

Interviewer: Bosse Sottmann
Medium: Zoom
Interviewee, I: SRCS CBS Manager
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All right, maybe I just shortly introduce myself. I don't know how much you know or how much people told you. I'm Bosse. I'm a master's student at the University of Heidelberg and I'm currently writing my math thesis exactly about this topic. So I talked to you. You possibly know Melanie?

I: Yeah, my name is Abdul Fattah Hussain. Beledi Beledi is the last name.

Interviewer: All right. I'm sorry.

I: No problem. I'm called Beledi. Dr. Beledi always. So no problem for that. I will write down in the chat my full name so that we can...

Interviewer: I'm sorry, Mr. Beledi. All right. Oh, I'm sorry for that. That is on my head.

I: No problem. It's okay. Always the people who are here call me Beledi only.

Interviewer: Okay, how do I pronounce that?

I: Dr. Beledi.

Interviewer: Dr. Beledi. All right. Cool. So Mr. Beledi. Yeah, so I'm writing my math thesis right now. And in the context of this, I'm trying to figure out how we can best set up a monitoring and mapping approach for water sources and for berkedes in the region of Somaliland. And I already got some great answers from Richard. And I would be super grateful if you could give me some more information. Twofold. Once on the project of NYSS and CBS. As I talked to Julia Jung and she recommended me to talk to you because I'm not a big fan of the project. But I talked to Julia Jung and she recommended me to talk to you because she said, you know, all the things which happened on the ground and you're the

expert in that. And if you still have a bit more time, I'd be grateful to talk about some of the monitoring things I still have open questions to. If you're okay with that.

I: Okay. So can I start or you have a question that you would like to ask me question by question and then my answer for that.

Interviewer: I think it would be great just to. Of course, you can give a general introduction if you want, if you like. That would be great, actually. Okay.

I: Thank you very much. As already mentioned, my name is Dr. Abdifatah Hussein Beledi. So I would like to give you some information about community based surveillance and also NYSS platform. So when it comes to the community based surveillance, we started 2018 in Buroa. The capital city of the Togdheer region, we piloted 75 community volunteers. And we piloted, we look at how community based surveillance is applicable in Somaliland. And what brought to our attention to establish community based surveillance at Buroa. This in Buroa, I mean in Togdheer region, there was a cholera outbreak 2017, which badly affected the communities in Togdheer region, and also other regions, but mainly badly affected in Buroa city, where about 700,000 people live in that area. And it came without saying or, you know, the cases was unpredictable and then it was escalating in the community and then they spread out all the community. So the problem came, you know, the people, for example, the Ministry of Health and the other people, they recognized that there is an outbreak and the outbreak at this peak. And then at that stage, SRCS or Somaliland Red Cross Society is, you know, at that time, giving warning and signals to the Ministry of Health and saying there is a cholera or acute water diarrhea, which is starting in these areas. And for many reasons, the Ministry was saying still the cases we have seen is still, you know, the normal cases we are getting from the communities or something like that. So the problem, you know, it reached this peak. And then at that time, SRCS and its sister organizations or BNS, they established, you know, SRCS, they sent the request that they can come to Somaliland to support so that, you know, the cholera can be managed, you know, because when it comes to the capacity of the government and also, and, you know, the magnitude of the disease became, you know, something which is not the government can not manage. In that case, we requested other national societies to come to Somaliland to support. So initially, Canadian Red Cross, they responded and then within 48 hours, they sent an ERU mission, Emergency Response Unit, so that they came here and they were well equipped with their vehicles and other medical logistics and staff and also the equipment which can be managed in the cholera outbreak. So they were having also what's called a tent for, in tent for cholera management, cholera treatment centers. We established that one and we were managing there for that time. And then again, we established what's called Oral Rehydration Points. So Oral Rehydration Points, we hired community volunteers, people who were provided training from the unit and then

they went to the community, they are supporting the community because some people, when they have a diarrhea, they are not going to come to the health facility so that they can get the needed support because they were, you know, a bit reluctant to see other people that they have a diarrhea or, you know, have a stigma or something. So they were not happy to do that. But the Oral Rehydration Point, they supported us at the community level. So they were going house to house so that they can give health and health promotion activities in the same way. They were providing ORS, SYNC and also and other like aquatabs so that they can provide the water and something like that. In that case, this supported a lot. And, you know, the cases who are coming to the health facility or the cholera treatment center, they use it because they were getting support at the community level. In that idea, we said, as the SCRS, one of the lessons learned is that, you know, the cholera came to our country without saying. And we think about in the way that we can identify the cases in the community early enough so that we can identify and respond at community level. So we can stop, you know, an outbreak immediately when it has started or to be noticed early enough. So that's the idea. We came up with community-based surveillance. And as I already mentioned, we piloted and in the Todgheer region, we recruited 75 community volunteers and then the pilot became successful. Then at that time, we were focusing on three districts, Aynabo District, Oodweyne District, and Burao District. And then we scaled out to the other districts, like the Buhoodle District, which is in the Todgheer region. And then we again scaled up to the other regions and then we moved to Todgheer region and again Sool region. And last year [2022], we moved to Senaag region while the two rest areas and regions we scaled this year. So almost I can say now community-based surveillance reached all six regions in Somaliland. We are only focusing on the hotspot area where there is an epidemic, a prone disease areas or where we expect the outbreak to happen. We are not covering all the, for example, all the area, all the country. But we are covering the hotspot areas where we think that outbreak may start or happen. And there is a lot of outbreaks which the community volunteers identified and we have done investigation with the collaboration with the Ministry of Health. And then, you know, we still have that outbreak there. I can give you an example about that. For example, the first case of COVID-19 was from one of our community volunteers in the community. And then the Ministry of Health, they have done the investigation. They took the samples, they sent to Nairobi and then the case became positive. That's one thing. Okay. And the other thing I can mention is that they reported this kind of [fever] at community level. And then, you know, that case was solved at community level. We shifted mobile teams we have so that they can manage that cases. In the same way, there was a success, but I can say an outbreak of measles in the country. And then, for example, one community called a community volunteer in that community. He sent two cases of suspected measles. And one day after, he sent three others. And the next day, after one day, he sent three other cases. And so immediately, our community volunteers, I mean, our CBS officers at the regional level verified that it is much in the community case definition. If you may share, let me close the door. Okay, so that the cases, the Ministry of Health, SRCS team and again WHO together, they went into that community, they took samples and then they sent to the national lab for further investigation and the cases, two of the five cases became positive and then we have

done mass immunization against the measles. And then at that time, I remember 5,300 children between age to nine months to nine years was immunized. So I think I can say is when it comes to the community based surveillance is one of the things that can easily detect early enough at community level, the health risk in the community and SRCS has mobile teams who can be deployed immediately within hours so that they can do the response. And also I would like to thank to the Norwegian Red Cross who are supporting this program to run since 2018 and then whenever there is an outbreak, we immediately request support and they provide the nearly support. So I think that is the general view of the CBS when it comes to the NYSS. We started and you know, it composes of, there is what I can say, instruments which you need when you are using NYSS. For example, you must have a mobile. So any mobile you can use it. So there is no need to have a smartphone but you are using SMS. So call an SMS. If you are using SMS, you will use at any mobile but the other thing is also there must be a network in that area and again SMS Eagle. SMS Eagle is a device which captures information which sends the community volunteers with a local member and then when it captures that information again, it uploads to the NYSS platform. So initially the NYSS platform, we are supporting the developers, the need at the community level. So whatever we need, we were discussing with them and then they were updating in that way. So it took around one year to build on but initially the NYSS platform, it captured the information but again we were downloading that information in the NYSS platform and then we manually analyzing through Excel format. But finally we reached a stage that the system or a NYSS platform can automatically analyze itself and again it can give you an alert if the [hella space] key reaches the threshold according to the geographical location that reports are coming from so that you can also early, so that you can get a message through your mobile or your email or something like that. So you can also flow up immediately when you get this alert and mobile all these things. So I think that's general view about the NYSS and also the CBS, how we started and all these things. Thank you and again if you have any further questions, please do not hesitate.

Interviewer: I do. Thank you so much first of all for this very good coverage and introduction. I learned a lot. How do you, what do you think about NYSS? Would you do it again and why did you decide to do this kind of crowd sensing or working with your volunteers? How did that work specifically? Do you know, so how do you recruit volunteers? How do you train them? How do you get into contact with them? Are they chosen? Could you tell me a bit more about those?

I: Yeah of course. Thank you very much for your question. For example when we are recruiting, I can't say, I cannot say recruiting. When we are you know going to get volunteers of that community, we go to the community.

Interviewer: Are you still there?

I: conscious or are you just promoting the idea of community? The person can read and write. Again, that the person willing to be to be a community volunteers. And again, that, you know, has a reputation of the community, good reputation in the community, willing to work on a voluntary basis because as I said, SRCS is not paying to our volunteers. So the person must be willing to be a volunteer. And again, the community, the community or the committees in that community themselves they were selecting that according to the criteria for that people. When they select and then we do assessment, small assessment, for example, how they can read or write or something like that. And then after that, then we, we let them to, to come together and then we provide training according to the community basis surveillance. When it comes to the [NECBHFA], when it comes to the ECV or ECVHRA and also ECV and also how to report health risks and in terms of coding and all these things. And then we provide that training. We send that, send back to their communities and then they start working with the community. There is a regional supervisor. So looking at the cases coming to the NYSS platform, if there is an error reporting, they immediately communicate to the volunteers and then they support to send them in the right format. So that is the way it works. So when it comes to the selection, the community they select, and then we are working the community leaders, the community committees and also community health committees. They are the one who are supporting when they are working with their communities. If there is a cases in their community, they are the one who is communicating to them. And some of the time the community volunteers, they go to the community by visiting, by doing a house to house visit and then see if there is a cases in the community. So their friends, community themselves, community leaders, they are the one who give us this information. And then we tell them if there is a health risk in that community to SRCS, its role is to come to the community to support them, to control that coming up disease in the community. So in that way, there is a good collaboration. The other thing I can mention is that, SRCS has a good reputation and image at community levels. So it is one of the most trusted organization in the country. So there is a strong relation at community level. So that it helps us also to do this program as community level.

Interviewer: Well, thank you. Great that you have so much trust in communities. Coming away from the NYSS and looking at the new project or water monitoring, could you possibly explain me a bit more about the local context at the moment? How is water managed and how does the community live on water and how do they do that? How do they manage their water currently?

I: Okay, thank you very much. And there is a recent years, or I can mention for the last five years, there was a recurrent drought which is happening in the country that is badly affected

the communities in Somaliland. So always there is a water shortage, but in terms of, you know, and affording waterborne diseases, for example. We train community volunteers how to deal with that. For example, WASH component, or hygiene and health promotion activities they do at community level. So what they do is that they teach mothers, they teach the community how to prevent water contaminations and how to prevent water to be contaminated. Because there is a scarcity of water sometimes, one of the important thing is hand washing, what they do. And the people sometimes they will say to you, we don't have enough water. So how we can wash our hands? Because they will say, we don't have any enough water. But again, they give that information to the community so that they can be safe about waterborne diseases. So mainly what they do is to, for example, purify water treatment, like using apple tabs so that they can use, for example, one [tear cam], one tablet for that. And again, another method they use is water poly. So they boil water. If there is no, what is called an apple tab or something like that. But again, they teach how water can be contaminated. For example, when you are taking from the source, and again, when you are traveling with the water, and again, when you are storing the water in your home, or when you are using even the water, the process of contamination, they explain for that so that they can afford. Because if the water was clear when they get from the water source, again, during taking that water to home, in that period, the water can be even contaminated. So they do, and then, for example, when it comes to the berked, they use buckets. And berked, for example, animal and people, together they use the water in the berked. But what they do is that, to avoid contamination of water in the berked, they make trenches that water flows, and then animal can drink water outside the berked. And again, when they are using this water, they also cover this, and they cover the berked and all these things. So they do method, which they try their best to keep the water clean and to be safe when the people are using. Thank you.

Interviewer: Thank you very much for the answer. You talked about berked. So the goal, which also Richard proposed of this project, was early warning for water shortages. So if there is no, for example, no water anymore, we need to respond locally. What do you, could you think of early warnings or anticipatory actions before the last minute, before it's empty? So for example, the berked is half full. We try to, I don't know, raise awareness about it, or we can say we can't really do something or anything else, like, or we did distribute water purification tablets or so. Can you possibly think of anticipatory actions that you could relate to, like the water level in the berked and to which water level would you relate that?

I: Okay, thank you very much. And, you know, mostly it depends, because of when water shortage has already mentioned, there was a recurrent drought happening in Somaliland. And, you know, there is a, this recurrent drought is, you know, badly affected the communities. And then whatever source of water they can find is what they have. And sometimes they think about what they can drink for themselves instead of having other

necessary things. And for example, when there is a, you know, water shortage, it's just this, then they don't think of what kind of water they can get, whether it's bad or something like that. Sometimes there was water trucking and, you know, the SRCS or the other organizations, even the commercial or trade people, they were supporting to the communities who are in need, because this is, and then sometimes, when that water trucking comes, they put the water again to the berked. So initially they clean the berked, and again they put that water, but it is kind of water trucking so that they can take a long distance to the, for example, main cities, they travel, and then they put the water into the berked, it's again to fill it so that the community again uses it. This is costly and also has, you know, this, yeah, this time.

Interviewer: How does water trucking works? So who's doing the water trucking and how do you know to which community currently you need to go?

I: Okay, thank you very much. When it comes to the water trucking, it depends. For example, if there is, we do assessment and the community themselves, they talk themselves and then they say there is a lot of, there is a water shortage in their community, so they do, what is called, press release, or they do, yeah, it's called a, yeah. We do press release and then we say there is a water shortage in our community and also as there is FSAU which also sometimes reports the problems existing in the community and SRCS also has a good relation with the community and again that contact we have the community they communicated directly to the SRCS complaining about that there is a water shortage in the community and also the government they have a unit which you know works with the if there is an emergency something like that and supports the community so all these efforts together they decide where these resources include for example and SRCS they organize the resources available and then they go to the community communities who are you know most vulnerable and in that area so mostly it depends and the information coming from the build and then that information is analyzed when it's analyzed we look at where is the most priority area to build is going to be immediately.

Interviewer: Thank you very much. Can you think of what else would you like to monitor in regard to water besides the water level? Do you have anything else you would like to or which way you think it is useful to monitor via for example a volunteer who is sending a coded SMS?

Interviewer: Yeah actually when it comes to the water related diseases for example diarrhoea they were monitoring about that and they were closely watching that and then they were reporting any case for me this is the community case definition they are the one

who's who's reporting on that and then we are also looking at the threshold if the case is reached the threshold immediately we provide in that area they also do they offer to do hygiene and health promotion activities and also we notify the surrounding communities in that community to also to be notified to know that there is an increase in cases in that community. What they do is to you know tell and you know the community that there is an increase in cases of diarrhoea in the community due to the water related problems and in that case they were providing that information. Again they were reporting to SRCS and SRCS is again they go to the community they visit what they do is they if there is a lot of cases received in that community we shift a mobile team who can do case management at community level and that and you know the case management they do at community level and if there is needed another support it is the time that SRCS immediately you know and with the collaboration and with the Ministry of Health to contain the outbreak in that area so always it depends the scenario.

Interviewer: Thank you for your answer and the insights. How do you currently or for example a scenario the volunteer is sending that the berked is empty and that they don't have water or only very few water but all resources are taken and trucking is not possible. How could one prepare for that situation so that for example the SRCS does not lose trust and so how would you communicate and synthesize the community about the possibility that response might not always be possible?

I: Okay and normally community volunteers they are reporting health risks in the community, health related diseases in the community mainly those who can make outbreaks like good water diarrhea like measles, COVID-19 recently and then the community so that the main you know and health risk is there looking at that community level so that's one thing. The other thing when it comes to the water for example as you mentioned if the water level of berked became you know less or scarce and then what they do is that they provide hygiene and health promotion activities but those who are community leaders are the one who tells the SRCS or other partners or the government that there is a water shortage but sometimes they buy themselves they collect the money between them then they buy water and then they use water trucking for themselves and then for example two or three families they go together they bring their money together and then they buy one water tank to take you know water to their community so that's what initial phase when they do but when you know for example the people they are depending on their livestock and then if there is a drought the livestock become weak or die and then when they see that they are not afford to buy this water or trucking that water this is the time they talk to the other NGOs or the government and say we need support when it comes to me and this only not only and when it comes to the water trucking not only for the government and not only for the NGOs and even the normal people they participate there is a you know people who are good willers and then try to get money from the people who are you know those who have something

and then they gather that money and then they buy that money for water and then they distribute according to the need and how they are looking at where the magnitude of the they are looking at where the magnitude of the problem exists and then they refer this water to the to the community so in that case it has different levels so one they can manage themselves and the other level that they can request the NGOs and all these things and the last stage where everybody in the community whether in the urban or rural areas is participating to support each other and one of the good things i can mention is that you know the Somalis they support a lot each other when it comes to the disasters or something like that.

Interviewer: Great, thank you for your answer. Good to hear. I think one last question in regard to water quality. Do you know of a way locally how people can access or assess their water quality? So for example, the volunteer can see that the water quality in the berked is not good and now can ask for water purification tablets. Do you know of a way to monitor that locally?

I: Thank you very much for your question. When it comes to the volunteers, for example, water may be clear in colour, but when we are using it, it is contaminated. So we cannot decide by the colour. Actually, what they do is that is prevention, to do early prevention instead of waiting when the colour of the water changes or there is a remnant in the water or something like that can be clearly seen. What they do is that early enough when there is a water shortage, they tell the people if there is a water shortage, there is a lot of related waterborne diseases, mainly diarrhea is one of it. So that they provide hygiene and health promotion. How, you know, and SRCS, we distribute amount of aqua tablets per month or SRCS sink to the volunteers so that they can manage at community level if there is a case. So when it comes to the aqua tablets, they provide throughout the year so that the household level can be used because the end user is the household when water comes to their community, whether it's trucking or where it's berked or where it's surface water whatsoever. So, you know, early, what we train is for the community, volunteers is not to wait until the people become fall sick, but in a professional mechanism. So they do all these things. They do awareness raising, hygiene and health promotion sessions by doing, for example, group sessions by visiting house to house, visiting to meeting and all these things. And we're talking about that we thought that at that time is related, you know, what's going on in the community.

Interviewer: Thank you for your answer. I only have two more questions, if you're okay with that.

I: I'm okay, no worries.

Interviewer: Looking at this water monitoring approach. What are your thoughts about that? What would you wish for? How you can do you have any any more, you would like to add to that?

I: When it comes to the water monitoring. Okay. You know, in our context, water monitoring, when it comes to the urban areas, yes, water, there is an agency who is responsible for water supply. They do what's called a den, a chlorination of the water, and then they have the one who's responsible. So we don't have any issue with that. But when it comes to the rural areas, and nomad areas, is the way we have the problem. And, for example, mainly 70, around 70% of our community, they live in the rural areas. And then there is the, there, you know, there, where there's a lot of, you know, water trucking and then berkedes use and all these things happening. So in that case, as a SRCS, what we do is to provide any necessary support at the community level. When it comes to the monitoring of one of one of that. For example, when we do rehabilitation of berkedes, we also train the community themselves is the proper use of the berkedes, and then the safety of the water. And again, how you know to monitor that the water is contaminated. For example, one of the things that contaminated water is, is the, you know, when they are using the, the water themselves because they were when they are using or taking water from the berked is that that is the time that they can contaminate. So we provide a training, the community, and also we give them was called the ownership of the of the berkedes if the SRCS rehabilitated or build a berked for for them. It is not for SRCS for the community so the community think take the responsibility to monitor and, and, you know, and have the ownership of the berkedes and all these things.

Interviewer: Thank you. I mean, one, one additional question, and because how big our berkedes, usually, how long does water last.

I: You know, it depends. The community who are using it. Sometimes it can last within three months, sometimes it can last one month. Sometimes it can last for half a year.

Interviewer: Okay. Yeah, well thank you. Yeah, I was just wondering if it's just like a week or a month. So that gives me some more information. For the last question, would you like to add anything else would you like me to know something that I should not forget, or which, on what should I focus. What do you think, do you have anything more you would like to add?

I: Okay, thank you very much. What I would like to add is that, for example, when it comes to the NYSS and NYSS platform. We have the system or the NYSS platform is very effective and very supportive. And we can identify immediately if there is a health risk in the community. Also, we have sometimes a challenge about the SMSeagle. Because the SMSeagle is a device that, for example, captured all these messages coming from the community and also uploaded to the NYSS platform, which is cloud based. In that case, sometimes there was a problem about the function of the SMSeagle. So, several times we have encountered that it failed. And then we have got a gap to get these reports. So that gap sometimes can carry it not to identify early enough if there is a, you know, health risk coming from the community. So that's one of the issue I would like to highlight. The other thing is okay. Thank you very much. Really appreciate it.

Interviewer: Thank you so much for your time, Mr. Balidi. It helped me a great, great lot to understand. It's not always easy to understand things from so far away, but I try to do my best and I'm very thankful for your help.

I: Okay. Thank you very much. And anytime you have a question, I will be available for you to support your thesis.

Interviewer: Thank you. Oh, it's just not only for my thesis. I want to do good work so you can continue helping people and do your job. I would like to support that. That's all.

I: Okay. Thank you.

Interviewer: Thank you very much for your time.

I: Okay. Bye. Bye.

Interviewer: Bye. (2023-03-04_Beledi, Pos. 1-43)