Sanitation and Solid Waste in Hargeisa Group Hospital

By

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Hargeisa Group Hospital (HGH) established in 1952 is the largest public hospital in Somaliland with large national referral from the rest of the country and the private health sector.
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Chapter one

Introduction

1.1 Background

Hargeisa Group Hospital (HGH) established in 1952 is the largest public hospital in Somaliland with large national referral from the rest of the country and the private health sector.

The Hospital is complex consists of several buildings each containing a single ward and five wards structure of in component each ward 20-30 beds, with an overall capacity of approximately 400 beds (including mental health and payment wards).

System of Administration and Department in Hospital

The system of administration in Hargeisa Group Hospital which is organized organizational system.

In general containing a different department in Hargeisa Group Hospital such as gynecologic and obstetric ward, medical (male and female ward), pediatric (nutrition, neonatology and medical), surgery (orthopedic and general surgery), psychiatric (male and female), theatre, emergency and
ICU, pharmacy, laboratory investigation, blood bank, x-ray and ultrasound ECG, payment, vtc, dental, offices and meeting hall.

The Hospital is faced by severe constraints in many areas, as the only public health facility providing general secondary level health care services, the hospital serves a population that is estimated to be over a per day 150-200.

The number of peoples who are working in hospital are 198 but There are a very limited number of qualified staff, doctors and nurses to cope for the capacity of the hospital; the level of remuneration is inadequate while training, coordination, management and supervision of staff is almost nonexistent or very limited.

The 60 people who are working the part of sanitation. But for the first thing to see is naked solid waste disposal at the back in hospital.

Sources of Income

The hospital receives support from various NGO’s and international aid organizations and supporting agencies, government and hospital it has a income generation the majority of these organizations donating services, finance, medical equipment and medical supplies. In the absence of adequate training, coordination, management and maintenance some significant pieces of medical equipment.

We have a compared the different between Mohamed Sheikh Adan Hospital (Pediatrician Hospital) and Hargeisa Group Hospital all so we have discuses the flowing chapters.

1.2 Statement of Problem

- Naked waste disposal or un enfold waste which is possible spread out acute diseases
First we show that the rubbish like, syringe, food waste and plastics that the patient are used is spread inside the hospital.

- Lack of availability transport of solid waste
- Long time of laying crowded solid waste in the hospital near wards
- The people who are engage to manage the waste did not have any capacity skills and education
- Visiting patient people are left in the hospital plastic bags and elastic water holding bags
- Building of hospital which is not attraction of visuals because it’s a very bad sight,

1.3 Objectives/Aim

- To investigate the situation of sanitation and solid waste in Hargeisa Group Hospital.
- To know the waste disposal storage on particular solid parts
- To know negative impact of patient people
- To evaluate the Standard Service of sanitation in Hargeisa Group Hospital.
- To inform the minister of heath for the situation of sanitation and solid waste in hospital and he to manage waste a future.

1.4 Scope of Study

The area which my researches focus on is Hargeisa Group Hospital which locates center of Hargeisa city.

1.5 Research Questions

1: Why we are undertaking this research?

2: What is the importance to know the general sanitation in hargeisa group hospital?

3: is there a common problem of negative impact solid waste for a laying in hospital?
4: how to see the patient peoples and visited the general sanitation in Hargeisa Group Hospital?

5: how to minimize or control the whole of sanitation and solid waste?

6: how to encouraged the minister of health which a police against the general sanitation and side effect of environmental hazarder?

1.6 Limitations

- Lack of previous data

- The limitation of the study or the constraint faced for the research of this topic, which is not mainly effected was the time constrain which could weakened the reliability and or the value of the date.

- **Time:** the time is cutting every minute as everything is going on, whatever the researcher does is taking a suitable time and the time is little.

- **Cost:** distributing questionnaires and interviews of data collection are the basic cost consuming, the transportation cost, and the cost of the equipments that a researcher use it Works

- **Social Barrier:** although the system of hospital and general director the first time to stop our research.
Chapter two

2.0 Literature Review

This is in our second chapter we are discusses the previous literature review of sanitation and solid wastes and we are adding some idea in Hargeisa Group Hospital, that may be bring in our community tangible benefit or may be it become solution in sophisticated problems that Delay the fitness and health facility.

2.1 Sanitation

Sanitation is the hygienic means of promoting health through prevention of human contact with the hazards of wastes as well as the treatment and proper disposal of sewage waste water and solid waste. Hazards can be physical, microbiological, biological or chemical agents of disease. Wastes that can cause health problems include human and animal feces, solid wastes, domestic waste water (sewage, sullage, and grey water), industrial wastes and agricultural wastes.

Sanitation generally refers to the provision of facilities and services for the safe disposal of human urine and feces. Inadequate sanitation is a major cause of disease world-wide and improving sanitation is known to have a significant beneficial impact on health both in households and across communities. The word 'sanitation' also refers to the maintenance of hygienic conditions, through services such as garbage collection and wastewater disposal. (This world health organization state that sentence)
2.2 Solid waste

Solid waste refers to non-soluble material such as agricultural refuse, industrial waste, mining residues, demolition waste, municipal garbage or even sewage sludge. Most of these kinds of wastes cannot be recycled or rehabilitated for further use.

2.3 Hazardous wastes

2.3.1 Infectious

We met the Director of Hargeisa Group Hospital and discussed with him on the methods used for the end-destruction of biological wastes and contaminated articles in the hospital. In Hargeisa Group Hospital the volume of biological wastes produced within the hospital is large enough in volume.

There is no exposure of the waste in general within the wards, laboratory and operating theatre for such waste is strictly handled in sanitary way. However, to dispose it, no infection control mechanisms are in place, subordinate staff is instructed to dispose it and the hazardous biological waste is dumped where hospital ordinary garbage is collected and the end-product is disposed of in the terminal/dumpsite where city garbage is dumped. Storage of biological waste in the hospital, health centers, private clinics and pharmacies must do in special way to protect public health. No incineration system is adequately done in admit all health facilities except a fan. The situation of the medical laboratory in the management of hazardous wastes collection was also reasonably good. But, still the end destruction was not proper. It was indicated that it is done with incinerator. But the incinerator is not in use either for quite on long time. The infections in both public health and private sector facilities constitute a major public health hazards at all levels there is an urgent need to introduce convenient and safe
infectious waste end-destruction sanitarily, while, a large incinerator is needed to be constructed and used.


Figure 2.1

Figure 2.2

Figure 2.3
Though the medical staff and administrator in this hospital praised themselves on how much improvement in the public health sector has been attained with the meager resources to have, it is nonetheless hard to imagine that someone will use this toilet, let alone that this is actually inside a hospital, where mothers seek help for post and pre-natal care; where mothers deliver babies or a place where someone comes to have an operation and treatment. But is true! This is inside Hargeisa Hospital.
This, in fact, reflects Hargeisa’s public health administration where neither the environment nor the public is protected from this hazardous waste. This example of the work of a poor public health.

Figure 2.4

Administrator, who either lacks the tools, the knowledge, or both, to use his all arsenals available to him in order to protect the public from the exposure to such environmentally hazardous waste. The Hargeisa group hospital administrator, Mr. Mohamoud Sh. Farah, estimates that the hospital needs about $94,0000 to improve its environment (Annex-F). The arsenal, in general terms, of regulatory and managerial tools available for the protection of environmental health is formidable. It includes stringent regulatory controls with highly specific and demanding standards, many of which are backed by penalties for noncompliance. It also includes more analytical and participatory measures intended to help public officials and the general citizenry make prudent policy decisions, neither of which seem to have been considered. However, given the general state of the country where governance is either in total collapse (south central) or lacks the funds and the technical staff to improve this dire situation
(Somaliland and Punt land), one would imagine that all medical facilities in the country are in shambles. To our surprise, however, we found some clean hospitals and medical facilities in Borama city, Somaliland, that have been managed better where the environment and the patients were both protected. (Somalia’s Situational Environmental Health Assessment of Three Zones).

2.4 Disposal of solid wastes

In Hargeisa Group Hospital is a huge problem of solid wastes because there is no appropriate of solid waste disposal, we saw the spread of solid waste inside the hospital such as plastics, pieces of wood, metals, human waste, animal waste, breaking beds, gloves and others. The gloves is a common problem inside hospital when the doctors and nurse the gloves who are working the patient people, it is not crush in disposal waste which is a very danger to spread diseases.

Is there no classified the disposal of biological human waste and non human waste such as the material or instruments that working the patient people. Disposal of hospital and other medical waste requires special attention since this can create major health hazards such as such as Hepatitis B and C, through wounds caused by discarded syringes.

This figures bellowing disposal of solid waste
2.4.1: Dumpsite of Solid Waste in Hargeisa Group Hospital

The area of dumping of solid waste is near (Nasahablod) Mount. and is not far the resident of our local society. Head of sanitary section in Hargeisa Group Hospital told us that they burn when they spread out the solid waste collectively with gasoline to avoid risk of the near people and environmental pollution.

2.5 Health impact of solid waste

Waste that is not properly managed, especially excreta and other liquid and solid waste from households and the community, are a serious health hazard and lead to the spread of infectious diseases. Unattended waste lying around attracts flies, rats, and other creatures that in turn spread disease. Normally it is the wet waste that decomposes and releases a bad dour. This leads to unhygienic conditions and thereby to a rise in the health problems. The plague outbreak in Sutra is a good example of a city suffering due to the callous attitude of the local body in maintaining
cleanliness in the city. Plastic waste is another cause for ill health. Thus excessive solid waste that is generated should be controlled by taking certain preventive measures.

2.5.1 Impact of Solid Waste on Health

The group at risk from the unscientific disposal of solid waste include – the population in areas where there is no proper waste disposal method, especially the hospital pre-school children; waste workers; and workers in facilities producing toxic and infectious material. Other high-risk group includes population living close to a waste dump and those, whose water supply has become contaminated either due to waste dumping or leakage from landfill sites. Uncollected solid waste also increases risk of injury, and infection.

Disposal of hospital and other medical waste requires special attention since this can create major health hazards. This waste generated from the hospitals, health care center, medical laboratories, and research centers such as discarded syringe needles, bandages, swabs, plasters, and other types of infectious waste are often disposed with the regular non-infectious waste.
2.6: Comparison and Differentiation of Hargeisa Group Hospital and Mohamed Sheikh Adan Pediatrician Hospital

We have compared the different between Hargeisa Group Hospital and Mohamed Sheikh Adan Hospital (Pediatrician), and all so to showing the table below.

Table 2.1

<table>
<thead>
<tr>
<th>Hagreisa Group Hospital</th>
<th>Mohamed Sheikh Adan Hospital Pediatrician</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. System of administration it’s no well organized. the people who are governed is Somaliland native</td>
<td>1. Is a very good organized system of administration the people who are governed is white people from native Italia.</td>
</tr>
<tr>
<td>2. Free from drags such as chat, segrate ,and others</td>
<td>2. No free from drags such as sagreyt , chat , and others</td>
</tr>
<tr>
<td>3. entry every things without not control</td>
<td>3. No Entry everything without success full control</td>
</tr>
<tr>
<td>4. Bad sanitation and poor management of wastes and inappropriate disposal wastes.</td>
<td>4. Good sanitation and well management of any wastes, because the waste is stored appropriates disposal and they laying suitable position. There is not naked of disposal waste.</td>
</tr>
<tr>
<td>5. The people who are working the</td>
<td>5. The people who are working the sanitary</td>
</tr>
<tr>
<td>sanitary section do not have any education or skill capacity of solid waste management.</td>
<td>department are a high level of Education, skill capacity and well training of solid waste management.</td>
</tr>
</tbody>
</table>
Chapter three

Research methodology

3.1 Research design

The design of research depends on what type of your research design it is important to be clear about the role and purpose of research design, we need to understand what research design is. We need to know where design fits into the whole research process from framing a question finally analyzing and reporting date. This is the purpose of the research design the research design manly categorized into two types descriptive and explanatory. This study is based on quantitative correlation research design and qualitative.

In our this research by the used the qualitative method.

3.2 Methods of data collection

The research methodology that was used in conducting this research is qualitative and quantitative approach. Qualitative approach this method chosen to answer our specific question in the research paper, because qualitative studies may ask broad, open-ended. Quantitative approach this method this we chosen to answer our specific question in the research paper, because quantitative studies may ask broad, closed ended. The applicant expects that key in sights may emerge during the course of the research that steer the project in unforeseeable direction. It is openness to unanticipated findings. As the term specified aims, reviewers expect clearly delineated precisely research aims. The tools have used to collect the date with the
combination of other methods were effectively fits for coverage of collecting the entire date finding are interview, observation, and questioner.

The primary data is the result through administering questionnaire, interview, observation which is the simplest way of data collection was used by the different stakeholders of hargeisa group hospital. , the secondary data is the earlier studies of the field of sanitation and solid waste in Hargeisa Group Hospital, reports, books and any sources.

3.2.1 Interview

Interview helps me information and gather reliable data because we study that talk the sanitation and solid waste in Hargeisa Group Hospital. Interview has promoted the information we need to survey, for this interview to interpretation at the final result of report. So we study there is wide interviewing that is relevant research questions and object question.

3.2.2. Observation

Observation this method implies the collection of information by way investigator’s own observation (eyes).

3.2.3 Questionnaire

Questionnaires are a popular means or popular process of data collection but are the normal we are prepared the questionnaire because it’s main point of research. Then we met the people who are conduct in our research, the responders people more admiration and respect because majority of the people who receive our questionnaire they don’t see because it need enough time and immediately answer and retune them.
But are difficult to design and analysis and often required many rewrites before an acceptable questionnaire, the final we are easy to analysis our data and interpretation of questioners.

3.3 Sample

The select twenty people how are among the field of sanitation or hygiene and other conduct of department in Hagrseisa Group Hospital. The sample identified the sample size and censuses of all the respondents in need, selecting from population simplifies the success of the research. Should small enough to represent all the populations.

3.4 Sample method

This sample research is the simple random technique in Hargeise city specially targeting the sanitation and solid waste in Hargeisa Group Hospital. We were meeting the different people of working hospital special field of hygiene and some patient people. Because they are facilities and it most important of research paper and get report and other reverent information about sanitation and solid waste in Hargeisa Group Hospital.
Chapter four

Data Analysis and Finding

In this chapter presents data analysis, Presentation, and interpretation. The data analysis and interpretation was based on the research questions and as well as research objectives.

When we research this date focused on specific people who are working in Hargeisa Group Hospital mainly sanitary section. The purpose of this chapter is to help the language and terminology of quantities uses to interpretation of data analysis.

1: gender

*Figure 4.1*

We are taken the sample 20 people which are out of 12 were male represent 60 percent of them and 8 out of female 20 were female represent 40 percent of them.
Table 4.1

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of respondent</th>
<th>Percentage%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>12</td>
<td>60%</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>40%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

2: Age group

*Figure 4.2*

We are meeting the various numbers of age who are working, visitor and patient which are mainly the people who are working the sanitary section and doctor inside Hargiesa Group Hospital.
Table 4.2

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of respondents</th>
<th>Percentage%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30</td>
<td>12</td>
<td>60%</td>
</tr>
<tr>
<td>30-40</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>40-50</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>50-60</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

3: Region

All the respondents were present in the region Marodijeex especially in Hargiesa city.

4: Location

The location we performed our research is only inside Hargiesa Group Hospital.

5: Type of education

Figure 4.3
Most of them the respondent are academic education such as university level and secondary level and some people are informal education but it’s not academic level. The 60% respondents are university level, the 25% respondents are secondary level and 15% respondents are informal education.

**Table 4.3**

<table>
<thead>
<tr>
<th>Type of education</th>
<th>Number of respondent</th>
<th>Percentage%</th>
</tr>
</thead>
<tbody>
<tr>
<td>University</td>
<td>12</td>
<td>60%</td>
</tr>
<tr>
<td>Secondary</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td>Informal</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

6: *Does your hospital have a centralized collection area for dangerous waste?*

**Figure 4.4**
The majority of the respondents 90% said yes, that the hospital has a centralized collection area for dangerous waste. The minority of respondents 10% said no, were the hospital has a centralized collection area for dangerous waste. This figure showing the large variation of attitude respondents.

Table 4.4

<table>
<thead>
<tr>
<th>Choice</th>
<th>Number of respondents</th>
<th>Percentage%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18</td>
<td>90%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

7: Are hazardous waste containers kept closed except when adding disposed waste?

Figure 4.5
65% of the respondents answered to agree **yes**, that the hazardous waste containers kept closed except when adding disposal waste. Where the **35%** others to disagree and they are respondents **no** who are beliefs that the hazardous waste containers kept closed except when adding disposal waste.

**Table 4.5**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Number of respondents</th>
<th>Percentage%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>65%</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

**8: Are all waste containers properly labeled with the type of dangerous waste and Accumulations start date?**

**Figure 4.6**
Figure 4.6 shows the 70% of respondents where answered no, are all waste containers properly labeled with the type of dangerous waste and Accumulations start date. Because the system of hospital was the disposals waste of containers its inappropriate put in waste and their it’s not ability for the labeled with the type of dangerous waste and accumulation date. The 30% of respondents where answered yes are all waste containers properly labeled with the type of dangerous waste and accumulation date.

Table 4.6

<table>
<thead>
<tr>
<th>Choice</th>
<th>Number of respondents</th>
<th>Percentage%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>14</td>
<td>70%</td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

9: Are all hazardous waste containers maintained in good condition?

Figure 4.7
Figure 4.7 provides the information about the respondents there are small variations occurring above the previous figures, because the 55% respondents yes Are all hazardous waste containers maintained in good condition. The 45% respondent no Are all hazardous waste containers maintained in good condition.

**Table 4.7**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Number of respondents</th>
<th>Percentage%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
<td>55%</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

10: **Do staff who handle waste receive hazardous waste management training?**

*Figure 4.8*
In this figure 4.8 showing the information about the staff who handles waste receive hazardous waste management training. 65% respondent they answered yes and 35% respondent said or answered no, because the most off them the people who are working the sanitary department which not appear the knowledge and skills to manage of solid waste or any waste production inside the hospital, but it’s a risk in your self’s.

Table 4.8

<table>
<thead>
<tr>
<th>Choice</th>
<th>Number of respondents</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>65%</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

11: has your department take any action of awareness to the people in environmental condition inside the hospital?

Figure 4.9
The results show that 60% of respondents were answered no that the department take any action of awareness to the people in environmental condition inside the hospital. Because the staff who are work in this field they don’t know the dangerous cause of wastes. 40% of respondents were answered yes, because to inform the people at any department that they should not lay out or dispose the waste product and their location.

Table 4.9

<table>
<thead>
<tr>
<th>Choice</th>
<th>Number of respondents</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>12</td>
<td>60%</td>
</tr>
<tr>
<td>Yes</td>
<td>8</td>
<td>40%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

12: How many kinds of solid waste does sanitary section manage?

The sanitary section they mange a lot of kinds of solid wastes, we are meeting and conversation of different people inside the hospital. The people were said and talk the different kind of solid wastes including.
- Sharp syringes, sharp knives which is used for surgery
- Infusion bags, antibiotic bags, glasses
- Gloves, peppers, rubbers, goose, infected bandages
- Plastic containers, water bags, fluid bags, drug bags, cotton
- Syringes, needles blood bags, metals, small pieces of wood such as chat
- Food materials
- Human wastes product and animal waste

So we are discussed the different points which are translated the many different kinds of solid wastes founding and available inside hargiesa group hospital. But man thing of waste it’s a very dangerous to spreading the secondary infection disease and primary infection disease because the syringe needles to injected the patient people it lays and spread inside the hospital and patient wards, the problem is the needles used the patient to injected and touch other infected materials which is easy transmitted disease of heath people.

13: What is the largest type of solid waste inside the hospital?

Figure 4.10
The figure showing the result of respondents they have in everybody she/he to study the answered were the 30% respondents they have answered the largest type of solid waste in Hargeisa Group Hospital are syringes and needles, were the 25% respondents answered are plastics, were the 20% respondents the answered are gloves and goose, were the 15% respondents the answered are water bags and the finally the 10% respondents the answered are fluid bags.

Table 4.11

<table>
<thead>
<tr>
<th>Choice</th>
<th>Number of respondents</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syringes and needles</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>Plastics</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td>Gloves and goose</td>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td>Water bags</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>Fluid bags</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

14: State the quantity of disposals of solid waste and their dumpsite?

There is small quantity number of disposal of solid wastes in Hargeisa Group Hospital the number of quantity is 8 it laying inside the hospital. Some of the respondents’ people who are said the each ward has a one disposal and other respondents especial the people who are working section of sanitary the two ward their shared one disposal and dump all in one dumpsite to collection before carried it located at the back inside Hargeisa Hospital. But the problem is the garbage as a overcrowding at disposal and out came to a waste.
Transportation of solid waste was helped municipal of Hargeisa city; in hospital has one care to carried the garbage from hospital to the nasahabool of dumpsite in Hargeisa city. The every day the waste carried two types of morning and afternoon.

15: How is the Management of the Solid Waste in Hargeisa Group Hospital?

In Hargeisa Group Hospital the management of solid waste is very poor and bad management. Because we see situation of hospital is very series because there are many challenge such as the people who are working in section most of them it miss the skill of management and education. Inappropriate of disposal waste, staffs of section miss understanding the problem of waste and other challenges.

This is Our Advices

- It should must be waste collection available in the wards are informant of them
- It should must be different dumpsites intended for the different waste products
- There must be group assigned for this job
- It should be must the people who are working the sanitary section they have a knowledge of waste management
- It should be must the give training
- It should be must to awareness and agreement with patient
- It should be must to avoid the visitor people
Chapter five

Conclusion and Recommendation

5.1 Conclusion

The sanitation is a fundamental of heath; it also plays a major role to improvement social heath and to prevent environmental hazardous.

The study also found that in our Hargeisa Group Hospital sanitation is a very poor to our mentioned above the chapters. In this our data are found to direct and indirect the most of people are working in sanitary section they are not sufficient and knowledge and skill of sanitation and solid wastes management.

In our study the Hargeisa Group Hospital the patient people concerned the general sanitation in hospital because unsustainable of hygiene.
5.2 Recommendation

The minister of health should guide the overall policy and strategic plan of improve sanitation of Hargeisa Group Hospital. To organza an awareness campaign on the value and the important of sanitation for our environment.

✓ To employ the people who are well education and skills of management hygiene if they have a no experience to give a good training.

✓ The general hospital should guide the overall policy and strategic of development the management of solid wastes and to prevent the spread of disease

✓ To make appropriate of disposal solid waste

✓ Implement existing police and regulation with same modifications, to accommodate recent development of wastes management

✓ To make suitable transportation of solid waste

✓ A public awareness campaign about effect of hazardous wastes, involving the media, field projects, seminars and workshops throughout Somaliland and outside the country

✓ The administration of hospital create private sector with involving the management of wastes and monitory management
Appendix

Questionnaire

Dear respondent

Our name’s MOHAMED AHMED NOUH & ASALAN IBRAHIM JAMA we are a senior students in GOLLIS UNIVERSITY particularly the faculty of agriculture and natural resource management (NRM) this thesis identifies the graduation of the first bachelor of degree Bsc. We are request to ask some questions because we are required to conduct research and this questionnaire will help us to collect the necessary data for our research.

Please answer all questions; it will take you 10 minute to complete this questionnaire, please don’t hesitate and confused.

1: Gender
   A. Male □
   B. Female □

2: age group
   A. 15-20 □
   B. 20-30 □
   C. 30-40 □
   D. 40-50 □
   E. 60-70 □

3: Region -------------------------------------------

4: Location -----------------------------------------

5: Type of Education
   A: Formal □          B: Informal □
      Elementary □       Vocational training □
      Secondary □       Qura’an school □
      University □      Other -------------------------

6: Does your hospital have a centralized collection area for dangerous waste?
7: Are hazardous waste containers kept closed except when adding disposed waste?
   Yes [ ]  No [ ]

8: Are all waste containers properly labeled with the type of dangerous waste and Accumulations start date?
   Yes [ ]  No [ ]

9: Are all hazardous waste containers maintained in good condition?
   Yes [ ]  No [ ]

10: Does the dangerous waste storage area have a floor drain?
    Yes [ ]  No [ ]

   Where does it go?  ..............................................................

11: Has your department take any action of awareness to the people in environmental condition inside the hospital?
    Yes [ ]  No [ ]

   if yes so please specify-----------------------------------------------------------------------------------

12: How many kinds of solid waste does sanitary section manage?
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13: What is the largest type of solid waste inside the hospital?
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14: State the quantity of disposals of solid waste and their dumpsite?
15: How is the management of the solid waste in Hargeisa Group Hospital?
REPORT ADFA TEAM Date of Visit: 29th April – 2nd May 2013 (4 working days) by Dr Graham Forward (Team Leader). Hargeisa Group Hospital (HGH) established in 1953 and sources income.


Sanitation is mean of promoting health…

www.Solid wastes .com

Situational Environmental Health Assessment of Three Zones Somaliland, Punt land and South Central –Mogadishu (Project Period: From June 21st –September 20th, 2010) hazardous wastes and infectious. Mr. Mohamed sheikh farah estimates that the hospital needs about $94, 0000 to improve its environment.