

SOCIAL AND INSTITUTIONAL GUIDELINES FOR IMPLEMENTATION OF HEALTH AND HYGIENE EDUCATION



WATER IS LIFE - SANITATION IS DIGNITY



water & sanitation

Department:
Water and Sanitation
REPUBLIC OF SOUTH AFRICA



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Foreword by Minister of Water and Sanitation

The National Environmental Health Policy developed by the South African Government attributes the vast diseases South Africa faces, to environmental factors such as contaminated water, poor hygiene, inadequate sanitation, poor water resource management, pollution and poor infrastructure among other factors. This is further exacerbated by the worrying perception that, it is not necessary to wash hands after using a toilet or changing a baby's nappy. The climate change challenges (such as floods and drought) require of us to come up with new creative ideas of providing services in a manner that promotes healthy lives and does not degrade the environment. A business unusual approach to this challenge has to be adopted to ensure that a total sanitation solution is provided whereby user and health & hygiene education are provided with the provision of each sanitation facility. This can only be achieved through involving communities, particularly beneficiaries of sanitation services, in all key decisions affecting their livelihoods and well-being.

Solutions to the sanitation challenge facing the country should be in line with the following Sustainable Development Goals (SDGs):

- **SDG 3: Ensure healthy lives and promote well-being for all at all ages.** Target 3.9. of this SDG requires that by 2030, the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination should be substantially reduced. Progress in achieving this target will be measured by how we reduce the mortality rate that is attributed to unsafe water, unsafe sanitation and lack of hygiene services. SDG 3 can only be achieved if there is sustainable provision of both water and sanitation to communities.
- **SDG 6: Ensure availability and sustainable management of water and sanitation for all. The key SDG 6 targets that would ensure the promotion of health and well-being of communities are as follows:**
 - Achieve universal and equitable access to safe and affordable drinking water for all
 - Achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
 - Improve water quality by reducing pollution, eliminating dumping and minimising release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
 - Support and strengthen the participation of local communities in improving water and sanitation management.



Ms Nomvula Mokonyane
Minister of Water and Sanitation

Date:

Foreword by Director General of Water and Sanitation

Basic sanitation services as defined in the 2016 Sanitation Policy entails: The provision of basic sanitation facility which is environmentally sustainable, easily accessible to a household or a consumer; the sustainable operation and maintenance of the facility, including the safe removal of human waste, grey-water and wastewater from the premises where this is appropriate and necessary; and lastly, the communication and local monitoring of good sanitation, hygiene and related practices.

Provision of sanitation was previously considered primarily as installation of hardware, without taking into consideration other soft issues that are crucial to sustainability such as: community participation, technology choice, operation and maintenance as well as health and hygiene education. To ensure the inclusion of health and hygiene user education in the provision of sanitation, the Department started a process to develop Sanitation Project-based Planning and Implementation Guidelines for Health and Hygiene User Education as well as the Social and Institutional Guidelines for Implementation of Health and Hygiene User Education, all targeted at sector stakeholders, municipal councillors and officials (including Environmental Health Practitioners).

Sanitation Policy Position 14: Hygiene Education in the 2016 National Sanitation Policy emphasizes the need for an ongoing hygiene education within the provision of sanitation services (pre-construction, during construction and post-construction) that promotes good hygiene behaviour.

The Health and Hygiene Planning and Implementation Guide provides municipalities that are responsible for ensuring access to water and sanitation services, with a comprehensive approach to the delivery of sustainable and effective sanitation project-based health, hygiene and user-education, in terms of water and sanitation related health and hygiene practices, particularly at the domestic level.

On the other hand, the Social and Institutional Guideline provides a framework for coordination, alignment and integration of health and hygiene user education with other relevant programmes within the delivery of sanitation projects and schemes in communities and institutions. The Guide is also developed to support sector planners and implementers with mechanisms to ensure that all relevant and key social, environmental and institutional issues relating to the provision of sanitation and health and hygiene education are incorporated into health and hygiene education plans at various levels of government, community and civil society.



Director General of Water and Sanitation

Date:

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1 ABSTRACT

The National Environmental Health Policy developed by the South African Government attributes the vast diseases the country faces to environmental factors such as contaminated water, poor hygiene, inadequate sanitation, poor water resource management, pollution and poor infrastructure among other factors (DOH, 2013). The CSIR briefing note (note 2009/04, June 2010) alludes that 16% of deaths in South Africa are linked to the condition of the environment.

The report on the status of sanitation (2013) identified the following issues affecting efficient provision of sanitation services at project level:

- Contractors not following designs and implementation plans (e.g. building unimproved pit toilets or building VIP toilets with shallow pits).
- Municipalities providing flush toilets where there are inadequate water supplies for flushing.
- Waterborne sanitation schemes where pump stations and the WWTW are not properly maintained resulting in severe pollution of the environment.
- Bulk infrastructure under capacity and unable to cope with the effluent load.
- Lack of water demand management resulting in very high effluent flows far beyond design criteria for particular settlements (and hence hydraulic overloading of bulk infrastructure).

- Pit toilets that have filled up but are not emptied or the top structure is/or cannot be moved to a new pit.
- Lack of health and user education resulting in facilities not being properly cared for, and with minimum health benefits (e.g. absence of proper linked hygiene (such as hand washing) facilities).

In response to these challenges and other constraints as well as the absence of a well-structured and coordinated approach to the delivery of health and hygiene education within communities and institutions, the report recommends a well-coordinated national programme that is closely linked with other programmes aimed at supporting municipalities to provide effective municipal services. This calls for an adoption of a well-structured and coordinated approach to the delivery of health and hygiene education within communities and institutions if community hygiene behaviour and practices are to be changed.

The various role players involved in implementation of water services need to have an overall understanding of: sustainable service provision and how that could be achieved; the various components of social and institutional development within the delivery of water services; how these components and their interventions fit into the various phases of the project; who the role players are and what their responsibilities are; and finally; training and capacity building interventions and how they contribute towards sustainability.

2 ACRONYMS

CHWs	Community Health Workers
CBOs	Community Based Organisations
COGTA	Co-operative Governance and Traditional Affairs Department
DBE	Department of Basic Education
DEA	Department of Environmental Affairs
DOH	Department of Health
DHS	Department of Human Settlements
DoRA	Division of Revenue Act
DPW	Department of Public Works
DWS	Department of Water and Sanitation
EHPs	Environmental Health Practitioners
IDP	Integrated Development Plan
MIG	Municipal Infrastructure Grant
NGOs	Non Governmental Organisations
PHAST	Participatory Hygiene and Sanitation Transformation
PHC	Primary Health Care
RBIG	Regional Bulk Infrastructure Grant
RHIG	Rural Household Infrastructure Grant
WSA	Water Services Authority
WSDP	Water Services Development Plan
WSP	Water Services Provider

3 GLOSSARY OF TERMS

Term	Definition
Adequate sanitation	Relates to the provision and ongoing operation and maintenance of a system of disposing human excreta, waste water and household refuse, which is acceptable and affordable to the users (National Sanitation Policy, 1996).
Basic sanitation service	The provision of a sanitation facility which is easily accessible to a household, the sustainable operation of the facility, including the safe removal of human waste and waste water from the premises where this is appropriate and necessary, and the communication of good sanitation, hygiene and related practices (Strategic Framework for Water Services, 2003)
Basic sanitation facility	Infrastructure necessary to provide a sanitation service which is safe, reliable, private, protected from the weather, ventilated, keeps smells to the minimum, is easy to keep clean, minimizes the risk of the spread of sanitation-related diseases by facilitating the appropriate control of disease carrying flies and pests, and enables safe and appropriate treatment and / or removal of human waste and waste water in an environmentally sound manner (Strategic Framework for Water Services, 2003)
Basic level of sanitation	Means: appropriate health and hygiene awareness and behavior; a system for disposing of human excreta, household waste water and refuse, which is acceptable and affordable to users, safe, hygienic and easily accessible and which does not have an unacceptable impact on the environment; and a toilet facility for each household (White Paper on Basic Household Sanitation, 2001).
Basic water services	A basic water supply service and / or a basic sanitation service
Basic water supply service	The provision of a basic water supply facility, the sustainable operation of the facility (available for at least 350 days per year and not interrupted for more than 48 consecutive hours per incident) and the communication of good water-use, hygiene and related practices (Strategic Framework for Water Services, 2003).
End-user education	ongoing consumer education on sanitation services rights, responsibilities, facility operation and maintenances; and water conservation and demand management including reduce, reuse, recycle and recover principles (Draft National Sanitation Policy 2016)
Environmental health	A practice that seeks to protect human health by combating physical, chemical, biological and social threats in the environment (Department of Health, 2013)
Environmental Health Practitioner	Any person who is registered in terms of the Health Professions Act, as an Independent practitioner with the Health Professions Council of South Africa (HPCSA), and who is allowed to practice in terms of the regulations defining the Scope of the Profession of Environmental Health (Draft National Sanitation Policy 2016)

Term	Definition
Free Basic Sanitation	<p>The provision of a basic sanitation service from government at no charge to registered indigents within municipal boundaries (Draft National Sanitation Policy 2016)</p> <p>Defined in terms of capital cost, operation and maintenance costs, and health and hygiene promotion (Free Basic Sanitation Implementation Strategy, 2009).</p> <p>Capital cost of sanitation: free basic sanitation means that the indigent and poor consumers get the sanitation facility without making contributions in cash or in kind, and this excludes certain onsite components when the capital project includes rehabilitation of the infrastructure. It may also excludes capital costs above a ceiling amount set by the municipality, in which case the household must contribute the additional amount required (in cash or in kind).</p> <p>Operation and maintenance (O&M) costs: free basic sanitation means providing support to poor and indigent households for the maintenance of the onsite component of their sanitation facility where required, and not billing poor and indigent households for the management of the off-site components of the sanitation system. What it means for the different sanitation technologies.</p> <p>VIP toilets – supporting households to empty pits when they are full or to move the top structure over a new pit.</p> <p>Ecological sanitation – monitoring and providing training and support for households to empty the dry contents of the chambers from time to time.</p> <p>Aqua privy and septic tanks – providing a service (suction tanker) to de-sludge the digester every three (3) to five (5) years.</p> <p>Flush toilets – providing up to 3 kilolitres (kl) of additional free water per month.</p> <p>Health and hygiene: free basic sanitation means providing health and hygiene awareness and education aimed at increasing the demand for good sanitation and improved hygiene behavior preceding sanitation improvement programmes, and also in the ongoing sanitation services provision, in line with the National Health and Hygiene Education Strategy related to Water Supply and Sanitation Services (Developed by the Department of Health in consultation with DWA).</p>
Good sanitation	Includes appropriate health and hygiene awareness and behavior, and acceptable, affordable and sustainable sanitation services (White Paper on Basic Household Sanitation, 2001).
Health	A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organisation)
Hygiene promotion	Systematic approaches to encourage the widespread adoption of safe hygiene practices in order to reduce diarrhoeal and other water and sanitation related diseases. Hygiene promotion focuses on determinants of behavior change, which may not necessarily be directly related to knowledge of the health consequences of poor hygiene (Draft National Sanitation Policy 2016)

Term	Definition
Hygiene education	<p>All activities aimed at encouraging behaviour and conditions which help to prevent water and sanitation related disease (Boot, 1991)</p> <p>Relates to all activities that aim to increase an individual's knowledge about issues relating to personal habits and practices that affect one's health, particularly in relation to water and sanitation services. Hygiene education includes personal hygiene, food hygiene, human waste hygiene and environmental hygiene education to change sanitation behaviours (Draft National Sanitation Policy 2016)</p>
Water Supply and Sanitation Health and Hygiene Education	Relates to all activities that aim to increase an individual's knowledge about issues relating to personal habits and practices that affect one's health, particularly in relation to water and sanitation services.
Indigent	Indigent means "lacking the necessities of life". The definition of indigent from the National Framework for a Municipal Indigent Policy is accepted. The National Treasury definition of a 'poverty line' is also acknowledged to determine indigence (Draft National Sanitation Policy 2016)
Sanitation	Principles and practices relating to the collection, removal or disposal of human excreta from household, public institution, industrial, agricultural and mining wastewater, grey-water waste as they impact upon people and the environment. Good sanitation includes appropriate health and hygiene education and behaviour, hand hygiene and acceptable, affordable and sustainable sanitation services (Draft National Sanitation Policy 2016)
Sanitation at public institutions	Is defined as basic sanitation service provision at to public institutions including (but not limited to) schools, academic institutions, clinics, hospitals, crèches and day-care centres, libraries, old-age homes, churches, sporting facilities, police stations and correctional facilities, and public areas and public spaces (Draft National Sanitation Policy 2016)
Water supply services	The abstraction from a water resource, conveyance, treatment, storage and distribution of potable water, water intended to be converted to potable water and water for industrial or other use, to consumers or other water services providers. This includes all the organizational arrangements necessary to ensure the provision of water supply services including, amongst others, appropriate health, hygiene, and water-related awareness, the measurement of consumption and the associated billing, collection of revenue and consumer care (Strategic Framework for Water Services, 2003).

4 STRUCTURE OF THE GUIDELINE

SECTION A: PURPOSE AND BACKGROUND

This section outlines the purpose to the development of the Social and Institutional Guidelines in the Delivery of Health and Hygiene Education. Some background to the context within which sanitation is delivered is highlighted with emphasis on sustainability issues.

SECTION B: KEY LEGISLATIONS TO THE PROVISION OF SANITATION

In this section, key legislations relating to the provision of sanitation and delivery of health and hygiene education are outlined.

CHAPTER 1: Summarizes relevant legislations to the provision of sanitation

CHAPTER 2: Highlights policy positions of the Department of Water and Sanitation

CHAPTER 3: outlines the key principles relating to the implementation of a sustainable sanitation service including an effective and successful health and hygiene education programme.

SECTION C: THE SOCIAL COMPONENT OF HEALTH AND HYGIENE EDUCATION

This section identifies all the key social issues to be considered in the delivery of a health and hygiene education programme.

- **CHAPTER 1:** outlines the costs and impacts of poor sanitation against benefits of good hygiene practices in the provision of sanitation. This chapter also looks at the sustainability that are key to water services provision
- **CHAPTER 2:** Looks at environmental and other sustainability issues to consider in the provision of sanitation
- **CHAPTER 3:** looks at technological issues to consider when planning, implementing, operating and maintaining sanitation projects.
- **CHAPTER 4:** highlights an approach to the creation and enhancement of job opportunities in the provision of sanitation
- **CHAPTER 5:** This chapter addresses planning issues relating to implementation of a health and hygiene education programme

within the delivery of sanitation. It covers the significance of involving communities in the planning of sanitation projects, from appropriateness of technology to the implementation approach (including training and employment of local labour).

- **CHAPTER 6:** Highlights issues to consider when providing sanitation in rural and urban areas.
- **CHAPTER 7:** This chapter emphasizes the importance of integrating as well as aligning sanitation with other relevant programmes. It guides the delivery of sanitation services to people living with disabilities. It also highlights and emphasizes the importance of gender mainstreaming within the delivery of sanitation services including health and hygiene education. This chapter further outlines the importance of ensuring alignment of health and hygiene education to priority health programmes such as mainstreaming of HIV/AIDS programmes.

SECTION D: In this section, various institutions responsible for health and hygiene education are identified. The roles and responsibilities of these institutions (including the different spheres of government) relating to implementation of health and hygiene education are clearly outlined. Planning, implementation and management issues that are key to the delivery of health and hygiene education are also highlighted. The importance of monitoring performance of a health and hygiene education programme as part of management processes is emphasized.

CHAPTER 1: This chapter highlights the key roles played by various institutions in the delivery of a health and hygiene programme. It also looks at the supportive role played by relevant stakeholders.

CHAPTER 2: This chapter emphasizes the significance of collaboration to ensure coordinated and effective delivery of a health and hygiene programme.

CHAPTER 3: This chapter sets out capacity requirements to ensuring successful implementation of a health and hygiene programme.

CHAPTER 4: This chapter defines the target audience of a health and hygiene education programme and further outlines how the different target audience groups can play an important

role of delivering health and hygiene messages to change behavior and attitudes. This chapter sets out how the target audience can be reached through different communication platforms and mediums.

CHAPTER 5: *This chapter looks at the key implementation approaches to ensuring achievement of minimum standards in the delivery of health and hygiene education as well as the development of material. It further looks at the key drivers to be entrusted with delivering key health hygiene messages to the target audience.*

CHAPTER 6: *This chapter highlights the key management requirements to ensuring an effective health and hygiene education programme. It provides guidance on the development of a health and hygiene management plan. It also provides a framework for monitoring implementation of a health and hygiene programme. Emphasis is also put on the creation of an enabling environment to ensure successful implementation of a health and hygiene education programme as well as a positive impact.*

SECTION E: FUNDING OF HEALTH AND HYGIENE EDUCATION WITHIN SANITATION

- The focus of this section is on providing guidance on how a health and hygiene education programme can be funded and whose responsibility it is to finance it.

5 SECTION A: PURPOSE AND BACKGROUND

Purpose of the guidelines

The Social and Institutional Guidelines for the Delivery of Health and Hygiene Education is developed to guide planning and implementation of health and hygiene education within the delivery of sanitation so that all relevant and key social, environmental and institutional issues relating to the provision of sanitation and health and hygiene education are incorporated into health and hygiene education plans at various levels of government, community and civil society throughout a project life cycle. This document provides a framework for sustainable and effective delivery of health and hygiene education within the provision of sanitation with

the objective to influence change of community hygiene behaviour and practices.

The primary objective of the guidelines is to support those responsible for planning and implementation at municipalities and other relevant institutions with some guidelines on how to ensure coordination, alignment and integration of health and hygiene education with other relevant programmes within the delivery of sanitation projects and schemes in communities and institutions.

Background

Provision of sanitation was previously considered primarily as installation of hardware, without taking into consideration other issues that are key to sustainability such as: community participation, technology choice, operation and maintenance as well as health and hygiene education.

According to the National Environmental Health Policy of 2013, **environmental Health** entails the aspects of human health including quality of life that is determined by physical, chemical, biological, social and psychological factors in the environment. The other definition given by the policy is that environmental health is the theory and practice of assessing, correcting, controlling and preventing those factors in the environment that can affect the health of present and future generations adversely. The National Environmental Health Policy further highlights that environmental health includes but is not limited to anticipation and identification of environmental health hazards and risks regarding: water quality monitoring, food control, waste management, communicable diseases control, environmental pollution control and malaria control amongst other environmental risks.

To ensure sustainable of sanitation, social and institutional development requires communities to actively participate in decision making and get involved in project planning, implementation as well as operation and maintenance. The other key requirement is that local capacity should be built to ensure effective management of water services in communities. Furthermore, key stakeholders to the provision of sanitation such as local communities, traditional leadership, local government, NGOs and civil society among others need to collaborate for delivery

of sustainable sanitation services. Partnerships should be forged between the community and other key stakeholders, particularly local government. Also, institutional arrangements should allow for maximum and meaningful participation of beneficiary communities especially on issues that affect their living conditions.

6 SECTION B: WHAT ARE THE KEY LEGISLATIONS AND POLICY PRINCIPLES INFORMING THE PROVISION OF SANITATION?

6.1 CHAPTER 1: SUMMARY OF RELEVANT LEGISLATIVE INSTRUMENTS TO THE PROVISION OF SANITATION

- **The South African Constitution Act 108 of 1995 Chapter 1.24** – provides for a right to a protected environment that is not harmful to people's well-being
- **Water Services Act (108 of 1997)** - legislates the municipal function of providing water supply and sanitation services
- **National Water Act (36 of 1998)** - legislates the way that the water resource (surface and ground water) is protected, used, developed, conserved, managed and controlled.
- **Municipal Structures Act (117 of 1998)** - Gives district municipalities the powers and functions necessary to perform the water services authority function as contained in the Water Services Act defines the way
- **Municipal Systems Act (32 of 2000)** - Focuses on the internal systems and administration of a municipality
- **Municipal Finance Management Act (56 of 2003)** - Provides the mechanisms for ensuring affordable service delivery (budgets) and for regulating financial performance
- **Division of Revenue Act** - provides for the equitable division of nationally raised revenue among the three spheres of government

6.2 CHAPTER 2: POLICY POSITIONS OF THE DEPARTMENT OF WATER AND SANITATION

Policy positions in the Draft National Sanitation Policy of 2016 which are relevant to health and hygiene education:

6.2.1 Institutional Policy Position

Policy Position 7: Sanitation at public institutions

According to this policy position:

- All public institutions are responsible to provide sanitation services
- Sanitation services at public institutions must include hand washing facilities, hygiene and end-user education.
- Public institutions must recognize the role of local government and the importance of consulting with Water Services Authorities (WSAs).

6.2.2 The provision of sustainable sanitation.

Position 12: Hygiene education and end-user education provides for:

- Inclusion of ongoing hygiene education and end-user education in the provision of a sanitation service
- Ongoing provision of hygiene education during implementation of a programme for a basic sanitation service provision, including at a minimum, a visit to the household pre-construction; during construction and at completion of construction of the sanitation facility.
- Inclusion of rural, peri-urban and urban areas of the country in sanitation education

6.3 The key sanitation policy principles linked to health and hygiene education

Policy principles from the 2001 White Paper on Basic Household Sanitation	
Principle 1: Sanitation improvement must be demand responsive, supported by an intensive Health and Hygiene Programme	Emphasizes why households must recognize the need for adequate sanitation facilities, as well as the understanding of a link between their health, good hygiene and toilet facilities
Principle 2: Community participation	Puts emphasis on the importance of community involvement and participation in projects that relate to their health and well being, and also in decisions relating to community facilities, such as schools and clinics.
Principle 3: Integrated planning and development.	Outlines the importance of integration in ensuring maximization of health, social, and environmental benefits in the delivery of sanitation.
Principle 4: Sanitation is about environment and health.	Highlights the link between sanitation improvement and environmental, health and hygiene promotional activities that have to accompany it.
Principle 5: Basic sanitation is a human right.	This principle focuses on creation of an enabling environment to ensure access to basic sanitation.
Principle 6: The provision of access to sanitation services is a local government responsibility.	Outlines the key responsibility of local government to provide sanitation as per the Constitution.
Principle 7: “Health for All” rather than “all for some”.	Emphasizes prioritization of those with greatest risk to health due to inadequate sanitation services.
Principle 8: Equitable regional allocation of development resources.	Highlights equitable distribution of national resources according to population, level of development, and the risk to health of not supporting sanitation improvement.
Principle 9: Water has an economic value.	Emphasizes sanitation provision should acknowledge the growing scarcity of good quality water in South Africa
Principle 10: Polluter pays principle	
Principle 11: Sanitation services must be financially sustainable.	Emphasizes sustainability of sanitation services.
Principle 12: Environmental integrity.	This policy principle emphasizes the need to protect the environment.

7 SECTION C: THE SOCIAL AND SUSTAINABILITY COMPONENTS OF HEALTH AND HYGIENE EDUCATION

7.1. CHAPTER 1: COSTS AND IMPACTS OF POOR SANITATION AGAINST BENEFITS OF GOOD HYGIENE PRACTICES IN THE PROVISION OF SANITATION

7.1.1 Costs and impacts of poor sanitation

What are the issues?

- Lack of adequate sanitation or inadequately maintained or inappropriately designed sanitation systems pose a serious pollution risk to the environment as they can contaminate both surface and ground water resources. This pollution often results in the spread of waterborne diseases.
- Poor sanitation negatively affects and impact on users especially when the toilet facilities were built without considering the different needs of vulnerable members of households such as access to facilities by those living with disabilities, the elderly and young children; and whether the facilities affords the users some privacy and dignity, especially to women and girls. Inadequate or poorly maintained toilet facilities at schools often result in increased spread of waterborne diseases and absenteeism by young girls in particular as their sanitation needs are often neglected.

The identified causes of unhygienic practices are:

- Lack of health and hygiene awareness;
- Lack of sanitation facilities;
- Inadequate water supplies;
- Poor facilities for the safe disposal of waste water and other domestic waste; and
- Inadequate toilet and hand washing facilities.

What are the negative effects of poor sanitation?

- Public health problems;
- Environmental impacts and contamination;
- Economic impact of poor sanitation; and
- Social and psychological problems.

What about the most common health problems associated with poor sanitation?

- Diarrhoea and dysentery;
- Typhoid;
- Bilharzia;
- Malaria;
- Cholera;
- Worms;
- Eye infections and skin diseases; and
- Increased risk from bacteria, infections and disease for people with reduced immune systems due to HIV/Aids.

7.1.2 Benefits of good hygiene practices in the delivery of sanitation

- The White Paper on Basic Household Sanitation (DWAF, 2001) states that good sanitation includes: appropriate health and hygiene awareness and behavior; as well as acceptable, affordable and sustainable sanitation services.
- The minimum acceptable basic level of sanitation entails:
- Appropriate health and hygiene awareness and behavior;
- A system for disposing of human excreta, household waste water and refuse, which is acceptable and affordable to the users, safe, hygienic and easily accessible and which does not have an unacceptable impact on the environment;
- A toilet facility for each household.
- According to the White Paper on Basic Household Sanitation (2001), community participation in decision-making, improved health, safer living environments, greater knowledge of sanitation-related health

practices and improved hygiene are all central to the development of good sanitation. It is therefore imperative that community members are made aware of the benefits of improving sanitation, so that they see reason to participate and involve themselves in the provision and care of sanitation facilities. They will then be willing to invest their time and resources in the improvement of sanitation and also adopt good hygiene practices.

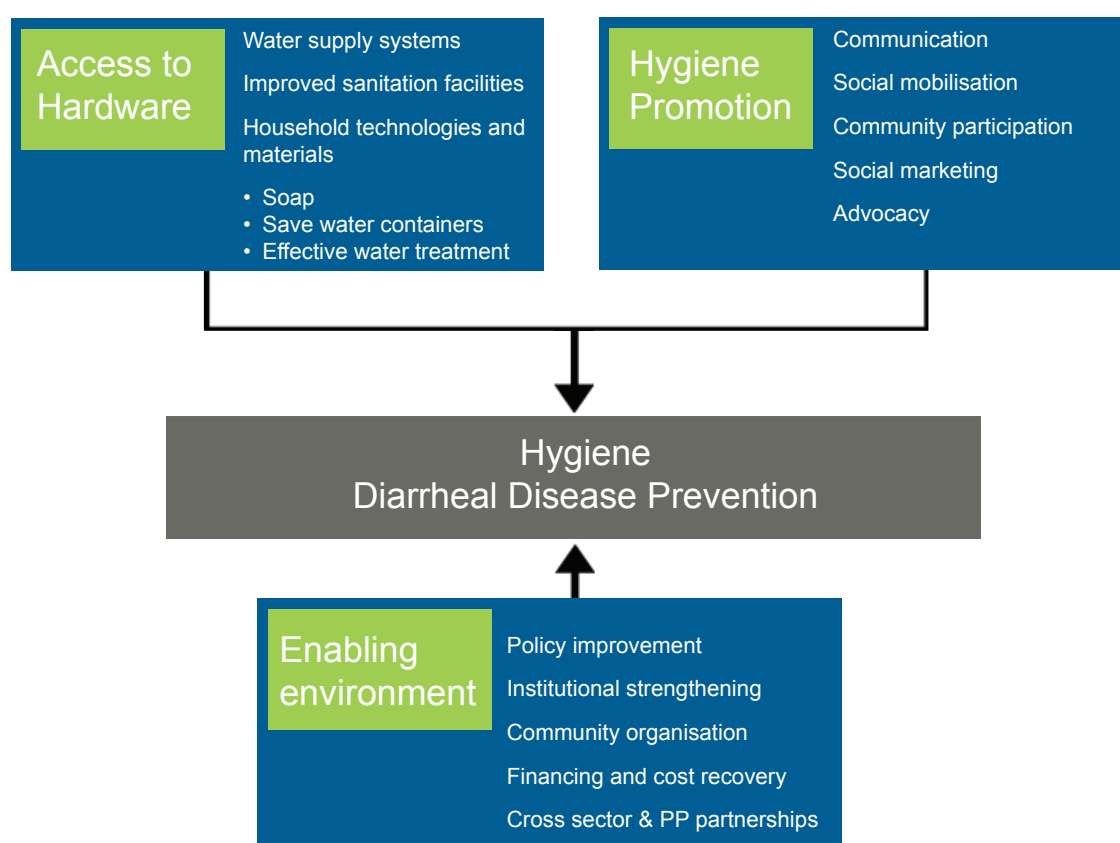
- A properly planned health and hygiene education and awareness programme should aim to increase the demand for good sanitation and improved hygiene behaviour. To maximise the benefits, this

approach should be incorporated into and adopted within the delivery of a sanitation improvement programme.

- Sustainability of sanitation can be enhanced through implementation of a health and hygiene education and awareness programme that integrates user education. It is through this programme that behaviour change could be influenced to change attitudes and thus improve the conditions of sanitation facilities.

A good sanitation improvement programme should ensure health and hygiene education is implemented using the below framework.

Figure 1: The Hygiene Improvement Framework



Source: WSSCC and WHO, 2005

7.2 CHAPTER 2: ENSURING AN ENVIRONMENTALLY FRIENDLY, AFFORDABLE AND SUSTAINABLE PROVISION OF SANITATION

7.2.1 Sustainability within the delivery of water services

7.2.1.1 Laying the foundation to ensuring sustainable delivery of water services

Sustainability can be defined as a vision of a community's future where the vision is community orientated and focused on long-term goals and impact. Sustainability takes into consideration the linkages between social, economic and environmental aspects of the community.

Water services can be considered sustainable if:

- the benefits of the service continue to be realised over an extended period of time after a project is implemented;
- the facilities are maintained in a condition which ensures a safe, reliable and adequate service; and
- health and hygiene user education is provided as part of the water services provision.

It is essential to put the following in place to ensure long-term sustainable water service provision:

- (a) **Technical elements:** adequate and reliable supply; appropriate technology; feasible and appropriate design; acceptance of the level of service by users; and sound construction.

- (b) **Financial elements:** sufficient resources to operate and maintain the system; provision for health and hygiene user education; tariffs and costs users can afford and are willing to pay.

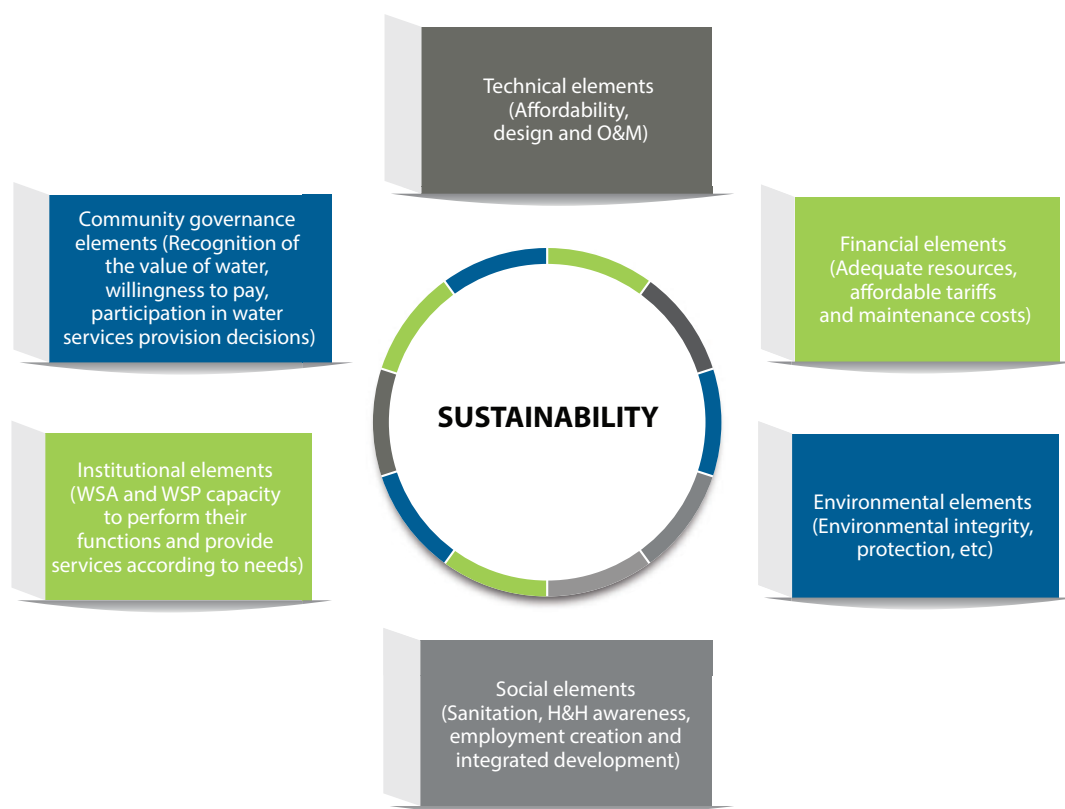
- (c) **Environmental elements:** environmental considerations should be taken into account whereby environmental impact is avoided and environmental protection maintained.

- (d) **Social elements:** the quality of life of the community is improved through: adequate sanitation; improved health and hygiene practices; and local economic development including training and employment creation. Water services should be integrated with other development initiatives to improve quality of life.

- (e) **Institutional elements:** water institutions that have the capacity and expertise to fulfill their functions, delivering services according to user needs, interests and affordability level.

- (f) **Community governance elements:** the community needs to recognize the value of water. It has to have the will to pay for services, also participate in service provision decisions and to take responsibility for the services provided.

Figure 2 below: Graphic presentation of the above elements that need to be integrated towards achievement of sustainability



The above should be addressed with the objective to achieve the following key sustainability outcomes within the delivery of water services:

Outcome	Implication
Cost recovery	The local community pays sufficient funds for efficient management, operation and maintenance of the system
Efficient operation and maintenance	The scheme runs as planned with minimal interruptions, infrequent breakdowns which are quickly repaired. The system also supplies enough quality water to the community.
Improved health	Communities have access to safe drinking water, and health and hygiene practices have improved.
Increase in local economic activities	Improved water services have increased income generation within the community through local job creation and SMME opportunities within projects and through other productive activities such as agricultural production.

What is meant by institutional and social development (ISD)?

Effective implementation of ISD components within a water services project is central to sustainable water services provision. ISD refers to the institutional and social development components of a water services project as well as a set of principles towards ensuring that a developmental approach is adopted when planning, designing and implementing a water services project. ISD entails what needs to be done as well as an approach of how things should be done within the context of development.

ISD is based on a developmental approach that requires that: *communities participate in decision making and are actively involved in all the phases of the project cycle as well as the ongoing operations and maintenance of the water service; local capacity is built towards*

managing water services; and partnerships are developed between communities, local government and water services institutions.

ISD is about empowering people, local organizations and institutions through participation, capacity building and training for sustainable water services. It is also about ensuring communities and local water services institutions have access to ongoing support.

The two **main goals of ISD** are to ensure: sustainability of water services; and effective use of water services. A water service may be sustainable and yet not realise the intended health and socio-economic benefits if it is not used or if it is used ineffectively. Effectiveness is therefore key to sustainability and implies that all households in the project community use the water service optimally and in a hygienic manner.

ISD Principles relating to the provision of water services:

- (a) Water needs to be managed as an economic good (Efficient and effective use of water)

Objectives of the DRA:

- User satisfaction
- Community empowerment
- Community ownership
- Self-reliance and empowerment
- Strengthening community organizational and management skills which can be transferred to other development initiatives
- Resource mobilization
- Sustainability

It is quite essential that at the initial stages of the project, communities:

- are aware of and understand the value of the service being offered;
- see the value of the service as greater than just having access as there are also economic and health benefits;
- recognize that their involvement in planning, design and implementation of a sanitation project brings additional benefits to the community (such as skills development, problem solving skills) which can be used in other development initiatives and in their own local businesses;
- select their own level of service and technology option which they are able to afford and for which they are willing to pay; and
- are involved in management decisions.

- (b) demand responsive approach (DRA)

A demand responsive approach (DRA) to the provision of water services helps communities address their water services needs. By definition, the **DRA** is a strategy or approach that empowers communities to initiate, choose and implement a sustainable service that is able to get the appropriate response from sector actors and key stakeholders.

The DRA approach requires that communities are given the responsibility for making choices and decisions on:

- how they want to participate in the different phases of the project;
- how and with whom they want to plan, develop, implement and operate as well as maintain water services;

- the type of appropriate technology they require;
- where services should be located;
- how the services will be paid for
- allocating funds for maintenance of the service; and
- how the institutional arrangements ensure ongoing community decision-making and participation.

(c) Management at local level

Communities need to be equipped / empowered to take responsibility for their water services which requires more than community participation. It also requires:

- Establishment of partnerships between the community and water services institutions such as Water Services Authority (WSA), Water Services Provider (WSP) and other supporting institutions / agencies.
- Strengthening the capacity of each partner towards an effective and efficient use of their resources.
- Institutional arrangements which allow for genuine participation of the intended customers in decisions and actions aimed at improving their living conditions.
- Institutional arrangements which, where possible and appropriate, promote decentralized control and management of water and sanitation services where local organizations or water committees are contracted as the WSP.
- Local community access to resources that are key to operating and maintaining their water and sanitation services (this includes training, technical and financial assistance, ISD mentoring and access to decision-making at local government level).

(d) Community participation, decision-making and responsibility

This is key to the successful completion and sustainability of water services project.

(e) Involvement of women

Women must be involved in all phases of the project as they are the principal users of water

services and they are the ones in the community who mostly take responsibility for the ongoing operation and maintenance of the service. Increased women participation enhances effectiveness of community managed projects.

(f) People-centered approach

This is an approach that integrates development of people with implementation of water services. It ensures that skills and increased awareness are built in the community as well as in the local water services institutions. The people-centered approach empowers people (through access to information) to make informed decisions. It recognizes local knowledge and experience as basis to build capacity.

(g) Affordability

Low-cost technologies (appropriate to local conditions) should be explored and promoted to ensure that water services are affordable to low-income communities.

(h) Integrated approach to the provision of water, sanitation, as well as health and hygiene

One of the biggest benefits of improved water supply is improved health, so to ensure this benefit is enhanced, water supply needs to be accompanied by sanitation promotion as well as health and hygiene promotion. Communities need to be made aware of the health and other benefits of safe and improved water and sanitation supply. Their understanding of the benefits will motivate them to properly operate and maintain their facilities, thus preventing pollution. Sanitation promotion and health and hygiene promotion must therefore be integrated into all water projects.

(i) Provision of water services as an ongoing process

The approach to the provision of water services must be one of delivering a service as opposed to constructing a water or sanitation facility. The objective of to provide water or sanitation should be to deliver water services to the community in a way that can be sustained rather than that of constructing a facility.

(j) Promoting development and economic spin-offs

Linkages between water services and local economic development must be explored with the community with the objective to promote and enhance development as well as the economic benefits.

itself (which addresses both the technical and institutional aspects). External support should be included in service delivery plans and mechanisms to access the support must be clearly established. This support could come from various spheres of government, private sector or NGOs.

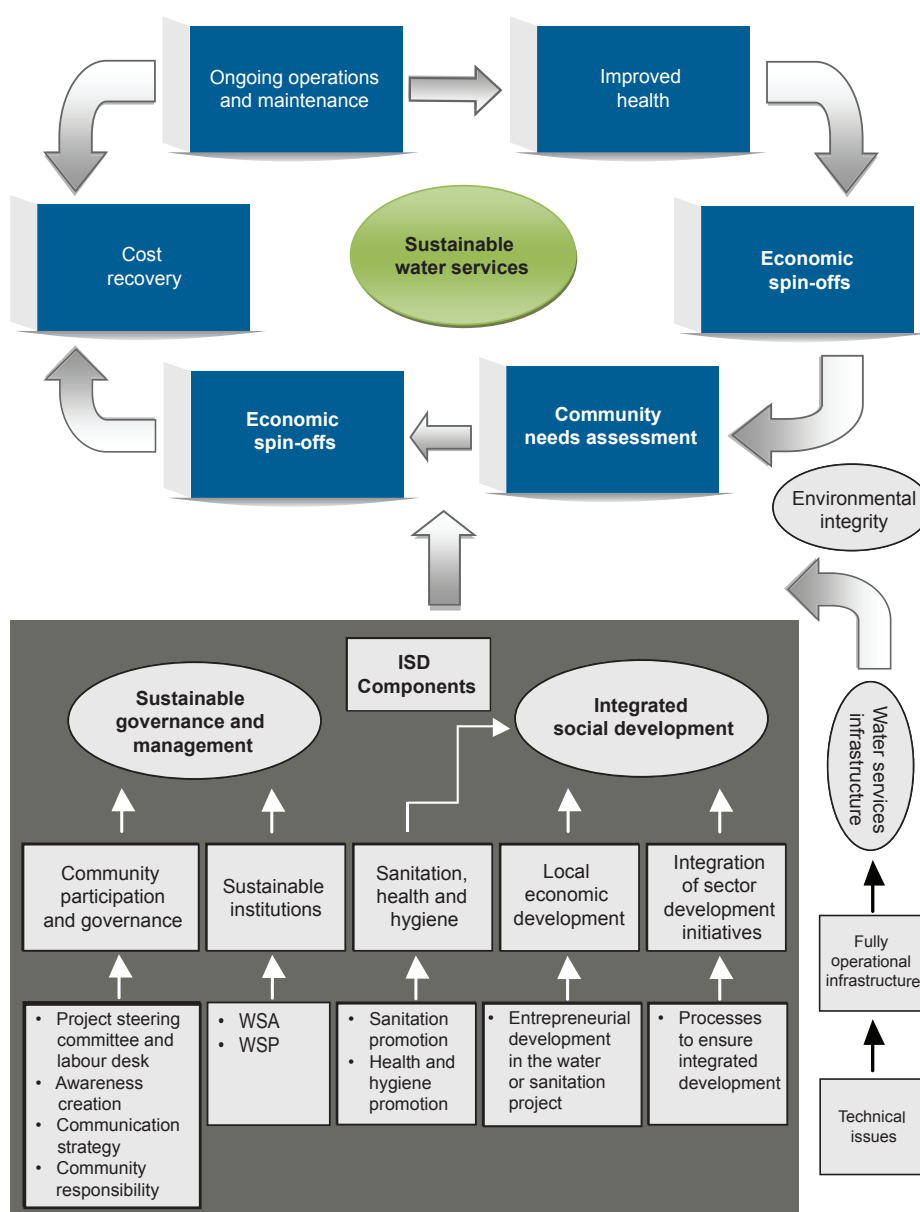
(k) Availability of external support in the sector

Long-term support is critical to sustainability. External support is one which a community or local government can rely on from outside or

(l) Inter-sectoral integration

ISD initiatives within a community should aim to contribute towards the broader development. These initiatives should not take place in isolation from other development initiatives.

Figure 3: Graphic illustration of the above Water Services ISD principles

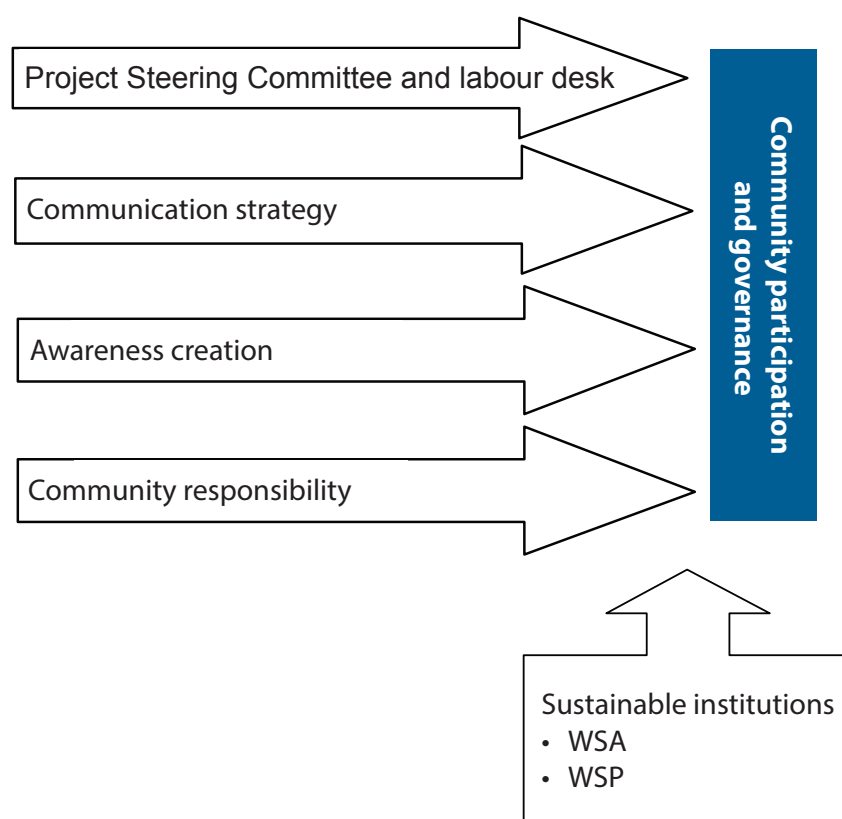


ISD interventions aim to achieve sustainable governance and management as well as integrated social development, and need to take place within the following focus areas if they are to achieve sustainable governance and management.

- Community participation and governance; and
- Sustainable institutions

Sustainable governance and management should particularly be undertaken by institutions (WSAs and WSPs) in managing, operating and governing water services that are meant to benefit the community. It is imperative within the ISD context to ensure that these institutions are sustainable and that the community participates in and takes responsibility for projects. To achieve community participation and governance the below ISD components should be addressed.

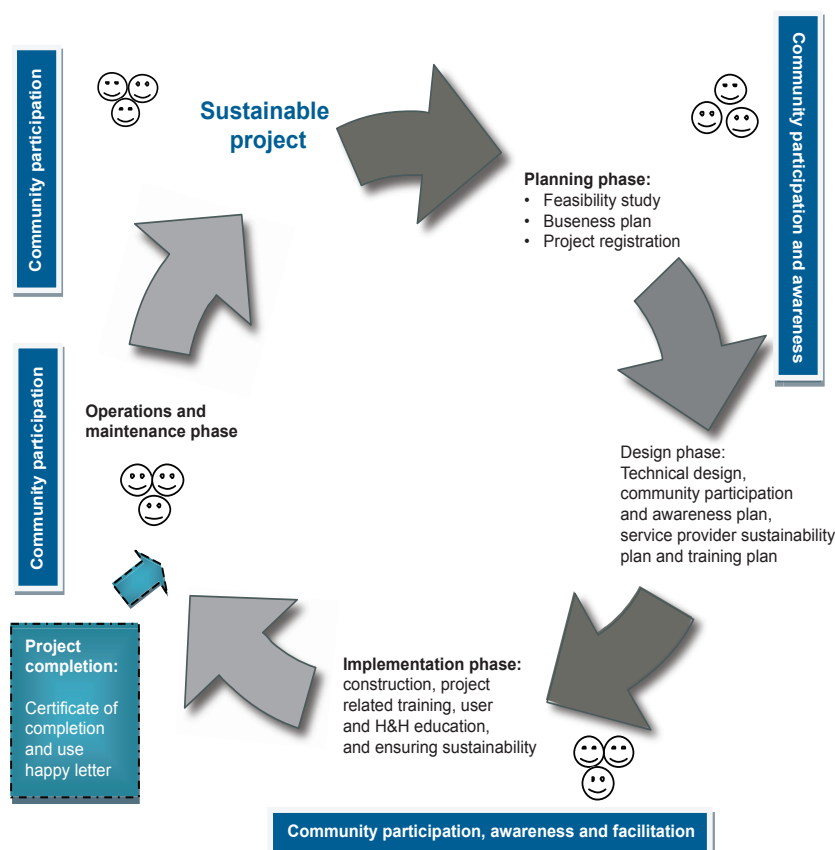
Figure 4: Ensuring community participation and governance



7.2.1.2 Sustainability throughout the project life cycle

A water services project must follow a life cycle that includes the planning, design, implementation, operation and maintenance as well as the evaluation phases (which all make up the initiation phase). It is quite critical that conceptualization of the project covers all the phases to ensure effective implementation, management and sustainability.

Figure 5: project life cycle that embraces sustainability



From sustainability point of view, institutions providing water services should have the capacity and the resources provide effective water services, and communities should be involved throughout all the stages. Communication and community participation as well as awareness are very critical at the planning stage of the project. Key project decisions are made during this phase. It is also during this stage of the project that key stakeholders are identified for participation in decisions pertaining to the project going forward. The stakeholder participatory process should ensure all stakeholders understand there is a demand for the service, also understand their roles and responsibilities, and that community members are consulted regarding all available service options.

During the project design phase, design reports are completed. Contractors and service providers are then appointed to implement the project. The design phase should clearly spell out the: community participation and awareness plan; service provider development / sustainability plan and the project related training plan. The procurement process should be in line

with the municipal procurement policies even in instances where community based organizations are appointed.

During implementation, community participation, awareness and facilitation are very critical to ensuring buy-in and support throughout the project. Community members should be made aware of how the project will benefit them and how they can participate to ensure the service provided through the project is sustainable. New participatory community structures could be established at project level or existing ward committees or other existing structures could be utilized. These structures act as a link between the project implementation team and the community, and ensure meaningful participation of the community throughout the project. They also: help recruit local labour; advise on labour related issues; participate in monitoring, evaluation and reporting; and oversee or undertake health and hygiene promotion with support from community health workers or environmental health workers / practitioners as well as local health or sanitation committees.

NB: Roles of the participatory community structures are outlined in detail in **Chapter 5, Section C** of this guideline.

7.2.1.3 Health and hygiene education within a water services project life cycle

A sustainable water services project prioritizes stakeholder mobilization and encourages their involvement and participation throughout the project in key decisions affecting them to ensure buy-in, support, ownership and real beneficiation. This in turn promotes: community awareness of the link between disease outbreak and improper or inadequate water and sanitation facilities; adoption of appropriate and affordable technology; sustainability in the project; proper operation and maintenance of facilities; change of attitudes, behavior and hygiene practices; reduction of the spread of water and sanitation related diseases; preservation and protection of water resources; and finally elimination or reduction of public health risks.

Community meetings, household surveys and other mechanisms should be used to gather information about the needs, expectations and preferences of the community. Community visits

throughout the project should be conducted as follows:

- **Pre-construction:** where information on the project is shared with stakeholders including how it will be implemented as well as its benefits to the community. Information on resources available to support project implementation is also shared (for example, availability of skills, expertise and water within the community in case waterborne technology is preferred and deemed appropriate).
- **During construction:** the community is informed of how water and sanitation related diseases are spread, why and when hands should be washed, how facilities should be utilized and cared for, how to dispose of solid waste, the need to practice good hygiene to reduce the spread of diseases, and finally how they should dispose of waste water.
- **Post-construction:** during this stage, it is critical for all responsible parties (including contractors, implementing agents, EHPs, etc) to check for any positive or negative change in behavior (observe if there is any change in hygiene practices), and also establish if facilities are used and maintained properly. Challenges and ways of addressing them are identified at this stage (this includes ways of improving hygiene practices).

7.2.2 Key principles (related to health and hygiene promotion) that guide implementation of the National Environmental Policy as contained in the National Environmental Policy of 2013

Principle 1: Recognition of equity in environmental health interventions	Entails that environmental health interventions should be planned and implemented on an equitable basis with resource
Principle 2: Prevention is central to human health	Emphasizes that prevention should be at the centre of all environmental health action, and that prevention should address both the adverse environmental behaviour / practices and adverse health behaviour for improved environments and healthier lifestyles.
Principle 3: Recognition of differing needs of women, men, children and the elderly	Outlines that environmental health interventions should respond to the differing needs of women, men, children and the elderly. Particular emphasis should be put on the role of women as main users of food, water and sanitation.
Principle 4: Inter-sectoral collaboration and coordination	Indicates that shared responsibilities should be clear in the delivery of environmental health services. It also emphasizes the need for coordination and collaboration by various government departments and other stakeholders.
Principle 7: Community participation	Emphasizes that implementation of the Environmental Health Policy should be effected at all levels including the community.

Principle 8: Placing emphasis on voluntary compliance through awareness and education	This principle states that there should be an appropriate balance between promotion and education and law enforcement
Principle 10: Risk communication	Looks at dissemination of accurate and up to date information on environmental health risks and prevention thereof for reduction of environmental related health burdens

7.2.3 Ensuring sustainability through protecting the environment in the delivery of water services

Ground water pollution

Provision of a sanitation service includes ongoing operation and maintenance of the system, either by the homeowner or by a partnership between the homeowner and the local municipality. Any toilet or sanitation system, if not properly operated and maintained has the potential to pollute ground or surface water sources, and impact on the health of the soil.

How dry onsite and waterborne toilet systems contaminate ground and surface water

Dry onsite sanitation and its potential to contaminate ground water

- Accumulated sludge pose a serious health risk to both people and the environment, so it needs to be collected periodically. There is even a greater risk if the collected sludge is not treated appropriately or properly disposed.

Risk posed by water-borne systems:

- Water-borne systems pollute ground and surface water through leaking sewers, blockages, spills and malfunctioning treatment works.

How households can manage sanitation after it is provided?

- Proper use of a toilet facility
- Toilet maintenance including regular cleaning
- Practicising good hygiene
- Undertaking pit desludging where feasible
- Relocating or reconstructing toilet structures when pits are full, or disposing of composted

or desiccated waste from composting and desiccating toilets

What about responsibilities of the municipality?

- Proper operation and maintenance of offsite components of the sanitation system
- Regular and proper removal as well as disposal of onsite sludge
- Provision of ongoing hygiene and end-user education

Groundwater protocol for a basic household sanitation project

Groundwater assessment should always form part of a set of procedures for the provision of sanitation and the protection of water resources. Groundwater assessment procedures should be integrated into local institutional structures to ensure that the responsible authorities are informed of all studies and outcomes, and responsibilities for the various tasks of the assessment should be allocated in conjunction with institutional structuring. Appropriate steps to ensure reasonable groundwater protection should always be taken.

It is quite critical to involve communities in the planned site assessments, and also make them aware of the health impacts related to contamination of the groundwater resources. They should also be involved in monitoring of the groundwater and the potential sources of contamination. The contamination level is usually related to the design or type of sanitation system, the use of the system, as well as the ongoing maintenance of the system.

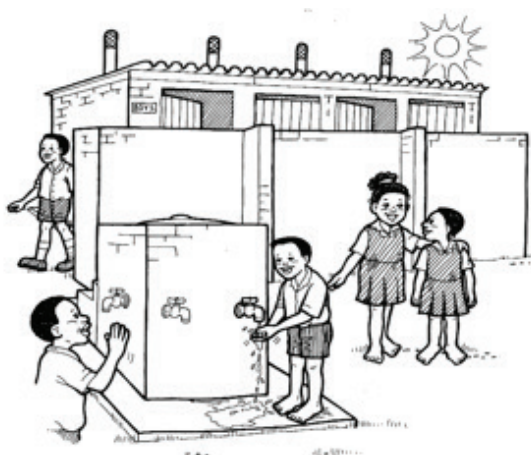
7.2.4 Sanitation and climate change

Provision and improvement of sanitation should recognise the need to integrate the impact of climate change in the planning process so

that the sanitation solution put on the ground is resilient to the changing and unpredictable climatic conditions which mostly have adverse effect on the environment (particularly on surface and groundwater) and on people's health. Floods could adversely affect water and sanitation infrastructure, resulting in a wide spread of diseases as human faeces is swept throughout the community surroundings into rivers. Floods also interrupt water supply and the sewerage system, resulting in inadequate or poor sanitation. Water resources (surface and groundwater) are likely to be impacted through increases in temperature, changes in potential evaporation, shifts in precipitation patterns, increases in the frequency of floods and droughts, and, in coastal areas, sea-level rise. Sanitation solutions should therefore be sensitive to the health impact of climate change on local communities.

There should be proper plans at local government level to prepare communities on how they should respond to any possible disasters that could be caused by climate change. This could be advocated through health and hygiene education and awareness at community level by either Community Health Workers or Environmental Health Practitioners.

7.3 CHAPTER 3: TECHNOLOGICAL CONSIDERATIONS TO ENSURING SUSTAINABILITY



South Africa has a variety of sanitation technology to consider when providing sanitation services to beneficiary communities. These technology options impact differently on the environment and have widely differing costs and degrees of acceptability to the users. A number of factors must be considered when deciding on the most

appropriate technology for each beneficiary community including schools. Beneficiary communities need to be consulted and made aware of all these available technology options for them to make an informed choice as well as a meaningful contribution to the decisions regarding the selected technology. This is quite crucial for buy-in and sustainability.

The choice of technology is not only based on the technical aspects of the technology, but also on such factors as the permanence of the settlement, financial costs and affordability, design life, expectations and preferences, institutional capacity, the potential for job creation, and environmental considerations. The Department of Water and Sanitation has developed guidelines on technology options. The Industry Guide to Infrastructure Services Delivery Levels and Unit Costs-2010 (Final) also covers the different types of sanitation technology options and their cost implications. It addresses the cost ceilings for each technology options as well as the sanitation community development costs (covering training, health and hygiene and user-education)

Some of the sustainability issues to consider when selecting appropriate technology in the delivery of sanitation services to communities:

- Affordability of the technology to the households, municipality, and institutions such as clinics and schools.
- Institutional needs - complex technologies require institutional support for implementation, operation and maintenance at both institutional and community level.
- Environmental impact - sanitation systems should be designed in a way that reduces the environmental impact of human waste disposal.
- Social issues - social and cultural, beliefs, practices and preferences play a huge role in the acceptability and use of a technology, and vary considerably from area to area.
- Use of local resources - the local availability of water resources, materials are critical to the choice of technology or construction method.
- Settlement patterns - the density and layout of a settlement are important factors in selecting technology.

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The following questions need to be answered when selecting a sanitation technology option:

Social benefits	Planning	Impact to the environment
Have communities been consulted prior to selection of the technology option? Yes / No	Were operation and maintenance costs of each technology assessed? Yes / No	Have ground conditions (construction and/or drainage aspects) been inspected? Yes / No
Have communities been informed of all available options and their appropriateness to their settlement type? Yes / No	Are financial requirements and tariffs known? Yes / No	Has the Groundwater Protocol been applied to assess environmental impact? Yes / No
Were benefits and shortcomings of each technology option explained to the community? Yes / No	Is health and hygiene education integrated into the technology? Yes / No	Does the technology option protect the environment or has a potential to pollute the environment through for example ground and surface water contamination? Yes / No
Were minimum basic sanitation services and effective health and hygiene education requirements explained to community members? Yes / No	Will the existing infrastructure be able to support the technology? Yes / No	
Had there been discussions on the resource requirements for each technology option? Yes / No	What are the operational and maintenance requirements?	
Were socio-economic benefits of each technology properly explained to communities? Yes / No	Are there adequate resources (such as water) to support the technology? Yes / No	
Are residents able to make informed decisions and meaningful contribution to the technology choice based on information presented to them? Yes / No	Does the local municipality have the required capacity to manage the technology? Yes / No	
	Is there a plan for ongoing operation, maintenance and hygiene awareness? Yes / No	
	Does the economic plan include sustainability of jobs and financing of O&M? Yes / No	
	Based on the socio-economic, environmental, technical and planning considerations, what is the most affordable and appropriate technology option?	

Technology options that pose a health risk and also harm the environment

Unimproved pit toilet



This system is not recommended (subject to bad smells and insect infestation). Consists of a *top-structure* around and /or over a pit, generally unlined where soil conditions allow, with a pedestal or squat-plate. There is no ventilation pipe

Bucket toilet



This system is not recommended due to the exposure of the bucket contents to insects and vermin that can spread disease both during use and when emptying. Consists of a *top-structure* with the seat positioned above a bucket or other container located in a small compartment beneath.

7.4 CHAPTER 4: CREATION AND ENHANCEMENT OF JOB OPPORTUNITIES IN THE DELIVERY OF SANITATION

In 2005, the then Department of Water Affairs and Forestry (DWAF) developed Sanitation Job Creation Guidelines for Municipalities as a response to government's call to create employment to address the challenge of unemployment. There are positive spin-offs for beneficiary communities when emphasis is put on creation and enhancement of jobs within the delivery of sanitation. Sanitation projects, if properly planned using the Sanitation Job Creation Guidelines, potentially provide increased benefits to the communities they are intended to serve. This in turn promotes a demand responsive approach to sanitation provision and also increases sustainability of sanitation services.

Jobs within the provision of sanitation can be enhanced through: provision of relevant training to the locals; creating employment opportunities in other municipal projects; and finally considering use of small local contractors in the provision of operation and maintenance as well as health and hygiene education promotion

and awareness.

An approach to ensuring jobs are enhanced within the provision of sanitation

- A number of opportunities are created where people employed are trained in skills they can utilise to either start, develop or maintain their own businesses, or even use to seek opportunities in other programmes than sanitation.
- EPWP guidelines must always be used to ensure projects meet the labour-intensive contractual requirement. In the process, more opportunities could be created for Community Health Workers (CHWs) who are usually local women working part-time providing primary health care advice and information to individual households as part of hygiene education component of the sanitation project or as an extension of the clinic's health education programme. CHWs are mostly employed to implement part of the health and hygiene awareness programme that is linked to sanitation projects.
- Opportunities for CHWs are enhanced if linked to Municipal Health Services as well as the District Health Services. CHWs could even be trained to offer other health

awareness services in areas of HIV/AIDS, childcare, nutrition and immunisation. If this type of approach is adopted, the scope of employment for CHWs will extend beyond just sanitation projects time frames. There will be ongoing employment for local CHWs and more opportunities will open up for more community members to be employed as CHWs.

- Opportunities should be created for post project contracting of small local enterprises in areas of operation and maintenance, and health and hygiene education and promotion

7.5 CHAPTER 5: COMMUNITY AND STAKEHOLDER INVOLVEMENT

7.5.1 Community involvement and participation

Sanitation Policy Principle No. 2 of the 2001 Sanitation Whitepaper: Community participation

Communities must be fully involved in projects that relate to their health and well being and also in decisions relating to community facilities, such as schools and clinics. Communities must also participate in decision-making about what should be done and how; contribute to the implementation of the decisions; and share in the benefits of the project or programme. Involvement of the community is crucial to ensuring sustainability of sanitation solutions. Their participation during planning, implementation, operation and maintenance of sanitation is very critical to ensuring buy-in, ownership and sustainability.

Community structures that are key to planning and implementation of a sanitation project

(h) Project Steering Committee (PSC)

What is a project steering committee?

A *Project Steering Committee* is a representative institutional structure composed of all key stakeholders in the project such as nominated community members from various community structures, local government, implementing agent and consultants. A *project /community level Project Steering Committee* is a locally based project coordinating structure made up of representatives from various groupings,

organisations, public bodies and interest groups who have an interest or will be impacted by implementation of the project. When setting up the PSC, it is vital to ensure that it is representative of the demographic setup of the community. This committee should comprise Community Liaison Officer, Quality and Quantity Surveyor, Chairperson, Community Liaison officer, Secretariat, Book Keeper, Treasurer and Ward Councillor. It is critical that the Terms of Reference (ToRs) for the steering committee are drawn.

Setting up a PSC

(i) PSC term of office

Existence of this structure is limited to implementation of the project, after which a local water and sanitation committee assumes the responsibility of supporting operation and maintenance of services.

(ii) Composition of the PSC

Membership should be open to all community members, interest parties and various organizations with interest or who are impacted by implementation of the project. Not all members of the PSC are entitled to vote. The various stakeholders in the PSC either play an advisory or resource role in the project. The PSC should be composed of both the voting and advisory components. Nomination of PSC members will vary from area to area, although an inclusive and democratic nomination process should adopted to avoid conflict later in the project. Members of the PSC should be selected at a community meeting ideally by structures of the various stakeholder organizations or formations.

The voting component:

- Representatives of the local water and sanitation committee
- Representatives from women groupings, NGOs and other sectors of society
- Department of Water and Sanitation
- Implementing agent

The advisory component of the PSC:

- Local government
- Provincial departments

- Funding agencies
- Traditional leadership
- Civil society
- Political parties (represented by the local councilor or ward committee)
- Unions
- Consultants

(iii) Role of the PSC

- Providing guidance to the project team on issues relating to planning, management and decision-making
- Oversee community and labour mobilization processes
- Supporting appointment of local labour and contractors.
- Advising on and assisting in conflict management and enforcement of agreements
- Planning, reviewing and implementing all operational activities
- Promoting principles of good governance
- Identify, advise on and manage potential threats to the project's success
- Ensure that the community gets maximum benefits from the implementation of the project
- Reviewing progress at regular PSC meetings held during implementation of projects
- Providing feedback to the community on all project related activities and issues

(iv) Crafting terms of reference (TORs) of the PSC

Clear terms of reference which will serve as a constitution of the PSC, should be drawn up by the PSC itself covering:

- Size of the PSC
- PSC objectives
- Roles and responsibilities of members
- Powers and functions of PSC members
- Community representation including replacement of members
- Representation of non-community members who play an advisory role
- Executive committee, how it is elected and what its duties are

- Sub-committees and their duties
- Responsibilities for record keeping and procedures to be followed
- Meetings frequency, procedure and decision-making method (by consensus or voting)
- Report back mechanisms to the community
- Remuneration of PSC members (if any)
- How PSC members should conduct themselves
- Conflict resolution procedures

(i) Local Water and Sanitation Committee

This could be a village or ward committee that represents the community in all negotiations and engagements regarding water and sanitation projects.

(j) Local Health and Hygiene Committee

(i) The key role played by community committees in the delivery of health and hygiene education

Each community participating in implementation of a health and hygiene education programme must establish a local health and hygiene committee that would play a key and active role in the improvement of the community health and hygiene practices. This committee mainly coordinates and supports the various activities of a health and hygiene education programme, and also assumes a leadership role for the community in the programme. Furthermore, the committee plays an advisory role to both the community and the programme, also bridging the gap between government and the community. The other key role the local committee plays is facilitation of community participation in the programme. Committee members represent the community in the health and hygiene education programme structures, serving only the interests of the community.

(ii) Composition of the community committees

Members of the committee should be active members of the community who are influential on issues involving community members and also command some respect. They should be able to represent the interests of the broader community without isolating any sectors of the community as that would potentially cause

problems in the health and hygiene education programme. Community members might lose both interest and confidence in the programme if their interests are not represented. Composition of the committee must have an appropriate age and gender balance. Youth and women must be sufficiently represented to ensure that their needs and concerns are taken into consideration and addressed in the health and hygiene education programme. People living with disabilities must form part of the local committee so that their needs are also prioritized in planning and implementation of the programme.

Committee members must be nominated by the community and serve a limited term as defined by the committee. Committee members should be in the committee to serve the community and not to use it to gain access to resources or for other personal gains. Members of the local community health and hygiene committee must be willing to allocate time to serve in the committee. They must be accessible to the community and the various spheres of government. It is critical that government (all the spheres if possible) should have representation in the committee to promote transparency and governance, and also play a supportive and advisory role to committee members. The committee must nominate a secretariat structure that would be responsible for all administrative issues. It must also nominate a chairperson, treasurer and secretary, and have regular meetings.

(iii) Transparency and accountability

Committee members assume their responsibilities as soon as they are nominated into the committee. This requires some accountability and transparency to the various stakeholders. The committee must always be transparent and accountable to the community, community-based organizations, traditional leadership, government and any other stakeholders. The committee secretariat should take minutes of all meetings and also record all resolutions of key proceedings as well as the key decisions taken by the committee. Community members must be able to access this information at all times. The committee should have a system of providing constant feedback to the broader community. This could be in the form of a forum that engages on community issues and health and hygiene education programme activities. If the committee elects to have and manage funds, there must be an account opened and accessible to community

members and key support stakeholders such as government and donors.

(i) Roles and responsibilities of the committee

- Set up a management structure
- Conduct regular meetings and record proceedings
- Handling and controlling committee finances
- Raising funds for committee activities
- Attending all arranged training
- Representing the community in all matters related to health and hygiene education
- Collaborate with the local municipality and other stakeholders in planning and sustainable implementation of a health and hygiene education programme
- Advocacy
- Mobilise community members to participate in the activities of a health and hygiene education programme
- Support H&H education programme activities
- Address challenges related to the H&H education programme
- Constantly communicate with community members on issues and activities relating to the community health and hygiene needs. Also afford community members a platform and opportunity to express their concerns
- Conduct health awareness training in the community and at schools
- Support all once-off health and hygiene education promotion activities
- Conduct home and school visits to observe personal hygiene as well as hygiene behavior and practices.
- Participating in the household and school toilet operation and maintenance programmes, ensuring all health and hygiene issues are addressed.

(k) Traditional leadership

These are tribal authorities composed of the local chiefs, indunas and council members who represent communities at various levels of government. They run community affairs and also coordinate development activities, playing a pivotal role in mobilizing communities

to support development initiatives. They also settle disputes among community members. Tribal authorities play a significant role in the identification of needs and planning of projects intended to benefit community members. Buy-in and support from the local traditional leadership is crucial to ensuring sustainability. This structure is very influential on all community issues.

(I) Non-Governmental Organisations (NGOs)

NGOs are capable of reaching all community sectors including the poorest and most neglected members of community. NGOs are more focused on community development and upliftment issues. They are a crucial support pillar to government that ensures projects and programmes respond to the needs of communities. NGOs are closer to communities and are therefore able to bridge the gap between government and the community.

7.6 CHAPTER 6: PROVISION OF SANITATION IN RURAL AND URBAN AREAS

The White Paper on Basic Household Sanitation (DWAF, 2001) emphasizes the provision of a basic level of household sanitation to areas with the greatest need, namely rural areas and informal settlements. These settlements are where there is a greatest risk of health due to inadequate sanitation and people cannot afford to meet their own sanitation requirements.

The 2012 Report on the Status of sanitation services in South Africa states that “service provision in rural settlements was frequently found to be more costly than in the more densely populated urban settlements, because of the different economies of scale and the sheer logistics of managing projects in scattered or dispersed settlements far from a municipality’s administrative hub”.

People migrate from rural to urban areas seeking employment and business opportunities and this places urban municipalities under serious strain of meeting the basic services needs of the population (strain in terms of funding and capacity to meet the demands). As a result services backlogs increase dismally despite efforts by municipalities to plan for and address them. The direct consequence is that informal settlements grow exponentially as housing infrastructure in urban areas cannot cope with the huge demand for housing.

Municipal planning for the provision of sanitation services should therefore take the rural-urban dynamics into consideration to ensure sustainability. Other considerations on the provision of sanitation services in rural areas are affordability and maintenance. Sanitation technology options selected for rural settlements must be affordable and of low maintenance.

Key and critical factors that influence the choice of technology (which need to be discussed with beneficiary communities as they impact on sustainability of sanitation facilities)

- Permanence of the settlement
- Financial costs and affordability
- Design life
- Expectations and preferences
- Institutional capacity
- Availability and reliability of resources (existing infrastructure and water)
- Ground conditions
- Operational requirements
- Potential for job creation
- Environmental considerations (Environmental protection)
- Implication of system failure on health and hygiene
- Settlement location and layout
- Selection of sanitation technology is also dependant on the conditions of the settlement

Sanitation technology suitability to settlements

Sanitation type	Type of settlement well suited	Type of settlement poorly suited
VIP	Rural, spacious peri-urban	Urban with on-site water
EcoSan	Rural, peri-urban, dense urban	Communities with high expectations and affordability
LoFlo	Peri-urban	Dense urban settlements
Septic tank	Peri-urban	Rural without household water, dense urban settlements
Small bore	Peri-urban, dense urban	Rural, areas with unreliable water
Shallow sewer	Peri-urban, dense urban	Rural, established towns, areas with unreliable water
Waterborne	Urban who can afford	Rural, areas with unreliable water

It is critical that those responsible for health and hygiene education and awareness take the above factors into considerations when planning and implementing a health and hygiene user education and awareness programme. This is due to the fact that an inappropriate choice of technology results in poor sanitation and bad hygiene practices, which all consequently

impact on the health and well-being of beneficiaries. Changing user behavior under such circumstances might be very difficult, so beneficiary communities need to be made aware of all the factors affecting the technology options (including suitability to their settlement) as well as their impact on the environment and peoples' livelihoods.

Unimproved pit toilet



This system should only be considered for temporary use where a high level of cleanliness and maintenance can be assured. Consists of toilet "blocks", which may be based on dry or wet systems as outlined in the following descriptions.

Chemical toilet



This system is only suitable for short-term temporary use such as special functions (it is expensive and requires regular emptying). There are various modern types. These utilise a water- diluted chemical in a receptacle below the toilet seat to render excreta harmless and odourless. These are generally standalone units.

7.7 CHAPTER 7: ALIGNMENT OF SANITATION WITH OTHER PROGRAMMES AND INITIATIVES TO ENSURE SUSTAINABILITY

7.7.1 Provision of sanitation to people living with disabilities

Good sanitation is one that considers the needs of all users including people living with disabilities who need easy access to toilet facilities at home, school and other public facilities. The needs of people living with disabilities (including those who are temporarily disabled) should be considered when planning and providing sanitation. The 2007 Guidelines for Sanitation Facilities For People With Disabilities identified the following sanitation obstacles to people living with disabilities:

- The doorways are often too narrow and open inwards.
- There are often level differences or high thresholds at the doorways of toilets
- The floor space for wheelchair users is inadequate
- There are no grab bars or rails to facilitate transfer to toilet bowls
- Where taps exist, they may be difficult to open and close
- Latrine interiors are often dark

The key design requirements for toilets for people with disabilities are accessibility, ability to use without additional help, and preservation of dignity. A number of design specifications were laid out in the 2007 Guidelines for Sanitation Facilities for People With Disabilities. The guidelines also spell out the requirements and design specifications for handwashing facilities, toilet paper dispenser as well as the flush levers. Planning for the provision of health and hygiene education and awareness should consider the needs of those living with disabilities to ensure sustainability of sanitation. The implication is that, as part of community consultation and engagement, people living with disabilities need to have some input on decisions relating to the provision of sanitation.

7.7.2 Gender Mainstreaming within the provision of sanitation services

Needs and priorities of women, men, girls and boys and the inequalities in access to and control over water resources as well as access to sanitation services should be taken into consideration during planning, implementation and operation and maintenance of sanitation projects. Gender mainstreaming ensures a gender balance in all the phases of the project. It requires that gender gaps are identified, plans put in place to eliminate these gaps through various programmes and projects, and then measures effectiveness in terms of elimination of gaps. To ensure sustainability of services, there must be a gender balance throughout the project life cycle, from planning through to implementation and post-implementation. Achieving gender balance requires needs and interests of women and girls to be addressed more effectively.

Women in particular must be involved in all phases of the project as they are key to ongoing operation and maintenance of water services. This includes creation of awareness on issues relating to health and hygiene user education. Women are mostly key influencers in decisions involving provision of water services as they immediately assume the responsibility of ongoing operation and maintenance after a service is provided. They are better placed to influence change of both attitude and behavior in their households. A developmental goal in each project should primarily incorporate women's involvement in water services provision and mechanisms towards enhancing their role as decision-makers in development. The role of women in sanitation projects should be stipulated and clarified from the onset, during planning of the project to ensure maximum benefits are derived by the intended beneficiaries. The increased role of women in the provision of water services cannot be overlooked, so it is crucial to meaningfully and actively involve them in decision-making and also appropriately empower them to support the provision of sanitation services.

7.7.3 The importance of ensuring alignment of health and hygiene education with priority health programmes

7.7.3.1 Mainstreaming of HIV/AIDS programmes

Households with poor sanitation and water services are at risk of contracting infectious diseases. People living with HIV/AIDS are at the highest risk as their immune system is vulnerable. Excreta and wastewater may host a range of infectious microbiological agents such as bacteria, parasites and viruses. Worm eggs and other sanitation-related bacteria, parasites and viruses are spread through faeces whereas bilharzia is spread through urine. A good sanitation programme should not only ensure everyone has access to a safe and hygienic toilet, but that everyone, particularly children, understands the importance of using a toilet properly and washing their hands regularly, so that they do not come into contact with faeces. In cases of VIP toilets, toilet doors and lids need to be closed all the time. Proper maintenance is also crucial to improving hygiene.

The health and well-being of those infected with the HI virus are directly affected by the quality of their living environment. Poor sanitation and water services present the risk of exposure to infectious diseases and illnesses to which HIV positive people are particularly susceptible – including diarrhoeas and cholera. Good water and sanitation services reduce a significant area of stress on the ailing immune systems of those with the virus, and can thereby support the maintenance of strong immune functioning; this in turn can extend the period before anti-retroviral treatment becomes necessary, or before people fall prey to a range of opportunistic infections which eventually prove fatal. For those who have AIDS, and for those who care for them, clean water, accessible and hygienic toilets, hand-washing facilities next to the toilets and effective grey water disposal systems are essential. People affected by HIV/AIDS need toilet facilities close-by as they may be too weak to walk too far. The size of the toilet structure should also be able to accommodate two people as caregivers may need to help the vulnerable in the toilet. To ensure dignity, privacy should always be emphasized and prioritized when toilets are provided to the vulnerable.

Mainstreaming of HIV and AIDS prevent further infections and also mitigate the risks and minimizes impact there from. The IDP Manager and HIV Coordinator need to work closely together in ensuring mainstreaming of HIV/AIDS in all stages of a municipal project including planning, implementation, operation and maintenance. WSAs need to always engage the local clinics or hospitals, households affected by HIV/AIDS as well as the caregivers to establish the extent in which communities are affected by HIV/AIDS and also understand the water services needs of those affected. Municipalities should ensure their WSDPs, IDPs, water services master plans and business plans incorporate an approach on how the needs of households affected by HIV/AIDS will be addressed.

The municipality can ensure HIV AIDS mainstreaming by:

- Developing relevant water services policies and by-laws
 - Policy to address the impact of HIV/AIDS as well as gaps in addressing the needs of households affected by HIV/AIDS.
 - Ensure that by-laws are implemented and that the rights of people affected by HIV/AIDS are protected through provision of clean, safe and adequate water services.
 - Incorporating HIV/AIDS issues in the municipal policies, strategies, plans, programmes and projects
- Setting tariffs to subsidise services to households affected by HIV/AIDS
- Introducing and addressing all HIV/AIDS concerns during planning of water services projects (User needs, environmental impact, financial and maintenance issues). Additional needs of people affected by HIV/AIDS should be addressed in the Water Services Development Plan (WSDP) as well as the Integrated Development Plan (IDP)
- Involving stakeholders in key decisions on mainstreaming of HIV/AIDS within the delivery of sanitation services

7.7.3.2 Child health

Children, like any other vulnerable groups within society, have a right to live in a safe, clean and protected environment, and to also access proper health care. Those responsible

for the provision of environmental health services such as water and sanitation should prioritise provision of safe, adequate and proper facilities to households with infants and young children. Municipal planning must take into consideration the health as well as water services needs of children. Sanitation solutions provided to households with young children must be safe and appropriate to use. There also needs to be hand washing facilities next to the toilet. The health and hygiene education initiatives should emphasize proper use and care of toilet facilities as a way of promoting child health. Children need to be taught to wash their hands after each toilet use and before touching food. Health and hygiene initiatives should also seek to change children's hygiene practices and attitudes in order to reduce the risk of infection and threat to their development. Different approaches such as awareness campaigns and households' visits as well as tools such as the Participatory Hygiene and Sanitation Transformation (PHAST) tools could be utilized to influence and change households' behavior. To positively change attitudes, households should be made aware of the link between inadequate water services and disease infection especially amongst young children.

8 SECTION D: INSTITUTIONAL ARRANGEMENTS FOR PLANNING AND IMPLEMENTING A HEALTH AND HYGIENE EDUCATION PROGRAMME

8.1 CHAPTER 1: KEY INSTITUTIONS IN THE DELIVERY OF A HEALTH AND HYGIENE PROGRAMME

Constitutional responsibilities

- (a) **Local government** is responsible for promoting a safe and healthy environment and ensuring the provision of services to communities in a sustainable manner. The White Paper on Basic Household Sanitation (2001) states that local government plays a central role in integrating programmes to achieve synergistic, participative and decentralized development.
- (a) **National and provincial governments** are required by legislation to support and strengthen the capacity of municipalities to manage their own affairs, to exercise their powers and to perform their functions

Specific roles of local, provincial and national spheres of government in the provision of sanitation

Government sphere	Roles and responsibilities
Local government	<ul style="list-style-type: none"> • Provision of sanitation services • Promotion of health and hygiene education and awareness as well as monitoring of community health through environmental health practitioners (EHPs). • Ensuring adoption and implementation of an environmentally safe approach to the provision of sanitation. • Monitoring the impact of sanitation on the environment. • Creation of an enabling regulatory environment through by-laws • Taking responsible decisions on levels of service to ensure appropriateness and affordability.
Provincial government	<ul style="list-style-type: none"> • Support and guide local government to develop the required capacity to prioritise, plan and implement sanitation programmes • Support local government in achieving their objectives and also ensure local municipalities perform effectively. • Promote integrated development and inter-departmental co-ordination • Coordinate regional planning • Ensure compliance with national policy and norms and standards • Monitor progress

Government sphere	Roles and responsibilities
National government	<ul style="list-style-type: none"> • Establish legislation, policies, norms and standards • Coordinate and monitor national programmes • Provide support to other spheres of government • Regulate service provision • Intervene where there is a lack of capacity • Provide advocacy and guidance.

Specific roles and responsibilities of various national and provincial departments in relation to the provision of health and hygiene education

Department	Roles and responsibilities
Department of Water and Sanitation	<ul style="list-style-type: none"> • Coordinating the involvement of national government in the sanitation sector • Supporting provinces and municipalities in the planning and implementation of sanitation improvement programmes. • Coordinating development of Water Services Development Plans by the municipalities as a component of their Integrated Development Plans (IDP). Also ensuring health and hygiene education provision is integrated in all water services projects. • Promoting and advocating for the delivery of sustainable health and hygiene education.
National and Provincial Departments of Health	<ul style="list-style-type: none"> • The custodian of health and hygiene education • Plays a leading role in sanitation-related health and hygiene education, health monitoring and crisis interventions, as well as provision of amenities in clinics and other health installations. • Coordinating information relating to public health • Coordinating the planning and interventions aimed at: influencing health and hygiene behaviour of communities; and creating a demand for sanitation services through health and hygiene awareness and education programmes • Standardising existing and prepare new norms and standards relating to health aspects of sanitation and water supply • Preparing educational curricula relating to health and sanitation • Supporting municipalities in employing sufficient and appropriately skilled environmental health practitioners (EHP) • Providing development orientated training and other capacity building interventions to EHPs • Providing support to Municipal Health Services (MHS) • Monitoring compliance with health legislation, regulations and norms and standards • Coordinating interventions when a crisis poses a regional or national health risk (such as a cholera epidemic) • Providing a systematic approach to the provision of sanitation facilities in clinics, hospitals and other health installations.

Department	Roles and responsibilities
National and Provincial Departments of Co-operative Governance and Traditional Affairs	<ul style="list-style-type: none"> • Managing disbursement of funds for infrastructure development through MIG • Coordination of Equitable Share allocations • Promotion of health and hygiene education as part of water, sanitation and waste water projects.
National and Provincial Human Settlements Departments	<ul style="list-style-type: none"> • Ensure health and hygiene education is integrated into the settlement development programme and sanitation projects • Ensure inclusion of health and hygiene education in customer relations and advocacy programmes • Promote and advocate for delivery of sustainable health and hygiene education • Ensure the provision of adequate handwashing facilities on new housing projects.
Department of Basic Education	<ul style="list-style-type: none"> • Development of norms and standards for school infrastructure • Identify health and hygiene education resources for inclusion in the school curriculum. • In collaboration with Department of Health: • Develop curricula, guidelines and other support mechanisms required by teachers and other educators to take up the important issues relating to health, hygiene and sanitation in their classrooms. • Ensure health and hygiene curricula is appropriately taught at schools • Through the Health Promoting Schools programme, re-orienting health and hygiene support services towards accessible, integrated, systematic, preventative and health promotion approach.
Department of Environmental Affairs	<ul style="list-style-type: none"> • Protection of the environment • Developing policies, guidelines, procedures and norms and standards relating to the impact of sanitation systems on the environment • Monitoring environmental impacts of sanitation systems • Monitoring compliance with environmental management procedures and guidelines

Roles of other stakeholders

Ward Committee	<ul style="list-style-type: none"> • This structure co-ordinates user involvement. • Promoting and facilitating local community participation and involvement on needs identification, selection and prioritization of appropriate options. • Active engagement with local residents • Community liaison
NGOs, CBOs and Civil Society	<ul style="list-style-type: none"> • Health and hygiene awareness promotion and education • Training and capacity building • Facilitating community participation • Liaising with local health services structures • Implementing community based sanitation improvement projects including health and hygiene programmes • Monitoring the implementation of programmes.
HIV/AIDS and other health support groups including health clubs	<ul style="list-style-type: none"> • Promote health and hygiene education
Local leaders and politicians	<ul style="list-style-type: none"> • Play a decisive role in influencing approaches to sanitation improvement
Private Sector	<ul style="list-style-type: none"> • Planning, design and construction of sanitation infrastructure • The water services provider or municipal services partner function • Manufacturing and supplying toilets • Financing higher levels of infrastructure than government is prepared to fund • Supporting health and hygiene user education and awareness programmes

Specific responsibilities of WSAs

- **Ensuring Access** to water services, of which health and hygiene education is a key component: WSAs are to ensure that health and hygiene education makes up a key component of **all** water services delivery projects.
- **Planning:** Preparation of water services development plans, highlighting the water and sanitation project priorities and the associated health and hygiene education requirements as part of the IDP.
- **Regulation:** The regulation of water service provision and providers within their areas of jurisdiction within the policy and regulatory frameworks set by national and provincial government, including DWS. In

relation to health and hygiene education a key regulatory requirement is to ensure that the public is aware of health regulations that apply to water supply and sanitation services (including the disposal of solid wastes), and to ensure that households, institutions, commercial enterprises and industry complies with these regulations. WSAs may issue additional regulations from time to time to ensure protection of the environment and maintenance of environmental health.

- **Provision:** Ensure the provision of effective, efficient and sustainable water services. The provision of water services also includes communication activities related to gender sensitive hygiene promotion, the safe disposal of human wastes, and the wise use of water.

The Role of a Water Services Provider (WSP)

- WSAs can provide water services through partnerships with external mechanisms such as organs of state, community based organisations (CBOs), non-governmental organisations (NGOs) or the private sector. It is also possible for WSAs to structure WSP institutional arrangements so that combinations of internal and external mechanisms for various settlements in the area or across municipal boundaries are put in place.
- Where WSAs opt for external mechanisms for the provision of water and sanitation services, the appointed WSP is responsible to liaise with beneficiaries in keeping with its agreement with the WSA. The contract or service delivery agreement between the WSA and WSP must set out the roles and functions of the WSP and differentiate these from the roles and functions of the WSA. A Water Service Provider is contracted by a WSA to perform certain services on behalf of the WSA. These services include either one or both of: implementation of water and sanitation service projects; and / or operation and maintenance of water and sanitation services.
- Health and hygiene education are components of both of these activities, and hence the Water Services Providers will be responsible for some components of the health and hygiene education programmes. Water services providers may assume responsibility for conducting either the initial and/or the ongoing health and hygiene education programmes as part of its contracted responsibilities for the project implementation or the operation, maintenance and customer relations activities.

The Role of Municipal Health Services

Health and hygiene education forms part of both the water and health sectors with District Municipalities and Metros assuming primary responsibilities for planning and implementing health and hygiene education in their respective sectors. Health and hygiene education is a component of Municipal Health Services (MHS) as it relates to a number of the environmental health services.

Municipal Health Services must assume the

lead role in ensuring that health and hygiene education programmes in relation to water and sanitation services are implemented on a sustainable basis in all communities within its area of jurisdiction. Collaborative planning with other key role-players and in particular the Water Services Authority is critical. The MHS must contribute to the development of the District Health Plan that incorporates water supply and sanitation related health and hygiene education activities. This planning needs to focus on:

- Identification and quantification of water supply and sanitation services and health and hygiene education needs.
- Identification of high risk areas and strategies to reduce these risks.
- Clarification of roles and functions of the role players operating at the municipal and district level.
- Ensuring links with other planning initiatives.
- Identification of health and hygiene education delivery mechanisms (project based and ongoing).
- Assessment of MHS capacity and resources to implement health and hygiene education. Co-ordination of programmes with Personal PHC services and the WSA

The management of a health and hygiene education programme in the MHS is an essential requirement of Municipal Health Services, as is the establishment of an effective health and hygiene education monitoring system. In terms of water supply and sanitation services, the MHS is required to ensure that all the associated health and hygiene education programmes are integrated into the broader health and hygiene education programme of the MHS and DHS, and that these comply with minimum requirements for effective health education.

In terms of monitoring, the MHS is required to keep records of all health education initiatives taking place in each community. In addition the MHS should monitor the prevalence of water and sanitation related diseases within the communities, and where feasible the impact of the various health education initiatives. The MHS must ensure that the ongoing H&H education services are delivered, and that they are associated with project related H&H education initiatives. It is important that there is good communication and collaboration between the

MHS and Personal PHC services in relation to planning and implementing health and hygiene education.

8.2 CHAPTER 2: INTER-GOVERNMENTAL COLLABORATION IN THE DELIVERY OF HEALTH AND HYGIENE EDUCATION

The need for cooperative government and intergovernmental relations is outlined in the Constitution of the republic of South Africa. This calls for the three spheres of government to collaborate in the delivery of services including sanitation. Joint planning and decision-making by these spheres of government is quite critical to ensuring provision of sustainable services.

The 2001 White Paper on Basic Household Sanitation outlines the different roles of the three spheres of government in relation to the provision of health and hygiene education

Local government must create an enabling environment through its Municipal by-laws and decide on the level of service to ensure appropriateness and affordability. This level of government also develops an Integrated Development Plan (incorporating issues in the Water Services Development Plan). A domestic sanitation business plan is developed that includes a detailed strategy development process. Municipalities promote health & hygiene awareness and also monitor the health of its communities through Environmental Health Practitioners

Provincial government supports local government in achieving their objectives and ensuring that they perform effectively. Support can be provided in several areas, including financial, human resources and technical. Certain provincial departments such as provincial department of environment, local government, education, health and housing are the implementation arm of their national counterparts.

At national government level, there are various key role players in the provision of sanitation. **Department of Water and Sanitation (DWS)** coordinates the involvement of national government in the sanitation sector. Other key role players at the national level include the Department of Co-operative Governance

and Traditional Affairs (COGTA), Department of Health (DOH), the Department of Human Settlements (DHS), Department of Public Works, Department of Environmental Affairs (DEA) and the National Treasury.

The particular responsibilities of the **National Department of Health (DOH)** in co-operation with the provinces, is: creating the demand for sanitation services through health and hygiene awareness and education programmes; developing standards and norms relating to health aspects of sanitation and water supply; coordinating interventions when a crisis poses a regional or national health risk and providing systematic approach to the proposition of sanitation facilities in clinics, hospital and other health institutions.

The **National Department of Basic Education (DBE)** develops the curricula while provincial departments provide school with facilities such as water and sanitation. The Department of Basic Education in collaboration with the Department of Health (DOH) develops a curriculum and other support mechanisms to take up issues relating to health and hygiene and sanitation.

The **Department of Public Works (DPW)** acts as an implementing agent on behalf of the national and provincial government departments when facilities, such as schools and clinics, are constructed. The department has the responsibility in ensuring that adequate provisions are made for sanitation facilities in government and public buildings and ensuring norms and standards are complied with.

The **Department of Environmental Affairs (DEA)** is responsible for the protection of the national environment. Its primary responsibility is to develop policies, guidelines, procedures, norms and standards relating to the impact of sanitation systems the environment and for monitoring environmental impacts of sanitation systems.

The **National Treasury** funds the three spheres of government and takes the responsibilities for: funding arrangements such as the allocation of equitable share and the various grants to provinces and municipalities; monitoring of financial policies and performance of national departments, provinces and municipalities; and development of financial policies, norms and standards as well as guidelines.

Collaboration and partnership between key role-players is crucial to planning for sustainable health and hygiene education programme delivery. Collaboration should take place through co-ordination structures in all spheres of government.

To bring sector departments and partners together, forums and various other structures were established with the objective to facilitate implementation of sector programmes and also improve coordination. A number of national structures have been established for collaboration in implementation of various programmes. Other structures that are in place include the National Water Advisory Council which advises the Minister of Water and Sanitation, and others set up at provincial level.

8.3 CHAPTER 3: BUILDING CAPACITY TO ENSURE EFFECTIVE DELIVERY OF HEALTH AND HYGIENE EDUCATION

In the water services project life cycle, particularly at the initial stages of the project, only fewer role players have the capacity to participate in the delivery of sustainable service. Institutional and social development (ISD) interventions should seek to fill these gaps by ensuring adequate capacity is built in a way that promotes and achieves sustainable water services delivery.

What is capacity building? It is an ongoing process of enhancing individual, community and organizational abilities, skills, strengths, systems and resources in order for them to deal with and address obstacles that are a hindrance to achievement or realization of their developmental goals. Capacity building in the context of supply of water services in the community includes:

- Designing and establishing institutional structures, systems and procedures
- Enhancing capacity of these institutional structures and systems by, for example, developing skills of people within institutions and community structures that are involved in water services.
- Improving relevant governance functions
- Thoroughly engaging all key and affected stakeholders before services are provided to ensure buy-in and ownership
- Facilitating and increasing access to support and resources

- Stakeholder engagement including meetings with key stakeholders, representative bodies and committees; as well as discussions with community members and stakeholders.
- Improving relationships
- Community mobilization via mass meetings, public information, brochures, posters and other media.
- Facilitation of planning, decision-making and information sharing activities amongst role players including community structures.
- Using participatory activities to engage the community in: decision-making; appraisal of their situation; planning; monitoring; prioritizing and evaluation.
- Raising community awareness around sanitation and health and hygiene promotion through for example, Participatory Hygiene and Sanitation Transformation (PHAST) methodology.
- Entrepreneur development
- Coaching and mentoring
- Raising and increasing community awareness regarding health and economic benefits of sanitation supply.
- Assessment of training needs and training where there is a skill gap needed to sustain a project.

For a capacity building initiative to be effective, it must acknowledge and appreciate: the socio-economic conditions; existing capacity, needs and interests; as well as the levels of awareness which are unique to each community. It is crucial for capacity building to build on the existing knowledge, skills and abilities within the community in order to achieve the capacity required for sustainability.

Training, one of the tools to building capacity, should only be provided when it has been established through skills audit and other mechanisms that there is a lack of particular skills or knowledge needed to sustain a project. Below are the steps required within the training process.

Step 1: conduct a training needs assessment (TNA) **Step 2:** identify the need **Step 3:** design the training to meet the identified need **Step 4:** develop the training materials and resources or use available appropriate material **Step 5:**

deliver the training **Step 6:** evaluate the training
Step 7: use results from training evaluation to design subsequent or similar training.

The following should be looked into when training is considered for building capacity:

- The Water Services Provider as an institution should be prioritized as it takes the responsibility for ongoing water services provision.
- The training needs assessment process should be utilized to identify trainees and their training needs. Trainee selection should be undertaken through transparent and consultative processes, with potential and ability to perform as well as the trainee role or potential role in water service delivery used as criteria. Selection of trainees should prioritise candidates who are likely to remain in the community. Training should be structured in such a way that trainees are able to train and mentor others to fill their positions should they opt to leave the area.
- Focus of training should be on increasing involvement of women, youth and people living with disabilities.
- Prior to selection, candidates should be clearly briefed on the purpose and content of training. Expectations such as payment and employment must also be fully addressed at this stage.
- Training should preferably be undertaken within the community to ensure maximum attendance, cost efficiency and onsite application of what is learnt.
- Training must be participatory and also allow for participants to consolidate and practice the learnt skills.
- The local indigenous language must be used as it maximizes participation and also allows optimum interaction where participants are able to express themselves with confidence.

Capacity building and training activities within a particular water services project need to address the gap between existing capacity (within the community and water services institutions responsible for water services) and the required capacity (skills, ability, knowledge, awareness, structures, systems, procedures, sets of relationships, access to support and resources, etc) to ensure sustainable services.

The following factors influence the capacity required to ensure sustainability of a water services project:

- Number of people to whom water services are to be provided
- Availability of resources
- The technology choice
- Level of service
- Method of payment for the services
- Functions and tasks that need to be performed by the water services institutions to ensure ongoing operations, maintenance and efficient management of water services.
- Institutional systems and resources to support cost recovery, operations and maintenance, communication, accountability, reporting, financial management, monitoring and good stakeholder relations.
- Level of community awareness whereby the community recognizes the benefits of improved water services.

Capacity requirements vary from one water services project to the other as the above factors vary from project to project, e.g. availability of resources will influence selection of technology, and the more complex the technology, the more skills, institutional capacity, resources and support required. The technology should adequately serve its users and would also need to meet the needs of the various intended users such as young children, the elderly and people living with disabilities.

The question to be asked when deciding on capacity requirements of various stakeholders (the community, WSAs, WSPs, and other institutions providing support) to ensuring sustainable water services is: ***what skills, abilities, awareness, systems, structures, support infrastructure, resources, access to external support, etc, do each need?*** Sustainability outcomes such as efficient and ongoing O&M, improved health, increased local economic activities, access to support and resources and cost recovery can be used to determine capacity requirements.

Capacity building activities in the project life cycle

Phase	Activities
Planning phase	<ul style="list-style-type: none"> • Community awareness and communication • Stakeholder participation and monitoring • Establishment of a feasibility study steering committee • Feasibility assessment • Facilitation of decision-making • Drafting of feasibility study report • Facilitation of project steering committee (PSC) election • Undertaking of participatory processes to develop the business plan • Conducting a preliminary training and capacity building needs assessment • Development of a training and capacity building framework
Design phase (commences after approval of the business plan)	<ul style="list-style-type: none"> • Community awareness and communication • Stakeholder participation and monitoring • Facilitation of decision-making • Conducting a thorough training and capacity building needs assessment • Preparation of capacity building plans (which, for, example, outlines what needs to be done to facilitate the effective functioning of the PSC or a plan for awareness creation activities within the community, or even one to ensure that the WSP has sufficient capacity to fulfill its role effectively). • Preparation of training plans • Facilitation of Labour Desk establishment (which is the sub-committee of the PSC) • Ensuring transparent tendering procedures
Implementation Phase (activities in this phase need to facilitate a contract between the WSA and the WSP)	<ul style="list-style-type: none"> • Implementation of capacity building plans • PSC and Labour Desk support; Information sharing; Communication and awareness creation; Meetings and processes to ensure decision-making; Ensuring good relations amongst stakeholders; Sanitation, health and hygiene promotion; Entrepreneurial development; Integration of other sectoral development initiatives • Implementation of the training plans, participation and monitoring: • WSP; Entrepreneurial development • Ongoing monitoring
Operations, Maintenance and Mentoring Phase	<ul style="list-style-type: none"> • Coaching • Ongoing monitoring • Mentoring • Reporting • Overall support to key stakeholders and preparation of mentoring plans where necessary

Who does capacity building targets?

The **main stakeholders** to be targeted for capacity building and training are the community and the WSP. Capacity building for the WSA should be done at an area than at project level unless the WSA is also a WSP. The WSA must: participate in key decisions; be fully informed of the project; be able to undertake key tasks such as entering into a

contract with the WSP and resolve conflict; and also monitor activities of the WSP. Within the institutions (WSP and WSA), capacity building is achieved by improving institutional capacity through skills development of staff, through setting up appropriate structures as well as administrative, financial, information, decision-making, monitoring and communication systems, and through ensuring access to resources and support.

What about capacity building of the Project Steering Committee (PSC)?

The Project Steering Committee is a temporary structure, so its capacity building should be limited to its ability to participate in decision-making and also to ensuring effective communication, stakeholder participation and information sharing.

In summary, objectives of capacity building and training should thus be to:

- Develop the functions of good governance
- Enhance institutional capacity to provide services
- Increase access to resources
- Improve power relationships between stakeholders involved
- Raise awareness of the community regarding water services and their responsibilities as customers
- Promote improved sanitation, and health and hygiene behaviours
- Enhance job and SMME opportunities for community members through employment in construction, technical skills development and material supply
- Provide small business, administrative and contracting skills training to emerging contractors

Empowering community members to ensure promotion of sanitation , health and hygiene within the sustainable delivery of water services

The success of delivery of a health and hygiene education and awareness programme at a local level depends mainly on availability of capacity as well as the involvement of empowered community members. Local Community members need to be empowered to take responsibility for promoting sanitation and environmental health at their respective homes, schools, clinics and other public institutions. The involvement of the community and local leadership structures in all aspects of the programme is vital to buy-in and acceptability.

In order to achieve long-term knowledge, attitude and behaviour change it is important that an ongoing Health and Hygiene Programme is implemented as part of the municipal health services. The aim of ongoing health and

hygiene education is to ensure that health and hygiene education forms an integrated part of the MHS and the personal Primary Health Care programmes (PHC).

Ongoing health and hygiene education programmes should seek to:

- Enhance and reinforce the project based health and hygiene education programmes;
- Ensure that communities not receiving project based health and hygiene education also have access to health and hygiene education;
- Capacitate communities to respond to health emergencies and threats appropriately; and
- Facilitate an increase of the knowledge and awareness of communities of environmental health issues.

An ongoing health and hygiene education programme must form part of the Municipal Health Services. As described in the National Health Act (2003), the Municipal Health Services are primarily responsible for ensuring the implementation of health and hygiene education. The Municipal Health Services need to plan and ensure the implementation of the ongoing health and hygiene education based on locally available resources.

Municipal health workers are ideally suited to implement user-education and environmental health and hygiene promotion programmes with residents, based on the health concerns and current conditions of residents. Municipal Health Services can facilitate regular health and hygiene education programmes within communities through health and hygiene field workers.

The MHS may elect not to appoint their own field workers, but instead provide support and training to the primary health care coordinator and clinic staff. This support may include management and training of health promoters, community health workers, traditional health practitioners and relevant NPOs and CBOs in the delivery of appropriate health and hygiene education messages as part of existing health care programmes. To increase capacity, the MHS carries out some of their own programmes through appointed fieldworkers, and also supports the PHC programme.

8.4 CHAPTER 4: ADVOCACY AND COMMUNICATION

Advocacy and communication

Good sanitation supports good health by putting in place barriers to the disease causing organism that are spread through poor waste management. At the centre of good sanitation are people and their practices not just infrastructure. Simple information to household strengthens understanding of linkages between safe drinking water and sound hygiene. Privacy, dignity and convenience are pivotal in the delivery of sanitation. It is critical that alignment is established with other programmes such Gender Mainstreaming in order to address gender balances , HIV/ AIDS Mainstreaming to households with poor sanitation as they are at risk of contracting infectious diseases. The well being and health of those infected with HIV / AIDS are directly affected by the quality of their environment.

Knowledge required for the implementation of Health and Hygiene Education is sensitive to social context. Adoption of people oriented strategies in which community members play an active role is critical for incorporation of local social values to ensure that the resulting messages filter down to the targeted audience. Community involvement is essential for long term success. The project should aim at strengthening action through the empowerment of local communities for them to take full responsibility for promoting sanitation and hygiene. Mostly sewer blockages are caused by lack of knowledge related to user education.

Below are steps to be considered for a successful implementation of Health and Hygiene User Education:

Pre-project Activities (Feasibility stage)

- The Implementing Agent should engage with Environmental Health Practitioners and Institutional Development Officials at all times. A baseline survey focusing on social and cultural factors, current understanding and behaviours and practices related to water and sanitation needs to be undertaken and should include: participative Health and Hygiene assessment, perception

assessment, health risk assessment, and skills assessment.

- Identification of local available human resources i.e. Health promoters, identification of responsibilities, timeframes and consensus of activities.
- The initial project introduction to the whole community and establishment of Project Steering Committee is undertaken at this stage.
- Development of a communication strategy and Community Liaison Officer. PSC members that have verbal and non-verbal communication skills should also be roped in.
- Creation of Health related awareness is done at this stage i.e. Wash Campaigns. The personnel to be involved are WSA, MHS Community Leaders, Contractors, DWS officials and service providers. There is also a need to do house to house visits to create awareness and to ensure the correct position of the toilet facility.
- During **Project Implementation** (delivery of Health and Hygiene Education) implementation of the planned activities is in accordance with the required minimum standards and methodology. The aim is to increase community understanding and knowledge about water and Sanitation Health and Hygiene related issues and address specific risks. The required personnel for this stage are health promoters and health workers, locally based health and hygiene field workers, ward councillor with the project steering committee should identify community members to be trained as Health promoters. A stipend should be made available for Health promoters as they will be undertaking training to all the community members. DWS supports MHS to facilitate the process.

Training should be based on the following minimum standards and minimum methodology:

- Breaking the cycle of diseases the minimum messages to be communicated is on understanding disease transmission routes popularly known as Five FS (Fingers, flies, fluids, faeces and fields). How to keep food free of germs, how to purify water, how to effectively dispose of household wastewater.
- How poor sanitation affects the environment: Messages to be communicated is how toilet facility could contaminate water resource and the soil. Dangers of inadequate sanitation,

Dangers of unprotected water resources and Dangers of open defecation.

- Water and Sanitation related diseases: Messages are *courses of cholera and diarrhoeal diseases, Identification of symptoms of Cholera. How to treat cholera. How to prepare oral rehydration*
- Operation and maintenance on water supply and sanitation facility: Messages are *how is water treated and provided to taps. How to maintain your sanitation facility. Understanding technical options and benefits. Consequences of poor operation and maintenance.*
- How poor sanitation and hygiene practices impact those affected with HIV and Aids; *Focus on disposing of blood and fluids, preventing disease transmission through good sanitation practises.*

- Improving your sanitation facility: *How to upgrade an unimproved pit latrine. How to convert a latrine to be suitable for disable. How to attach hand washing facility.*

PHAST is a preferred methodology as it compels full participation of Health promoters.

Post Project Activity, an on-going health education activity forms part of MHS as prescribed in the National Health Act (2003). Municipal Health Service is primarily responsible for ensuring the implementation of Health and Hygiene Education. Clear monitoring and evaluation key indicators should be developed for monitoring purposes. The locally based EHPs who were engaged in the project from the beginning should continue to monitor and undertake refresher user education and awareness training to the community as part of their ongoing Municipal Health function.

Advocacy framework

Method	Objective	Target group
Community surveys	Profiling of target households or groups with focus on sanitation and hygiene issues	Households
Interviews	Gather information on households' hygiene practices	Households
Focus group discussions	Facilitate discussions around sanitation and hygiene related issues to promote change of behaviour	Community groups
Visits to schools	Educate and raise awareness around sanitation and hygiene issues including how diseases are transmitted and prevented Change behaviour and attitudes	Learners and educators
Visits to clinics	Raise awareness on transmission and prevention of diseases	Community members
House visits	Raise awareness on sanitation and hygiene issues Change behaviour, beliefs, etc	Households

Health and hygiene education target audience

Primary target audience:	Households, women, caregivers, young children of school going age, youth, men, community groups, etc.
Secondary target audience	Government departments, health care providers, general public, community leaders, community organizations, etc.

8.5 CHAPTER 5: MINIMUM STANDARDS FOR THE PROVISION OF HEALTH AND HYGIENE EDUCATION PROGRAMME

8.5.1 Implementation approaches and methodologies to achieving minimum standards

The key Implementation principles are:

- **Community Participation:** involvement of the community and local leadership in all aspects of programmes is important to ensure their relevance and acceptability
- **Collaboration and partnership:** between key role-players is vitally important. This is especially important in planning for sustainable Health and Hygiene Education programme delivery
- **Sustainable Delivery:** Health and Hygiene Education programme must be implemented as a more intense programme in the short term (project related) and also in a sustainable manner over the long term for behavioural change
- **Flexibility:** Capacity and resource levels vary greatly within the key responsible institutions (Water Service Authorities, Municipal Health, and Personal Primary Health Care and Outreach services). Therefore innovative and

flexible planning at a local level is required in order to achieve sustainable health and hygiene education delivery outcomes

- Health and Hygiene Education programmes should have as an objective the achievement of specific results that can preferably be measured, rather than just a general provision of information i.e. four hundred household have been reached with Health and Hygiene Education and the impact could be a decrease of water borne related disease. Sanitation projects should be implemented in a manner that empowers local communities to take responsibility for promoting good sanitation and hygiene in their surroundings.
- **Hygiene messages:** Education and awareness programmes must be developed hand in hand with toilet-building projects, and must be targeted at the audience throughout all stages of the project life cycle.
- **Personal Hygiene:** constitute washing hands after using the toilet or changing baby nappies, and before the preparation of food.
- **Household Hygiene:** focus is on keeping the home clean, particularly those areas where food is stored and prepared, and ensuring that food and drinking water is kept covered and uncontaminated
- **Community Hygiene:** To achieve improved public health the whole community must be mobilised to work together for better health and a cleaner environment.

8.5.2 Minimum standards for messages

Theme	Minimum Standard Message	Minimum Methodology	Resource / Implementation Tools	Programme	Frequency
Breaking the cycle of disease	Understanding disease transmission routes	Participatory approach Small group workshops House to house visits	Primary Resource: Standard health and hygiene education resource pack Other Resources: Pamphlets, Posters, Drama	Project Based Ongoing	Education phase - Initial + twice Reinforce Ongoing End User Phase- every 6 months (monitor, evaluate and reinforce) More frequent in problem areas
	Creating affective barriers to disease transmission				
	How to keep food and water free of germs Hand washing at critical times				
	How to purify water				
	How to safely and effectively dispose of household wastewater (grey water)				
How poor sanitation affects the environment	How VIPs and other sanitation systems could contaminate water sources and the soil (construction, sitting and operation & maintenance issues)	Participatory approach Small group workshops House to house visits	Primary Resource: Standard health and hygiene education resource pack Other Resources: Pamphlets, Posters, Drama, demonstration	Project Based Ongoing	Education phase - Initial + twice Reinforce Ongoing End User Phase- every 6 months (monitor, evaluate and reinforce) More frequent in problem areas
	Dangers of unprotected pit toilets Dangers of unprotected water sources Dangers of veld defecation Protection of the environment				

Theme	Minimum Standard Message	Minimum Methodology	Resource / Implementation Tools	Programme	Frequency
Water and sanitation related disease identification and basic treatment	Causes of Cholera and diarrhoeal diseases Identifying the Symptoms of Cholera and diarrhoeal diseases How to treat Cholera and diarrhoeal diseases How to prepare the oral re-hydration mixture Responding to acute symptoms	Participatory approach Small group workshops House to house visits	Primary Resource: Standard health and hygiene education resource pack Other Resources: Pamphlets, Posters, Drama, video	Project Based Ongoing	Education phase - Initial + twice Reinforce Ongoing End User Phase- every 6 months (monitor, evaluate and reinforce) More frequent in problem areas
Operating and maintaining your water supply & sanitation facility	How water is treated and provided to taps How to maintain your water supply system How to operate and maintain your sanitation facility Understanding technical options and benefits Consequences of poor operation and maintenance	Teaching Demonstration	Practical demonstration during hand-over, operators manual, pamphlets	Project Based Ongoing	Education phase -Initial + twice Reinforce Ongoing End User Phase- every 6 months (monitor, evaluate and reinforce) More frequent in problem areas

Theme	Minimum Standard Message	Minimum Methodology	Resource / Implementation Tools	Programme	Frequency
How poor sanitation and hygiene practices impact on those affected by HIV and AIDs	<p>Disposing of blood and body fluids</p> <p>Preventing disease transmission through good sanitation practices</p> <p>Feeding babies for health</p>	<p>Participatory approach</p> <p>Small group workshops</p> <p>House to house visits</p>	<p>Standard health and hygiene education resource pack</p> <p>Other Resources: Pamphlets, Posters, Drama, Demonstration</p>	<p>Project Based</p> <p>Ongoing</p>	<p>Education phase -Initial + twice</p> <p>Reinforce</p> <p>Ongoing End User Phase- every 6 months (monitor, evaluate and reinforce)</p> <p>More frequent in problem areas</p>
Improving your sanitation facility	<p>How to upgrade an unimproved pit latrine</p> <p>How to convert a latrine to be suitable for the disabled</p> <p>How to attach a hand washing facility</p>	<p>Participatory approach</p> <p>Small group workshops</p> <p>Teaching and demonstration</p>	<p>Primary Resource: Standard health and hygiene education resource pack</p> <p>Other Resources: Pamphlets, Posters, Drama, demonstration</p>	Ongoing	As and when necessary

8.5.3 Health and hygiene education materials

In order for Health and Hygiene Education to be implemented effectively, access to sufficient material and equipment is critical. The key ones are: Health and Hygiene Education resource packs e.g. Sanitation Improvement Toolkit (SIT) or similar, Health and Hygiene Education manuals e.g. PHAST, Health and Hygiene Education posters and pamphlets; Administrative materials e.g. monitoring and survey sheets, stationary etc.; Transport; Office space; and Equipment.

Examples of the different materials include: Posters, pens, bill board messages, pamphlets, comic books, flyers, drama scripts, videos and etc.

8.5.4 Drivers of health and hygiene messages in communities

Key people who advocate for change in hygiene practices within communities are generally women. Health and hygiene education programmes should seek to influence women who can easily influence change of behavior and create awareness in their respective homes. Community leaders who command respect of the community are also better placed to influence the community to consider good hygiene practices and improved, safe sanitation. School children are also good at taking hygiene messages home and sharing them with their families. Health and hygiene education and awareness programme should thus target community members with the most influence if they are to achieve the intended outcomes in a massive scale.

8.6 CHAPTER 6: MANAGEMENT OF HEALTH AND HYGIENE EDUCATION PROGRAMME

8.6.1 A health and hygiene education management plan

A health and hygiene education management plan should be put in place clearly defining activities, milestones, timelines as well as the allocated resources.

8.6.2 The monitoring and evaluation framework

The WSA must ensure that an effective monitoring system is in place as it is the cornerstone of a WSA's performance. The aim of monitoring and evaluation is to provide information and knowledge to affected role players on the effectiveness, efficiency and impact of the health and hygiene education programme, and to enable effective decision making to correct or modify activities so the programmes become more effective.

Effective monitoring and evaluation systems should be:

- Put in place during project planning;
- Simple, accessible and user friendly;
- Built into municipal and service provider performance management systems;
- Effectively applied via WSA Sanitation Forums;
- Able to flag problems quickly so that corrective action can be taken
- Able to empower communities to solve problems;

- Able to focus on sustainability issues such as operations and maintenance, repairs, health and other benefits of improved water services; and
- Able to ensure that knowledge is stored and managed effectively

Monitoring and evaluation should be implemented on both project related and ongoing health and hygiene education at the levels community, local government as well as the provincial and national governments.

- The key steps that will need to be undertaken within the M&E process are:
- Identification of key issues to be monitored (participative process);
- Definition of indicators and agreement on their meaning in the specific context;
- Allocation of responsibilities for data collection, data processing, and reporting; Information Collection and Analysis;
- Reporting and feedback to role players at all levels; and
- Responsive actions where required.

8.6.3 Creation of an enabling environment

The National Hand Hygiene Behaviour Change Strategy (Department of Health, 2016-2020) outlines the need to channel resources where there is a greater need and highlights the following as issues to be considered in the delivery of handwashing interventions:

- Geographic spread of diarrhea and respiratory diseases in children under 5, and other hygiene related diseases;
- Hard to reach places such as rural areas and informal settlements; and

- Areas where community norms and behaviours are potential factors to increase the risk of WASH related diseases.

The same principle should apply to a broader rollout of a health and hygiene education and awareness programme. Awareness should be raised at community level on issues to be considered in the delivery of sanitation such as environmental and technological considerations. The impact and costs of poor sanitation as well as the benefits of safe and improved sanitation should also be discussed with community members as a way of preparing them for participation in decisions relating to their health and well-being.

9 SECTION E: FUNDING OF HEALTH AND HYGIENE EDUCATION WITHIN SANITATION

The WSAs water and sanitation services budget should identify tariffs and funding mechanisms required for financial sustainability, and tariffs should be determined in keeping with the tariff policy and the water services budget approved by the Municipality. Financial planning and management should incorporate Municipal Infrastructure Grant (MIG) budgeting and financial reporting, which address basic infrastructure development for the poor.

Chapter1: Costing framework

Below are the proposed 2014 Guideline values

Health and hygiene education is budgeted as follows:

H&H Ed Component	Inputs	Costs
Preparation of materials*	Design and printing	R 70 000
Tailoring of materials **	Modification & printing	R 20 000
PHAST	Facilitators + materials	R 50,000
CHW's and follow-up	CHW's + 6 visits	R 60,000 (1 year)
Special campaigns	WASH + school	R 45,000
TOTAL		R 225,000

*The design of materials can only be claimed once, thereafter existing materials can be modified to suit a particular community setting at a reduced cost

**Costs include reasonable travel and subsistence expenses

Social Facilitation and Mobilisation, and Project Steering Committee

Facilitation Component	Inputs	Costs
Demonstration toilets	3 toilets	R 40,000
Entry & Liaison		R 30,000
PSC establishment		R 25,000
PSC expenses		R 45,000
TOTAL		R 140,000

Budget guidelines for health and hygiene promotion and education for municipalities: project-based health and hygiene education

Project planning, administration and management	Activity	Sub-Activities	Budget Allocation (as a factor of the total project funding)	Budget Allocation
	Project management and social facilitation			
	Management and Admin activities		5% of project budget	
	*Social facilitation and mobilisation	Stakeholder Consultation including workshops	...% of overall budget	R30,000.00
		Establishment of Project Steering Committee	...% of overall budget	R15,000.00
		Construction of demonstration toilets (3 toilets)	...% of overall budget	R25,000.00
	Sub-Total project management and social facilitation			R70,000.00
	Health & Hygiene Education			
	Dev of H&H implementation strategy and pl	Monitoring tool for behaviour change	...% of overall budget	
	*PHAST	Review and update or development of user-friendly promotional and training materials	...% of overall budget	R20,000.00
		Identification and appointment of facilitators and / or health promoters		
		Training of health promoters / community health workers(CHWs) and environmental health practitioners (EHPs) on PHAST methodology. 3 days of training.		

Implementation:	*End-user education	Baseline survey	...% of overall budget	R90,000.00 (Allocated over 6 months)
		Training of health and hygiene and user education peer educators within the beneficiary communities		
		Household visits by CHWs (3 visits per household, i.e. pre, during and post installation of a sanitation facility).		
		<ul style="list-style-type: none"> • Pre project: mass education • During: door-to-door campaign • Post: 3 months after installation of toilet facility 		
		Conduct end user education on usage, operations and maintenance of facilities		
	*Special campaigns	Conducting of awareness campaigns pre, during and post sanitation facility installation (WASH and school campaigns)	...% of overall budget	R25,000.00
Sub-Total Health & Hygiene Education				R135,000.00
Grand Total				R205,000.00

Note: The above social facilitation costing figures (including health and hygiene education) are based on a project of 1,000 households and allocation of R445 per household

** Extracted from Guidelines for the Costing of Household Sanitation Project

Chapter 2: Funding available for health and hygiene education implementation

(a) The Municipal Infrastructure Grant (MIG)

MIG is a conditional infrastructure grant to expand the delivery of basic services to poor households.

The three types of conditions that apply to the MIG are:

- Division of Revenue Act (DoRA) (Act 1 of 2005) conditions;
- Cross cutting conditions within the MIG policy framework; and
- Sector conditions.

Each municipality's MIG allocation can be used for

- MIG programme management
- Project feasibility studies and the development of project Business Plans
- New infrastructure for basic services
- Upgrading existing infrastructure to a basic level of service or its previous level
- Facilitating community participation, health, hygiene and user-education and aware-

ness, operator training and project level communication and facilitation

The relevant MIG conditions include:

- The use of MIG funds within the framework of the IDP and its approved budget; The need to achieve basic service coverage targets
- The need to maximize economic spin-offs from infrastructure delivery through job creation
- Prioritizing residential infrastructure in line with MIG and sector policies
- The requirement for three year capital and operational budgets
- Water services fees levied on the users (depending on the nature of the service and the economic profile of the users)

Costing

According to the Industry Guide to Infrastructure Service Delivery Levels and Unit Costs - 2010 (Final Draft 4.0, costing for community development (including technical and social training, producing training materials and conducting household awareness) per household is often not fully budgeted for by municipalities.

Training, health, hygiene and user-education are to be budgeted for by municipalities, as part of all sanitation household infrastructure projects, as follows:

ACTIVITIES PER HOUSEHOLD	UNIT	QTY	RATE	TOTAL
Community liaison, builder and quality assessor training and record keeping	Person days	1	R 150.00	R 150.00
Health, hygiene and user education materials	User material pack	1	R 100.00	R 100.00
Health, hygiene and user education training	Person days	0.5	R 150.00	R 75.00
Peer education house to house visits (X3)	Visit	3	R 40.00	R 120.00
TOTAL COMMUNITY DEVELOPMENT PER HOUSEHOLD				R 445.00

Source: An Industry Guide to Infrastructure Service Delivery Levels and Unit Costs - 2010 (Final)

Note: As per the Industry Guide, On average the community development unit cost for liaison, training, health, hygiene and user education is R445/household.

Allocating capital and operational subsidies for sanitation services in backlog communities requires a status quo assessment and careful financial planning. In the interests of sustainability and long term planning, WSAs need to keep an updated register of sanitation facilities and assets constructed, and household where sanitation project-based health, hygiene and user-education is conducted.

(a) Equitable share

The Equitable Share grant is an unconditional grant from national government to supplement municipalities' revenue to deliver basic services to poor households. It subsidizes the actual provision of services, e.g. salaries, operational costs, maintenance costs, administrative and management costs where free basic services are provided. Equitable share subsidy enables municipalities to deliver services to the poor. As this subsidy is unconditional, municipalities may use it for any purpose.

(b) Municipal own revenue

A municipality may utilize its own revenue to provide health and hygiene education to its communities.

(c) Sanitation tariffs

Norms and standards in Section 10 of the Water Services Act allow a water services institution to use the set tariff to:

- support the viability and sustainability of sanitation services to the poor;
- recognize the significant public benefit of efficient and sustainable sanitation services; and
- discourage practices that may degrade the natural environment

(d) Free Basic Sanitation

This entails integration of health and hygiene education into the delivery of free basic sanitation services and providing this intervention on an ongoing basis. As part of free basic sanitation service provision, a sanitation promotion officer could be responsible for raising awareness of

sanitation and hygiene practices on an ongoing basis. Alternatively, community health workers could be responsible for conducting house-to-house visits to educate households about health and hygiene practices on an ongoing basis, budgeted within the provision of free basic sanitation.

(e) Rural Household Infrastructure Grant (RHIG)

RHIG is an indirect conditional grant through which national government builds on-site water and sanitation infrastructure for rural households where connector-services would be inappropriate. This is an indirect grant, therefore all funds are spent by the national department or its agents, and no funds are transferred to municipalities (unless a municipality is acting as an implementation agent). This grant is allocated with specific conditions by National Treasury and the relevant sector Departments are required to adhere to these conditions and further report on compliance to these set conditions.

(f) Regional Bulk Infrastructure Grant (RBIG)

RBIG is a specific purpose capital grant managed by the DWA with the objective to supplement the financing of the social component of regional bulk water supply and sanitation infrastructure. It is aimed at supporting the augmentation and expansion of infrastructure required to connect the water resources, on a macro or sub regional scale (over vast distances), with internal bulk and reticulation systems. This grant is allocated with specific conditions by National Treasury and the relevant sector Departments are required to adhere to these conditions and further report on compliance to these set conditions.

10 CONCLUSION

As per the ISD principles, if the system is: being paid for; effectively used; properly operated and maintained; managed in a hygienic manner; and has income generating spin-offs, then the project implemented to install that system can be considered a success and by implication, sustainable.

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