Youth Development through Football in Zambia

DETAILED INTRODUCTION COURSE
TRAINING MANUAL FOR THE TRAINING OF TRAINERS
Imprint

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Preamble

Every year some 3.4 million people, mostly children, die from diseases associated with inadequate water supply, sanitation, and hygiene. Over half of the hospital beds in the world are filled with people suffering from water and sanitation related diseases. In 2002, participants in the World Summit on Sustainable Development in Johannesburg, South Africa, made a commitment to reduce by half the proportion of people without access to basic sanitation by the year 2015. The United Nations Development Programme (UNDP) believes that this target can only be achieved through empowering individuals, households, and communities to take charge of their own development.

Children suffer disproportionately from diarrhoeal and respiratory diseases and deaths. But research shows that children—the segment of society so often the most energetic, enthusiastic, and open to new ideas—can also be part of the solution. Ideally situated at the intersection of the home, school, and community, children can be powerful agents of behavioural change.
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ACRONYMS

BMZ: German Federal Ministry of Economic Development and Cooperation
BSA: Breakthrough Sports Academy
DTF: Devolution Trust Fund
FAZ: Football Association of Zambia
GDC: German Development Cooperation
GTZ: German Technical Cooperation
H & H: Health and Hygiene
J-WASHE: Join Water and Sanitation Hygiene Education
NAC: National Sports Council of Zambia
PR: Public Relations
SARS: South African Department of Sports and Recreation
WASHE: Water, Sanitation and Hygiene Education
WASAZA: Water and Sanitation Association of Zambia
WSS: Water Supply and Sanitation
YDF: Youth Development through Football
GLOSSARY

**Contaminate:** To make unclean by adding something harmful.

**Contamination:** The state of being impure because of contact with something harmful.

**Dehydration:** Loss of fluid. Dehydration is one sign of diarrhoeal disease related to unhealthy sanitation.

**Excreta:** Faeces and urine

**Germs:** Tiny living things that can spread diseases. Different germs cause different health problems and spread in different ways.

**Hygiene:** Things people do to stay clean and prevent the spread of germs.

**Hygiene promotion:** A planned approach to preventing diarrhoeal diseases through the widespread adoption of safe hygiene practices that begins with and is built on what local people do and need.

**Microorganism:** An animal or plant or germ of microscopic size.

**Personal hygiene:** Personal habits, concerning cleanliness of one’s body, food and water that lead toward health.

**Pit latrine:** Latrine with a pit for collection and decomposition of excreta from which liquid infiltrates into the surrounding soil.

**Sanitation:** Managing human waste in a safe and healthy way.

**Tools:** Techniques and materials used by the facilitator to help the group work through an activity. They are adaptable to the environment and circumstances of the target group. Facilitators can also add to them based on the basis of their experiences.

**Transmit:** To spread or pass on something.

**Water-borne disease:** Diseases caused by pathogenic microorganisms (germs) that are directly transmitted when contaminated water is consumed.

**Water-site-related disease:** Diseases which are spread by insects that breed in or near water. Transmission occurs when the insect becomes infected with the disease from biting an infected person or animal, and then bites and infects another person.

**Water – washed disease:** Illness that can be avoided – or washed off – by using clean water.
1.0 Youth Development through Football

The general objective of the Youth Development through Football (YDF) is to utilise the power of football to empower youth and improve their life skills in South Africa and other African countries. YDF’s political partner is the South African Department of Sports and Recreation (SRSA), aligned to “Legacy campaign”. YDF’s vision is to make the world a better place using football. YDF has four result areas:

1. Government entities and nongovernmental organisations (NGOs) are enabled to implement youth empowerment through sports initiatives;
2. Youth empowerment through Sports for Development concepts,
3. Methods and tools are developed;
4. Training of project partners is supported;
5. A system for the exchange of knowledge and experience has been set up and operates;
6. Sport-for-development events’ are used for educational, motivational and promotional purposes.

Scientists say that Football can:

- Contribute to physical and psychosocial health and development,
- Build self-awareness, self-esteem and confidence,
- Improve judgment and problem-solving and decision-making abilities,
- Provide opportunities to release aggression and decrease anxiety,
- Facilitate the acquisition of positive values (personal responsibility, active citizenship etc.),
- Enhance employability by nurturing the development of transferable life and social skills, which include self-efficacy, resilience, leadership, perseverance, teamwork and cooperation.
 Objective and Use of the Training Manual

The purpose of this training manual is to enhance the capability of football trainers to provide water supply and sanitation related health and hygiene basic facts and information. After undergoing an intensive training on water supply and sanitation related health and hygiene issues the coaches will possess first hand information, which can then be applied to their real life situations in communities during the football training sessions. Equipped with leadership and life skills they can act as peer educators and train and positively influence girls and boys to make informed decisions on issues that affect their lives.

The football coaches will be sources of simple health and hygiene messages to be delivered opportunistically on an ongoing basis. The coach will introduce daily practices that are demonstrations of good health and hygiene practice which he/she and the girls and boys will perform before, during or after the trainings. The coach should therefore be able to demonstrate the behaviour advocated. Children may ask their own questions and the coach should be able to answer them. For example, these might include the following:

- Why is more hand washing necessary if the child has already washed her hands after ‘dirty’ activities like defecation?
- How many times must the children wash their hands in a day?

This dissemination of health and hygiene messages can continue on subsequent contacts - every encounter between a coach and a child or any community member is an opportunity to impart health education.

Practical Issues for Football Coaches

1. The coach should have read through the manual carefully ensuring that she/he understands the contents, the purpose of each topic and activity as well as the expected result.
2. The successful communication of the health and hygiene messages depends on the successful implementation of a communication strategy provided within this manual. Coaches are expected to analyze the type of target group they are dealing with and adjust the strategy as need may arise. This manual shall be seen is a flexible tool that can be altered to suit the needs of the beneficiaries.
3. The development of an effective health and hygiene education programme requires a clear understanding of people’s present behaviors, perceptions and priorities related to health problems.
So, at the start of a health and hygiene education programme, the coach needs to learn more about how girls and boys behave and why they behave the way they do, what health problems they perceive and what difficulties they face in overcoming these problems.

4. Coaches are expected to obtain first hand information on the communities in which the health and hygiene programme will be implemented prior to facilitating football, health and hygiene trainings. The trainers are to obtain basic secondary information on the target communities/groups from relevant national offices such as the National Ministry/Department of Health, local health centers, statistical offices, other organizations, which have or are currently undertaking similar programmes in the area.

5. Coaches shall seek support from local political and community leaders.

6. The trainers should also consult the social and technical staff from the WSS service providers.

7. Coaches must ensure that the chosen method will effectively address the planned content (knowledge, attitudes and skills) and enable the child to learn in a joyful and interesting way.

The Zambian Case:
How sport trainers become peer educators for water supply and sanitation related health and hygiene issues

Since simple low-cost health and hygiene related interventions can prevent water borne diseases and have huge positive impacts, especially on the life of children, YDF has focused on developing water and sanitation related health and hygiene skills in youth since its implementation in Zambia in 2009. The Zambian YDF programme builds on existing initiatives and structures which are already successfully working in the field of water supply and sanitation and in youth development through football. It is implemented by the GTZ Water Sector Reform Programme and its water sector partner institutions, the National Water Supply and Sanitation Council (NWASCO), the Devolution Trust Fund (DTF) and the Water and Sanitation Alliance of Zambia (WASAZA) in cooperation with YDF South Africa. Water and sanitation projects of the Devolution Trust Fund in four (4) different regions throughout Zambia serve as entry points. In addition, the YDF programme in Zambia works together with the EduSport Foundation and the Breakthrough Sports Academy. In cooperation with YDF South Africa, the GTZ Water Sector Programme in Zambia has developed a toolkit for water and sanitation related health and hygiene education which aims at strengthening existing sport initiatives. The toolkit comprises an event module, an instructor’s manual and a manual for coaches. These ‘tools’ serve to train sport trainers in a curriculum which uses football training and sport events to address issues of concern and relevance to youth and aims at changes in the behavior of young people. Sport partners, mainly from civil society, learn how to use the toolkit to empower communities through active participation in sport and at the same time contribute their experiences. Football coaches and players will be well trained on water and sanitation related health and hygiene issues and on HIV and AIDS prevention.
Health Communication and Information Diagram

1. **Information**: clear messages about health and behaviour.

2. **Attitude & value clarification**: relating these messages to local practices, perceptions.

3. **Skills building**: enabling the chosen behaviours to be practically achieved through a problem solving approach.
3 The relationship between Water, Sanitation and Disease

Many of the diseases and infections in communities are caused by unclean water and/or poor sanitation. Water borne diseases are passed from one person to another through the faecal-oral route. Diseases are spread when the faeces of a sick person contaminate water. The faeces from a person who has a stomach sickness contain germs (microorganisms), which can make other people sick. When the faeces contaminate the water, everyone who drinks the water may get sick. Typhoid, Cholera, Diarrhoea, amoebic dysentery, Polio and Hepatitis are diseases that may be transmitted this way.

The following are the four main ways by which excreta can get into water:

1. When people or animals defecate in the bush, rain water may wash the excreta into wells or rivers.
2. When people or animals bathe, urinate, defecate in a river or stream;
3. When latrines are located uphill from or very close to a water source such as a spring, a stream, a pond or a well, liquids carrying the micro-organisms seep from the latrines into soil and then into the water supply;
4. When wells are not covered or protected, the well water can become polluted when germs wash into the well with mud on the rope or bucket; if water containers are contaminated (i.e. by dirty hands or dirty water) then the clean water put into those containers may also become contaminated.

Safe drinking water and proper sanitation are essential to life. Scarcity of water compounded by inadequate sanitation and poor hygienic practices causes common diseases that become risks to public health.

Common health problems related to poor water and sanitation include:

- Water borne diseases (i.e. Cholera, Dysentery, etc)
- Water washed diseases (i.e Scabies)
- Water vector diseases (i.e. Malaria)
- Water related diseases (i.e. Trypanosomiasis)
3.1 Diarrhoea - disease and transmission

Human faeces are the main source of diarrhoeal pathogens. They are also the source of shigellosis, typhoid, cholera, all other common endemic gastro-enteric infections, and some respiratory infections: just one gram of human faeces can contain 10 million viruses and one million bacteria. These pathogens are passed from an infected host to a new one via various routes. While the routes are numerous, they all emanate from one source: faeces. While secondary measures (food handling, water purification, and fly control) may have an impact, far more important are the primary barriers – sanitation and hand washing – after faecal contact. These barriers prevent faecal pathogens from reaching the domestic environment in the first place.

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<td>What causes Diarrhoea? (Channels of transmission)</td>
<td>Germs found in human faeces entering the mouth. Germs can be spread in water, food and by dirty hands or objects. Example: a mother with dirty hands or dirt under her nails preparing food for a baby; a child eating</td>
</tr>
<tr>
<td><strong>Why is diarrhoea dangerous?</strong></td>
<td>Diarrhoea causes children and adults to lose too much liquid from their bodies and can result in death. Diarrhoea can also cause or make malnutrition worse because: Nutrients are lost from the body; Nutrients are used to repair damaged tissue rather than for growth; a person suffering from diarrhoea may not feel hungry; mothers may not feed their children normally if the latter have diarrhoea.</td>
</tr>
<tr>
<td><strong>How can you tell if someone has diarrhoea?</strong></td>
<td>Their stool contains more water than usual and may also contain blood. Evidence of diarrhoea is three or more loose watery stools in a day (24 hours).</td>
</tr>
<tr>
<td><strong>What should you do if someone has diarrhoea?</strong></td>
<td>1. Give plenty of liquids to drink. Give any of the following fluids: breast milk; oral rehydration solution; plain water (boiled and cooled); soup, rice water, yoghurt; juices, weak tea, coconut water, cooked cereal. 2. Give food 3. Seek trained help, if the diarrhoea is serious.</td>
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<td><strong>What can be done to prevent people from getting diarrhoea?</strong> (Preventive measures/Blocking transmission routes of germs)</td>
<td>1. Safe disposal of faeces, particularly faeces of young children and babies as well as that of people with diarrhoea. 2. Handwashing after defecation or handling faeces, before feeding, eating, or handling food. 3. Maintain drinking-water free from faecal contamination, in the home and at the source.</td>
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Three key hygiene practices can block the faeces transmission pathways and prevent Diarrhoea:

1. Dispose faeces safely!
2. Drinking safe water!
3. Wash hands with soap at critical times!
3.2 Flies
Flies are a major vector of concern. They can breed and feed on decaying organic matter (i.e. rotting vegetables, animal carcasses and faeces). Flies carry bacteria from decaying matter into food, skin and eyes.

Flies can be controlled by:

- Refuse, decaying matter and faecal matter must be buried or burned
- House surroundings must be kept clean at all times
- Food utensils must be kept clean
- Food must be protected from flies
- Streets, roads, markets and other public places must be kept clean by members of the community
- Insecticides in a limited way can be useful in controlling flies
- Fly screens on windows should be encouraged in houses and especially rest houses

3.3 Food safety
The aim of food safety is to prevent food from becoming contaminated at any stage of production, collection, preparation, processing, storage, sale, and consumption.

Faecal material may contaminate the food in various ways:

- Fingers: by not washing hands after using the toilet.
- Flies: by leaving the food uncovered.
- Fields and
- Fluids: by improper construction of latrines and contaminated water supplies.
- Food: being contaminated before consumption

3.4 Personal hygiene
Some diseases are caused when people do not use enough water for personal cleanliness. Water washed diseases are spread when people do not use water to:

- Bathe frequently!
- Wash hands before meals and after defecation!
- Wash clothes and household utensils!
- Wash fruit and vegetables!

Examples of transmission are:
- A mother who does not wash her hands after caring for a sick baby (handling baby’s faeces) and thereafter contaminates the food she prepares for her family.
Excreta such as animal manure are used as fertilizer in gardens. Vegetables from such gardens may carry micro-organisms causing illness. If the vegetables are not carefully washed before they are eaten, disease may be spread. The gardener working in the garden may also have micro-organisms on his hands. He must always wash his hands after working and before eating.

Some water washed diseases are infections of the skin and eyes. Trachoma, an eye disease, and scabies, a skin infection, are examples. These infections can be caused by lack of personal cleanliness. They can be reduced by using more water for personal washing. Sores can develop on the skin of people who do not wash their bodies.

Some water washed diseases are carried by flies, lice, mites or ticks. Louse-borne fever and relapsing fever are examples. If you wash your body often, the fleas, lice, mites and ticks will not stay on your body and cannot cause disease.

Box 3: Rules of personal hygiene:

- Do purify drinking water if the water supply is contaminated.
- Do wash water storage containers and dippers often.
- Do not put your fingers into water containers when taking water out.
- Do make sure that household water containers are emptied at least every 3 days so that mosquitos will not have a chance to breed.
- Do cover household water containers in order to keep out dirt and insects.
- Do cover all food in order to keep flies and other disease carrying insects from contaminating food.
- Do wash hands after defecation or after handling children’s or babies’ faeces. Use soap if possible.
- Do wash hands before preparing or eating food. Use soap.
- Do bathe frequently in order to prevent skin and eye infections.
4 What Can Change Behaviour?

Three key forces are involved in behavior change: drivers, habits, and the environment, which can facilitate or hinder behavior change. Moving behaviors from one point to another requires one or more of the following:

- Lowering barriers in the environment so as to facilitate change;
- Transforming old habits into new ones; and
- Finding drivers that can create new habits.

Environmental facilitators and barriers are factors that enable or hinder i.e. the act of hand washing with soap. Facilitators might include i.e. easy access to water and/or the low cost of soap. Barriers might include i.e. prohibitively expensive or unattractive soap, lack of hand washing facilities, and strong cultural prohibitions against washing on certain days.

Barriers need to be first understood and then addressed. If the distance to clean water is a barrier, the WASHE can point out that a small amount or recycled water suffices. A common barrier is an attitude that one cannot escape one’s destiny; thus, being poor is predetermined and dirtiness is simply part of poverty.

Habits are ingrained and sustained behaviors, often developed in childhood. Once people have acquired ingrained and habitual behaviors, they are not easily lost. The task for hand washing promotion is not to achieve a single hand washing event, but to instill a routine and sustained habit that happens automatically with every contaminating event.

Drivers are innate and learned modules in the brain that motivate particular behaviors. They come in the form of emotions and the feelings that people report when carrying out particular behaviors. Discovering drivers is key to successfully promoting i.e. hand washing. As with risk practices, determining drivers can be difficult because they may be buried in the subconscious and there may be perceptions of shame or embarrassment in reporting them, i.e. using soap to heighten sexual attractiveness.. Some women, especially in rural areas, still adhere to a practice of not washing a child under the age of one under the age of one for fear of reduced life expectancy. They may also reduce soap use during pregnancy to avoid harm to the unborn baby. Some women also still believe that hand washing with soap might reduce fertility.
5 WASHE and Football

“Don't give unsafe water, unmanaged waste, contamination, worms and improper toilets a chance”

Issues of health and hygiene are central to every human life and the earlier this fact is embedded in children and youths, the higher the chances of achieving and sustaining positive results in their generation and the community as a whole. Health and hygiene education has four (4) key messages:

1. Safe disposal of human faeces at household and community levels with a special focus on small children’s faeces (1-5 years) and emphasis on eradication of worm infestation among children.
2. Personal behavioral change: Prevention of Diarrhoea through hand washing with soap at all critical times.
3. Water for drinking and cooking: Safe use, treatment and storage.
4. Solid and liquid waste disposal on community and household level.

Box 5: Trainers are expected and advised to analyse the type of target group they are dealing with in order to disseminate only what is applicable and suitable. For instance, in the Zambian culture, it is improper to discuss the clogging of sewer pipes due to careless disposal of used condoms with children aged 12 years or below.

5.1 TOPIC ONE: FOOTBALL AND SAFE WATER USE

KEY MESSAGE: Safe use, treatment and storage of water for drinking and cooking

OBJECTIVE: To educate children on the importance of drinking treated water from a reliable source; the importance of fetching water with a clean container; and the need to avoid contamination after the water has been fetched via safe storage and use of clean containers.

ISSUES: - Contaminated water from unsafe sources is widely used;
- Water from unsafe sources is not filtered, boiled or chlorinated;
- Surroundings of wells and water points are dirty and without proper drainage: Rubbish, stagnant water, chickens, dogs and pigs using the place are frequent sights;
- Water from wells and collection points is fetched and stored in containers which are not clean – thus polluting the water at source;
- Water containers are stored on the ground – chickens and dogs drink from it;
- Children take stored water strait with dirty hands.
FACTS:
• Germs/micro-organisms are so small that they cannot be seen with one’s eyes. Even water that looks clean may be contaminated.
• When containers and dishes used to store water are contaminated, treated water that is fetched from a safe water source e.g. water kiosk, may become contaminated after it is collected. Containers and other storage utensils should therefore be kept clean at all times.
• Use of a dirty dipper to fetch water from a storage vessel can also contaminate treated, safe drinking water.
• Drinking water can become contaminated by feaces during transportation from a water source, during storage, and during serving.

PRACTICAL ISSUES: DO AS I DO

A few minutes before every training session, the coach/trainer provides a container or vessel and accompanies some children to the nearest source of safe drinking water. At the water source, the coach observes how the children fetch water and demonstrates the right way this should be done.

Before every training session, the coach educates the children on the importance of drinking safe water, its usage, safe storage, drinking straight from container, clean hands and cups etc.

5.2 TOPIC TWO: FOOTBALL, SOLID WASTE DISPOSAL AND STAGNANT WATER

KEY MESSAGE: Proper disposal of solid and liquid waste as and the adverse effects of unmanaged solid and liquid waste.

OBJECTIVE: To promote understanding of the health risks of rubbish in yards and neighbourhoods (diarrhoeal and eye infections) and eradicate the impact of waste disposed of in open sewers and toilets.

ISSUES: Rubbish (e.g. plastic bags, fruit and vegetable peels, broken construction material) in backyards, fields and open sewers invites mosquitoes and flies, dogs and pigs – all feeding on and breeding in decaying waste remains.
Rubbish invites more rubbish and people defecating there. Rubbish in ditches and open sewers - they get clogged and overflow: Results in smelly waste water puddles and sewerage ponds. In rainy season: Sewerage flooding Sanitary napkins and condoms are disposed off in toilets – pipes get clogged and burst: Sewerage stagnates openly in puddles and pollutes ground water.

**FACTS:**

- Stagnant water is a medium for transmission of water site-related diseases; diseases which are spread by insects that breed in or near water.

- Transmission of water-site-related diseases occurs when an insect becomes infected with the disease from biting an infected person or animal, and then bites and infects another person e.g. Malaria, Yellow Fever and River Blindness.

- These diseases can be transmitted at the place where the people come to get their water. For instance if a community tap or well site is not properly drained and causes muddy puddles or swampy areas, mosquitos and flies may breed there. These insects can become carriers of disease and may infect many of the people who come to collect water.

- Uncovered water standing in the community or home may also be breeding grounds for insects. Water standing in gutters, in coconut shells, tin cans, even in the household water containers can become breeding places for insects that spread disease.

**PRACTICAL ISSUES**

The coach should divide the children into two groups which will take turns in collecting any garbage on the pitch and surrounding area before and after a training session. The coach should also ensure that the children wash their hands after the garbage collection.

During the first meetings, children could dig drainages around the pitch in areas where stagnant water could gather and should continually clear off any water that tries to collect near the pitch.
5.3 TOPIC THREE: FOOTBALL AND HANDWASHING WITH SOAP

KEY MESSAGE: Enhancement of personal behavioural change aimed at preventing diarrhoea through hand washing with soap at all critical times.

OBJECTIVE: To promote understanding of the importance of hand-washing with soap always after contacting stools e.g. after defecation, cleaning a child’s bottom and before handling or eating food.

ISSUES:
- Diarrhoeal infections are the second most common cause of death in children and under five. A review of more than 30 studies found that handwashing with soap cuts the incidence of diarrhoea by nearly half.

- Diarrhoeal diseases are often described as water-related, but more accurately should be known as excreta-related, as the pathogens come from faecal matter.

- The pathogens make people ill when they enter the mouth via hands that have been in contact with faeces, contaminated drinking water, unwashed raw food, unwashed utensils or smears on clothes. Handwashing with soap breaks the cycle.

- Acute respiratory infections like Pneumonia are the leading cause of child deaths. Handwashing reduces the rate of respiratory pathogens that are found on hands and surfaces and by removing other pathogens (in particular, enteric viruses) that have been found to cause not only Diarrhoea, but also respiratory symptoms.

FACTS:
- Handwashing is one of the most effective means of preventing diarrhoeal diseases, along with safe stool disposal and safe and adequate household water supply.

- How should hands be washed? The evidence suggests that soap – any soap – and water adequately remove microbes containing dirt from hands. Antibacterial soaps or other hand-sanitizing technologies have no additional advantage. Hands have to be fully covered with soap and then rinsed off.

- The cause of low handwashing rates is rarely a lack of soap. Soap is present in the vast majority of households worldwide, but it is commonly used for bathing and laundry, not handwashing.
• Lack of water is usually not a problem either, as hands can be effectively washed with little, or recycled, water. In studies around the world, the main reason given why rates of handwashing with soap are so low is that it is simply not a habit. As noted, handwashing after contact with faeces is usually the best way to reduce the risk of faecal-oral transmission of gastrointestinal pathogens.

• However, because this practice is unlikely to ever be universal and because sanitation may also be poor, it is also important to wash hands with soap before contacting, eating, or feeding food. This means that handwashing at three junctures is critical: after using the toilet, after cleaning up a child who has defecated, and before handling food.

• Handwashing with soap works by interrupting the transmission of disease. Hands often act as vectors that carry disease-causing pathogens from person to person, either through direct contact or indirectly via surfaces.

• When not washed with soap, hands that have been in contact with human or animal faeces, bodily fluids like nasal excretions, and contaminated foods or water can transport bacteria, viruses and parasites to unwitting hosts.

• Diseases may be introduced or passed on by eating raw (uncooked) food, such as fruit, milk, meat and vegetables. Children should know that food prepared and/or eaten with dirty (un- or incorrectly washed) hands, can lead to or pass on
PRACTICAL ISSUES: DO AS I DO

Coaches should teach children to keep soap clean. Before the training begins, but after children have collected waste on the pitch, the coach should ensure children wash their hands with soap in a hygienic manner and leave the soap clean for the next user. Consider use of ‘Tippy Taps’.

Children should also be groomed into properly washing their hands at the end of each training session. Before they go home, the coach could ask a few children to mention the critical times at which they will wash their hands at home and why they should use soap if it is available. In order to prevent faecal – oral transmission, it is important that hands are always washed at the following “critical times”:

- Before handling food and eating
- Before handling water
- After visiting the toilet and cleaning baby’s bottom
- Before scooping water to drink
- Before preparation and serving meal.

5.4 TOPIC FOUR: FOOTBALL AND WORM INFESTATION

KEY MESSAGE: Promotion of the understanding of soil and water transmitted worms, the danger of worms to children and the importance of regular de-worming and hand washing with soap always after contacting stools and before food.

OBJECTIVE: To educate community members on the high risk of contact with worms (hookworms, roundworms, and whipworms) and snails that cause Anaemia, Bilharzia and retard the growth and increase vulnerability of children to carry highest load of worms and cause them to be often sick and absent.

ISSUES: Children in the age range of 5-14 are particularly prone to infections of round worms and whip worm and there is evidence that this, along with guinea worm and other water related diseases, including Diarrhoea, result in significant absences from school.

- Open defecation in gardens, close to water ponds, near roads and tracks, behind the house and open drainages. Small children defecate everywhere.

- Animals, like chickens, pigs and dogs are moving around freely and their stools are left lying in the open.

- Old stools which may not even be seen, are more dangerous than fresh ones: Worm eggs take over a week to get infectious and eggs can survive many months in soil.
- Water is fetched from open sources.
- Children rarely wear slippers.
- No regular de-worming at schools; no opportunity for deworming the whole family.

FACTS:
- The three most common soil-transmitted worms affecting children are Roundworms, Whipworms and Hookworms. In the first two cases, children are infested when they eat unwashed foods grown on soil contaminated by worm eggs. Children are infested with Hookworm when they walk barefooted and the larvae on soil burrows into their skin.

- Worm infestations often cause serious health problems and impact a child’s ability to attend and perform well in school. By robbing children of some of the food they eat and affecting the way food is absorbed, worms take away essential nutrients – especially iron – and contribute to Anemia, Malnutrition and stunted growth. Chronic infestation can lead to long-term retardation of mental and physical development. The most severe worm infestations can lead to death.

- Positive hygiene practices are essential for the prevention of worm infestation. Worm eggs are passed out through the human faeces of infected persons, and grow on soil and in water when faeces are left out in the open. Using a latrine/toilet, handwashing before eating and after using the latrine/toilet, proper disposal of faeces and washing of all fruits and vegetables in clean water are critical practices to break this cycle of infection.

- Symptoms of worm infestation depend on the type of worms, but the more common signs include loss of appetite, swollen or painful abdomen, coughing, fever, vomiting, diarrhea and listlessness.

- Diarrhoeal and respiratory infections, Hepatitis A, urinary tract infections, constipation and intestinal worms have detrimental effects on children’s cognitive and educational achievement.

- These diseases can be linked to absenteeism and lack of concentration, which can lead to repeating of classes or even dropping out from school. These diseases are all linked with poor hygiene both in and out of the school. The evidence suggests that the two key preventive behaviors are the proper use of school toilets, and hand-washing with soap after the use of toilets and before eating.

- Snails, which are an intermediate host for Bilharzia (Schistosomiasis), breed and live in ponds, swamps and slow flowing streams and rivers. Snails can be controlled through the following measures: vegetation along water edges to be cleared at all times;
Water channels to be cleared so that water flows faster and makes snail breeding more difficult; urination and defecation, especially near water should be discouraged; use of sanitary facilities (traditional pit latrine or VIP) should be promoted; people should be discouraged from bathing and swimming in stagnant water.

**PRACTICAL ISSUES: DO AS I DO**

At the onset of every training session, coach ensures that every child is wearing shoes and asks a few children to state the importance of wearing shoes or slippers at all times if possible.

During breaks or free time the coach asks the children for a role-play depicting worm infestation and the adverse impact of worms on the child.

### 5.5 TOPIC FIVE: FOOTBALL AND TOILET USAGE

**KEY MESSAGE:** Promotion of the proper use of toilets and avoidance of open defecation.

**OBJECTIVE:** To promote understanding of the benefits of having a toilet and to promote behaviour change e.g. refraining from throwing stones, cardboard and other rubbish in the toilets.

**ISSUES:**
- Although toilets exist in peri urban and low cost areas, as well as in schools, they are often dysfunctional.
- It has been discovered that children do not want to use toilets because of the following reasons:
  - Most toilets are filled with excreta.
  - Some toilets are so dirty and smell badly that people have to hold their breath if they have to use them or they must totally resort to open defecation and urinating outside which is also a health hazard.
  - Privacy concerns- boys and girls using the same toilet which makes the girls feel embarrassed because they feel the opposite sex must not know when they want to use the toilet.
  - No provision of toilet paper – which leads to children using card box, sticks and smearing faeces on the wall with their fingers because toilet paper is not provided.
  - No facility for sanitary disposal which makes the girls to flush them thereby contributing to blockages.
FACTS: 

- If people or animals defecate or urinate in the bush, rain running over the bush may wash the excreta into open wells and rivers.

- If people or animals bathe, urinate or defecate in a river, lake or dam, that water will also be contaminated and when people drink it, they will fall sick.

- Even a small amount of excreta from an infected person could cause illness in a large number of people who drink the water.

- The risk of contamination from a baby’s excreta is just as great as that from an adult’s excreta.

- Human faeces are potentially dangerous, malodorous and have been incriminated in spreading faecal oral diseases. In fact a large number of diseases are spread directly through man’s contact with human excrement, indirectly through water, food and soil, or via carriers and vectors like flies, cockroaches etc.

- Since babies and children often put dirty hands and objects in their mouths, the risk of contamination is even higher for them.

- Improper siting of pit latrines could lead to contamination of the water supply. Pit latrines should always be at a lower elevation than the water source and never uphill from or very close to water source such as an open well or river. Note that the aim is not to discourage the target group from using pit latrines as that may be their only possible sanitary facility; the aim is to educate them on proper siting and possible contamination of a water source from liquids from the pit latrine that may carry deadly micro-organisms.

PRACTICAL ISSUES

The coach ensures that a proper toilet is accessible for use during training sessions and educates the children on proper usage.

Before every training session, a few children educate their friends on proper toilet usage and the dangers of open defecation.

In summary the trainer is the key person entrusted with the responsibility of making sure the children in the community use decent toilets or latrines, utilize a hygienic place to wash hands with soap, have access to safe drinking water and become agents of community behavioural change towards better health and hygiene practices.
HOW TO MAKE A PLASTIC TIPPY TAP

To make this tippy-tap you need:

1) A plastic bottle with a screw-on cap, of the sort that soda drinks come in, and
2) The inside tube from a ball-point pen, or some other small, stiff, hollow tube.

HOW TO DO IT

1. Clean the bottle.

2. Using a heated piece of wire, make a small hole in the lower part of the bottle.

3. Remove and clean the inside tube from a ball-point pen. Cut it off at an angle, and

4. Fill the bottle with water and replace the cap. When the cap is tight, no water should flow through the tube. When the cap is loose, water should flow out in a steady stream. When you are sure that it works, hang it or place it on a shelf where people can use it for handwashing. Keep soap nearby, or thread a bar of soap with string and tie it to the bottle. Push it through the hole in the bottle. The tube should fit tightly.

5. To use the tippy-tap: Loosen the cap just enough to let water flow. Wet your hands, add soap, and rub your hands together under the water until they are clean.
List of References


Information Folder: Youth Development through Football. Pretoria (using the power of football to build a better future)


http://www.globalhandwashing.org/