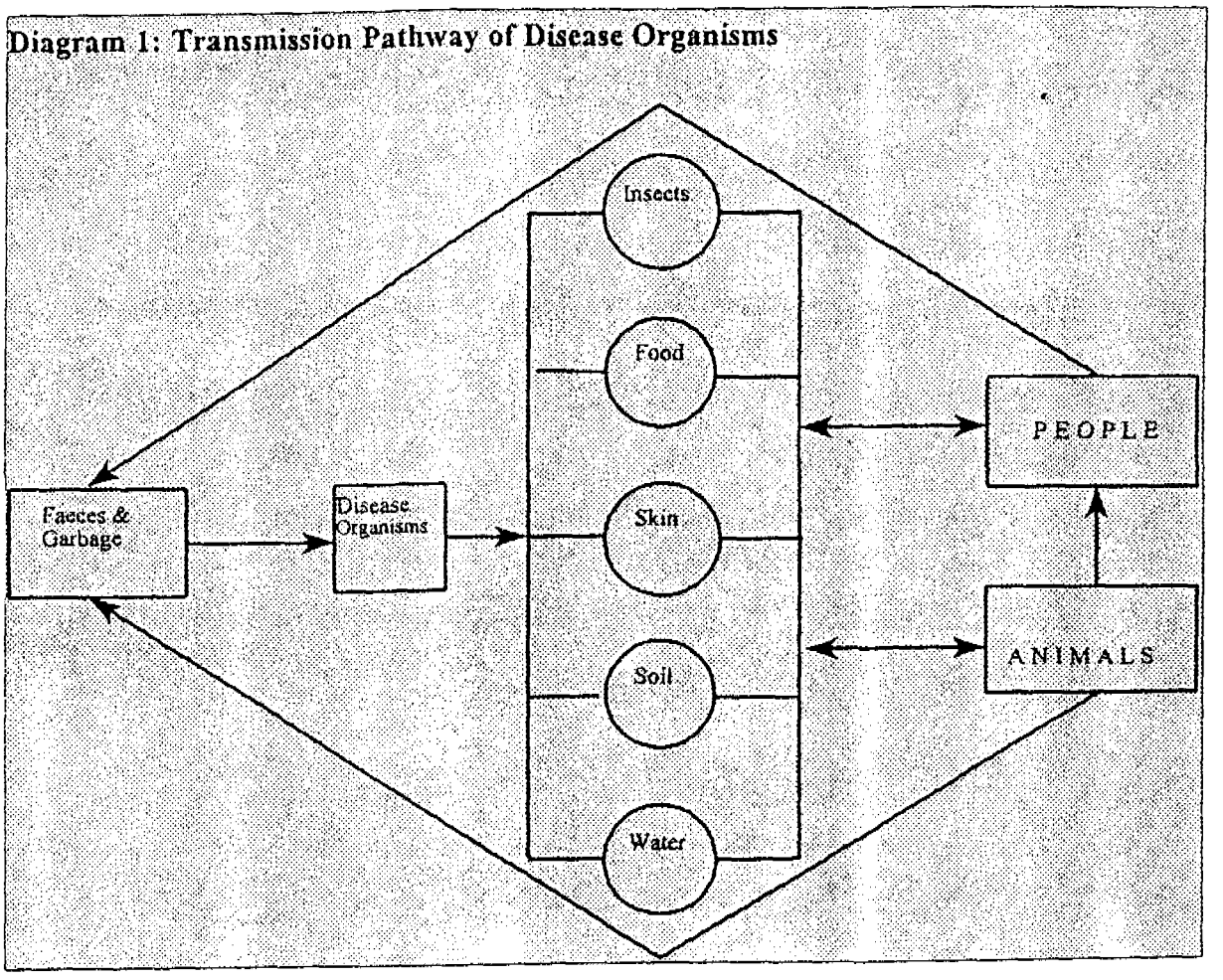


Table 1: WES-related diseases, their transmission patterns, and preventive measures

Infection	Transmission Pattern	Preventive measures					
		safe disposal of faeces and garbage	personal hygiene	domestic hygiene	food hygiene	safe water	wast water dis-posal
diarrhoea cholera dysentery typhoid hepatitis	Spread from human faeces to mouth via multiple routes of faecally contaminated water, fingers and hands, food, soil and surfaces. Animal faeces may also contain diarrhoeal disease organisms.	x	x	x	x	x	
roundworm (ascariasis)	Spread from faeces to mouth: Worm eggs in human faeces have to reach soil to develop into an infective stage before being ingested through raw food, dirty hands and playing with things that have been in contact with infected soil. Soil on feet and shoes can transport eggs long distances. Animals eating human faeces pass on the eggs in their own faeces.	x	x	x	x		
hookworm	Spread from faeces to skin (especially feet): Worm eggs in the faeces have to reach moist soil where they hatch into larvae which enter the skin of people's feet.	x		x			
schisto- somiasis (bilharzia)	Spread from faeces or urine to skin: Worm eggs in human faeces have to reach water where they hatch and enter snails. In the snails they develop and are passed on as free swimming "cercariae" which penetrate the skin when people come into contact with infested waters.	x	x	x			
scabies ringworm	Spread from skin to skin: Both through direct skin contact and through sharing of clothes, bedclothes, and towels		x	x			
trachoma conjunctiv- itis	Spread from eyes to eyes: Both direct contact with the discharge of an infected eye and through contact with articles soiled by a discharge, such as towels, bedding, clothing washbasins, washing water. Flies also act as transmission agents.		x	x			
malaria	Spread from person to person through numerous bites by infected mosquitos. The mosquitoes breed in stagnant water.	x		x			x

WES-related diseases can be prevented by stopping the spread of disease organisms to people. There are different points at which the transmission pathway of a disease organism can be stopped. The following sections on water, environmental sanitation and hygiene will discuss specific actions that can be taken at these different points to stop the spread of these organisms to you and your families.

Part III

WATER

Why water education?

Many diseases such as cholera, diarrhoea, and worms, are spread through unsafe water. Such diseases can be prevented by using and drinking clean water. If you have a safe water supply and use it properly, you and your children will suffer less from diseases.

Goal

To promote safe water use for the control of water-related diseases

Objectives

- To increase awareness among community of the benefits of safe water
- To increase awareness of safe sources of water
- To promote safe collection, handling, transport, storage and use of water
- To mobilize community and resources for clean/safe water

III. WATER
Water-related Diseases

Purpose:
- To enhance participants' awareness of the link between contaminated or unsafe water and common diseases in Somalia
- To build participants' capacity to transfer this knowledge to community

Method:
Discussion

Materials:
Disease transmission diagram 2
Large paper and markers

Time: 45-60 min

Procedures:
- Make list of common diseases that are spread through contaminated water (ask participants for suggestions)
- Use diagram 2 to explain transmission pathway of water-related diseases
- Ask participants to point out place on diagram where transmission pathway can be interrupted
- Discuss the two blocking points

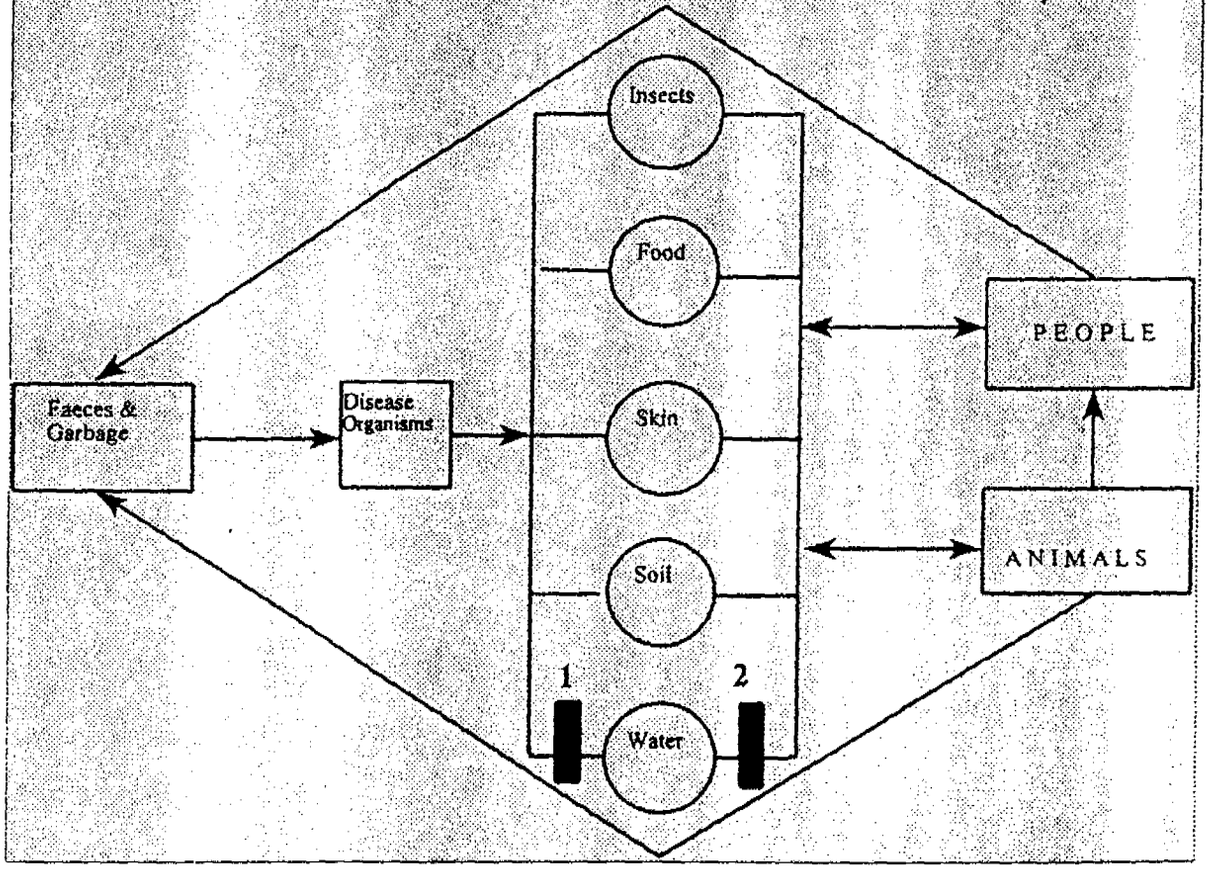
Water-related Diseases

Organisms that are spread through water cause diseases such as diarrhoea, dysentery, worms, typhoid, cholera and polio (table 1). The spread of these disease organisms can be stopped at different points in the transmission pathway (diagram 2):

1) Protecting water from contamination by disease organisms at source and at household

2) Treating contaminated water before drinking it to kill disease organisms before they reach your body

Diagram 2: Transmission Pathway of Disease Organisms Interrupted by 1) Water Source Protection and 2) Water Treatment



The best thing you can do to prevent water-related diseases is to only drink water which has not been contaminated by disease organisms such as germs or worms. The next section will look at different water sources and what it is that makes them safe or unsafe for drinking purposes.

III. WATER
Sources of Water

Purpose:
- To enhance participants' awareness of safe verses unsafe sources of water
- To provide participants with specific actions that can be taken to protect water sources from contamination
- To build participants' capacity to transfer this knowledge to community

Method:
Discussion
Pictorial analysis

Materials:
Water "problem" pict (flip chart #2)
Chlorinated well cartoon (flip chart #3)

Time: 45-60 min

Procedures:
- Make list of water sources in community (ask participants for suggestions)
- Ask participants to identify those water sources that are safe
- Review safe vs. unsafe water sources and what it is that makes the source safe or not
- Emphasize importance of drinking only water coming from a safe source (preferably protected ground water such as a pump installed well, but if no access to this as a source then take the following measures to protect your source)
- Review water protection methods
- Present "problem" pict and ask:
  - Is the water source safe?
  - What makes it unsafe?
  - What measures can be taken to protect the source from contamination?
- If necessary, review water protection methods again
- Point out the importance of knowing the source of vendor's water using chlorinated well cartoon to demonstrate point

*******C O N T E N T*******

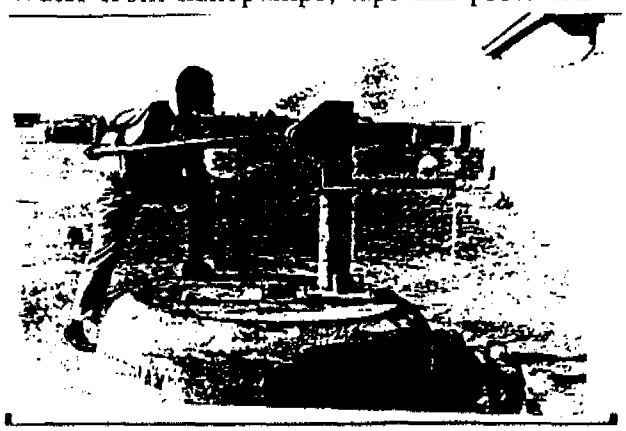
Water Sources

Underground	Surface water	Running water
Boreholes	Berkeds	Natural springs
Shallow wells	Dams	Rivers
	Ponds	Streams
	Lakes	

Diseases caused by organisms that breed in water can be prevented by using water that has not been contaminated through contact with humans, animals or their excrement. Thus, the safest source of water is that which is protected from such contact. Naturally, water is most protected from such contact when it is underground. Surface water sources are more susceptible to contamination.

Safe Water Sources

Water from handpumps, taps and protected wells is safe for drinking purposes.



Unsafe Water Sources

Water from open wells, ponds, rivers, dams, and berkeds is unsafe as these are prone to contamination by animals and man.

Problem

Drinking water collected from unprotected open sources is polluted (unsafe) and can lead to diseases and sickness.

Solution

Drink only safe water--water collected from safe sources.

Groundwater, as it lies below the earth's surface, is not prone to surface contamination. Thus, groundwater is safe and can be used for drinking purposes when properly drawn for example from a pump. If possible, use groundwater only, particularly handpump drawn, for drinking purposes.

If you do not have access to pump drawn ground water and must use an open source of water, then measures should be taken to protect the source as much as possible from contamination by animals and humans. Following are methods of protecting open sources of water.

Actions

- Protect water sources

Water source protection methods

Shallow wells

- Install handpump if possible
- If not feasible to install handpump, keep cover over well and use only a clean bucket and rope or chain to draw water
- Prevent water from draining back into the source by constructing an apron around the source with a drainage channel leading to a soakpit or garden
- Clean regularly around the water source, including the apron and the drainage channel
- Treat water source with chlorine if possible

Berkeds (reservoir constructed of cement)

- Keep animals at a distance from source by building a fence around the berked
- Protect source from objects falling into it by constructing a cover for the berked and keeping it covered (This also protects water from evaporation by the sun and the wind)
- Keep the water feeding canal and surrounding area clean and free of faeces particularly clean feeding canals before the rainy season starts
- Use only a clean bucket and rope or chain to draw water
- Keep the area around the berked clean
- Use lime to crystal or clear the water or introduce larvae eating fish to control mosquitos breeding in water
- Desilt the berkeds annually

Earthen Dams and Ponds

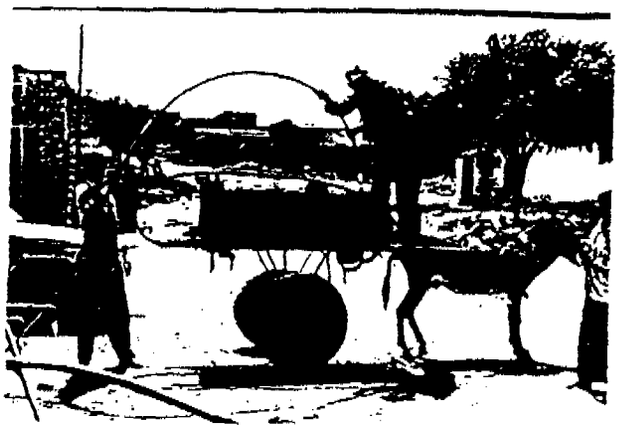
- Keep animals at a distance from source by building a fence around the source
- Keep the water feeding canal and surrounding area clean and free of faeces
- Protect source from larvae by introducing larvae eating fish into the source. At the depletion stage of the source, reserve some water in a tank and put enough fish for future reproduction.

- Water sources should be protected by: Keeping animals away; locating latrines more than 20-30 metres away from the source, and downhill; and digging drainage ditches uphill from the source to channel rain water away.
- Build washing and bathing facilities at a distance from source and with proper drainage
- Construct latrines where the disease organisms in the excreta cannot come into contact with water sources
- Do not urinate or defecate into or near the source
- Do not bathe or swim directly in the source
- If possible, provide pump to extract water from source to water points (human and animal troughs, kiosks, tanks)

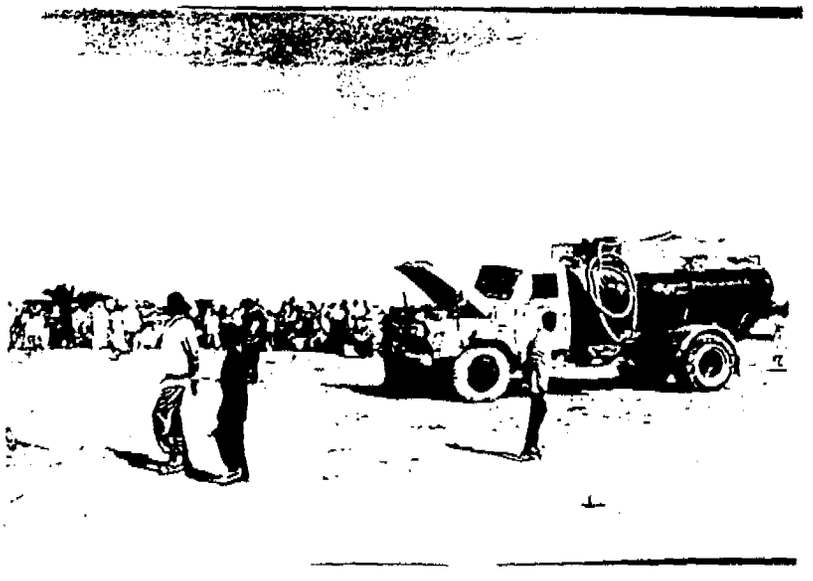
Natural Springs and Rivers

- Construct collection tank to collect running water
- Chlorinate water in collection tank
- Introduce larvae eating fish to eliminate mosquitos from breeding
- Keep area around spring or river clean and free of faeces and garbage

Water Vendors



Water vendors (tanker trucks and donkey carts) should be aware of safe water sources and only collect water from safe sources. They should be required to reveal the source of their water supply to the public. If water vendors are not able to collect from a safe source they should make sure that their customers are aware of this and provide them with information on how they can purify the water at home--either through boiling or chlorination. While, customers should demand to know the source of their water when purchasing it from a water vendor. Vendors must be held accountable for the information they reveal.



Securing a safe water source is an important and significant step toward protecting yourself and family from water-related diseases. The next step is to ensure that water collected from a safe source remains safe until the time it is used.

III. WATER
Water Collection, Transport and Storage

Purpose:
- To enhance participants' awareness of how methods of collecting, transporting, and storing water affect the quality or safety of the water
- To provide participants with specific methods of collecting, transporting and storing water that will protect water from becoming contaminated
- To build participants' capacity to transfer this knowledge to community

Method:
Pictorial analysis
Discussion

Materials:
Problem pict--cartoon (flipchart #4)
Case study #6

Time: 45-60 min

Procedures:
- Present "problem" pict (cartoon)
- Ask how it is that if the two women are getting water from the same pump one woman's water could be contaminated and the other's not. What is or might be happening between the pump site and consumption that contaminates the water?
- Discuss ways that water can be contaminated from the source to the point of consumption
- Discuss and demonstrate "actions" that can be taken to protect water and prevent contamination during collection, transport and storage
- Read and discuss case study #6

* * * * * * * C O N T E N T * * * * * * *

Water Collection, Transport and Storage

Problem
Most contamination occurs during the collection, transport and storage of water.

Solution
Handle water so that it remains protected from contamination and therefore safe for you and your family to drink.

Actions
Collection and Transport

- Do not put hands or other objects in the water being collected (children should especially be instructed on the importance of this).

- Wash hands or hands of children before collecting water.

- Keep water collection containers and ropes or chains clean. Containers used to collect, transport and store water should be cleaned on the inside and outside every day. After cleaning them, place water containers in the sun (the heat and light of the sun helps to kill the germs). Store buckets by hanging them rather than putting them on the ground.

Storage and Handling

- Store water in clean containers and keep covered. Covering them will prevent germs from getting in (emphasize the importance of covering as this is not practiced).

- Make a clean cup with a long handle (or a ladle) available for taking water out of the container. This same cup should be used by everyone taking water from the container. This is to prevent germs from spreading from people's hands to the water that would then spread to other people who drink the water.

- Do not allow anyone to put their hands into the container or to drink directly from it.

- Keep animals out of the house and away from water supply.

- Keep faeces and waste water (especially from latrines) away from water to be used for cooking, drinking, bathing or washing.

- Dispose of waste water by guiding it to a garden or soak pit.

III. WATER
Water Use

Purpose:

- To enhance participants' awareness of how water supply can best be used to maximize health benefits
- To develop participants' awareness of household water treatment methods
- To build participants' capacity to transfer this knowledge to community

Method:

Case study
Pictorial analysis

Materials:

Case study #4
Case study #5
Water boiling cartoon (flipchart # 5)

Time: 45-60 min

Procedures:

- Discuss the problem of limited access/availability to safe water
- Discuss the importance of prioritizing water use
- Read case studies #4 and #5 to elaborate on this
- Discuss importance of water treatment when access to safe water is limited
- Present cartoon of boiling water to illustrate this point
- Review and demonstrate other methods of treating water at household level

* * * * * * * C O N T E N T * * * * * * *

Water Use

Problem
There are limitations in the availability or accessibility of safe drinking water.

Solution
Use and treat available resources so that water used for drinking purposes is safe.

Actions
- Use the most readily available (most convenient source) water for personal and domestic hygiene.

- Use the cleanest/safest water for drinking: Drinking water should be collected from the cleanest available source. Safety should be made a priority over convenience for drinking water.

- In areas where there is no source of safe water, people should purify their water by boiling it, chlorinating it, or filtering it (slow sand filtering or cloth filtering), or through sedimentation.

- Boil water before drinking: Boiling water kills germs. So, if possible, water drawn from sources such as damns, berkeds, rivers, springs, or open wells should be brought to a boil and cooled before drinking. This is especially important for children as they are less resistant to germs than adults.

**Even if water looks, smells and tastes clean, it may be contaminated. Organisms that cause disease are too small to be seen by the naked eye. Therefore it is very important that water taken from unsafe sources is boiled or purified with chlorine before drinking.

Main Points

- Safe drinking water is important for the prevention of worms, diarrhoea, cholera and other diseases.

- Drinking water is safe when it comes from a safe source, is collected, handled, and stored properly and/or is purified through boiling, filtration, chlorination, or sedimentation.

Role Play

At end of water section, divide participants in to 2 groups and have each person present one section using flip charts as support materials to the others in his/her group. This is to practice teaching content to others. The role they are playing is that of "trainer".

Part IV.

ENVIRONMENTAL SANITATION

"The closer you are to refuse, the more likely you are to get diseases" -- Somali proverb

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Why environmental sanitation education?

Many illnesses such as worms, diarrhoea, cholera and hepatitis are caused by organisms which breed in garbage and faeces. The diseases organisms are spread to people through either direct or indirect (e.g. flies) contact. Proper disposal of garbage and faeces can prevent the spread of these organisms and consequently reduce the incidence of disease caused by them.

Goal

To promote safe excreta disposal and garbage disposal for the control of sanitation-related diseases

Objectives

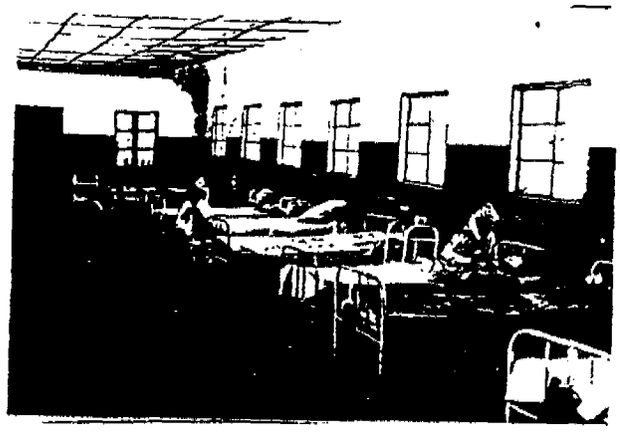
- To increase awareness among community of the benefits of sanitation
- To promote construction and use of hygienic latrine by every family
- To promote proper garbage disposal by every family
- To mobilize community and resources for garbage collection and disposal and latrine construction

IV. ENVIRONMENTAL SANITATION
Sanitation-related Diseases

Purpose:
- To enhance participants' awareness of the links between poor sanitation and disease in Somalia

- To build participants' capacity to transfer this knowledge to community

Method:
Discussion



Materials:
Disease transmission diagram 3
Large paper and markers

Time: 45-60 min

Procedures:
- Make list of sanitation-related diseases (Ask participants for suggestions)

- Use diagram 3 to show mode of transmission

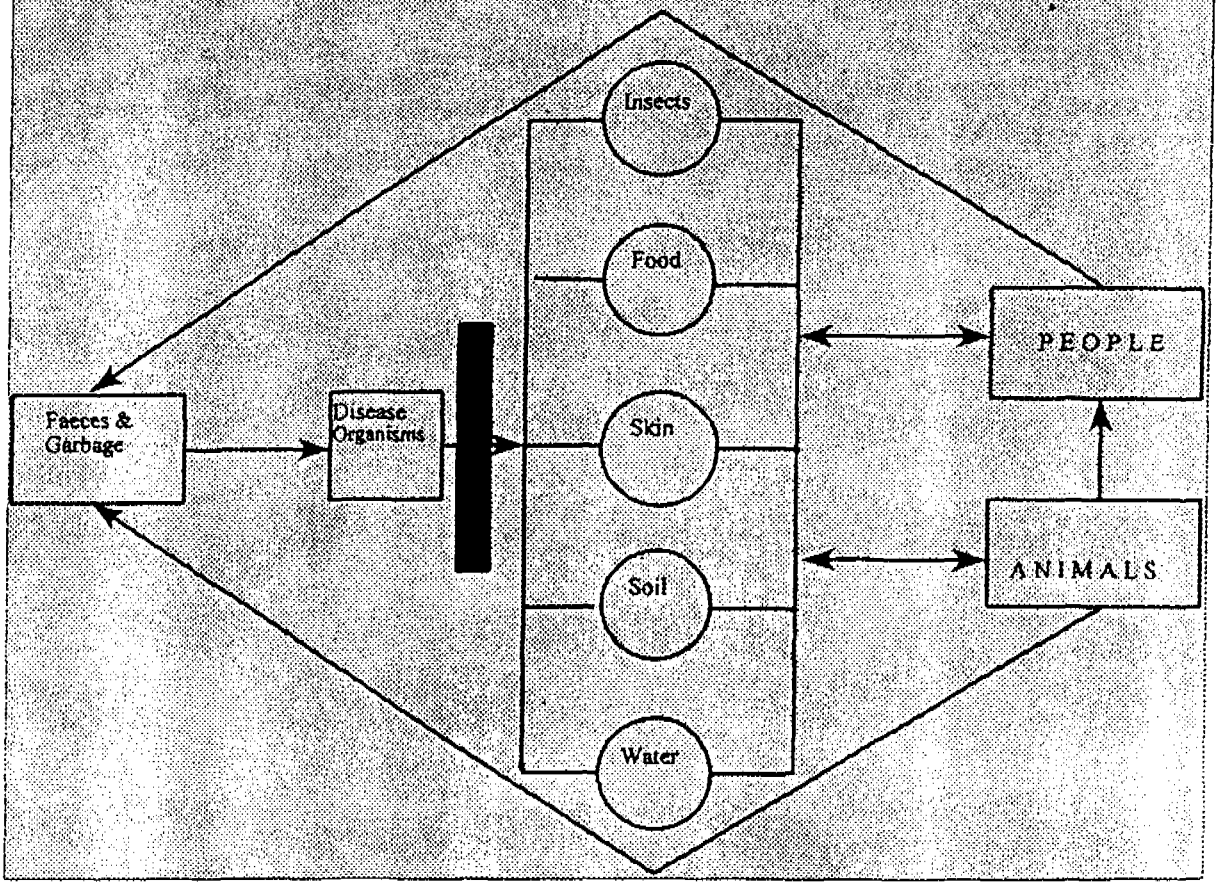
- Ask participants to point out place on diagram where transmission pathway can be interrupted

- Discuss the importance of sanitation as a barrier to the spread of disease organisms to the environment and to people

Sanitation-related Diseases

Disease organisms can spread to the environment and to people from faeces and garbage if they are not diaposed of properly. These disease organisms can spread to people through water, soil, food, skin and insects. Once in people they cause diseases such as diarrhoea, dysentery, cholera, hepatitis, typhoid, skin infections (i.e. Scabies, lice, hook worm, ring worm, schistosomiasis) and eye infections (i.e., trachoma and conjunctivitis) (table 1). The spread of these diseases can be prevented by properly disposing garbage and faeces (diagram 3).

Diagram 3: Transmission Pathway of Disease Organisms Interrupted by Proper Disposal of Garbage and Faeces



The most important measures you can take to prevent sanitation-related diseases are to properly dispose of garbage and faeces. The next two sections will describe specific actions that you can take toward this end.

IV. ENVIRONMENTAL SANITATION
Disposal of Garbage

Purpose:
- To enhance participants' awareness of how proper disposal of garbage can prevent disease
- To provide participants with specific actions toward safe garbage disposal
- To build participants' capacity to transfer this knowledge to community

Method:
Pictorial analysis
Case study
Discussion

Materials:
Problem pict (flipchart #6)
Garbage cartoon (flipchart #7)
Examples of community-based initiatives (following page)
Plastic bag cartoon (flipchart #8)

Time: 45-60 min

Procedures:
- Present "problem" picture
- Ask participants to identify possible routes of disease transmission
- Ask participants to identify possible solutions to problem
- Discuss "actions" that can be taken to solve problem both at household and community level
- Discuss importance of community garbage problem. Emphasize link between disease and garbage in public places. Use garbage cartoon to elaborate on this issue.
- Discuss possible ways of dealing with garbage at community level (Use examples of community-based initiatives as examples)

Disposal of Garbage

Problem
Disease organisms are spread from garbage to people through the environment and through flies when it is not properly disposed.

Solution
Properly dispose of garbage to prevent disease organisms from spreading to people through flies and through the environment.

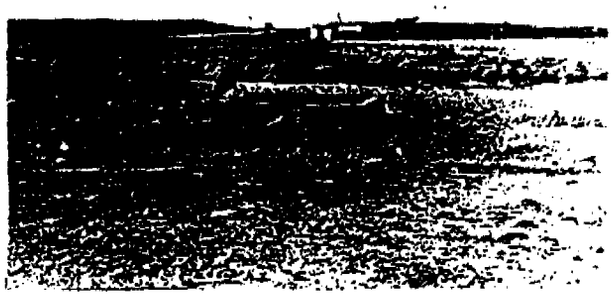
Actions
Household

- Bury or burn household refuse: Every family should have a special pit where household refuse is buried or burned every day

- Reduce quantity of refuse to be disposed: The amount of refuse that needs to be disposed at the household level can be reduced by 1) Composting 2) Re-use materials such as plastic bags--there is no reason to throw away so many plastic bags, or even to use so many plastic bags. These bags comprise a large portion of the trash. If alternatives to plastic bags are used such as wrapping khat in banana leaves instead of plastic bags like you used to and using a woven basket to carry shopping items in rather than collecting an additional plastic bag every time you go to the market, then the number of plastic bags used and thrown away will decrease. If the plastic bags used are put to use another way rather than tossed out--such as weaving baskets and mats out of them--then the number of plastic bags contributing to refuse will decrease. These bags are a problem because they are not biodegradable, they will not go away, they will continue to pollute the landscape and poison the animals who eat them. They must be dealt with properly.

Community

- Organize garbage collection
  - Dig pit in appropriate place
  - Make accessible to everyone
  - Collect garbage in streets and at public places
  - Provide monetary incentive to collectors/sanitarians



Examples of community-based initiatives for dealing with garbage:

What can we do with all this garbage?!

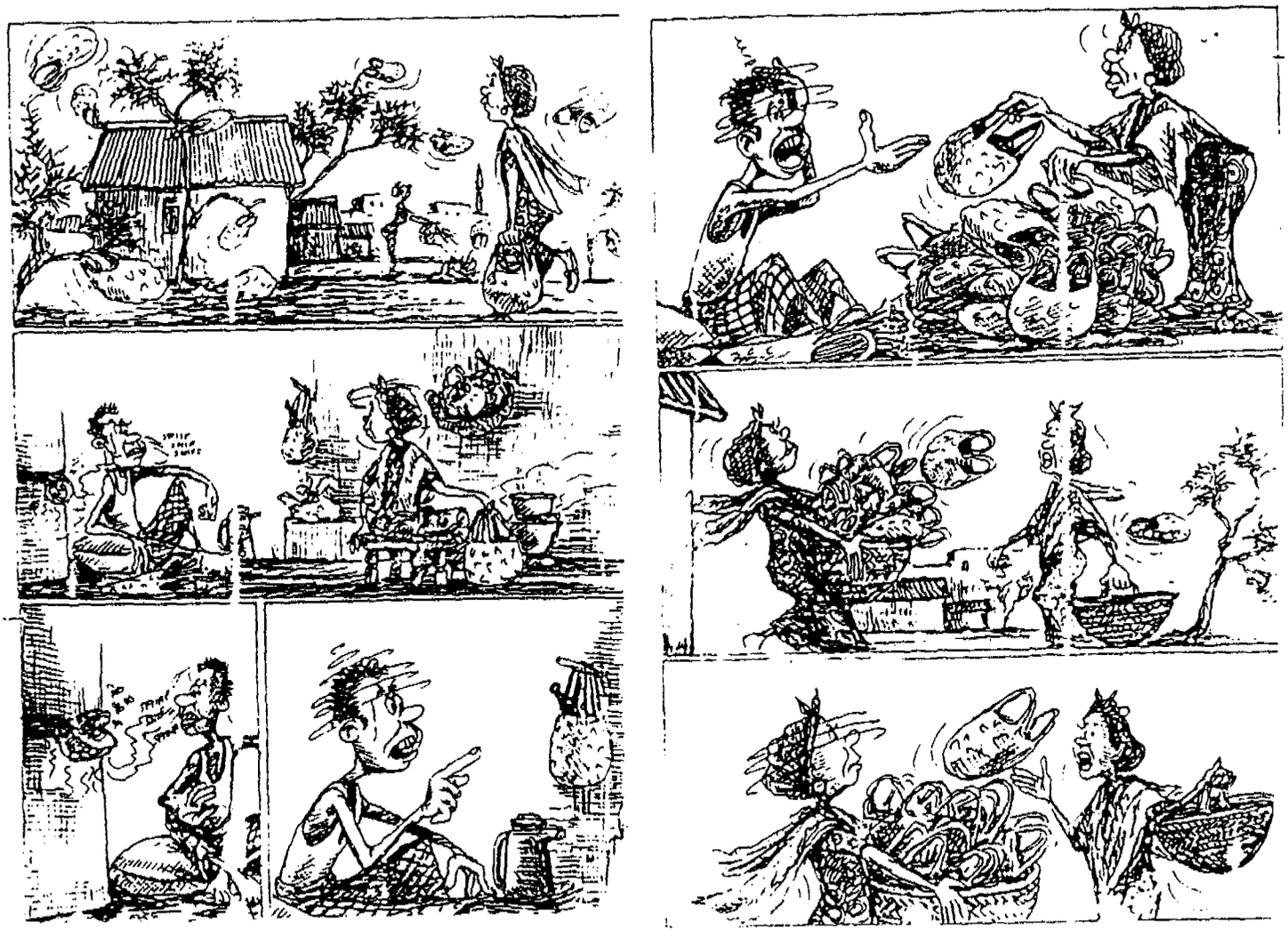
A sanitation project was implemented by a local NGO in Bossosso (Somali Reunification Women's Union). It included 2 phases: 1) Cleaning campaign--identifying and creating an environmentally acceptable waste dump site and conducting a clean up of Bossosso 2) Sustainable garbage collection. The town was divided into 2 main zones, each having 4 sub-zones. In each sub-zone there are 24 laborers, one supervisor and five collectors for community tax-Levi. The tax-Levi collectors bring revenue and records of who pays to SRWU daily. The community tax Levi was decided in consultation with elders. It was decided that 1,000 sh. per week would be charged to families and that traders (shops, stores, restaurants, hotels, pharmacists) would be charged 2,500 - 5,000 sh. per week for sanitation services. The revenue collected is to be used for purchasing sanitation tools and tip truck, construction of dumping pit, and income to collectors. Excess revenue will be reinvested in the community for future projects.

What can we do with all these plastic bags?!

It is becoming more difficult to appreciate the landscape of Somalia without spotting splashes of blue, pink, yellow, black and green plastic bags. They are stuck in trees and bushes. They line the sides of roads and form the bulk of garbage mounds in the middle of the street. Not only are these plastic bags unsightly, but they are a health hazard to the animals. Many animals eat them and then get sick and die. The plastic bags are not biodegradable--which means they will never disappear on their own. It is agreed by most Somalis that these bags are a problem. But what can be done with them?

For starters, how about not using them. If people do not use them, they will not have any to throw away. "But what then would we use to keep khat moist and fresh?" asks Mohammed, a friendly khat dealer. "And how would we carry goods from the market home?" asks Fatima, his wife. In response a village elder replies, "In the olden days we wrapped khat in banana leaves, which was very effective in keeping it fresh. And for shopping, goods were carried in hand woven baskets. The baskets were durable and reusable. Why not go back to using these methods?"

If people insist on using plastic bags, then they can help to solve the problem by simply reusing the plastic bags rather than throwing them away. They can be reused in many different ways--either as a functional plastic bag again or as a raw material for the manufacturing of other goods. The latter is exemplified in a women's income generation project in Boroma. The women weave mats and baskets out of the plastic bags and sell them at the markets. Because the raw materials cost nothing, the profit margin is high for them.



IV. ENVIRONMENTAL SANITATION
Disposal of Faeces

Purpose:

- To enhance participants' awareness of how proper disposal of faeces can prevent disease
- To provide participants with specific actions toward safe faeces disposal
- To encourage participants to convince community to construct household latrines

- To build participants' capacity to transfer this knowledge to community

Method:

Pictorial analysis
Discussion

Materials:

Faeces "Problem" picture (flipchart #9)

Time: 45-60 min

Procedures:

- Present problem picture
- Ask participants to identify possible routes of disease transmission
- Ask participants to identify possible solutions to problem
- Discuss "actions" that can be taken to solve problem

*******C O N T E N T*******

Disposal of Faeces

Problem
Many diseases, especially diarrhoea, result when organisms (worms and germs) that breed in faeces spread to people through water, food, hands, soil, and flies.

Solution
To prevent the spread of disease organisms from faeces to people, proper measures must be taken to dispose of faeces.

Actions
- Improve excreta disposal facilities through the construction of latrines in schools and health facilities. A twin type of VIP latrine should be constructed in Koranic schools, primary schools and MCHs.

- Improve faeces disposal facilities at the household level through the construction of latrines. UNICEF will support the construction of latrines at the household level, where UNICEF and the beneficiaries will share the cost of the latrine. UNICEF will undertake the construction of the concrete slab by providing cement, iron bars, binding wire, and vent pipe and by providing technical advice. The community ideas will comprise digging of pits and constructing the superstructure. Public latrines will be discouraged.

- Regularly clean and keep latrines covered.

- Use pit latrines properly.

- Keep water and soap or ash for handwashing and anal cleansing accessible to latrine.

- If it is not possible to use a latrine, adults and children should defecate well away from houses, paths, water supplies, and anywhere that children play. After defecating, the faeces should be buried.

- The faeces of babies and small children is even more dangerous than that of adults. So if they cannot be taken to the latrine, their faeces should be cleaned up immediately and put down the latrine or buried.

- Keep the faeces of animals away from homes and water sources.

Main Point

- Safe faeces and garbage disposal are prime barriers to the transmission of many common diseases including diarrhoea, dysentery, cholera, hepatitis, worm infections, and skin and eye infections as it helps to prevent the disease organisms from getting into our environment and subsequently into our bodies.

Role Play

At end of the sanitation section, divide participants in to 2 groups and have each person of each group present one section using flip charts as support materials to the others in his/her group. This is to practice teaching content to others. The role they are playing is that of "trainer".

Part V

HYGIENE

"As always, food, cleanliness, social intercourse, marriage and other interests in life, are linked with our duty to Allah and faith in him. Duty and faith are for our own benefit, here and in the hereafter." -- Koranic verse

Why Hygiene Education?

Many diseases are caused by germs which are spread through poor hygiene practices. Such diseases include diarrhoea, cholera, dysentery, typhoid, hepatitis, roundworm, hookworm, scabies, ringworm, schistosomiasis, conjunctivitis, trachoma, and malaria. They can easily be prevented with the adoption of the hygiene practices discussed in this section.

Goal

To promote hygienic practices for the control of hygiene related-diseases

Objectives

- To increase awareness among community of the benefits of hygiene
- To promote proper personal, food, and domestic hygiene practices by every family
- To mobilize the community to promote and demand hygienic practices at both the household and public level (e.g., hygienic standards in restaurants, tea shops, markets, water sites, etc.)

V. HYGIENE
Hygiene-related Diseases

Purpose:
- To enhance participants' awareness and understanding of the link between poor hygiene and common health problems/diseases in Somalia
- To build participants' capacity to transfer this knowledge to the community

Method:
Discussion

Materials:
Disease transmission diagram 4
Large paper and markers

Time: 45-60 min

Procedures:
- Make list of hygiene-related diseases (ask participants for suggestions)
- Use transmission diagram to demonstrate transmission pathway
- Ask participants to suggest possible methods of interrupting these transmission pathways (use diagram 4 to demonstrate)

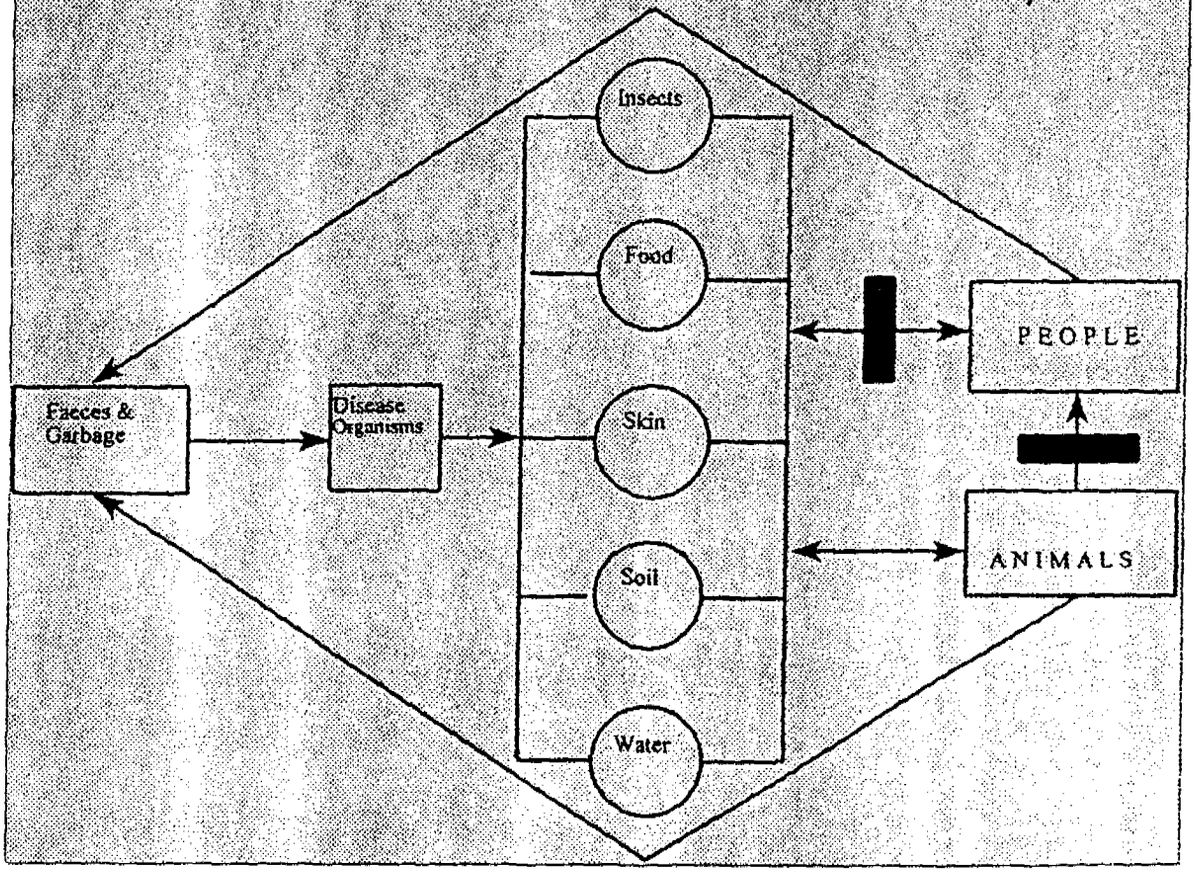
*******C O N T E N T*******

Hygiene-related Diseases

Disease organisms can spread from the environment to people through dirty hands, body, face, food and living environment (house and community). Once these organisms are spread to people they cause diseases such as diarrhoea, dysentery, cholera, typhoid, hepatitis, worms, trachoma, conjunctivitis, scabies, lice, and malaria (table 1).

The spread of these diseases can be prevented through good personal, food, household and community hygiene (diagram 4).

Diagram 4: Transmission Pathway of Disease Organisms Interrupted by Proper Hygiene



Specific actions that you can take toward improving hygiene are discussed in the following sections.

V. HYGIENE
Personal Hygiene

"These are the essentials of Wudhu: 1) to bathe the whole face in water, and 2) both hands and arms to the elbows, with 3) a little rubbing of the head with water (as the head is usually protected and comparatively clean), and 4) the bathing of the feet to the ankles." -- Koran

Purpose:

- To enhance participants' awareness of the role that personal hygiene plays in preventing disease
- To provide participants with specific personal hygiene actions that can be taken to eliminate disease
- To build participants' capacity to transfer this knowledge to community

Method:

Pictorial analysis
Discussion
Demonstration
Case study

Materials:

Handwashing "Problem" picture (flipchart #10)
Bathing "problem" picture (flipchart #11)
Clothing and shoes "problem" picture (flipchart #12)
Demonstration materials
Case study #7

Time: 90 min

Procedures (see steps 1 through 3):

Step 1

- Present handwashing "problem" picture to the participants and ask them to identify potential transmission routes of disease (If they are unable to identify hands as transmission route, then reveal this information to them)
- Once the transmission route has been identified, then raise the question of how this route can be interrupted (if handwashing is not identified by participants as barrier to transmission then reveal this information to them)
- Review and demonstrate information on how and when hands should be washed ("actions")
- Read and discuss case study #7

Handwashing

Problem

Disease organisms on hands can enter body when hands or something touched by hands (like food) come into contact with mouth. These organisms can then cause diseases such as diarrhoea.

Solution

Washing hands with soap or "ash" and water removes disease organisms from hands, thus preventing their spread to mouth.

Actions

- Make soap or "ash" and a pitcher of water easily available to all members of the household to wash their hands.

- Wash hands by pouring water from a cup or pitcher over hands, rub soap or ash on hands and then rinse hands by pouring water over them. Do not share handwashing water (for example in a bucket or bowl), as this just passes germs from person to person.

  Wash Hands BEFORE:
  - handling food or water (either preparing, serving, or eating food)
  - feeding a child

  Wash hands AFTER:
  - defecating
  - cleaning the bottom of a baby or child who has just defecated
  - handling animals
  - handling raw food
  - eating food

- Children

  Because children often put their hands in their mouths, it is important to wash a child's hands often, especially before feeding them. An adult or sibling should wash the hands of young children.

Procedures (cont'd):

Step 2

- Present bathing "problem" picture to the participants and ask them to identify potential transmission routes of disease (if they are unable to identify potential transmission routes, then reveal this information to them)

- Once the transmission route has been identified, then raise the question of how this route can be interrupted (if bathing is not identified as barrier to transmission then reveal it as such)

- Review and demonstrate "actions"

*******C O N T E N T*******

Bathing

Problem
Skin and eye infections result when body and face are not kept clean. Dirty body and face attract flies which spread disease organisms.

Solution
Daily bathing and face washing keep flies away and consequently reduce the incidence of skin and eye infections.

Actions

- Shower/bathe at least once a day where enough water is available or once or twice a week where water is scarce.

- Keep hair and nails cleaned and trimmed.

- Clean children daily, especially their face and eyes. Their fingernails should be trimmed regularly.

Procedures (cont'd):

Step 3

- Present clothing and shoes "problem" picture to the participants and ask them to identify potential transmission routes of disease (if they are unable to identify potential transmission routes, then reveal this information to them)

- Once the transmission route has been identified, then raise the question of how this route can be interrupted (if cleaning clothes and wearing shoes is not identified as barrier to transmission then reveal it as such)

- Review and demonstrate "actions"

*******C O N T E N T*******

Clothing and Shoes

Problem

Dirty clothes can pass disease organisms such as crabs/lice or worms to skin and from person to person if shared. Worms in soil, water and faeces can enter and infect skin if they come into direct contact. When a person goes without shoes, worms have the opportunity to enter the person through the skin of the feet and cause hook worm.

Solution

Wearing clean clothing and shoes can prevent skin infections and hookworm

Actions

- Wash clothes regularly (children's at least twice weekly) to prevent disease organisms from breeding on clothes and then passing on to skin.

- Wash bedding and towels regularly.

- Do not share clothes, bedding or towels.

- Avoid going barefoot (wear shoes), especially where defecation occurs.

Alif's cartoon on keeping
them to go here

V. HYGIENE
Food Hygiene

Purpose:

- To enhance participants' awareness of the role that food hygiene plays in preventing disease
- To provide participants with specific food hygiene actions that can be taken to eliminate disease
- To build participants' capacity to transfer this knowledge to community

Method:

Pictorial analysis
Discussion
Demonstration

Materials:

Food "problem" picture (flipchart #13)
Demonstration materials

Time: 45-60 min

Procedures:

- Present food "problem" picture to the participants and ask them to identify potential transmission routes of disease (if they are unable to identify potential transmission routes, then reveal this information to them)
- Once the transmission route has been identified, then raise the question of how this route can be interrupted (if proper food handling, prep, consumption, and storage is not identified as barrier to transmission then reveal it as such).
- Review and demonstrate "actions"

* * * * * * * C O N T E N T * * * * * * *

Food Hygiene

Problem
Disease organisms on food will enter body and cause disease

Solution
To prevent the spread of disease organisms from food to body, only eat clean food.

Actions
- Keep food-preparing surfaces clean. Germs grow in spots of dirt or food.

- Keep food clean and stored in covered containers away from dirt, flies, rats, mice, dogs, cats, goats, and other animals.

- Thoroughly cook foods: Thorough cooking kills germs. Food should be cooked all the way through, especially meat.

- Eat cooked foods as soon as possible after cooking so it does not have time to collect germs.

- Prepare foods freshly. If possible, food should be freshly made and not stored, especially for children. If it must be stored it should be done so in a cool place and heated thoroughly before eaten.

- Keep raw foods away from cooked foods. Raw food usually contains germs. Cooked food can be contaminated by contact with raw food. Knives, chopping boards, and food preparing surfaces should always be cleaned after preparing raw food (for example, meat).

- Use clean cloths for cleaning dishes or pans.

- Wash with safe water or peel vegetables and fruits before cooking or eating them.

- Use safe water to prepare weaning foods: water used for making food or drinks for young children should be boiled.

- Use cups and spoons instead of bottles to feed infants as they are less likely to be contaminated than bottles.

- Wash utensils, pots, pans, plates and glasses with soap and clean water after use. After washing, put them on a rack in the sunlight to dry. Store them on a platform off the ground, such as a hanging basket or shelf, where they cannot get dirty. Pots should be put upside down to allow water to drain out.

- Do not eat foods which are sold on the streets.

V. *HYGIENE*
Household Hygiene

Purpose:
- To enhance participants' awareness of the role that household hygiene plays in preventing disease

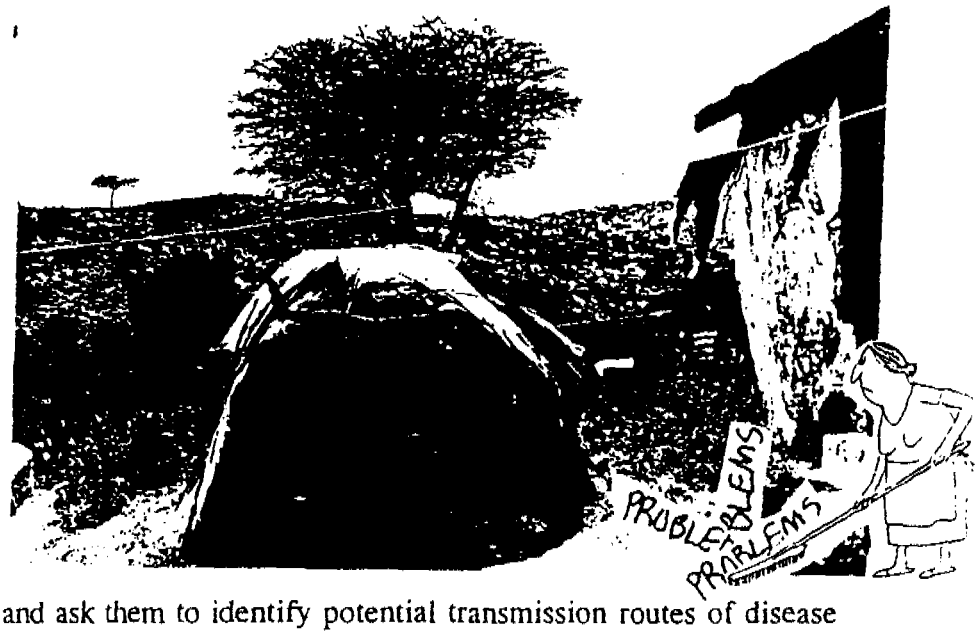
- To provide participants with specific household hygiene actions that can be taken to eliminate disease

- To build participants' capacity to transfer this knowledge to community

Method:
Pictorial analysis
Discussion
Demonstration

Materials:
Household "problem" pict (flipchart #14)
Demonstration materials

Time: 45-60 min



Procedures:
- Present household hygiene "problem" picture to the participants and ask them to identify potential transmission routes of disease (if they are unable to identify potential transmission routes, then reveal this information to them)

- Once the transmission route has been identified, then raise the question of how this route can be interrupted (if proper household hygiene methods are not identified as barriers to transmission then reveal them as such).

- Review and demonstrate "actions"

* * * * * * * C O N T E N T * * * * * * *

Household Hygiene

Problem
Disease organisms breed in dirty environments and spread to people. Dirty environments attract flies that spread disease organisms.

Solution
Keep living environment clean to prevent flies and disease organisms from breeding and spreading disease to people.

Actions
- Keep the kitchen clean to prevent germs from breeding.
  - Sweep the floor and/or use mats on the floor to reduce contact with dirt.
  - Clean surfaces with soap and water.
  - Store cooking and eating utensils, pots, pans, plates, glasses etc. off the ground (hanging basket or shelf of some sort).
  - Store foods and water in covered containers.
  - Clean and close the kitchen when cooking is finished.

- Sweep and clean the floors in the house and the immediate surroundings of the house and cover dirt floors with mats.

- Dispose of garbage properly (disease organisms and flies which spread them are particularly fond of garbage).
  - Keep garbage in covered bin until removing it from house.
  - Garbage should be collected and dumped in a pit to be burnt. Keep cover over pit until garbage is burned
  - Do not throw garbage out in open (e.g., street)

- Bury food and liquid remains (waste water).

- Control insects. Insects such as flies and mosquitos carry disease organisms. Thus, to avoid disease, reduce the number of insects in your environment.
  - Put screens on windows.
  - Keep house clean to eliminate breeding sites.
  - Mosquitos that breed in stagnant water spread malaria so to avoid malaria ensure that there are no places where water can accumulate (e.g., ditches). Also, be sure to keep water storage vessels covered so as not to invite mosquitos to breed in them.

- Fence in animals: Free roaming animals in and around the house may contaminate the floor, drinking water, food and kitchen area. Fencing in animals and safely disposing of animal faeces are important hygiene measures.

- Avoid overcrowding as it facilitates the spread of disease from person to person.

- Expose house to fresh air and sunlight to kill germs.

V. HYGIENE
Community Hygiene

Purpose:
- To enhance participants' awareness of the role that community hygiene plays in preventing disease
- To provide participants with specific community hygiene actions that can be taken to eliminate disease
- To build participants' capacity to transfer this knowledge to community

Method:
Discussion

Materials:
Fish cartoon (flipchart #15)
Demonstration materials

Time: 45-60 min

Procedures:
- Present fish cartoon to generate discussion about how the community can work together to improve their environment.
- Ask participants to suggest other things that the community can do to improve its surroundings.
- Review "actions"

*******C O N T E N T*******

Community Hygiene

Problem
People, especially children, are susceptible to hygiene-related diseases if public places are not kept clean.

Solution
Hygienic practices should be practiced outside the home as well as inside the home. A community effort is required to protect the health of all in the community.

Actions
- Fill ditches in the village in order to get rid of mosquito breeding places, especially before the rainy season.

- Destroy mosquito larvae and prevent mosquitos from breeding: Mosquitos breed wherever stagnant water can collect-- in berkeds, damns, ponds, around wells with improper drainage system, ditches, uncovered water sources, uncovered water storage vessels, etc.
  - Fill or drain places where water collects to prevent mosquito larvae from breeding.
  - Cover water sources to prevent larvae from breeding.
  - Introduce larvae-eating fish into the water source to kill larvae.

- Get rid of dead animals by burying or burning them.

- Organize community garbage disposal system.

- Construct public latrines.

- Maintain community water source.

V. HYGIENE
Conclusion

Main Points

Personal Hygiene

- Hands are important vehicles in the transmission of diarrhoeal diseases, especially after defecation. Handwashing with soap or ash after defecation and before eating is effective in reducing incidence of diarrhoeal diseases.

- Washing clothes and bathing play a significant role in reducing the spread of eye and skin diseases such as trachoma, conjunctivitis, lice and scabies.

- Wearing footwear can be effective in interrupting the transmission of hookworm.

Food Hygiene

- Food acts as an important vehicle in the transmission of various diarrhoea and worm infections. To prevent the transmission of disease organisms from food to mouth, wash hands before preparing or eating food, clean utensils before and after using, use cups and spoons instead of bottles to feed infants as they are less likely to be contaminated than bottles, clean food preparation surfaces, wash and/or cook food thoroughly before eating it and consume it as soon as possible after cooking. Avoid eating leftover food. If you must eat leftover food reheat it thoroughly first.

Household and Community Hygiene

- Flies play an active role in the transmission of diarrhoea, trachoma, and conjunctivitis. Taking measures to reduce the amount of flies in your environment can reduce incidence of disease.

- Mosquitos play an active role in the transmission of malaria. Taking measures to reduce the number of mosquitos in your environment such as properly disposing and draining waste water and covering water storage vessels will reduce the incidence of malaria.

- To prevent the spread of disease organisms from animals to people, animals should not be allowed access to the house or kitchen.

Role Play

At end of hygiene section, divide participants in to 2 groups and have each person of each group present a section on personal hygiene, food hygiene, household hygiene or community hygiene using flip charts as support materials to the others in his/her group. This is to practice teaching content to others. The role they are playing is that of "trainer".

Part VI

SOCIAL MOBILIZATION
for Water, Environmental Sanitation and Hygiene

Iska wax u qabso! (help yourself)

There is an increasing emphasis on social mobilization as a key component of sustainable development programs in Somalia. To mobilize a community to participate in community development activities, it is necessary to generate dialogue among members of the community about key development issues and stimulate demand for development activities. The benefits of such activities must be clearly understood before a community can be sufficiently motivated to act.

Purpose:

- To enhance participants' awareness of the role that social mobilization and community participation play in bringing about change in the community
- To stimulate ideas for mobilizing community

Method:

Discussion

Materials:

Case studies # 1-3
Success stories
Social mobilization cartoon (flipchart #16)

Procedures:

- Explain idea of social mobilization
- Review and discuss ideas, case studies, cartoon, and success stories
- Ask participants to suggest their own ideas for mobilizing community

*******C O N T E N T*******

Social Mobilization

What is Social Mobilization?

Social mobilization is a process of family and community involvement in the pursuit of their needs through self-reliant efforts.

Social mobilization aims to:

- Increase people's awareness, knowledge and ability to organize for self-reliance.
- Help people to be motivated and to know about their rights and duties, and to begin to demand satisfaction of their needs.
- Understand and modify people's ideas and beliefs.
- Mobilize all available resources.

Social mobilization is based on:

- Training and mobilizing influential community leaders.
- Production and efficient distribution of appropriate materials.
- Artist and media support for public mobilization.
- NGOs and religious organization's community-based activities.
- Strengthening information/communication capabilities of extension services and of those involved in health education delivery at the field level.

Ideas for social mobilization

1) Encourage public establishments such as tea shops and restaurants to adopt hygienic standards--i.e., wash dishes with hot water and soap, rinse by pouring water over dishes, offering handwashing water to customers, keep food covered and stored properly, etc. Conduct a door to door campaign to inform establishments of the initiative and its purpose. If they are supportive of the initiative they can receive a poster to put on the wall that says that they are participants in the better hygiene initiative.

2) Conduct campaigns to address pressing problems, for example cleaning or cholera campaigns.

3) Have Imam deliver one message on hygiene, sanitation or water each week.

4) Have school children put on a play about water, sanitation, and/or hygiene-related issues for the community.

5) Have water vendors distribute "safe water" leaflets.

6) Distribute "safe water" leaflets at all water points.

7) Have MCHs distribute information on the links between disease and WES and hygiene.

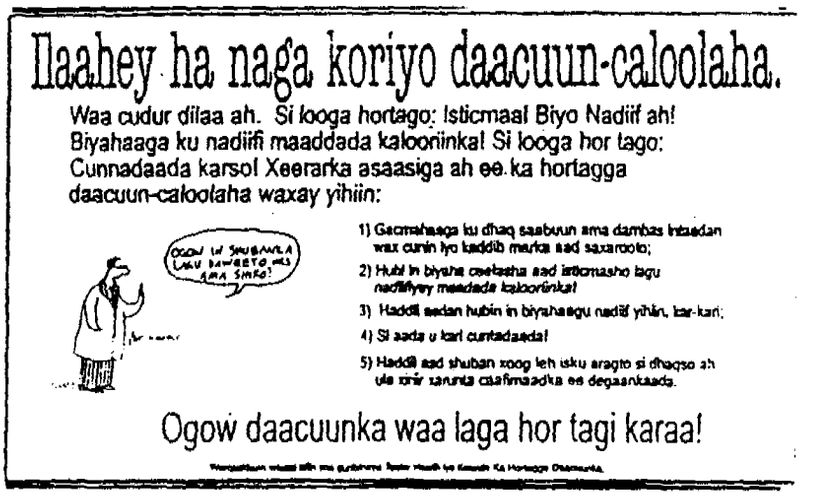
8) Give talks at women's organizations and other meeting places, encourage others to spread the message.

9) Establish WES committees in schools

Remember . . . the way to motivate people to take action is to educate them on the benefits to be derived from taking that action.

Example

Cholera prevention leaflet distributed during cholera outbreak in Somalia designed to inform the community of the dangers of cholera and to mobilize the community to take action toward eradicating the epidemic



What creative ideas can you come up with?

Somali Successes in Social Mobilization

Conquering Cholera in Somalia!

One of two giant Unicef billboards erected in Mogadisco to warning residents of the dangers of cholera.

As though things couldn't get any worse for the children of Somalia in the 1990's. Two years previously a brutal civil war and resulting man-made famine killed an estimated 250,000 children. Children made up and indeed continue to make up a disproportionate number of internally and externally displaced people. For the fifth year running most of Somalia's schools continue to lie in ruins. And then in February further disaster struck, this time in the form of cholera. Again, it was all too often the children who were forced to bear the brunt of yet another human-induced calamity.

UNICEF launched a massive water chlorination and social mobilization campaign in Mogadiscio and more than a dozen other Somali cities in February following one of the worst outbreaks of cholera in nearly two decades. The epidemic only underlined the continuing fragility of the recent and relative humanitarian renewal in the beleaguered Horn of Africa nation. Many Somali women and children continue to suffer from unusually poor health and are particularly susceptible to the disease.

As estimated 750 people eventually died of cholera which was first detected in Bossaso in the countrie's northeast region in mid-February. A little over a month later when the disease had finally spread to the southern most Somali port city of Kismayo, some 1,300 kilometers away, the World Health Organization (WHO) declared the outbreak an epidemic. In all, almost 15,000 cases were confirmed by WHO before cholera was finally brought under control in the major urban areas.

In response to the health crisis, UNICEF along with UNOSOM, WHO, international and local NGO's local media and others, within days launched a massive well chlorination and social mobilization campaign nicknamed "Biyo Nadiif Ah" the "clean water campaign". Playing a leading role in the fight against the disease, Unicef wrote, designed and helped distribute more than half a million anti-cholera pamphlets and posters country-wide. In Mogadiscio, with collaboration of the World Food Programme and the Joint Health Authority, a local organization made up of health professionals, UNICEF sponsored a food for work scheme for 335 social mobilizers and 265 water chlorinators. UNICEF also provided the Joint Health Authority with four vehicles and eight megaphones for its own public education campaign. During the campaign, UNICEF and partner teams targeted, in particular, public places such as markets, mosques, schools and water points to get out its preventive health education messages. UNICEF social mobilization teams also played a lead role in other Somalia cities, from Kismayo to Bossaso.

Additionally, UNICEF sponsored regular radio public service ads and special round table radio discussions highlighting the dangers of cholera and what can be done to prevent the disease fro spreading. Local Somali poets were also commissioned to write poems and songs for radio broadcasts. In the capital, UNICEF erected giant billboards warning residents of the dangers of cholera.

As the lead agency in the well cholorination campaign, UNICEF is continuing to chlorinate, on an ongoing basis, a thousand of wells, cisterns, and other water sources country-wide paying particular attention to cleaning wells in schools, displacement camps, ice factories and nay other areas with high population densities.

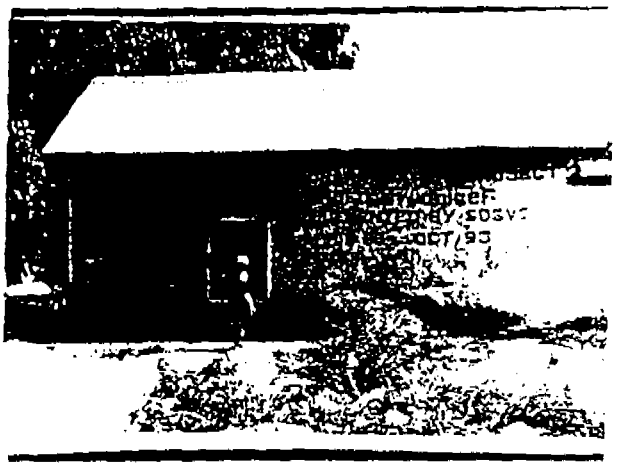
"Cholera is a common threat to all Somalis regardless of clan and political affiliations. We have to act quickly together in order to avoid additional tragedy here" said UNICEF Somalia representative Staffan de Mistura, days after cholera broke out in February. Indeed, because, of the quick reaction by the international community and through the partial mobilization of key groups within a highly stratified and unstable society the toll was in fact kept from being significantly higher.

Mobilizing Somalia's Media

Mogadiscio was to be a microcosm of the difficulties faced by inhabitants and aid workers alike working throughout Somalia. Indeed, in the capital more than 10,000 cases of cholera were confirmed by the World Health Organization. The few remaining and functioning hospitals in the divided capital were overwhelmed by cholera patients. Too few inhabitants had access to clean, much less running, water, the probable cause of the cholera epidemic. UNICEF water chlorinators, furthermore, were at times denied access at gunpoint to areas of cities controlled by competing clan militias. In refuge camps and other areas of the city sanitary conditions remained squalid. Garbage collection in most parts of the country had stopped nearly half a decade earlier. In other words, conditions were ripe for a health catastrophe but mitigated against a broadly based, and well coordinated and funded anti-cholera campaign.

A decision was thus made early on to enlist the support of the media and to educate journalists throughout the sponsoring of a UNICEF media workshop on cholera. The even, in hindsight, proved to be a turning point. By conferring legitimacy on local media, by appealing to the professionalism of writers, editors and cartoonists, as well as by providing a forum in which they could interview top representatives of the UN system and local and international NGOs, many of the participants, seemingly for the first time, realized not only the seriousness of the epidemic, but the crucial role that the media can play during a public health crisis. Certainly the workshop, held in the capital Mogadiscio in March, was rich in potent political symbolism. Sitting side by side for perhaps the first time in half a decade were representatives of the most powerful faction leaders in the country. The meeting ended with a set of principles not only pledging daily reporting and daily public service messages on cholera but also with an agreement to begin a series of joint interviews with top religious leaders and cholera ward patients. In order to maximize their effectiveness the interviews were later shared with all radio stations covering Somalia, including the BBC Somali Service and Ethiopia's Unicef-supported Radio Voice of Peace. Due to extremely low literacy rates, special emphasis was put on radio to highlight the dangers of cholera as well as basic tenants of cholera prevention.

Boroma Water Supply System Reactivated!



Long live Unicef! Long live SOSVO! shouted community elders and hundreds of onlookers of the Boroma community, as the stand pipe was turned on, shooting a jet of water heavenwards. The water floated up as if from a fountain, spraying in every direction. Children ran about splashing each other, jubilantly shouting and laughing. It was a fine day for Borama indeed.

Boroma's water supply system was built during the colonial days ot the British Somaliland protectorate, providing desperately needed waer for the town located in northwest Somalia. In 1984, however, heavy floods destroyed the scheme, filling its wells with sand and rocks. As a result tankers were used to transport water to the town from the one well still in operation. The price of this water, however, was simply unaffordable to the poor who made up the large majority of the town's population. That is until Unicef and the local NGO SOSVO helped rehabilitate the water system.

On 28 March, 1994, a Somaliland government and Unicef mission led by Vice-President, Abdirahman, and Unicef Hargeisa representative, Dr. Robin Medforth-Mills, accompanied the Director of the United Nations Association of the UK, Malcolm Harper, the Awdal governor, the mayor of Boroma and elders and members of the Boroma community to the Dhamuug Tog, where the Boroma wellfield is situated. The Vice-President started the first generator, Mr. Harper the second and elder Jama Mahummad turned on themain pipe for the town from the reservoir. The people returned to the town via the kiosks constructed for the public. The Boroma Water Supply Project was now officially open.

At a feast laid on for the occassion, hte Vice-President, Dr. Mills, Ismail Mumin (SOSVO Chairman), the Regional governor, Sultan Mohamed Nur and Elders all made speeches.Mr. Abdirahman urged the people of Boroma to maintain the project. He also thanked not only Unicef and SOSVO for their support, but also the community and its elders. Dr.Mills also congratulated SOSVO and the community of Boroma on their achievement. "Clean water has been produced at just the right time, a time when cholera, an enemy of all Somalis, is at large. Clean water will help in the battle against this scourge", he said. Dr. Mills also not4d the Boroma project was an example for others as it showed Unicef's "philosophy to help

people themselves-rather than impose assistance from outside." Before the feast the participants watched a programme of music and drama specially written by local artists for the event.

The Boroma water project is now expected to provide water to some 120,000 people living in and around the town. And just what did the project entail? Amongst other things, the rehabilitation and equipping of three wells with submersible pumps and generators, the construction of four generator houses, the rehabilitation of a booster-pump house, bridges, an eight kilometre transmission/distribution system, the construction of nine kiosks in town for the public, a stand pipe in the town for tankers, and the list goes on and on. The project in hte end was implemented by SOSVO with funds totaling some USD $500,000 provided by Unicef, thanks to the generosity of the government of the United Kingdom. This was by far the biggest project so far implemented by a local NGO in Somaliland's post-war-period.

Case Studies

Purpose:
To develop analytical skills

Materials:
Copies of the case studies

Time: 25-40 min each

Procedures:
- Ask participants to read (or read to them) the case study
- Discuss possible answers to the questions that follow

Case Study #1

The Village X Sanitation Program

A sanitation program was initiated by an outside agency in village X. The program included an initial 12 day clean-up campaign after which it was turned over to municipality where it was expected to make the transition to a sustainable program. 4 garbage disposal areas were established within the town. Incinerators were constructed and installed at each of the disposal sites. There are four garbage collectors who are each supplied with donkey carts and donkeys for garbage collection purposes. They collect garbage from houses, businesses, and the streets. The collectors are paid for their services by municipality and by individual households who utilize their services. Although the sanitation situation has improved slightly in the village, there remain many barriers to the program's success. These are as follows:

1) The incinerators were destroyed and looted for their raw materials. This means that garbage at the dumping sites is piling up--as there are no incinerators to burn it. The dumping sites were designed and located as a place for incineration of trash not heaping of trash. Thus, the disposal sites have become environmentally hazardous to the people of the village. They are located too near the people and lack adequate pits to contain the garbage.

2) Donkey carts do not have the capacity to haul garbage to a site that is far enough away from village to be environmentally sound.

3) The donkey carts do not reach all houses in the village.

4) Many people who do have access to the service cannot afford it.

5) Because of limited access (both geographically and economically) many people dispose of their trash in the village streets.

6) There is a lack of community commitment to the project. People believe that once the trash is out of their house it is no longer their problem.

Question: How could the above problems be overcome?

Case Study #2

Sanitation Campaign in Village B

The implementing NGO conducted an awareness campaign to alert people to the dangers of garbage to their health. The message was communicated through video and health talks. A food for work incentive was provided to the garbage collectors. Every 10 houses shared a garbage collection point. The project had an immediate impact on the sanitation problem in the village but was not sustainable.

Questions:
What could be the reasons for its lack of sustainability?
What could be done to make it sustainable?

Case Study #3

Health Education in Community Z

To address the problem of polluted and contaminated open wells in community Z, a local NGO conducted a health education campaign on how to clean and protect water through silting, chlorinating and covering with concrete slabs. Activities included meetings with elders, formation of water committees, and training of people to clean wells. The water committee, composed of elders and technicians who were selected by the community, is responsible for selecting qualified people in the community to carry out the work.

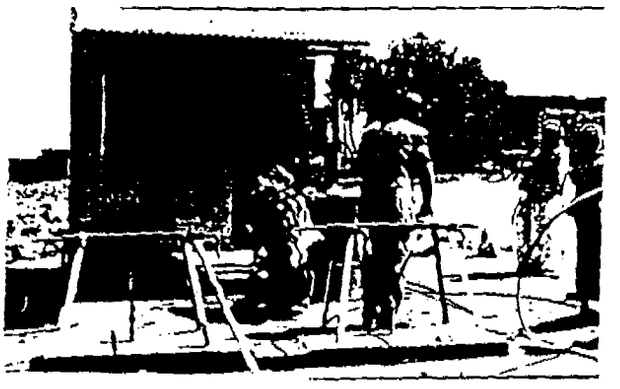
Questions:
What are possible barriers to the sustainability of this project?
How can they be overcome?

Case Study #4

Village B Water Supply

The water supply project in Village B makes safe drinking water available to the people of the village through kiosks which are distributed throughout the village. Water managers are stationed at each kiosk. They are responsible for monitoring and recording the quantity of water sold each day, for collecting fees, and for maintaining the kiosks. The quantity of water put out by the system is said to be sufficient for the community. That the incidence of diarrhoea, cholera and dysentery has decreased since the installation of the system is indicative of its success. The benefits of this system, however, do not reach everyone in the community. Some people do not purchase their water from the kiosks but instead from the tanker truck. This is said to be because the tanker truck is more convenient--as it comes to the house and thus eliminates the need to go out and get water. The problem is that the tanker truck driver does not get his water from a safe source. So, people who opt for convenience are sacrificing safety.

Question:
What are possible ways of addressing this problem?
(e.g. make safe water more accessible to more people in the community, make safety a priority over convenience through education, promote use of kiosk water for drinking and convenient source for washing and other purposes)



Case Study #5

Water Sources in Village Y

There are 2 sources of water in village Y: river and tap. The tap provides safe water while the river does not. The problem is that there is only one tap for the whole community which means waiting in line for a long time to get water. For this reason many women prefer to collect their drinking water from the river.

Question:
What can be done to promote the use of safe drinking water in this community?
(see e.g. for Case Study 4)

Case Study #6

Water Collection in Community Q

In community Q mostly children are responsible for collecting the household water. The children often have dirty hands when they collect the water. Their hands often make contact with the water either when collecting it from the well or while transporting it home.

Questions:
What potential problems do you see in this scenario?
How could they be solved?

Case Study #7

Mother understands the importance of hygiene, especially for her children. However, she is not able to properly wash and take care of her children because she is always working at the market. She is forced to leave her children in the care of other children who do not attend to their hygienic needs.

Question:
How can the hygienic needs of the children be met without infringing upon the economic needs of the mother?