



FINAL PROJECT

Project Name: Emergency Aid through Hygiene Promotion to the Communities of IDPs in three districts in Mogadishu-Somalia

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Submitted by LIIBAANTA FOUNDATION

Submitted to **CESVI**

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ABBREVIATIONS

| | |
|--------------|-------------------------------|
| CESVI | Cooperazione e Sviluppo |
| NGO | Non-Governmental Organisation |
| LF | liibaanta foundation |
| HH | House holds |
| IDP | Internally Displaced Persons |
| AWD | Acute Watery Diarrhoea |
| WASH | Water Sanitation and Hygiene |

SUMMARY

This project is intended to Mogadishu IDPs specially Hamar weyne, Waaberi and Hamar jajab districts .LIIBAANTA FOUNDATION with support of CESVI commenced Hygiene promotion campaign against water and unhygienic related diseases, this was meant to tackle and reduce off the source of AWD/cholera, by undertaking behavioral changes through community education and awareness campaign. Liibaanta Foundation employed qualified project staff (Project manager & 3 supervisors), 13 hygiene promoters with university level education and district knowledge to make the desired changes among the target IDPs.

A total of 3600 households were visited and mobilized during the project. Using group gathering and house to house visit, the hygiene promotion delivered the hygiene promotion messages to 3600 families in different targeted settlements, the relation between hygiene and health, hand washing, proper excrete disposal, drinking safe water and the repetitive threat of AWD/cholera and action to do if their symptoms are observed were main topics discussed with the target community, the hygiene promoters give consultation and advised to the different households they visit. Community practice and appreciation on the hygiene information were reported by the HP team, although

many families told they have scarce water and water containers to save sufficient water for their basic hygiene, people started to practice good hygiene behaviors.

Three months of continuous house to house visiting awareness to the IDPs, a substantial improvement was made in behavioural change especially in hand washing, proper disposal of the excrete and environmental sanitation of the IDPs, therefore in order to achieve 100% of behavioural change at the part of IDPs it requires much more time of awareness raising, sufficient hygiene kits, adequate latrines and sanitation equipment.

1. INTRODUCTION

After severe drought stroke and affected most southern regions of Somalia last year, large number of IDPs arrived to Mogadishu, seeking for food and other basic needs. A number of international and local NGOs have assumed responsibility in delivering humanitarian aid included food and shelter to the sufferers and famine affected people. AWD/Cholera suddenly developed in Mogadishu especially IDP settlements and lost the lives of number of children. Poor knowledge to the proper use of water and sanitation in the IDPs were mainly considered for the outbreak of diarrhoea.

LIIBAANTA FOUNDATION and CESVI have commenced a campaign to prevent diarrhea through Hygiene promotion and health knowledge awareness to 21600 persons in Hamar weyne, Hamar Jabjab and Waaberi districts. The project continued a period of three months from 20th December 2011 up to 6th March 2012. The project employed 13 hygiene promotion and health workers, who acted as a change agent for the IDPs and equip them the knowledge and attitude change in hygiene practices. The project also employed three supervisors who monitored and coordinated hygiene promotion activities in line with the relevant standard, and Keeping proper records of hygiene progress and report on to the Hygiene project Manager.

A family hygiene kits were distributed and given to one 800 HH, especially those families who have pregnant women, and those have

infants, because the quantity of hygiene kits available were not sufficient to the project target population.

The implementation of the project result has started on 20 Dec. 2011 due to a technical delay caused by the employment of the hygiene promoters, receiving necessary approval from the regional and district authorities, mobilization of the IDPs, and recruiting the facilitators to receive a proper trainings, however, to reach the necessary targeted people, the hygiene promoters work additional hours to recover from the lost days. The hygiene promotion team are divided into 3 groups with 5 members for Waaberi, 4 Hamar jabjab and 5 Hamar weyne respectively, each group were designated to delivery their hygiene messages into at least 20-25 families per day, this makes a total of 100-125 will reach in each day, the team has 5 supporting community mobilizing mothers who will support them on house to house visits and monitoring on IDPs hygiene behavioral changes.

2. ACHIEVEMENTS

2.1 Training hygiene promotion and health workers

LIIBAANTA FOUNDATION recruited and trained 13 hygiene promotion and health workers with the necessary skills of hygiene promotion, so as to show and guide the IDPs the good hygiene actions, they were directly visiting the site every day to make awareness to the IDPs. Four days training for the hygiene promoters has been held in SAHAFI HOTEL venue which was aimed at enhancing the participants' understanding of the hygiene and sanitation. The training has begun at 12th December 2011 and opened by LIIBAANTA FOUNDATION Chairman, who welcomed the trainees and the facilitator, and encouraged them to actively participate and share their ideas in order to achieve the relevant objectives of the training. The hygiene promotion and health workers had begun their job by community mobilization and house-to-house-visiting as soon as the training finished.

2.2 Training contents

The following topics were the main subjects the hygiene promoters were trained in by the facilitator:

- *Over view of hygiene promotion/ Five hygiene demines and personal hygiene*
- *Water borne diseases*
- *Transmission routes of diarrhea – diagram, 6 Fs*
- *Diarrhea prevention and management, Measures of prevention*
- *The significance of hand washing, techniques and proper refuse of excrete and disposal*
- *Environmental hygiene and water sanitation*
- *Environmental contamination*
- *Communications skills*
- *Health and safety in the work*
- *How to deal the difficult situation*
- *Qualities of good trainer*



2. 3 Methodology

The facilitator has used both traditional and modern methods of training; lecturing, brain storming, group discussion and presentations. The facilitator and the trainees have been interacting soundly in asking questions by the trainee/ facilitator to each, and answers the others parts. The facilitator created and reassured a discussion environment and brain storming especially at the beginning of each session.

To make sure the understanding of the lessons taken each day, the facilitator, divided the trainees into three groups, to role model at the end of each day, each group have been asked a single and exclusive question to discuss and write their ideas on the flip chart, and latter someone of the group presents. All the groups practiced the same way.

The participants and the group were asking among them critical questions about how to communicate with the needy people, one of the questions, the facilitator asked the group was, ***(if you were asked as a hygiene promoter by one of the IDPs, we have no food, no water and we are hungry, so what difference does it make to care my hygiene and sanitation, because I am dying***

for the basic human needs). The trainees interchanged and contributed their ideas.

2. 4 Intensive House-to-house visit

In the morning of every day, LIIBAANTA FOUNDATION hygiene promoters and health workers go to the IDP settlements of Hamar weyne, Waaberi and Hamar Jabjab districts, staying there at least eight hours per day, visiting and sitting with mothers and children by house-to-house visiting and group gathering promoting of good hygiene practices and Work closely with women in the IDPs that they properly dispose child excrete and getting hand washing. The teams delivered advice and guidance to the IDPs to take care of their health by practicing good hygiene conducts. The 13 hygiene promotion and health workers were divided into 3 groups.



In order to maintain the sustainability of the project results the hygiene promotion and health workers trained five mothers in each settlement as a sanitation committee to support the hygiene promotion and health workers and motivate people to dispose the excrete, keep the cleanliness of the surroundings during the project period and after project closure. One of the mothers of the sanitation

committee was trained to report the serious case of Diarrhea to the nearest health Centre.

A total of 3600 Households which in total 21600 persons were visited and mobilized the entire period of the project. Using group gathering and house to house visit, the hygiene promotion delivered the hygiene promotion messages to 3600 families in different targeted settlements. Mainly they were told the relation between hygiene and health, hand washing, Cutting finger Nails, proper excrete disposal, drinking clean and safe water and the repetitive threat of AWD/cholera and action to do if their symptoms are observed were the main topics discussed with the target community, the hygiene promoters give consultation and advised to the different households they visit.

Approximately 75% of the target population are now properly disposing the excrete and washing hands but an exact change hasn't occurred yet, because the IDPs customary adapted un hygienic behavior for long time, some of them have a preference to defecate under a trees because they have negative attitude from using a latrine, believing that latrines are smell place while others believe not use latrines in the mid night because they believe ghost might sleep there. Therefore it is require further hygiene awareness.

2. 5 Main Hygiene messages disseminated

The hygiene promotion and health workers communicate the IDPs with the following messages:

- Washing Hands with Soup or Ash at the following critical times (before eating & after defecating, also when cleaning child feces).
- Properly exposing excretes and keeps the cleanliness of the latrines.
- Covering drinking water and food containers, and boiling or chlorinate the drinking water.
- Cleaning surroundings by dumping or burying the wastes
- Personal hygiene (Cutting finger Nails, taking bath, comb hair and wearing clean clothes)
- In case of symptoms of Diarrhea using Just ORS before a health Post and reporting Hospitals



3. DISTRIBUTION OF HYGIENE KITS

The second month of the undertaking, LIIBAANTA FOUNDATION distributed 800 hygiene kits to the all settlements of Districts even though the kits weren't sufficient according to the target inhabitants of the Hamar weyne. Waaberi and Hamar jabjab, it has become necessary to make such criteria to shrink the beneficiaries into 800 households. By doing so an assessment and consultation with community elder and the settlement representatives, LIIBAANTA FOUNDATION and the community elders determined that the kits be offered only to households those have newly delivered women, or have pregnant women, or have breast feeding women and those have disabled one these are the primary target audience who are vulnerable to carry out the risk practices.

Even though it is not an easy task to distribute something to the deprived people that everyone going to earn, however it was finished without violence. The beneficiaries were registered within two days and distributed to them the following day.

The kits contained two items, and each family was given the following items

- ✓ 2 pcs of laundry soap,
- ✓ 2 pcs of detergent powder,

In the three month we distributed Posters different size such A3 and A4.

The quantity of hygiene kits given to the IDPs was too little according to the number of IDPs in the three districts.

4. REASONS FOR OVER/UNDER ACHIEVEMENT

Three months later, 13 hygiene promotion and 3 supervisors trained and engaged, intensive house-to-house visiting to all settlements and distribution of hygiene kits were the main activities achieved during the entire period of the project. A behavior change at the side of the IDPs realized but limitation of the project duration, insufficient hygiene kits and lack of other necessary facilities hindered to achieve the desired 100%.

The hygiene promoters did not only do house to house visiting but also trained five mothers in each settlement which in total 105 persons trained who support hygiene promotion activities and community organization, one of the sanitation committee was trained to report the serious case of diarrhea to the nearest health post. One day for sanitation campaign was created for each settlement, where all the people of the settlement including the sanitation committee take part cleaning settlement's surrounding by dumping or burying the wastes cleaning latrines.

5. LESSONS LEARNED

Creating a change in the behavior of the IDPs is really not an easy task, the IDPs have adapted unhygienic practice, therefore repetitive actions and speech are required in order to generate a change .

IDPs are different in assuming responsibility the sanitation of their settlements.

It is difficult to change the IDP's behavior of in hygiene practices without motivation such as hygiene kits and sanitation equipment such as sweeper, shovel, and an axe for cleaning the homes and their surroundings.

The hygiene promoters learnt from the task they have done, how to interact with the deprived and needy ones who have different ethnicity and culture background, come from different regions.

IDPs become motivated to clean their surround, after constant awareness rising and participation of hygiene promoter with the sanitation campaign.

Understanding human relation and their behavior smoothes progress and the head way of the project tasks especially when making hygiene promotion awareness, This last two months of the project is different when it has begun; the hygiene promoters are now familiar how to persuade the IDPs to conduct good hygienic ways.

6. CHALLENGES

- ✚ Time scarcity was one of the greatest challenges faced, only three months for creating change at behavior of the people.
- ✚ Insufficient hygiene kits and lack of sanitation equipment to motivate people keep the cleanliness of the latrines and surroundings.
- ✚ Insufficient latrines caused to spill out excrete and not properly disposed.
- ✚ People move from one settlements to another in or out of the district seeking for food and other basic needs, or conflict between the landlord and the IDPs.
- ✚ Some people of the IDPs have a preference to defecating under a trees because they have negative attitude from using a latrine, believing that latrines are smelly place while others believe not use latrines in the mid night because the ghosts sleep in there.
- ✚ Split of the settlements into different more settlements the settlements at the assessment stage are now like 3 settlements with different names.
- ✚ There are some explosive things that are remain in the settlements since it was a conflict zone for many years

7. RECOMMENDATIONS

- ✚ Constructing at least 500 latrines that will further contribute to the sanitation situation, and also increasing the hygiene kits in to at least 6000 kits so as to reduce a conflict between IDPS.
- ✚ Sanitation equipment such as sweeper, fork, shovel, and axe is necessary as hygiene kits.
- ✚ Enlarging the time and the scope of the project especially the neighborhood settlements in the future projects since good sanitation and hygienic ways exist in there and have an impact on the currently planned settlement.