#### Nova Scotia-Gambia Association

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History, Program Methodology/Approach, Partnership & current Projects including Healthy Water – Healthy People project

## Who we are!

- An international Canadian-Gambian NGO
- Focuses on health promotion and community development
- Established since late 1980s but earned registration as charity in 1992
- Has 30 years experience working with schools and communities country wide-The Gambia
- Uses the Peer Health Education Program as the intervention model/strategy

## Contd.

- Pioneered the establishment of University of The Gambia through the Pilot St. Mary's University Extension Program-UEP
- Serve as the home for the Peer Health Education
   Program in The Gambia (reputation still maintained)
- The **NSGA Gambia Office** oversees the country program while:
- The Canada office serves as the Headquarters

#### Why Water: Healthy Water- Healthy water project

- Good health begins with access to clean water.
- Did you know that half of the world's hospital beds are filled with people suffering from a water related disease? In developing countries, about 80% of illnesses are linked to poor water and sanitation conditions. 1 out of every 5 deaths under the age of 5 worldwide is due to a water-related disease. Clean and safe water is essential to healthy living.
- Tiny worms and bacteria live in water naturally. Most of the bacteria are
  pretty harmless. But some of them can cause devastating disease in humans.
  And since they can't be seen, they can't be avoided. Every glass of dirty water
  is a potential killer.
- Most of these waterborne diseases aren't found in developed countries because of the sophisticated water systems that filter and chlorinate water to eliminate all disease carrying organisms. But typhoid fever, cholera and many other diseases still run rampant in the developing parts of the world.

# Water and Young Children

- 63% of the Gambia's population are below 24 years, hence very vital safe this critical segment of our population
- Infants and young children are especially susceptible to diseases because their immune systems are experiencing everything for the first time.
- Even in developed countries, lots of moms boil water before giving it to their children just to be doubly safe.
- In poor countries, the fuel for the fire can be so expensive that mothers can't afford to boil water and cook food.

#### Poor health leads to poor productivity

- The sickness caused by dirty water saps people's energy to do much of anything.
- If you've ever had food poisoning, you know how horrible it can be.
- Students who suffer from water borne illness can't stay in class.
- They miss out on the chance to learn and the cycle of poverty continues.
- That and when one person is sick, someone else has to take care of them, which means that the second person can't work either.
- If the sick person needs medicine, that money can't be used for other things, like food or school supplies.
- Rural dwellers and the urban poor feel the lack of safe water and proper

## Continued:

- sanitation in the developing world the most.
- With few medical resources at their disposal, the poor are particularly vulnerable to chronic illnesses that hinder their productivity, making the escape from poverty even more difficult.
- Thus healthy water healthy people

# Water problems in The Gambia

- Scarcity in term of population ratio and distribution
- Access to water still remain challenge in some communities
- Due to scarcity most are compelled to drink from nonportable water
- Water management at local/community level poor in some instances, women suffer more!
- Animals/Life Stock drink from same wells with humansthis chances their excretes and feces interact with water
- Most drink from Wells not covered- thus threatens safety
- Salt water intrusion contributes to scarcity and affects livelihoods- poor harvests-threatens food security in those

## The role of NSGA in this!

- Educating communities and students on water borne diseases such as Diarrhea, Hepatitis A, Typhoid Fever,
- Mobilizing communities to engage the right local and central authorities to addressing water needs
- Training communities on campaigning and advocacy strategies to communicating their felt needs
- Conduct Participatory Needs Assessment to diagnose critical community water justice needs and challenges
- Reaching out to 100 schools and 50 high risk communities country-wide (using drama, workshops, and other community engagement methods)

# Program Methodology/Approach (What we do!)

- Use a very participatory and action oriented approach to health promotion
- The "Peer Education model"
- Using the youth to target youth
- Makes use of students promoting health among their peers in school by moderating health education talks and other presentations in the form of: Drama, focus group discussions, etc.

## Contd.

- Uses community members to reach out to their fellow community members: especially the out-of-school youth
- If possible such in-school PHEs work closely with a nearby community PHE group to intervene in surrounding communities
- Community based PHEs also partner with school PHEs where necessary to implement common health promotion activities
- Community PHE clubs also target their surrounding communities to present on health topics too
- NCCA Degional Coordinators work alocaly with DUEs

## Contd.

- The PHE clubs are coordinated by 2 Teacher Coordinators in each school-also trained by NSGA alongside PHEs
- Teacher Coordinators guide the Club and ensure activities are implemented accordingly
- In-school PHEs conduct assembly, classroom and individual (peer to peer)presentations on health topics- a times using drama/skits

### Partners: Local and International

- NSGA partners with the Ministry of Basic and Secondary Education at both central and regional levels
- This partnership enhances our operations in schools countrywide through collaboration with local-Regional Education Directorates
- We also partner with the Ministry of Health and Social Welfare

## Contd.

- The Canadian International Development Agency served as our major international donor and partner until 2009
- St. Mary's University in Halifax also partners with us on Water and Sanitation education projects-the PANICARO Foundation through SMU project
- Panicaro Foundation's funding still continues
- Since January: Senate Club of Nova Scotia partners with us, on the Female Drama Troupe project (Allgirls Female Drama Troupe) for the first time in NSGA Gambia program

# Current Projects: Country-wide

- Global Fund for Malaria in partnership with CRS (in schools and communities)
- Global Fund for HIV/AIDS in partnership with AAITG (in schools only)
- Ebola Prevention Campaign, Water & General Community Health Education (in schools and communities) PANICARO Foundation funded project
- Senate Club of Nova Scotia-Female & Panicaro Foundation Drama Troupe (in schools and communities)

# Programming at grassroots!

- One-on-one health talk (PHEs & their Peers)
- Assembly and classroom presentations-essential for wider coverage
- Drama competitions- regional & national
- Participatory planning
- Community outreach (health talks)
- Drama Troupes (health promotion CARAVAN)

# Successes registered by NSGA:

- Contributes in Preparing role models in Gambian societies-the youth population in both schools and communities
- Brings health education to the door steps of average Gambian schools and communities
- Indirectly contributed to reduction of disease prevalence in The Gambia on HIV/AIDS, Malaria, water borne diseases, etc. (preventive medicine)
- Still Maintains good reputation in health promotion in The Gambia

# Challenges:

- Donor fatigue in the funding spectrum really affected our funding capacity to implement numerous projects on health promotion and community development initiatives
- Limited human resource and intervention scope due to limited funds available for expansion!
- Cultural barriers and differences especially towards sensitive health topics (but we use participatory methods to involve communities and making them understand by using their own people-students from the communities, youth, women and men )

## Drama Troupe work

- Recruited from High School
- Trained on Presentation Skills & Strategies (Drama)
- Trained on specific topics (health topics)
- Acting health education dramas in streets, market places, shopping malls, parking lots,
- Train student PHEs and community peer educators
- Act drama at assemlies, etc

## Thanks!!!

# THE END

# Group work!

- What do you find so unique about the Peer Health Education Program as a model- especially on water justice related interventions?
- What specific program focus in your work place can be fitting for application of the Peer Health Education model?
- How could this model work in your own context?