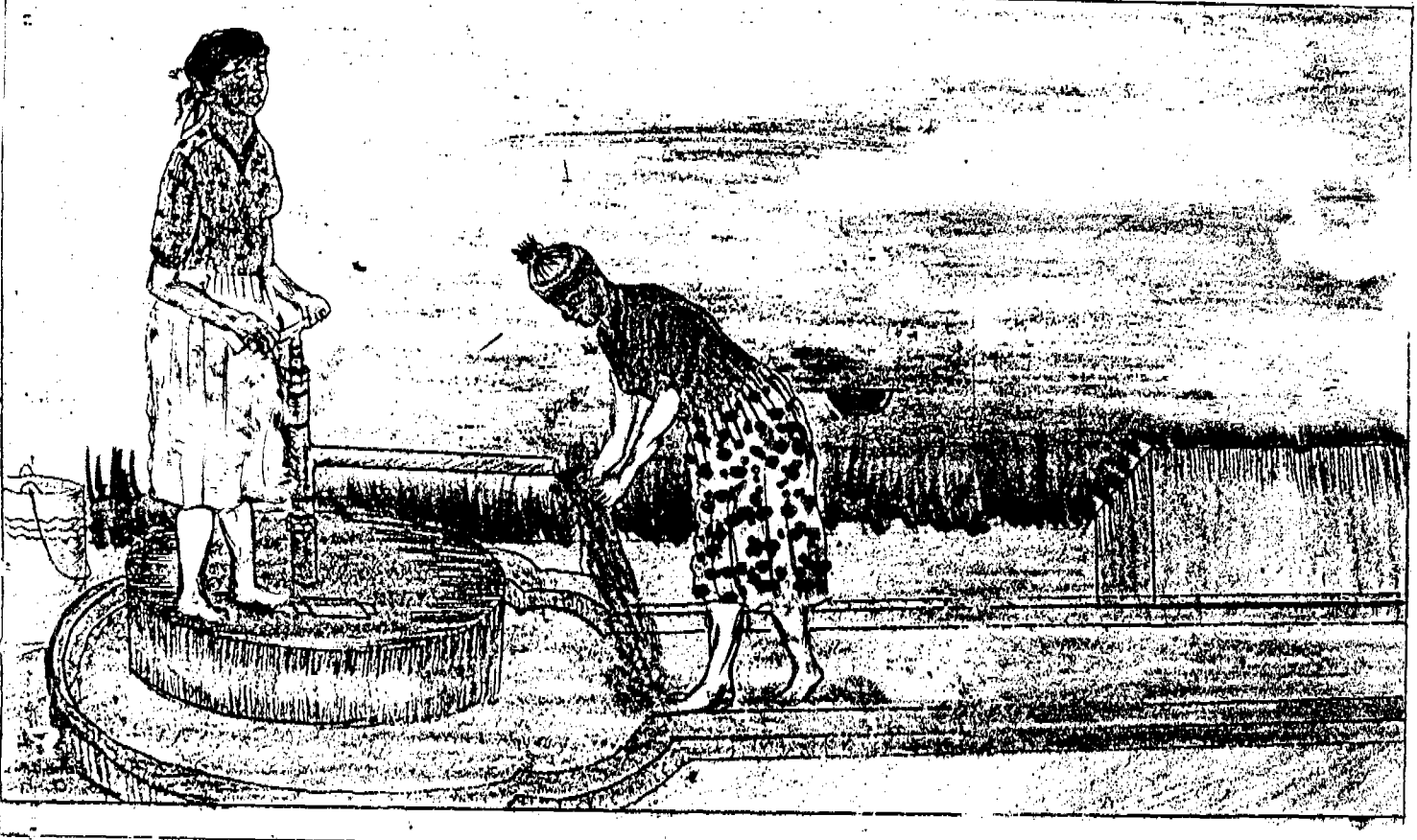


WATER HYGIENE EDUCATION PROJECT
S.C.F. (OR) 1992-94
PROTECT IMPLEMENTATION PLAN



IMPLEMENTATION PLAN FOR WATER HYGIENE EDUCATION
PROJECT BY SCF (UK) IN T/A CHITUKULA AND SUB
CHIEF MTEMA AREAS (LILONGWE RURAL)

INTRODUCTION

Save the Children Fund (UK) has embarked on a 1 year pilot water Hygiene Education programme as a component of Canadian Physician for Aid and Relief's safe water provision programme in Traditional Authority Chitukula and Sub Chief Mtema. From a public health point, it has been proved that the provision of safe water alone through protected shallow wells is not enough. Water Hygiene Education for the users is a very important component for this water to remain safe with this in mind Save the Children Fund (SCF, UK) decided to assist Canadian Physician for Aid and Relief (CPAR) by launching this pilot programme in 12 villages which have been provided with safe water in T/A Chitukula and Sub Chief Mtema's areas.

PROJECT AREA

The project area is the Traditional Authority of Chitukula which lies directly northwest of Lilongwe City, the capital of Malawi (see map fig.1). Approximately 48,000 people inhabit this predominally rural area of approximately 300 square kilometres.

AREA COVERAGE OF TARGET VILLAGES

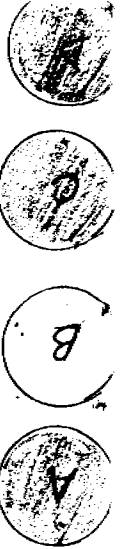
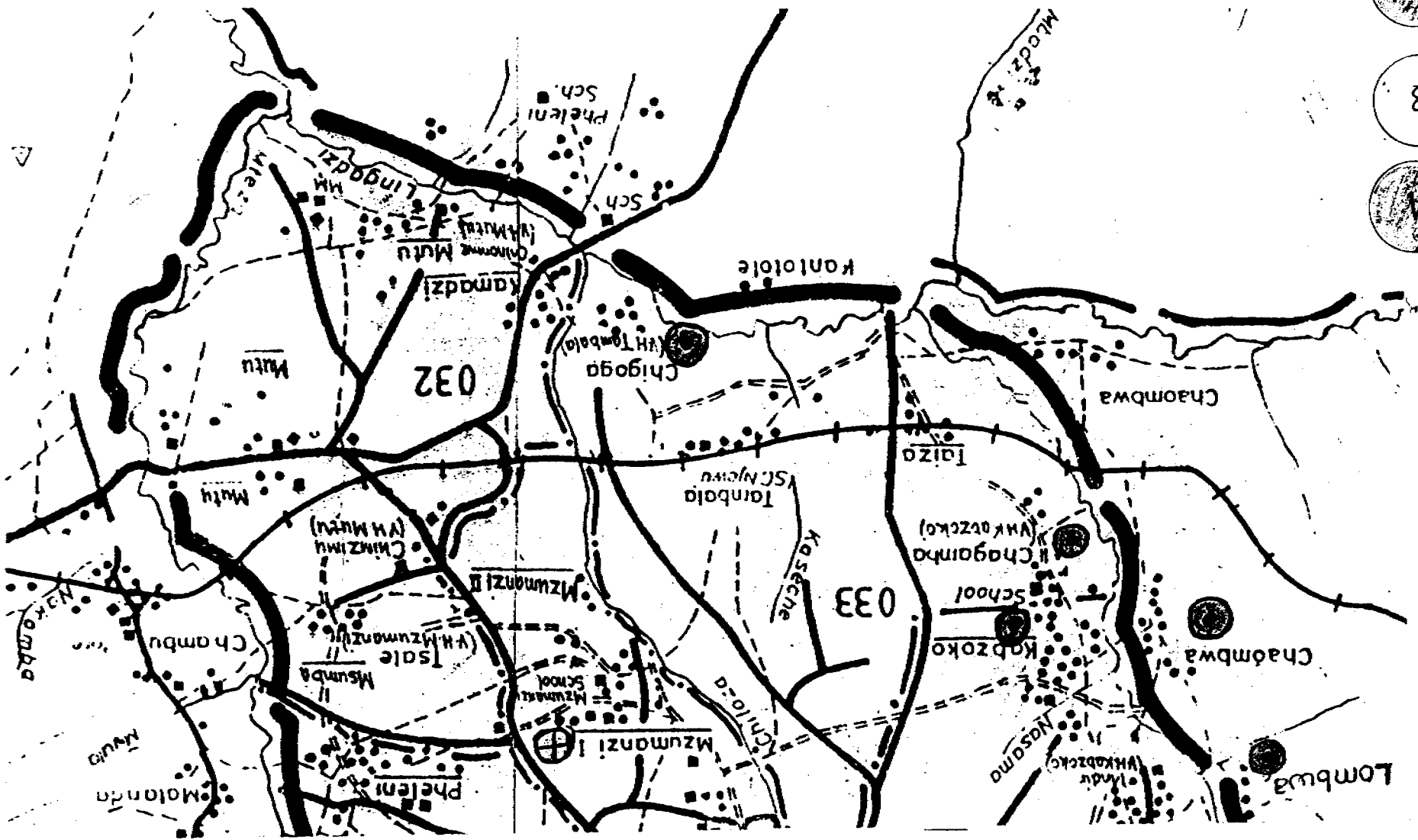
The pilot study area covers 12 villages in T/A Chitukula and sub chief Mtema (SEE MAP FIG.2 & 3 respectively). Listed below are the villages with number of households and estimated population. The estimated population to receive water hygiene education in the pilot study area is 3938

Villages in T/A CHITUKULA	Households	Estimated Population
1. Dzama II	93	470
2. Chikolokoto I	43	352
3. Chawantha	67	340
4. Mlumbwira I	57	301
5. Mlumbwira II	60	322
6. Mvugo	80	418

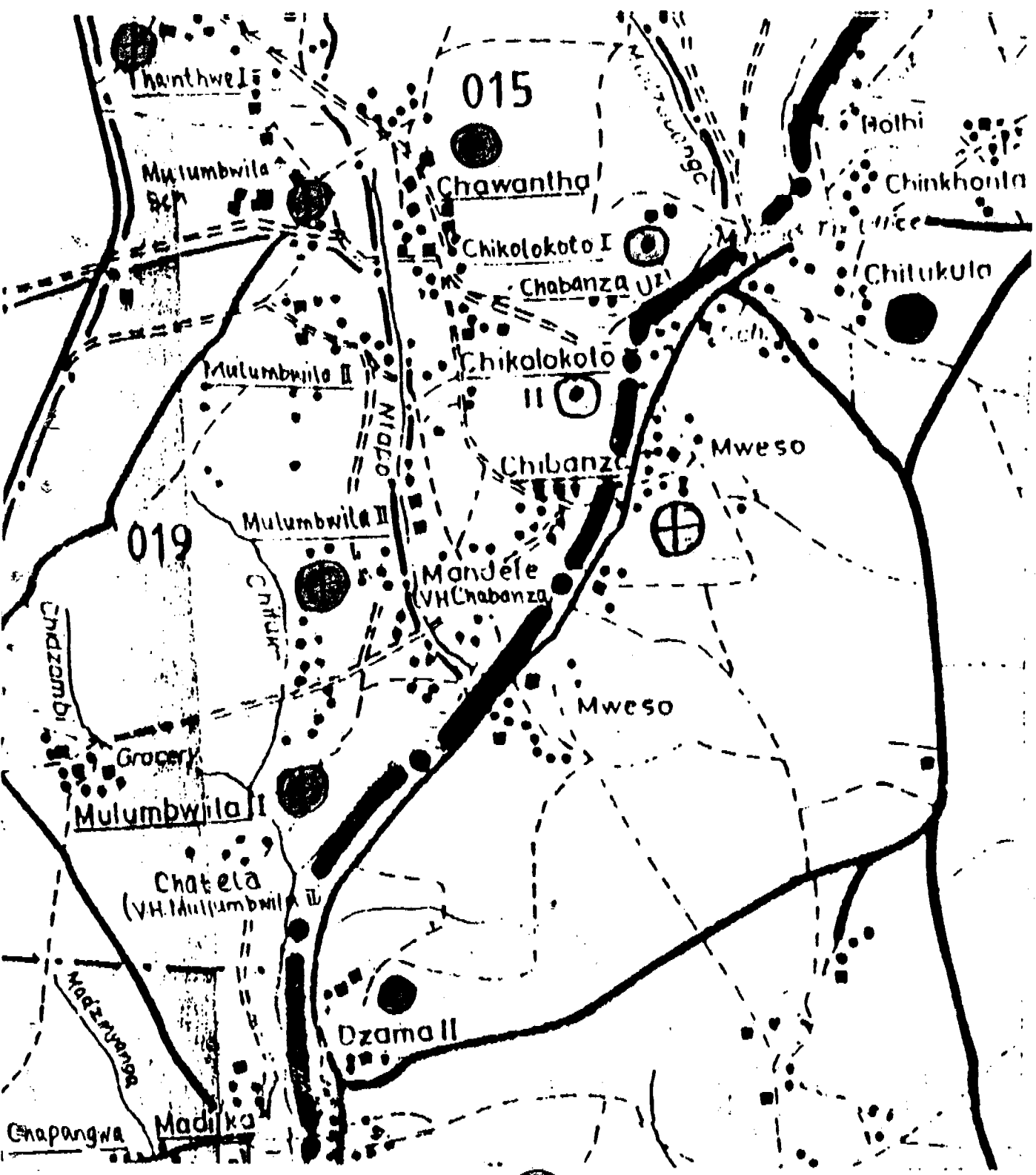
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**TARGET VILLAGES FOR WATER HYGIENE EDUCATION
PROJECT IN S.C. MTEMA, LILONGWE DISTRICT.**



TARGET VILLAGES FOR WATER HYGIENE EDUCATION PROJECT IN T.A. CHITUKULA LILONGWE DISTRICT



- 0 WHO Guideline Value NO RISK
- ⊕ 1-10 Low Risk
- 11-50 Intermediate to high risk
- >50 Gross pollution, high risk

Villages in S.C.MTEMA	Households	Estimated Population
1. Mzumanzi I	103	555
2. Chagoga	48	315
3. Chaombwa	36	200
4. Lombwa	26	134
5. Chagamba	47	276
6. Kabzoko	59	255

SOCIAL ECONOMICS

Subsistence farming is practised by over 90 per cent of the population. Others operate their own business like the selling of firewood or have found paid employment in the city or work in the farms. The vast majority of the population belong to the Chewa tribe.

RELIGION

People from this area are predominantly christians. Most of them belong to CCAP and Roman Catholic Churches.

HEALTH STATUS

This project area is served by the following Health Centres;

- (i) Mbabzi H/Centre
- (ii) Dzenza H/Centre
- (ii) Lumbadzi H/Centre

The above Health Centres provide the following services out patients clinic, Ante natal and maternity and integrated under 5 services. A number of outreach under five clinic are also carried out by these H/Centres in the project area.

The area is also well served by Growth Monitoring Volunteers (GMV's) who are responsible for weighing Under 5s and distributing supplementary feeding for stunted/malnourished children.

The most common diseases in this area are Malaria, Diarrhoea (including blood diarrhoea), Scabies, Eye diseases, and Acute Respiratory infections like coughs.

The main sources of water are protected shallow wells, unprotected shallow wells and streams/rivers.

PROJECT DESCRIPTION

This pilot water Hygiene Education programme is aimed at improving water hygiene behaviour in rural communities where CPAR has provided protected shallow wells in T/A Chitukula and of S.C Mtema. Six villages will be selected from each area (T/A chitukula & S.C Mtema).

The programme will run in phases thus in the first case the first group of 6 villages in S.C Mtema will be the first intervention study area whilst the second group of 6 villages in T/A Chitukula will be the control area until after 6 months of intensive Water Hygiene Education Campaign then the next 6 months it will be visa vesa (Mtema area will be the control and Chitukula will be the intervention area.)

BROAD OBJECTIVES

To educate people in selected 12 villages in T/A Chitukula and S.C Mtema on water Hygiene in order to reduce some of the water borne diseases which arise from contaminated water in the long run CPAR's goal of providing safe water become a reality.

SPECIFIC OBJECTIVES

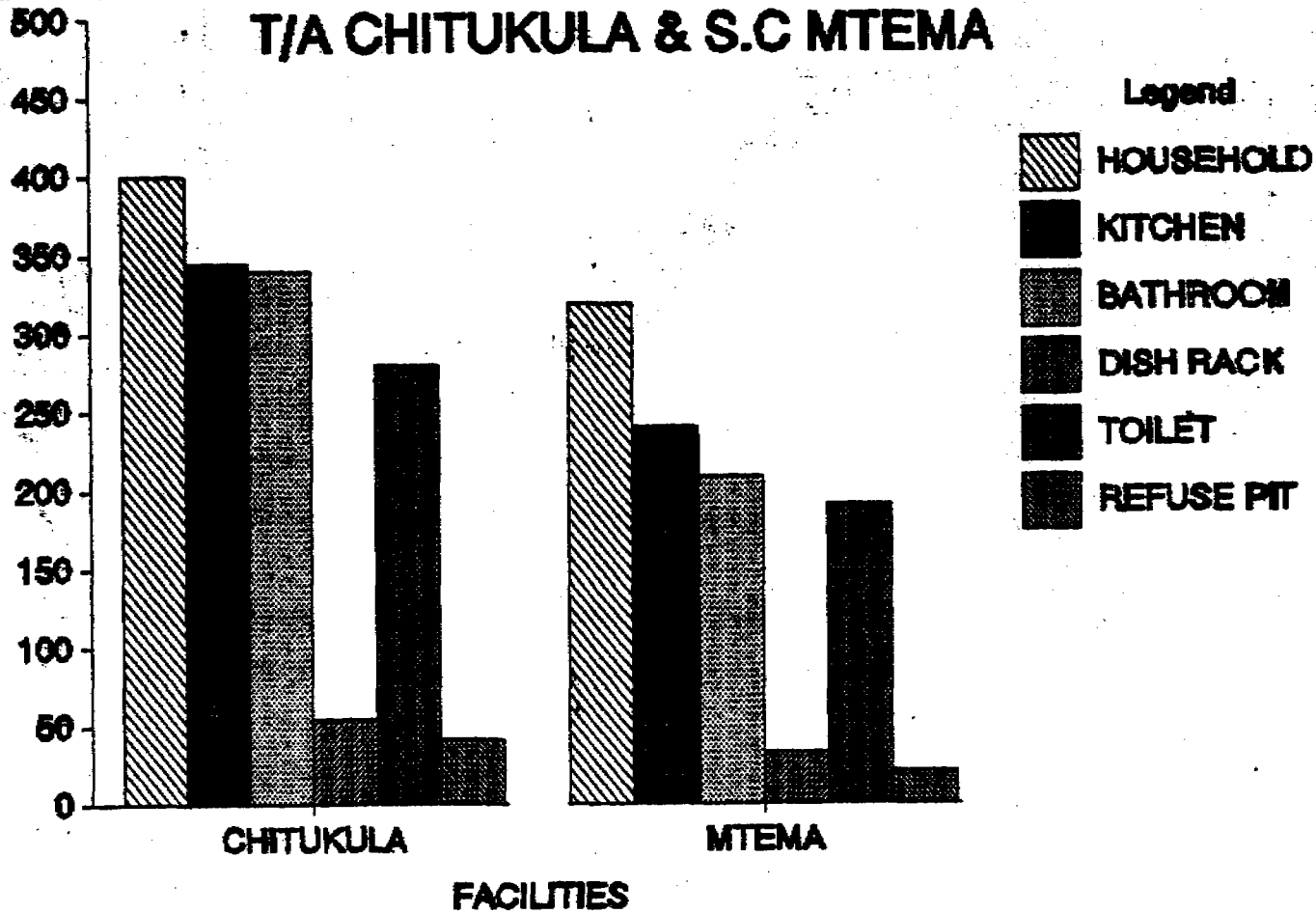
By the end of the project it is intended that;

- 95 percent of the rural population will have been exposed to an intensive water hygiene education programme which will lead to changes in their poor water hygiene behaviour from 44.9 per cent to 55 per cent in S.C Mtema and from 35.9 per cent to 45 per cent in T/A chitukula by households.
- The bacteriological water quality (Faecal coliform of less than 50 counts/100ml of sample, Temporally Malawi Standard) in S.C Mtema will have improved from 85.7 per cent at the water source to 90 per cent, 50 per cent during water transportation (thus from the source to the house) to 60 per cent whilst household stored water will have improved from 19.4 per cent to 25 per cent by random sampling.
- The bacteriological water quality in T/A Chitukula will have improved from 88.8 per cent to 95 per cent at the water source, 50 per cent during water transportation (thus from the source to the house) to 60 per cent whilst household stored water will have improved from 16.7 per cent to 23 per cent by random sampling.

SANITATION SURVEY RESULTS

TOTALS

T/A CHITUKULA & S.C MTEMA



SANITATION DATA COLLECTION FORM

SCF (UK)

DATE..... VILLAGE:..... DISTRICT:..... NAME.....

ENVIRONMENTAL SANITATION							WATER SANITATION						POPULATION DETAILS					
HOUSEHOLD NO.	NO. OF DWELLING UNITS	NO. OF KITCHENS	NO. OF BATHROOMS	NO. OF DISH RACKS	NO. OF PIT LATRINES	NO. OF REFUSE PITS	PROTECTED WELL	UNPROTECTED WELL	BOREHOLE	COVERED POTS	UNCOVERED POTS	2 CUP SYSTEM	TYPE OF CONTAINERS		0-5 CHILDREN		OTHERS (6 YRS & ABOVE)	
													PAILS	CLAY POTS	0-5 TOTAL	0-5 FULLY IMMUNISED	WOMEN OVER 5 YRS	WEN OVER 5 YRS

BASELINE SURVEYS

Several baseline surveys were conducted in the target villages in order to obtain baseline data which will be used in the evaluation of this project. The surveys are as follows:

(a) Water Quality Survey:

The survey involving the enumeration of bacteria which serves as indicators of faecal contamination was conducted in all the existing protected water sources constructed by Canadian Physician for Aid Relief (CPAR) and Water Department. Twelve villages were then chosen basing on good water quality at the sources, eg Faecal Coliform counts of less than 50 per 100ml water sample (Temporally Malawi bacteriological standard) were collected at the source, from containers at the commencement of transport to the household and in the storage containers if different from collection container. The results of this study like other studies done in other countries showed that there was water quality deterioration between water source and storage containers

In light of the suggested bacteriological classification for drinking water from uncontaminated rural water supplies in table the magnitude of the contamination of the protected water sources and water stored in the household of the target villages can be examined and summarised as follows:

LOCATION	ACCEPTABLE QUALITY S.C MTEMA	ACCEPTABLE QUALITY T/A CHITUKULA
Water at the source	85.7% (7)	88.8% (9)
Water Collection Vessel	50% (60)	50% (60)
Household Stored water	19.4%(62)	16.7% (63)

* Acceptable quality : Faecal coliform count less than 50/100ml of water sample

(b) Baseline Village Inspection (Environmental Sanitation Data)

Baseline village inspections were conducted by village health volunteers in order to get data on environmental situation. These village health volunteers were briefed on data collection skills for a day and a specific form for this was arranged for them to use on this activity and the results were as follows:

	Percentage by Households T/A Chitukula	percentage by Households T/A S.C.Mtema
Pit latrine	70	60
Kitchen	86	75
Bathrooms	85	66
Dish racks	14	10
Refuse pits	11	7
Covered water storage container	38	6.9
Population using clay pots as water storage containers	68.5	40
Population Practising two cup 2 system	1.5	2
Population served by the protected shallow wells	86	93

(c) Water Hygiene Behaviour Survey:

The above survey took place again in the project area in order to find out the level of water hygiene knowledge of the community so that we are able to know what type of messages to come out with when teaching the community and again for comparing during the monitoring of the project and for the evaluation purposes. The method used in this survey was observation and interview method.

STAFF INVOLVED:

Members of staff were from Ministry of Health, Community Development Staff, Canadian Physician Aid Relief (CPAR) and supervised by Save the Children Fund (UK). A questionnaire was prepared for the staff to use.

RESULTS ON WATER HYGIENE KNOWLEDGE WAS AS FOLLOWS:

(A) T/A CHITUKULA: 35.85%

(B) S.C MTEMA: 44.88%

Handwritten notes at the top of the page:
- *Water source*
- *Water collection vessel*
- *Household stored water*

This survey focused only on Water Hygiene knowledge in the targeted villages ie from the source to the time when the water is being used at home. Therefore the survey focused on causes of water deterioration:

- (a) At the water source
- (b) On the way in water collection vessel
- (c) In household stored water.

After observing the water hygiene knowledge in all these three categories and data processing then the following water hygiene education messages were suggested and developed.

APPROPRIATE WATER HYGIENE MESSAGES

(A) AT THE SOURCE

- The surrounding yard at the water source should always be clean.
- There should be a sound waste water drain and a soakage pit at the end filled with some stones.
- Every body arriving at the source to draw water should first;
 - (a) Wash his/her hands
 - (b) Wash the container with ash or water only then draw the water to a reasonable size avoiding putting tree leaves when the water is spilling.
- Leaking water collection/storage containers should be sealed with plastic materials not clay soil or sand.
- Any one assisting in up lifting of filled water containers on to somebody's head should first WASH HANDS.

(B) ON THE WAY HOME

- Tree leaves should not be put in water containers no matter water is spilling.
- Do not put down a filled water container on the way home.

(C) AT HOME

- Any one assisting lowering down the water container at home should first WASH HANDS.
- Wash the storage container properly, this should preferably have a smaller opening for easy covering.
- The water storage container should be kept off the floor by using bricks, old plates or stones.

- The drinking and covering utensils should always be washed.
- 2 cup should be used when drinking water thus one for drawing water from the container and the other one for drinking. (2 cup system)
- Fresh water should not be mixed with old water thus water should be used not more than two days.
- Drinking water should be kept in houses with secure doors.
- Drinking water containers should not be used for washing clothes or napkins.
- People should always wash hands after visiting the toilet.
- Children should be taught care of drinking water.

ACTIVITIES PLANNED FOR THE PROJECT

For the project to achieve its objectives a list of activities have been planned to be operated in the selected target villages from the time the project starts up to the end of the project in November, 1994 in the following sequence;

LIST OF ACTIVITIES

1. WATER QUALITY SURVEYS
2. COMMUNITY MOBILISATION AND MOTIVATION MEETINGS.
3. TRAINING OF VOLUNTEERS IN VILLAGE INSPECTION SKILLS (FOR BASELINE SANITATION DATA)
4. WATER HYGIENE BEHAVIOUR TRAINING AND SURVEY (USING INTERVIEW AND OBSERVATION METHOD)
5. TRAINING OF VOLUNTEERS IN WATER HYGIENE EDUCATION TRAINING SKILLS (TOT)
6. THEATRE FOR DEVELOPMENT[†] WORKSHOP
7. LOCAL LEADERS AND SCHOOL TEACHERS ORIENTATION ON WATER HYGIENE EDUCATION CAMPAIGN.
8. VILLAGE MEETINGS. INTRODUCTION OF TRAINED VOLUNTEERS IN THE RESPECTIVE VILLAGES.
9. DEVELOPING WATER HYGIENE EDUCATION POSTERS (Community based)

10. INTENSIVE WATER HYGIENE EDUCATION CAMPAIGN IN TARGET VILLAGES AND IN PRIMARY SCHOOLS.
- 11 FREQUENT MEETINGS WITH TRAINERS FOR FEED BACK AND ON THE JOB TRAINING (ONCE A WEEK)
- 12 INTENSIVE SUPERVISION IN THE TARGET VILLAGES ON THE CAMPAIGN IN PROGRESS.
- 13 EXCHANGE VISITS AND FIELD DAY DISPLAYS ON WATER HYGIENE.
- 14 DATA COLLECTION ON WATER QUALITY DETERIORATION (FOR PROJECT MONITORING)
- 15 REFRESHER COURSES FOR THE WATER HYGIENE EDUCATION TRAINING TEAMS (VILLAGE HEALTH VOLUNTEERS) IN S.C MTEMA AND T/A CHITUKULA
- 16 JOINT STAFF MEETINGS (STAFF FROM GOVERNMENT DEPT. SCF UK AND OTHER NON GOVERNMENTAL ORGANISATIONS)
- 17 DATA COLLECTION FOR PROJECT EVALUATION.
- 18 DATA PROCESSING

*NB Some activities will be done twice as the areas are two thus T/A Chitukula and S.C mtema (see Calender of major events.)

IMPLEMENTATION

This project is geared to run for a period of 1 year from July, 1993 to November, 1994 focusing on water hygiene and handwashing.

12 Villages will be selected ie 6 villages in S.C Mtema and 6 villages in TA Chitukula where there are protected shallow wells or boreholes. In each village the deterioration of water quality between collection and consumption will be studied by sampling at source, during and after transportation and random sampling of drinking water stored in houses. A survey will be conducted using a combination of Interviews and observation method. At two monthly intervals the water quality deterioration study will be repeated in the 12 villages with final more detailed study after six months of Intensive Water Hygiene Education. Some short term indicators of water hygiene behavioural change will be identified to measure change as the programme progresses. In the second six months the Intensive hygiene education programme will be implemented in the second group of six villages acting as a control in T/A Chitukula.

As a pilot project, there are no advanced plans for employing supporting staff but it is expected that some Health Surveillance assistants who are in these areas will assist with some members of staff from Ministry of Health, Canadian Physician for Aid and Relief (CPAR), Staff from community services and staff from Water Department Laboratory section.

COMMUNITY MOBILISATION AND MOTIVATION (S.C MTEMA AND T/A CHITUKULA)

With the help of the existing staff, the community will be mobilised followed by some motivation meetings to bring a wareness to the community about the coming of this WATER HYGIENE EDUCATION PROJECT in their villages.

PROCEDURE

First of all the top most traditional and party authorities will be visited first followed by visiting the village headmen and thirdly the general community.

(S.C MTEMA AND T/A CHITUKULA):

BASELINE VILLAGE INSPECTIONS.

Some members in the community or village volunteers will be identified and trained in conducting baseline village inspections in the project area who in turn will be trained in training skills on WATER HYGIENE EDUCATION to be trainers of the community.

TRAINING OF TRAINERS

The village health volunteers will receive a short training on the delivery system on WATER HYGIENE EDUCATION methodology most suitable for adults and these in turn will be the trainers at the grass route level in the project. These people will also be trained in teaching using drama and how to compose water hygiene Education songs(Theatre for development) and also teaching using small groups discussions trying to make their teaching more participatory so that they become more effective.

LEARNING LESSONS:

The course content will include:

- General sanitation;
- Water and sanitation related diseases - transmission and prevention;
- Water hygiene;
- The relationship between water and diseases;
- Effective hygiene education methods(participatory approach);
- Adult learning principles;
- Problem solving skills in a rural community.

FACILITATORS:-

These will be among the extension workers who are familiar with health education teaching methodology, these could be:

- (a) Health Inspectors;
- (b) Public Health Nurse/Community Health Nurses etc

The period of training almost 4 days.

TRAINING METHODOLOGY:-

The training methodology will mostly be small groups discussions, demonstrations, lecturate methods and using songs and drama.

LOCAL LEADERS ORIENTATION

The chiefs, party officials and other influential leaders will be trained for 1 day on some issues on the project. The training of these people will cover.

- (a) Leadership;
- (b) Committee procedure;
- (c) Water Sanitation;
- (d) Relationship between water and diseases;
- (e) Their role in the project.

The idea is to make these leaders work together with the trained volunteers in their villages as the campaign starts.

PROCEDURE AT GRASS ROUTE

Each village will be divided into sections or parts for each trainer to constrate his/her teaching most preferably 2 to 3 parts depending to the size of the village and the population in that village. The dividing of the village will be done by the community assisted by their traditional and party leaders in the presence of the senior staff members from SCF,MOH and CPAR Organisation. At this same meetings the community will be asked to choose days per week and what time when they would like to hold their WATER HYGIENE discussions in their small groups.

TARGET GROUPS IN THE SMALL GROUP DISCUSSIONS

Men and women including children. More especially women as they are the ones on the priority who handle water from the source to the time of drinking.

Although children have been mentioned, we expect that during the time of this campaign more children will be at school and these are the ones who draw water in some cases from the wells and again these are the ones who draw water often from the water containers at home for drinking and for other different operations. Hence, there is a plan to include these ages as well at school. The discussions will be taking an average of not more than 3 hours per day in the groups in the 6 villages.

VISITING SCHOOL HEADMASTERS

The Hygiene Education Coordinator with other members of staff will visit all primary schools existing in the project area to ask the headmasters to favour this Water Hygiene Education campaign reach their schools and to set days and time for the lectures so that by the time the community is having their discussions in their villages also the children should be getting the same messages in their classes.

WHAT TO TEACH IN VILLAGES AND IN SCHOOLS

In both places villages and schools the messages will be those developed from the observation and interview survey which will be conducted at the beginning of the project by senior members of staff from different sectors and the coordinator.

SUPERVISORY LAYOUT

The Health Surveillance assistants those from the same area will be the first supervisors every time the campaign is in progress. After this group the junior officers from different ministries and organisations will be the second line supervisors on top of the HSA's.

FEEDBACK AND ON THE JOB TRAINING

The Hygiene Education Coordinator together with MOH staff and others will be meeting the trainers once every week for feedback and for additional training skills.

DEVELOPING WATER HYGIENE POSTERS

As the campaign starts, some of the community members/volunteers and water committee members will be gathered at one place where they will be asked to think of appropriate type of posters to be developed for use in our WATER HYGIENE EDUCATION campaign. This activity will take 3 days.

METHODOLOGY

First of all the community members will be divided into small workable groups where they are going to think of posters relevant to the messages available in the campaign then those small groups will come with suggestions presented to the large group as to what is to be drawn and how many.

JOINT STAFF MEETINGS

From time to time there will be some joint meetings with members of staff from different organisations and Government departments discussing various issues like plan of operation, project assessment and evaluation.

MONITORING AND REPORTING

Monitoring and reporting are very important issues in project management in order to sustain an effective implementation of the project. An effective monitoring and reporting system is a necessary link between planning and implementation for the success of the project.

Short term progress will be measured by some of the following indicators:

- (a) Women stop putting tree leaves in their water containers as they walk from source to their houses;
- (b) Women stop sealing leaking containers with clay or sand;
- (c) Women practising good water handling system ie using clean containers well covered with clean plates and practising a 2 cup system;
- (d) Women remembering hand washing at the source before drawing water or before doing anything.

In order to monitor the progress of the project after 30 days of our intensive water hygiene education campaign bacteriological water quality deterioration study will be conducted. Water samples will be collected from the following points:

- (a) water source
- (b) water collection vessel on the way home
- (c) household stored water

MONTHLY REPORTS

The basic reporting system is the monthly report which will be monthly written by the Hygiene Education Coordinator to the Water Programme Manager SCF UK with copies to the Field Director SCF UK, District Health Officer attention to the district Health Inspector. Lilongwe District.

COMMUNITY INVOLVEMENT

The community will be involved initially in Baseline data collection (sanitation data) and to be trained as trainers of the rural community in Intensive Water Hygiene Education campaign programme. These will be the existing village health volunteers who are already exposed in various health issues within these communities.

MULTISECTORAL INVOLVEMENT

Water hygiene being a multi-disciplinary service, it is necessary that other relevant sectors be involved in this water hygiene Education campaign programme. These could be extension workers from Water Dept, Ministry of health, Community development. Canadian physician Aid Relief (CPAR) and Agriculture

LOCAL LEADERS MEETINGS

Initial contacts will be made with local leaders. The main purpose of these meetings is to inform them about the project, seek their support cooperation and approval throughout the time of the project in their areas.

REFRESHER COURSES

Two refresher courses for the team of trainers will be conducted prior to the time of the project evaluation besides the weekly meetings thus one for the training team in S.C Mtema and the one for the team in T/A chitukula.

EXCHANGE VISITS

Educational and motivation tours among the community in the project area(s) will be encouraged. The purpose of these visits is to give encouragement to the people in the villages remaining behind in water hygiene knowledge and as a way of allowing them to share ideas as another quick learning process.

PROCEDURE

People from villages showing very encouraging indicators of behavioural change in water hygiene shall be visited by people from villages remaining behind in water hygiene knowledge. These will be observed by using some of our short term indicators in this programme. Transport shall be provided once a week to the rural community including the traditional, and party leaders as well as the most influential people in these villages.

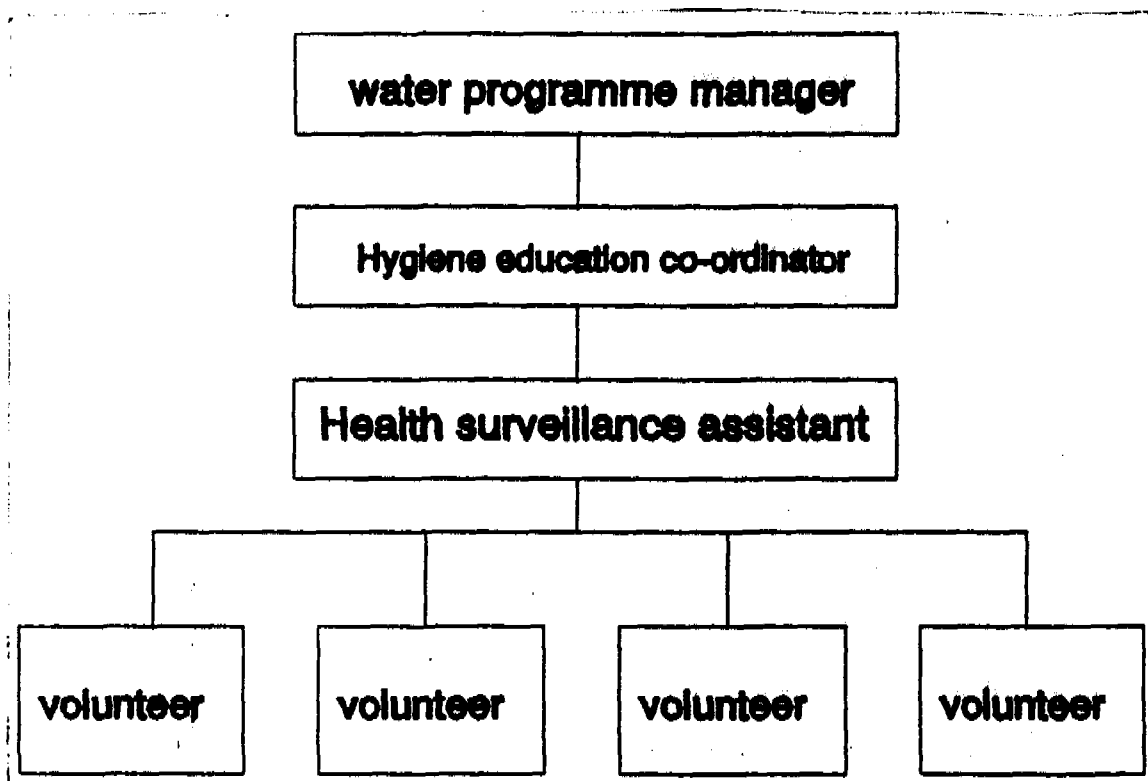
DRAMA GROUP

As one of the plans in this water hygiene education programme, drama groups and water hygiene education bands will be organised and trained for this purpose to assist in spreading the information in water hygiene. Similarly these groups shall be travelling village to village with drama specially organised for behavioural change in water hygiene and singing songs related to care of water.

The Hygiene Education Coordination shall once a week be providing on the job trainings with these groups in organising drama and composing meaningful songs, suitable for a rural community in change of attitude to accept new ideas in water hygiene.

RESPONSIBLE OFFICERS

- 1 THE WATER PROGRAMME MANAGER
- 2 THE HYGIENE EDUCATION COORDINATOR
- 3 THE HEALTH SURVEILLANCE ASSISTANTS.
- 4 VILLAGE HEALTH VOLUNTEERS. (from the same villages in the project area)



1. THE WATER PROGRAMME MANAGER

The Water Programme Manager is the overall in-charge of the Project in the SCF (UK) who will be sending reports to central information office SCF (UK) with copies to the Field Director SCF (UK) Lilongwe

2. THE HYGIENE EDUCATION COORDINATOR

- For planning, organising and programme Management;
- For Coordination of staff and conducting trainings;
- Setting of standard and quality of work to be performed;
- Programme monitoring and evaluation;

- Liaise with other officers from other departments and Non Governmental Organizations at district level.
- Reporting to the Water Programme Manager.

3. HEALTH SURVEILLANCE ASSISTANTS

- Discuss plans of action with the project coordinator
- Implement the programme as follows:-
 - (a) Train and supervise the village health volunteers;
 - (b) Identify their learning needs and of the community.
- Carry out surveys;
- Liaise with other officers from other departments at areal level.
- Monitor and programme assessment
- Reports to the Project coordinator
- Conduct village inspections
- Mobilise and motivate community

4. VILLAGE HEALTH VOLUNTEERS

Programme Implementation at grass route level as follows

- (a) Data collection
- (b) Conduct water hygiene education campaign in the target villages and identify the learning needs of the community;
- (c) Reports to the health Surveillance assistants.

EVALUATION

Evaluation of this programme will be done on specific objectives of the programme. This will done twice ie, an evaluation of the first intervention area (STA Mtema) after operation for six months on intensive hygiene education in that area whilst the evaluation of the second group of six villages in T/A Chitukula will be done later after a similar Intensive hygiene Education campaign has been applied to the area for another six months.

PROCESS

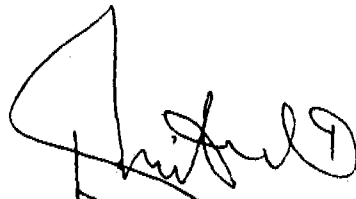
The process in the evaluation programme will specifically fall on the objectives laid down in the key guidelines of this plan and by using similar surveys done at the beginning of the project like:-

- (1) WATER QUALITY DETERIORATION SURVEY
- (2) WATER HYGIENE KNOWLEDGE (UNSTRUCTURED OBSERVERS SURVEY)
- (3) COLLECTION OF ENVIRONMENTAL SANITATION DATA

PROCEDURE

- (i) The procedure will be the same that, water deterioration surveys will be done by Water Department (Laboratory Section).
- (ii) The unstructured observers survey will be conducted by members of staff from various ministries.
- (iii) Environmental sanitation Data will be done by the village health volunteers people from the same villages and the existing HSA's based in the area supervised by senior officers from different government department and non governmental organisations.

This evaluation process will similarly be organised, coordinated and monitored by the project coordinator in the Save the Children Fund (UK). (see plan of operation)



L.N. CHILAMBULA
HYGIENE EDUCATION COORDINATOR (SCF UK)

SCF (UK) WATER HYGIENE EDUCATION PROGRAMME PROPOSED PLAN OF ACTION

PROBLEM	OBJECTIVE	BASELINE	TARGET	STRATEGY ACTIVITIES	PERIOD	RESOURCES	SOURCE	ESTIMATED COST (K£)	RESPONSIBLE OFFICER
Water quality deterioration due to poor hygiene behaviour	To reduce water contamination level by improving water hygiene behaviour	S.C. NYEMA	S.C. NYEMA	Water quality surveys	April to June 1993	- Staff - Transport - Equipment	- SCF (UK) - Water Dept.	500.00	Water Program Manager
		Water hygiene knowledge: 44.88%	Water Hygiene Knowledge to be raised to 55.0%	Community mobilisation and motivation	July to August 1993	- Staff - Transport	- SCF (UK) - MOH - CPAR - Water Dept - Comm. Dev.	500.00	Hygiene Education Coordinator
		Water quality at source: 85.7%	Water quality at source to be improved to 90.0%	Baseline village inspection	August to September 1993	- Staff - Transport	- SCF (UK) - DHO - Water Dept	300.00	Hygiene Education Coordinator and DHI Office
		Water quality in water collection vessels: 50.0%	Water quality in collection vessels to be raised to 60.0%	Water Hygiene Behaviour Survey	September 1993	- Allowances - Staff - Transport - Stationery	- SCF (UK) - DHO - Water Dept - Comm. Dev.	1424.00	Hygiene Education Coordinator and DHI Office
		Water quality in household water storage vessels: 19.4%	Water quality in household water storage vessels to be improved to 23.0%	TOT Workshop	October 1993	- Allowances - Staff - Transport - Stationery	- SCF (UK) - DHO - Water Dept - Comm. Dev.	5686.00	Hygiene Education Coordinator
					Training of bands and drama groups	October 1993	- Allowances - Transport - Staff	- SCF (UK) - CPAR - DHO	1750.00
				Exchange Visits	November 1993 to February 1994	- Staff - Transport - Allowances	- SCF (UK) - DHO - CPAR	3500.00	Hygiene Education Coordinator
				Project Evaluation	March 1994 to May 1994	- Staff - Transport - Allowances	- SCF (UK) - DHO - CPAR - Water Dept.	10000.00	Hygiene Education Coordinator and Water Dept.
				Community Mobilisation and motivation in T.A Chitukula	May 1994	- Staff - Transport	- SCF (UK) - MOH - CPAR - Water Dept. - Comm. Dev.	500.00	Hygiene Education Coordinator
				Training of volunteer trainers	June 1994	- Staff - Transport - Allowances	- SCF (UK) - DHO - CPAR	5686.00	Hygiene Education Coordinator

				Theatre for Development Workshop	June 1994	- Staff - Transport - Allowances	- SCF (UK) - DHO - CPAR	500.00	Hygiene Education Coordinator
				Orientation for local leaders and teachers	June 1994	- Staff - Transport	- SCF (UK) - DHO - CPAR	40.00	Hygiene Education Coordinator
				Joint staff meetings	May 1994 to November 1994	- Staff - Transport	- SCF (UK) - DHO - CPAR	50.00	Hygiene Education Coordinator

PROBLEM	OBJECTIVE	BASLINE	TARGET	STRATEGY ACTIVITIES	PERIOD	RESOURCES	SOURCE	ESTIMATED COST (K£)	RESPONSIBLE OFFICER
		T.A. CHITUKULA	T.A. CHITUKULA	Intensive hygiene education campaign	November 1993	- Staff - Transport	- SCF (UK) - DHO - CPAR	4000.00	Hygiene Education Coordinator and DHI's Office
		Water hygiene knowledge: 35.85%	Water Hygiene Knowledge to be raised to 45.85%	Developing posters	November 1993	- Staff - Transport - Allowances	- SCF (UK) - DHO	3828.00	Hygiene Education Coordinator
		Water quality at source: 88.8%	Water quality at source to be improved to 95.0%	Frequent meetings with trainers	November 1993 to June 1994	- Staff - Transport	- SCF (UK) - DHO	500.00	Hygiene Education Coordinator
		Water quality in collection vessels: 50.0%	Water quality in collection vessels to be raised to 60.0%	Water quality survey	November 1993	- Staff - Transport	- SCF (UK) - DHO	500.00	Hygiene Education Coordinator and DHI Office
		Water quality in household water storage vessels: 17.5%	Water quality in household water storage vessels to be improved to 23.0%	Intensive supervision	November 1993 to June 1994	- Staff - Transport	- SCF (UK) - DHO	600.00	Hygiene Education Coordinator and DHI Office
				Refresher course for trainers	January 1994	- Allowances - Staff - Transport	- SCF (UK) - DHO	6000.00	Hygiene Education Coordinator
				Joint staff meetings	Continuous	- Transport - Staff	- SCF (UK) - DHO - CPAR	50.00	Hygiene Education Coordinator

PROBLEM	OBJECTIVE	BASLINE	TARGET	STRATEGY ACTIVITIES	PERIOD	RESOURCES	SOURCE	ESTIMATED COST (K£)	RESPONSIBLE OFFICER
				Village meetings	May 1994 to November 1994	- Staff - Transport	- SCF (UK) - DHO - CPAR	2000.00	Hygiene Education Coordinator
				Intensive Water Hygiene Education (Village and School)	June 1994 to October 1994	- Staff - Transport	- SCF (UK) - DHO - CPAR	8000.00	Hygiene Education Coordinator
				Intensive Supervision	June 1994 to October 1994	- Staff - Transport	- SCF (UK) - DHO	600.00	Hygiene Education Coordinator
				On the job training and meeting with volunteers	June 1994	- Staff - Transport	- SCF (UK) - DHO - CPAR	2000.00	Hygiene Education Coordinator
				Refresher Course for Volunteer Trainers	September 1994	- Staff - Transport - Allowances	- SCF (UK) - DHO	6000.00	Hygiene Education Coordinator
				Exchange Visits	June 1994 to September 1994	- Staff - Transport - Allowances	- SCF (UK) - DHO - CPAR	3500.00	Hygiene Education Coordinator
				Project Evaluation	November 1994	- Staff - Transport - Allowances	- SCF (UK) - DHO - CPAR - Water Dept.	10000.00	Hygiene Education Coordinator and Water Dept.

TOTAL	82014.00
10% CONTINGENCY	8201.40
GRAND TOTAL	90215.40