Guideline for the Implementation of Sanitation and Hygiene Education Programmes in Informal Settlements

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by

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Glossary of terms

AWARENESS and EDUCATION
Awareness is defined as the state of being conscious of, acquainted with or mindful of a topic or issue while education is defined as the process of imparting knowledge and/or skills. For the he purpose of this document, education refers to imparting knowledge to support behaviour change.

For the purposes of this study, education is the primary focus to effect behaviour change.

HEALTH AND HYGIENE EDUCATION
Health and Hygiene education is defined as education on diseases and behavioural practices that can affect the health and well being of people.

HYGIENE EDUCATION
Hygiene education is defined as education that relates to all activities that aim to increase an individual's knowledge about issues relating to personal habits and practices, particularly in relation to sanitation, that affect one's health (Ukhuthula Development Services, 2004). Therefore hygiene education is aimed at encouraging behaviour which will help to prevent water- and sanitation-related diseases.

INFORMAL SETTLEMENTS
Informal settlements are settlements of communities housed in self-constructed shelters under conditions of informal land tenure (often referred to as 'squatter camps' or 'shanty towns'). Although informal settlements are considered dense settlements in urban areas, informal settlements can also occur in rural and peri-urban areas where the density of shacks is low. Finally, informal settlements include shack farming.

SANITATION
The definition of sanitation services is taken from DWAF (2003):

Sanitation services is the collection, removal, disposal or treatment of human excreta and domestic wastewater, and the collection, treatment and disposal of industrial wastewater. This includes all the organisational arrangements necessary to ensure the provision of sanitation services including, amongst others, appropriate health, hygiene and sanitation-related awareness, the measurement of the quantity and quality of discharges where appropriate, and the associated billing, collection of revenue and consumer care.

Water services authorities have a right, but not an obligation, to accept industrial wastewater from industries within their area of jurisdiction.

SETTLEMENT
A settlement can refer to any area of human habitation from single dwellings to high-rise blocks of flats (DWAF, 2001).

Acronyms

AIDS	Acquired Immune Deficiency Syndrome	**MIG**	Municipal Infrastructure Grant
CBO	Community Based Organisation	**NGO**	Non-Governmental Organisation
CHW	Community Health Worker	**NSTT**	National Sanitation Task Team
CTC	Child-to-Child	**O&M**	Operation and Maintenance
DoH	Department of Health	**PHASE**	Personal Hygiene and Sanitation Education
DWAF	Department of Water Affairs and Forestry	**PHAST**	Participatory Hygiene and Sanitation Transformation
EHP	Environmental Health Practitioner	**PSC**	Project Steering Committee
HHE	Health and Hygiene Education	**SA**	South Africa
HE	Hygiene Education	**SALGA**	South African Local Government Association
HHFW	Health and Hygiene Field Worker	**SFWS**	Strategic Framework for Water Services
HIV	Human Immunodeficiency Virus	**SPIP**	Sanitation Project Implementation Plan
IDP	Integrated Development Plan	**UDS**	Urinary Diversion System
ISD	Institutional and Social Development	**VIP**	Ventilated Improved Pit
M&E	Monitoring and Evaluation	**WRC**	Water Research Commission
MHS	Municipal Health Services	**WSA**	Water Services Authority

1 Introduction

1.1 BACKGROUND

A detailed assessment of the requirements for the successful implementation of hygiene education (HE) programmes in informal settlements by Naidoo et al. (2007), found that municipalities do not address issues of hygiene education in informal areas in a meaningful and sustainable manner.

People move from rural to urban areas in large numbers in search of better opportunities resulting in the invasion of land for developing informal houses. Most informal settlements have limited to no access to basic services.

Given that informal settlements are increasing at an alarming rate and the findings of the Naidoo et al. (2007) report, the Naidoo et al., 2008 study was commissioned. The need to develop a Guideline for the Implementation of Hygiene Education Programmes in Informal Settlements is determined by the Naidoo-study (Naidoo et al., 2008).

Some of the key findings of the report include:

- In order to meet the growing services demands of informal settlements, municipalities are often forced into implementing cost-saving approaches, which includes a limited approach to HE programmes;
- HE is an integral part of service delivery by the Water Services Authority (WSA);
- There are current gaps in policy regarding HE;
- Confusion in the roles and responsibilities between WSAs and Municipal Health Services (MHS) regarding Health and Hygiene Education (HHE) and HE;
- HE should not be limited to the installation of new projects but instead, it must be provided as a continuous service if behaviour change is to be realised; and
- The implementation of effective and efficient HE programmes will have an impact on current institutional structures of the WSA.

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Research has shown that HE programmes are among the most cost-effective ways of lowering health costs. This especially so in high density settlements where residents are at greater risks to poor sanitation-related diseases.

In addition, HE creates the foundation for other water - and sanitation - related education such as education on the proper use and maintenance of the facility, water conservation education, using water for productive purposes, etc.

International best practice has shown that that there is a difference between HHE and HE.

◖ HHE refers to education on diseases and behavioural practices that can affect the health and well- being of people.
◖ HE refers to education that relates to all activities that aim to increase an individual's knowledge about issues relating to personal habits and practices, particularly in relation to sanitation, that affect one's health (Ukhuthula Development Services, 2004).

Therefore hygiene education is aimed at encouraging behaviour which will help to prevent water- and sanitation- related diseases.

1.2 HOW ARE HE PROGRAMMES CURRENTLY ADDRESSED IN INFORMAL SETTLEMENTS?

Currently, HE is limited to short-term or new infrastructure projects while HHE is provided by MHS on an ongoing basis. WSAs provide HE for new sanitation infrastructure projects. HE is mainly a part of new sanitation infrastructure programmes in informal settlements if the project is financed through donor or grant funding.

When new sanitation infrastructure programmes are funded as part of the internal revenue system of the municipality, then HE is most often not included and more so if the project is in informal settlements.

In many municipalities the MHS and the WSA rarely work together in delivering HE and/or HHE as both institutions have different priority programmes and are usually under resourced.

The HE material and approach to education is usually not specific to the needs of informal settlements. Instead the HE programme is the same for formal residential areas and for rural areas.

According to the Naidoo et al. (2007) most HE programmes are not monitored hence the effectiveness of the programme cannot be assessed.

Finally, there is no WSA that provides continuous HE to informal settlements and there is no municipality that provides HE as part of sanitation service delivery although legislation and policy clearly states that HE is an integral part of the WSA service.

1.3 WHAT DOES THE GUIDELINE AIM TO ACHIEVE?

Before explaining the aims of the guideline, it is important to state that the guideline is not a solution to all HHE and/or HE problems facing informal settlements. Health problems prevalent in informal settlements are a result of little or no access to:

- santitation facilities;
- stormwater and grey water systems;
- clean water;
- waste management services; and
- health services.

The guideline for the implementation of an HE programme in an informal settlement aims to achieve the following:

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- Develop a new and internationally accepted approach to providing HE in informal settlements;

- Provide step by step assistance in planning, designing, implementing and monitoring and evaluating HE programmes in informal settlements for all sanitation facilities. This implies that HE is considered a service and is therefore not limited to new sanitation projects only; and

- Illustrate how HE programmes can become the foundation for broader education programmes around water and sanitation issues which will benefit the WSA, the community and the country in the long run.

1.4 WHAT IS THE DIFFERENCE BETWEEN HHE AND HE PROGRAMMES?

As mentioned earlier, HHE is defined as education on diseases that can affect the health and well-being of people while HE is defined as encouraging behaviour which will help to prevent water- and sanitation- related diseases.

In South Africa, HE is a part of HHE. The growing international trend is to separate HE from HHE. This approach would achieve the following:

- Clearly defined roles and responsibilities for HE;

- Ensure that HE programmes become part of the sanitation service delivery. Hence HE should be provided as a continuous service instead of being linked to only new sanitation infrastructure development;

- Ensure that HE programmes are targeted and the message is consistent; and

- Once the objectives of the HE programme are met, the scope of the HE programme can be expanded to include new messages around water and sanitation service delivery.

1.5 WHY IT IS IMPORTANT TO IMPLEMENT AN HE PROGRAMME?

HE programmes are among the most cost effective ways of lowering health costs, especially in high density settlements were residents are at greater risk to poor sanitation related diseases.

The Central American Handwashing Initiative found that by implementing handwashing campaigns, diarrhoea could be prevented for less than US$10 per case versus a treatment costs of US$ 91.30 per person.

Initially HE programmes will have a direct impact on health treatment costs. However, through a consistent and continuous programme, behaviour change will be effected. The HE programme can then evolve into a programme, with a broader message. The HE programme can provide a platform to address risks associated with improper use of the sanitation facility and the linkages between good sanitation and a healthy environment. For instance, the disposal of inappropriate material down the toilet may result in blockages and spillages which will have a catastrophic impact on the environment and increase health risks. Education on the proper use of the toilet will result in lower operations and maintenance costs. This level of education is imperative when there are shared toilets as is the case in many informal settlements.

HE programmes can empower WSAs to have a meaningful impact on the long-term living conditions of informal settlements.

No sanitation project should be implemented without an HE programme and no informal settlement should be allowed to function without continuous HE.

HE should evolve into the broader customer support service.

1.6 WHO SHOULD USE THE GUIDELINE?

The following parties will benefit from consulting the guideline:
- Ward Councillors;
- Engineers that design sanitation facilities;
- Contractors that construct sanitation facilities;
- The Department of Health and its structures such as MHSs;

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- The Department of Water Affairs (DWAF), The Department of Housing and the Department of Provincial and Local Government (DPLG); WSAs;

- Research institutions such as the WRC and the Medical Research Council;
- Non-Governmental Organisations (NGOs) and Community Based Organisations (CBOs); and
- Residents of Informal Settlements.

In summary, the guideline should be used by all parties that have a role in planning, designing, implementing, funding and receiving sanitation services in informal settlements.

1.7 WHEN SHOULD THE GUIDELINE BE USED?

Although the guideline can be used at any point, the ideal would be to consult the guideline at the feasibility stage of new sanitation infrastructure projects in informal settlements.

The guideline should be used immediately in informal settlements with existing sanitation facilities.

To optimise the benefits of an efficient HE programme, WSAs may want to audit HE programmes implemented in the last 12 months against the principles of the guideline. Mitigation measures should be implemented in areas of deviation and/or non-compliance with the guideline.

1.8 HOW SHOULD THE GUIDELINE BE USED?

The guideline refers to HE in two phases. Phase One of the HE is targeted at the initial project phase that is when the sanitation facility is being installed. Phase Two of the HE programme refers to the continuous education component. The reasoning behind separating the HE programme into two phases is due to the different messages and education approaches for each project phase. Very often when new infrastructure is implemented, the education message may be around acceptance of the new infrastructure. However, after everyone has brought into, and accepted the new infrastructure, the education message may be around operations and maintenance issues, etc.

2 Setting the scene

Also, as hygiene behaviour practices change, the education messages may change. Phase Two of the HE programme will evolve as the community's understanding of hygiene practices evolve.

The Guideline for the Implementation of Hygiene Education Programmes will provide municipalities with step-by-step assistance in implementing HE programmes that are efficient and sustainable. The Reader is advised to read the Naidoo et al. (2007) before using the guideline. Although the guideline focuses mainly on sanitation issues of hygiene education, it is accepted that hygiene education includes both water- and sanitation-issues.

2.1 DO YOU KNOW WHAT YOU WANT TO ACHIEVE AND WHY?

This may appear as a silly question but very often an education programme, be it HE or any other education programme, is implemented without knowing the desired outcome of the programme.

What you want to achieve must be linked to an understanding of why you must achieve the outcome. This brings into the picture the mandate to implement an HE programme.

You need to know the mandate to ensure buy-in from all parties. From understanding why you have to achieve certain outcomes, the expectations of the different key stakeholders will become apparent. For instance, politicians, technical department, the local economic department, the health department, the community, etc. could all have different expectations of the programme when involved. Managing stakeholder expectations is critical for the successful implementation of an HE programme.

The outcome could be behaviour change towards good hygiene practices, addressing misconceptions and myths, supporting and re-enforcing existing good practices, satisfying donor funding requirements, etc.

Before commencing an HE programme, the outcome of the HE programme must be clear and concise. The outcome must be measurable and achievable. It would be irresponsible to set an outcome of 60% behaviour change in an informal settlement which is known to be transitory in nature. Whatever you want to achieve from the programme must be benchmarked against real targets with the aim of ensuring buy-in from all parties that will be involved in achieving the target. All parties must sign off on the programme. Only when you have set the objectives and targets of the programme, should you proceed with the guideline.

2 Setting the scene
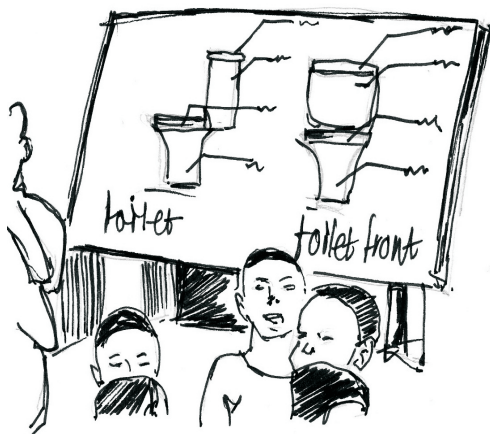
2.2 HAVE YOU SET THE BALL IN MOTION?

Now that you know what you want to achieve and why, it is time to mobilise the different roleplayers.

Identify all parties that are necessary for the implementation of the HE programme. Meet with each party. Depending on what stage of the planning process you are in, it may be prudent to meet jointly with government officials and to thereafter meet separately with community leaders. You do not want to meet too early with the community as this may raise expectations on service delivery.

Now would be the time to ensure that adequate funds are available for the programme as this would have an impact on the extent and duration of the HE programme.

You need to decide if a Professional Service Provider (PSP) or an internal unit would be responsible for the planning, design, implementation and monitoring and evaluation of the programme. If a PSP is going to be appointed, you should start the procurement process immediately. However, if an internal unit is going to develop and implement the

programme, a resource plan must be developed immediately. The resource plan should clearly show who will be doing what and by when.

Finally, you need to develop a Programme Implementation Plan (PIP) for the HE programme. The PIP should include the following:

- Programme Mandate (why need to undertake the HE programme);
- Programme Objectives (what we want to achieve);
- Programme Strategy for each Objective (how we are going to achieve the objectives);
- Implementation Plan for each Objective.
  The Implementation Plan must include timeframe, resource allocation and budget for each objective (by when the objectives will be achieved);
- M&E Plan (ensure that the objectives are met).

2.3 THE MYTHS OF AN HE PROGRAMME AND STAKEHOLDER ENGAGEMENT

Very often the best planned programmes fail because the programme was based on misconceptions and myths. Below is a summary of the better known myths that have led to the demise of many HE programmes and stakeholder participation. It is important to ensure that before planning your HE programme, you have a good understanding of the community's existing practices, expectations and needs.

There should limited to no assumptions made regarding the above-mentioned issues. Falling prey to these myths will hinder the successful implementation of an HE programme.

MYTH 1: Adults have the time and motivation to learn new ideas.

Traditional school-type teaching is of little value to hard pressed mothers, who have other uses for their time and energy. HE programmes need to use existing structures and forums to ensure that we are not adding to the existing duties of women.

MYTH 2: New knowledge equals new practice.

Fear of germs or diseases is rarely a strong motivation to change domestic practices. New concepts/knowledge must be marketed/sold to the community like you would any new consumer product. Further, positive messages are more effective than threatening and negative messages.

MYTH 3: One plan fits all.

HE programmes need to be robust and pitched at the right level for each target audience. It may be cost effective to use the same education material for all communities, but the approach to women, children, the elderly and men vary. Therefore you need a programme that responds to the expectations of each target audience.

MYTH 4: Once you have the audience's attention, expand the programme to include other education messages.

It is a flaw to have more than five key messages. It is not easy to change the habits of a lifetime; it has been proven that targeted and concise messages have the best results. It is only after behaviour change has occurred that additional messages can be introduced while still re-enforcing the original messages.

2 Setting the scene

MYTH 5: Councillors represent the views of the community, therefore consultation with the councillor is seen as consultation with the community.


Councillors should know the communities they represent very well. Structures are in place for this to happen. However, the reality is that there is infighting, political differences and turf wars.

The councillor should be consulted at all times however community leaders, religious leaders, leaders of organisations such as women groups, youth groups, environmental groups and NGO's should also be consulted.

MYTH 6: Communities will rally together to make the programme work because they are the beneficiaries.

It has been shown in the past that implementing agents of HE programmes expect residents of informal settlements will rally together to make the programme a success as a show of gratitude for the service being provided. Poor communities are no

different to affluent communities, therefore they should be treated the same. Everyone is entitled to a basic level of service, therefore poor people do not have to show their gratitude by accepting to be part of an HE programme. The community must want to be part of the programme because they have bought into the objectives of the programme. Also, informal communities often comprise of people of different nationalities, cultural and religious values and belief systems. The only thing that they may have in common is that they are poor and do not have access to formal housing and services. The HE programme must attract the attention of the residents and entice them to become part of the programme.
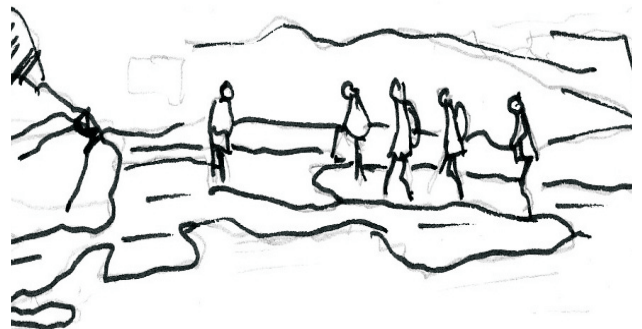
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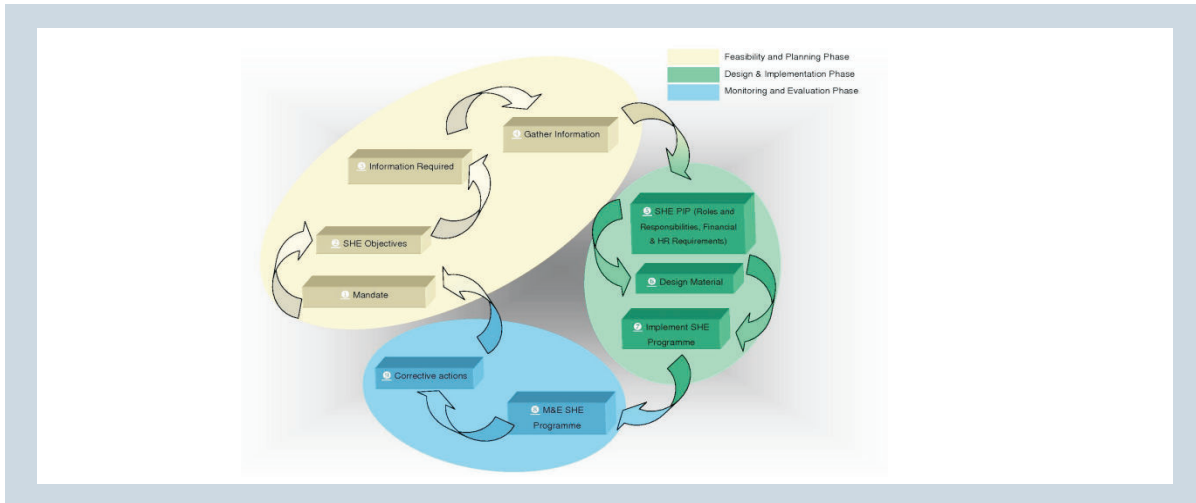
In addition, it is possible that the community may object to the HE programme because they think that it is part of a strategy to formalise or make the settlement permanent.

MYTH 7: A school programme will ensure behaviour change.

It is true that children are likely to take home the lesson learnt at school. Very often HE programmes are limited to a detailed school programme, however this approach alone is unlikely to contribute towards behaviour change. Teachers are constantly bombarded with awareness programmes such as drinking water quality programmes, HIV/AIDS awareness programmes, etc. HE programmes need to be sensitive to the existing pressures facing teachers.

2.4 DO YOU UNDERSTAND THE STEPS REQUIRED FOR THE IMPLEMENTATION OF HE PROGRAMMES IN INFORMAL SETTLEMENTS?

There are nine key steps to developing and implementing an effective and successful HE programme. Each step is linked to three project phases namely: The feasability and planning phase, the design and emplimentation phase and the monitoring and Evaluation Phase.

The steps are depicted in the diagram above.

STEP ONE; MANDATE

Step One provides the fundamental rationale for developing and implementing the HE programme. The mandate is the most basic reason for the programme. If the mandate is vague, contradictory to policy and legislative requirements or isn't based on sound reasoning, then the HE programme should not be developed. Such an example could be the implementation of an HE programme when no infrastructure planning has been completed.

2 Setting the scene

The mandate for implementing an HE can be due to political commitments, legislative compliance, internal best practices and requirements from the programme funders.

If the HE programme is in response to a political commitment, it is essential to ensure that there is no change in political view before the programme can be developed. Further, the programme must be developed and implemented within the term of existing political representatives such as a Ward Councillor, as a new politician may not agree with his predecessor's choice of level of service.

If the mandate is in response to international donor requirements, it is imperative to ensure that the mandate is in line with SA practices.

Documenting the mandate and setting objectives for the HE programme must be linked to the mandate of the programme.
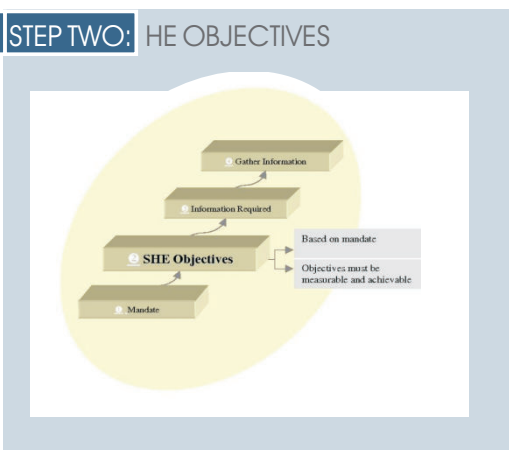
You need to identify the objectives of the programme. The objectives of the HE are determined by the mandate. Objectives are necessary in that they allow an ideal state, namely the vision, to become real and practical.

Before determining the programme objectives you need to ask yourself what outcomes do you want to achieve when do you want to achieve the outcomes, are the outcomes realistic, in other words, do you have the resources to achieve the outcome, who will need to assist you to achieve the outcome and, are the outcomes in line with the mandate and the expectations of all parties that will make the objectives happen?

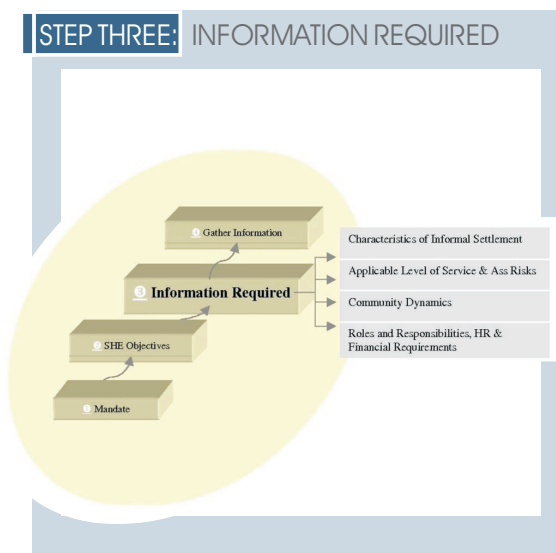**The objectives of the HE could include the following:**

- Decrease diarrhoeal incidents by 20%; or
- Increase hand-washing by 60% ;or
- Decrease the number of blockages by 20%; or
- Educate 100% of schools on handwashing ;or
- Educate each household on HE; or
- Educate communities on alternate technology options and the use thereof; or
- Implement corrective action, etc.

STEP TWO: HE OBJECTIVES

The objectives of the HE programme are dependent on whether the programme is part of a new sanitation project, ongoing HE or if the programme is in response to an M&E plan and corrective action is being implemented. Only if the HE is part of a successful ongoing education programme can the hygiene education programme be expanded to include operation and maintenance issues.

Irrespective of what the objectives for the programme are, the objectives must be measurable and achievable.

Now that the objectives are defined, we need to determine what information is required to ensure that the objectives are met. Below, is a list of the possible information that could be needed to develop an HE programme that meets the specific needs of an informal settlement. The list is only there to provide guidance and is in no way considered to be complete.

STEP THREE: INFORMATION REQUIRED

No.	Information Needs	Relevance	
		Yes	No
	Has there been a previous HE programme in the area? If so, who implemented the programme, was it successful, if not why? What was the message of the programme?		
	What are the physical, social and economic characteristics of the settlement?		
	Is the settlement typical of shack farming? If yes, does the owner live on the property?		
	Who owns the land that the settlement is on?		
	How old is the settlement, what are the Department of Housing's plans is for the upgrade of the settlement?		
	Is the settlement stable or is it transitory in nature?		
	Where do the residents of the settlement work, is it in surrounding areas or do they travel long distances to the nearest town?		
	What is the present level of service?		
	What is the future level of service? What are the risks associated with the level of service? How does the level of service align with the long-term plans for the settlement namely, if the settlement is to be formally established, or if the settlement is to be re-located, etc.?		
	What are the current HE practices in the community?		
	Is the settlement densely settled and is it likely that facilities would need be shared?		
	What are the community's expectations in terms of the HE programme?		
	What is the socio-economic status of the community, that is, is the community largely employed, unemployed, majority gender and age profile, level of education, prominent language, are the residents largely foreign or local, does the community fit in with the HIV/AIDS profile for communities?		
	What are the dynamics of the community, that is, is the community mobilised into groups, supportive, strong sense of place and cohesion, strong religious practices, political afflictions, etc?		
	Is the Councillor active in the community and is he well received by the community?		
	Is MHS active in the community?		
	Which CBOs and NGOs work in the community?		
	Is the community in a position to pay for services? If not, then any education programme linked to a service that requires payment is likely to be poorly received by the community.		
	How will the project be funded, both infrastructure and the HE programme? Are there any conditions attached to the funding?		
	Who is the target audience?		
	Will the HE programme be developed inhouse, if not then will a PSP be appointed? If the programme will be developed inhouse, do you have the resources to develop the programme and who will be held accountable for the programme?		
	Will the HE programme be implemented and monitored inhouse, if not then will a PSP be appointed? If the programme will be implemented inhouse, do you have the resources to implement the programme and who will be held accountable for the programme?		
	Who are the key stakeholders that will be part of the planning, design, implementation and monitoring phases?		
	What are the likely challenges in implementing the HE? This could be institutional, community objections, political interference, lack of human resources, lack of financial resources, etc.		

STEP FOUR: GATHER INFORMATION
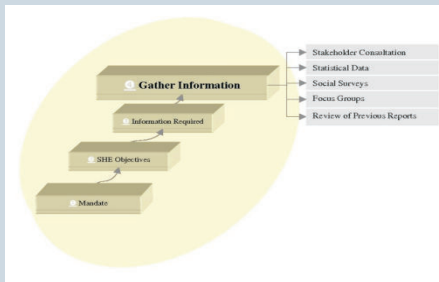
Now that you have an understanding of what information you need, it is time to gather the information. The information will determine the material that will be developed in future steps.

There are well documented techniques to gather data. These include meetings, surveys, focus groups, review of previous data, interviews and consulting StatsSA for existing data.

It is at this point that we need to revisit the programme objectives. Once we have identified key stakeholders, we need to now ensure that they have the same expectations of the programme and that they are in agreement with the programme objectives.

It is best to first meet with key government departments which include the Department of Housing, Design Engineers of the WSA, LED division within the municipality, MHS, Ward Councillors, the Townplanning Division within the municipality, the ISD department of the WSA and DWAF. This meeting should be used as an opportunity to introduce the project,

gain access to previous studies and get consensus on the programme objectives and way forward.

Thereafter, a meeting with a few community leaders, traditional leaders, religious figures, NGOs and CBOs should be held. The meeting should also be used as an opportunity to introduce the project, gain access to previous studies and get consensus on the programme objectives and the way forward. The meeting with the community representatives should also form the basis for future community consultation sessions.

If no community information is available, a detailed survey may be necessary. The survey must ensure that the information gathered will be useful in designing a programme that will realise the objectives.

In cases were budget and timeframes are limited, focus groups are an effective way of gathering information. However, it must be noted that focus groups will only work if facilitated by an experienced person.

2 Setting the scene

The design engineer must ensure that all information pertaining to the design of the infrastructure is obtained. If information is required from the community then the design office must ensure that the information is accommodated in the community consultation process.
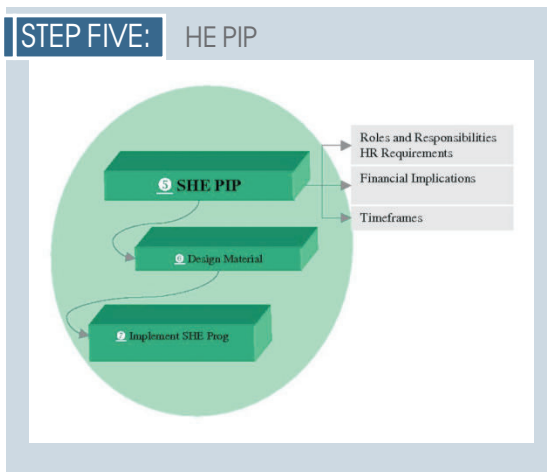
STEP FIVE:	HE PIP

Step Five is the development of a project implementation plan (PIP) for the HE programme. The PIP should be compiled such that the progrmme objectives will be met. The PIP is an indication of how the WSA intends to meet the objectives. Below is an adaptation of a PIP, designed by Aidsmap, a non-profit organisation, in accordance with the needs of the HE programme:

Typical example of a PIP.

Objective One					
Intervention	Activity	Key Performance Indicator/Targets	Timeframe	Responsible Party	Budget

Specific — in stating what will be done.

Measurable — to allow monitoring and evaluation.

Appropriate — in relation to the HE objectives.

Realistic — in relation to the WSA's capacity to meet the the objectives.

Timeframe — a timeframe must be set for achieving each objective.

The PIP should reflect the intervention, activity, target, timeframe, responsible party and budget for each objective. Interventions are main tasks that are required to address the objective while activities are more detailed action items. Key performance indicators must be provided to evaluate and monitor the success of the PIP in meeting the objective. Timeframes will indicate how long it will take to complete the intervention. It is possible that more than one target may be applicable in achieving a single objective. Finally, roles, responsibilities and budget must be indicated for each intervention.

The PIP must be signed off by all parties responsible for implementing the programme.

Phase One of the HE Programme

Project Phase	Role-Player	Activity/Responsibility in Relation to Health and Hygiene Education
Feasibility Phase	Project Manager	Ensure that all parties are on board
	Design Engineer	Provide details on technology options and project constraints and opportunities
	Institutional and Social Development (ISD) Manager	Input into the technology options and input into the preferred option Input into the human resources available for the implementation of the project raise any social and environmental concerns that may exist
	Funders	Provide details of the budget available for HE
Planning Phase	Project Manager	Ensure that adequate financial resources are available Ensure that project timeframes take into account the HE programme Ensure that a M&E plan for the HE is developed
	Design Engineer	Input on the preferred technology option Ensure that the technical design of the facility is appropriate, gender and culture sensitive, child-friendly and has limited future environmental and social impacts highlight all O&M requirements that may need to be included in HE programme Identify technical constraints that may have an impact on the efficiency of the facility identify opportunities for the involvement of the community in the project during the construction phases

2 Setting the scene

Project Phase	Role-Player	Activity/Responsibility in Relation to Health and Hygiene Education
Planning Phase	ISD Manager	Develop scope of work for the HE programme develop a project plan Identify opportunities for the involvement of the community in the project Ensure that adequate human resources is available for the successful implementation of the project
	MHS	Input on project plan, HE framework and provide input on existing community information
	Ward Councillors/Ward Committees	Identify key stakeholders that can participate in the implementation of the HE programme Participate in the HE planning process
	Professional Service Provider (PSP)	Develop HE framework Identify key stakeholders Conduct community surveys to gather background information
	Community Organisations and Leaders	Input into the HE framework Input on key messages Input on how to streamline the education process taking into account existing community structures
Design Phase	PSP	Develop education material Determine the roles and responsibilities during the implementation phase for instance during the construction of the facilities, the O&M requirements from the community, payment of services requirements, input from the community and community based organisation during the implementation phase Develop terms of reference for each party involved in the implementation phase

Project Phase	Role-Player	Activity/Responsibility in Relation to Health and Hygiene Education
Design Phase	ISD Manager	Review and approve all material developed
	Design Engineer	Review and approve all material developed
	MHS	Review and approve all material developed
	Project Manager	Ensure that HE is rolled out according to project plan Ensure that project objectives are met Ensure that HE is M&E throughout the implementation phase
Implementation Phase	Design Engineer	Ensure that the design of the facility is reviewed in line with any comments that may come from the HE process
	Contractor	Ensure that all expectations are met
	ISD Manager	Ensure that HE is implemented according to project plan and HE framework
	Ward Councillors/Ward Committees	Attend all PSC meetings Promote the projects and HE message Facilitate the implementation of ongoing health and hygiene education programmes as required
	PSP	Implement HE according to project plan and framework Revise HE programme in line with the outcomes of the M&E Plan

2 Setting the scene

Project Phase	Role-Player	Activity/Responsibility in Relation to Health and Hygiene Education
Implementation Phase	Community Organisations and Leaders	Promote HE messages through existing forums and meetings Bring to the attention of the ISD Manager any potential concerns HE programme
	PSC Members	Participate in the planning and management of water and sanitation services projects Promote health and hygiene education in the community Monitor performance of HE programme against M&E Plan
	Tribal Authorities	Participate in HE programme and PSC meetings Promote the projects and HE message Prioritise HE needs at LM and DM levels
	Traditional Health Practitioners	Promote HE messages Link with other PHC initiatives
	HIV/AIDS and other health support groups, Health Clubs	Promote HE message as part of existing activities
	Community Health Workers and volunteer health workers	Promote HE message at household and community integrated part of their activities
	Health related NGOs/CBOs and Civil society	Promote HE message Liaise with local health services structures Implement health and hygiene education programmes

Project Phase	Role-Player	Activity/Responsibility in Relation to Health and Hygiene Education
	MHS	Promote HE message Provide input PSC Align HHE with HE messages where possible
	Community	Ensure that they fully understand and accept their roles and responsibilities in terms of the sanitation facility and the HE Ensure that the HE message is practical and implementable Ensure behaviour change towards good hygiene practices
Monitoring and Evaluation Phase	Project Manager	Ensure that HE programme is M&E according to plan
	ISD	Ensure that outcomes of the M&E plan are used to inform the revision of the HE programme
	PSP	Ensure that HE programme is M&E according to plan
	Community	Ensure that HE programme is M&E according to plan
Handover Phase	Project Manager	Ensure that community is aware of new roles and responsibilities in terms of the sanitation facility
	Design Engineer	Ensure that the facility handed over to the community is technically sound
	PSP	Ensure that a HE close-out report is developed Document all lessons learnt Document M&E outcomes during the implementation phase
	Ward Councillors/Ward Committees	Ensure that community has accepted their roles and responsibilities
	Community Organisations and Leaders	Ensure that community has accepted their roles and responsibilities
	MHS	Ensure that community understand the roles and responsibilities of WSAs and MHSs

Phase Two of the HE Programme

Project Phase	Role-Player	Activity/Responsibility in Relation to Health and Hygiene Education
Ongoing Support	ISD Manager	Develop a project plan for continuous HE Develop HE message and education material for continuous HE Ensure that adequate human and financial resources are available for continuing with HE Raise the profile of HE as a service and promote the need for continuous HE Ensure alignment between ongoing HE programmes and ongoing HHE programmes Ensure that HE programmes are aligned with any changes in the technical design of sanitation facilities
	Design Engineer	Technical design and options to response to all outcomes of the HE programme and the M&E Programme Ensure continuous research into alternate technologies that can meet the objectives of the HE programme and provide informal settlements with better and affordable sanitation
	Ward Councillors/Ward Committees	Attend all PSC meetings Promote the projects and HE message Facilitate the implementation of continuous HE and ongoing HHE programmes as required
	MHS	Ensure alignment between continuous HE programmes and ongoing HHE programmes
Monitoring and Evaluation Phase	ISD Manager	Develop an M&E plan specifically for continuous HE Ensure that the objectives of the HE plan are met
	Design Engineers	Ensure that the technical design and options are informed by the outcomes of the HE programme and the M&E Programme
	Community	Provide continuous input into the M&E programme

2 Setting the scene

No	Source	Budget excl VAT	Reference
1	MIG Funds	R190/household	DPLG (2005)
2	Guideline for Costing Basic Household Sanitation	R240/household	DPLG (2005)
3	Johannesburg Water	R74/household	David & Simelane (2006)

It is not a simple task to determine an adequate budget for soft issues such as education and training. Above, is a summary for Phase One budget, which can be used as a guide in determining budgets for new projects only.

Unfortunately, there is no guideline for Phase Two budgets for continuous HE programmes.

STEP SIX: DESIGN MATERIAL

Now we have all the information at hand to ensure that we develop the education material that achieves the following:

- A clear, concise and appropriate message;
- Material that is pitched at the correct level for each of the target audience;
- Separate programmes and approaches for each of the target audiences;
- Education material and message that is appropriate for the level of service;
- Education material that highlights any risks associated with the level of service;
- Material that is socially and culturally acceptable; and

- Addresses the roles and responsibilities of all parties.

Unless the above criteria are met, the HE programme would be a waste of money, time and energy.

There is existing material which could serve your purpose, therefore before investing time and energy in the design of new material, first consult the list below of existing material.

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2 Setting the scene

·**WSAH**
(http://www.globalhandwashing.org)

·**Sanitation Connection**
(http://www.sanicon.net)

·**Water, Engineering and Development Centre**
(WEDC)

·**International Water and Sanitation Centre**
(http://www.irc.nl)

·**International Scientific Forum on Home Hygiene**
(http://www.ifh-homehygiene.org)

·**The Institute of Water and Sanitation Development (IWDS)**
(http://www.iwsd.co.zw)

·**Network for Water and Sanitation**
(http://www.netwas.org)

·**Water Supply and Sanitation Collaborative Council**
(http://www.swwcc.org)

·**WELL**
(http://www.lboro.ac.uk)

·**Wateraid**
(http://www.wateraid.org.uk)

·**World Health Organisation**
(http://www.who.int/hpr) for PHAST and CTC programmes

·**GlaxoSmithKline for PHASE programme**
(http://www.gsk.com)

- World Bank (http://worldbank.org) for Nali Kali programme
- WRC;
- DWAF;
- The Mvula Trust; and
- The Department of Health, especially Environmental Health Services.
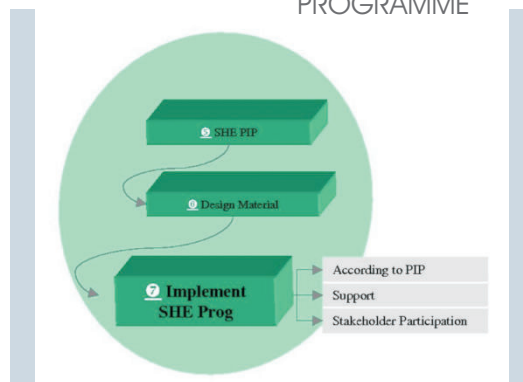
We know what we have to achieve, why we want to achieve it, how it will be achieved, who will achieve it and by when. The only thing left to do is to implement the plan. The PIP should have sufficient information to implement the HE programme using the education material.

Even a perfectly planned plan holds no guarantee for success or that the desired result will be achieved. Therefore the ability to decisively adapt the PIP plan to accommodate unexpected variables and changing environments is crucial to the success of the plan. Adaptability must be a key characteristic built into the PIP. The PIP must be dynamic and yet at the same time be detailed for easy implementation.


The success of the implementation of the HE is dependent on each party understanding and accepting their roles and responsibilities. Communities will need support during this stage of the programme.

STEP EIGHT: M&E HE PROGRAMME
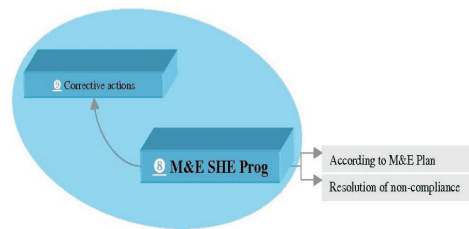
Step Eight is the most intimidating step in the programme. It is the time to assess whether we have met our original objectives, whether our education programme has been successful and determine what corrective actions is necessary to get the plan back on track.
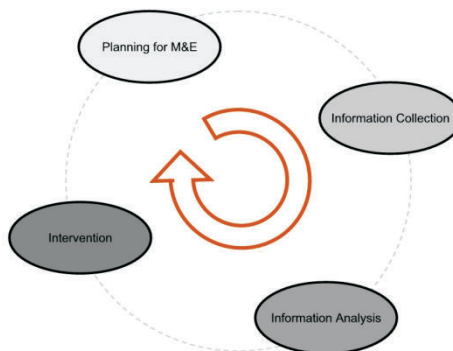
A M&E checklist must be developed. The checklist must take into account the programme objectives and the PIP.

The M&E process is made up of four key tasks namely, develop an M&E plan (this could be a questionnaire), collect information by going out on site and monitoring compliance against the M&E checklist, analyse the data to identify areas of non-compliance and finally develop interventions to correct areas of non-compliance.

2 Setting the scene

It is not a failure to find areas of non-compliance. Instead it means that the HE programme is getting better all the time and in the long run will yield better results.

The community, the PSP or an internal unit can monitor the performance of the progamme. Depending on the objectives, it may be necessary to include additional information sources; for instance, if the objective was to decrease the number of diarrhoeal incidents among children, then the local clinic would need to provide data on the number of children with diarrhoea during the programme.

To monitor behaviour change is a complex task. Adequate timeframes must be set to ensure that behaviour change can be affected.

Below is a typical monitoring report.

CORRECTIVE ACTION REPORT	
COMPANY/DEPT.:	**REPORT NO.:**
HE Programme Monitored:	**Lead Monitor:** / **Date:**

1. Non-compliance ascertained in during monitoring session:

Confirmation of observations made by responsible party in charge:

Date:	Signature, responsible person:

3. Follow-up on Corrective Actions:

☐ Corrective Action has yield desired results

☐ Corrective Action has not yield desired results

- see audit report no.:

Date:	Signature, ISD Manager:

STEP NINE: CORRECTIVE ACTIONS
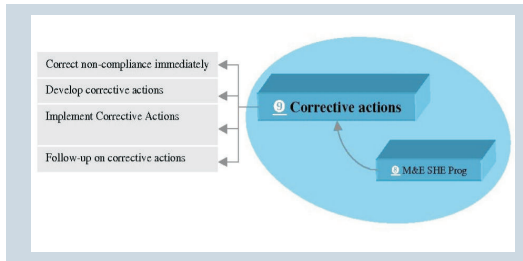
Based on the findings of the M&E report, corrective actions must be instituted to ensure future compliance. Corrective actions could mean the re-design of the programme, change in message or simply tweaking the programme. Whatever the extent of the corrective action, it is imperative that it is implemented and that the HE programme is not abandoned as a failed programme. After all, no lessons are learnt if no mistakes are made.

Corrective actions must be implemented immediately, especially when building a relationship of trust with the community.

The effectiveness of the corrective action must be determined in the next M&E cycle.

Below, is a typical example of a corrective action report.

CORRECTIVE ACTION REPORT	
COMPANY/DEPT.:	**REPORT NO.:**

HE Programme Monitored:	Lead Monitor:	Date:

1.   Non-compliance ascertained in during monitoring session:

Confirmation of observations made by responsible party in charge:

Date:	Signature, responsible party:

2.   Proposed Corrective Actions, including timeframe for the implementation of corrective actions:
The instructions should be examined together with the responsible person in charge of the site/project/programme and the necessary additions should be made to the instructions

Changes will be implemented by: (Date)

Person responsible for carrying out changes

Name:	Position:

Date:	Signature, responsible person:

3 Conclusion

It is has been shown, both nationally and internationally, through previous research studies that service delivery to informal settlements remains neglected. It would be irresponsible for SA to continue to ignore the situation given that the number of informal settlements is increasing rapidly.

The benefits of HE are numerous, including:

◖ HE programmes are among the most cost-effective ways of lowering health costs, especially in high density settlements where residents are at greater risks to poor sanitation related diseases;

◖ Creating a healthier and more productive community;

◖ Reducing the health risks for people living with HIV and AIDS; and

◖ The HE can then evolve into a programme with a broader message. The HE programme can provide a platform to address risks associated with improper use of the sanitation facility and the linkages between good sanitation and a healthy environmental.

HE must form part of the overall water and sanitation service delivery to informal settlement. As such HE must be provided as a continuous service in line with policy and legislative requirements by the WSA.

This guideline goes a long way in assisting local government and other parties who play a role in providing water and sanitation services to informal settlements in implementing effective and efficient HE programmes.

4 References

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